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# GENERAL OVERVIEW

The ICRC's primary responsibility is to ensure respect for the spirit and the letter of international humanitarian law. Protecting people in situations of conflict or violence involves minimizing the dangers to which they are exposed, preventing or putting a stop to violations committed against them, upholding their rights and making their voices heard, and, finally, providing them with support.

On the basis of information gathered in the field and analysed in the light of humanitarian law and its principles, ICRC delegates make representations to the relevant authorities with a view to improving the situation of the population concerned. At the same time, they provide direct assistance in the form of food aid, agricultural and medical assistance and so on.

The ICRC works close to the victims of conflict and violence, favouring confidential dialogue with the authorities, whether these are States or unofficial entities.

## A multifaceted strategy

The ICRC first reminds the authorities, official or otherwise, of their responsibility to protect the individuals and population groups under their control, and in particular to ensure their physical integrity and dignity. It recommends specific improvements and preventive and/or corrective measures on the basis of its own independent assessments.

At the same time, the ICRC takes action to meet the most pressing requirements by:

- providing assistance to anticipate or meet needs;
- evacuating and/or transferring people in danger;
- restoring and maintaining family links, and tracing people who have been reported missing or of whom relatives have no news.

Respect for the rights of the individual can be assured only in an environment that is favourable to the prevention and repression of violations of humanitarian law and human rights. Such an environment cannot exist unless the authorities concerned, civil society, the international community and various international and intergovernmental organizations are fired by the same determination and unite their efforts to that end. Certain ICRC activities contribute on a permanent basis to the establishment of this type of environment, notably:

- spreading knowledge of humanitarian principles and law among armed and security forces;
- running educational programmes on humanitarian issues for civil society, in cooperation with the local media;
- engaging in technical or material cooperation with certain prison administrations;
- acting as a neutral intermediary.



## PROTECTION

### Civilians increasingly exposed to hostilities and violence

The year 2000 merely confirmed the trend prevailing at the end of the millennium whereby civilians bear the brunt of hostilities and are often deliberately targeted. At times they are exposed to the worst abuses: massacres, hostage-taking or rape. However, the suffering caused by forced displacement, denial of access to food and drinking water, constant and severe harassment, intimidation and daily humiliation also takes on tragic proportions, especially when these different forms of abuse occur simultaneously.

Protection for the civilian population is the basic principle of humanitarian law; civilians not taking part in the fighting must on no account be the object of attack and must be spared and protected. The 1949 Geneva Conventions and their 1977 Additional Protocols contain specific rules to this effect. In situations that are not covered by these treaties, in particular internal disturbances, civilians are protected by the fundamental principles of humanitarian law and the "hard core" of human rights law.

The most effective way of protecting the civilian population is to maintain a regular presence in high-risk areas. ICRC delegates remain in close contact with all potential perpetrators of acts of violence, be they the armed forces, rebel combat units, or the police and security forces.

For example, following the resumption of clashes in the Middle East at the end of September, ICRC delegates, who maintain a permanent presence in the occupied and autonomous territories, were in constant contact with the author-

ities concerned and all those involved in the violence in order to ensure greater compliance with humanitarian law and to relieve the plight of the population affected by the events. In Kosovo the ICRC continued to monitor the situation and to take steps to protect minorities, in particular Serbs and Roma, through its extensive network of delegates in the field. In Sri Lanka, during the new LTTE\* offensive on the Jaffna peninsula, the ICRC had to make representations to the parties to the conflict on several occasions regarding the conduct of hostilities. In the international conflict between Ethiopia and Eritrea the ICRC also kept a close watch on the situation of civilians living close to the front lines or fleeing the fighting.

### Dialogue between humanitarian agencies remains a priority

Protection for communities affected by conflict can be afforded in various ways. However, the proliferation of humanitarian agencies in the field increases the risk of interference and duplication of effort. In order to promote better understanding of the various activities relating to protection, to propose common points of reference and to achieve greater complementarity between humanitarian agencies, the ICRC continued to organize the workshops on protection that were launched in 1996. Representatives of over 50 organizations involved in the humanitarian and human rights field took part.

\* LTTE: Liberation Tigers of Tamil Eelam

### Persons detained during a conflict: doubly vulnerable

#### IN 2000 THE ICRC:

- visited 216,684 people deprived of their freedom – prisoners of war, civilian internees or detainees – in situations of conflict or violence, 31,818 of whom were visited for the first time during the year;
- visited 1,651 places of detention in more than 65 countries;
- provided detainees and their families with material and medical assistance worth 12.7 million Swiss francs.

To be deprived of one's freedom is in itself to be in a vulnerable position vis-à-vis the detaining authorities and the prison environment. This vulnerability becomes particularly acute in a situation of conflict or violence, since the excessive or illegal use of force becomes commonplace and the effects of structural deficiencies in the society are exacerbated.

The ICRC takes steps to prevent or put a stop to forced 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 own special procedures: delegates talk to the detainees in their places of detention, without witnesses. Each case is examined in relation to all other detainees in the same situation, to whom the ICRC must also have access, wherever they are held. Delegates take full details of the identity of the detainees, whose individual cases are then monitored until their release. A wide range of measures are initiated on the basis of the ICRC's evaluation and in accordance with the detainees' wishes. Depending on the



circumstances, those measures may involve, for example, confidential representations to authorities concerned, an assistance programme and/or action to restore family links.

While refraining from taking any stand on the reasons for the arrest or capture of detainees, the ICRC spares no effort to ensure that they enjoy the judicial guarantees enshrined in international humanitarian law and customary law.

## Primary objective: survival

In certain contexts, the fact that a person who is captured or arrested arrives at a place of detention alive is almost a miracle. Summary executions at the front, far away from any witnesses, of people who have surrendered are unfortunately still common, even though they are difficult to quantify.

However, the life of a detainee remains under threat inside the place of detention itself. For several years now the ICRC has noted that in many countries conditions of detention are steadily deteriorating. Because of the acknowledged inability of the authorities to shoulder their responsibilities, the entire prison population in those countries are in dire need of humanitarian assistance, so much so that the ICRC has had to provide aid and support prison facilities.

In the year 2000 Rwanda remained the most glaring example of this state of affairs, with the Democratic Republic of the Congo and Burundi not far behind.

## Restoring and maintaining family links: a perennial task

### IN 2000 THE ICRC:

- collected 473,789 and distributed 439,776 Red Cross messages;
- reunited 2,481 family members;
- issued ICRC travel documents for 8,052 persons;
- located 2,457 missing people sought by their families;
- received 6,902 new tracing requests for persons unaccounted for.

The ICRC endeavours, through its Central Tracing Agency (CTA), to restore and maintain family links in all situations of conflict and violence. It has hundreds of thousands of displaced people, refugees, detainees and missing persons on its tracing files. Those who are successfully traced are put in touch with their families thanks to the worldwide network, supported by the ICRC, of National Red Cross and Red Crescent Societies.

During the year under review the CTA continued to step up its efforts to strengthen the capacity of the tracing services of the 176 National Societies and to improve the efficiency of the network.

In cooperation with representatives of the National Societies and of the International Federation, it produced a practical guide to restoring and maintaining family links in situations of conflict and violence and in natural disasters and other catastrophes. In addition to traditional tracing methods, the guide provides information on new technological tools such as mobile telephones and the Internet and includes sections on the law and the role of each of the Movement's components in that regard.

Development of the network also requires exchanges of experience and training. The ICRC therefore continued to

organize regional meetings and training seminars for National Society tracing services; during the year such events were held in Mexico, East and West Africa, on the Indian subcontinent and also in Geneva.

A new project was launched with a view to involving the various components of the Movement in the development of the worldwide tracing network. The British Red Cross seconded a specialist to the ICRC to that end.

## The Central Tracing Agency in the midst of armed conflict

As in the past, the CTA played its treaty-based role in international armed conflicts, collecting, recording and forwarding information about protected persons, particularly prisoners of war and civilian internees, and restoring or maintaining family links. Such was the case during the conflict between Ethiopia and Eritrea and in Central Africa (Democratic Republic of the Congo/Rwanda).

A large number of family messages were exchanged between prisoners and their families and between civilians separated by the events in Sudan, in both government and rebel-held areas, but the service reached a peak in the Democratic Republic of the Congo, with over 200,000 messages sent via the 120 offices open across the country.

In East Timor more than 55,000 Red Cross messages were forwarded in the eight months following the clashes there.

When it visits people deprived of their freedom, the ICRC ensures that they are able to correspond with their families and suggests that they write Red Cross messages. That was the case in Colombia and Myanmar in particular. In the Western Sahara, Red Cross mail remained a vital lifeline for Moroccan prisoners of war held by the Polisario Front, some of whom have been detained for over 20 years.



## Reuniting unaccompanied children with their families

The involuntary separation of parents from their children, often due to the brutal effects of war, causes untold suffering. The preservation of family unity is a universal principle guaranteed by law. In all of its theatres of operation the ICRC works to find and register unaccompanied children and actively seeks their parents in order to reunite them and thus re-establish the family unit.

In Africa's Great Lakes region the plight of unaccompanied children, mostly Rwandan, Congolese and Burundian, remained one of the ICRC's chief concerns. In the year 2000 the ICRC registered around a thousand unaccompanied children in the Democratic Republic of the Congo and neighbouring countries. It also took stock of its activities following the genocide in Rwanda: six years after the events, 67,000 of the 120,000 unaccompanied children known to the humanitarian organizations had been reunited with their families. In cooperation with other agencies the ICRC strove to do likewise for unaccompanied Sierra Leonean children in refugee camps in Guinea and Liberia.

In Asia, the ICRC carried out a large number of operations between East Timor and Indonesia to allow children to rejoin their families.

Dialogue with the main humanitarian organizations working to help children affected by conflict continued during the year. Guidelines on activities for unaccompanied children were drawn up with a view to publishing a guide setting professional standards in this regard.

## The fate of the missing: a lasting post-conflict wound

The anguish of families with no news of relatives who go missing during a conflict does not end when the guns fall silent. Are their loved ones wounded, imprisoned or dead? Families have the right to know. International humanitarian law requires all parties to a conflict to provide answers to their questions. However, the rule is largely ignored. This is nevertheless a major humanitarian issue and the ICRC takes various initiatives with a view to obtaining information on the fate of missing people.

Following the 1999 Kosovo conflict, over 3,600 people are still being sought by their families. In the year 2000, however, the ICRC received no answer regarding the details that it had submitted to the parties involved in the conflict. Just as it had done in Bosnia-Herzegovina, the ICRC posted on its Internet site a book and a document containing particulars of the identity of all the missing persons brought to its attention and the circumstances of their disappearance, in the hope of obtaining additional information.

In Bosnia-Herzegovina the ICRC also published, in cooperation with the commission responsible for identification of mortal remains, a book containing photographs of the personal effects found on the unidentified bodies of 344 people linked to the Srebrenica tragedy. This publication, which was very painful for the families to look at, has already helped the identification process move forward. Nevertheless, there are still over 18,000 unresolved cases.

In East Timor the gathering of information on people who went missing during the events of September 1999 was under way at the end of the year.

## Access to detainees: a year of new developments

In 2000 the ICRC succeeded in gaining access to detainees in a number of new situations, in particular in Eastern Europe and Central Asia. In Azerbaijan an agreement was signed with the authorities in June granting the ICRC access to all detainees in the country, in addition to prisoners of war and civilian internees whom it had been visiting for several years. The greatest success, however, was achieved in Chechnya with the agreement, received from President Vladimir Putin in March 2000, granting the ICRC access to people detained by the Russian federal authorities in connection with security operations in the northern Caucasus. In this area and in southern Russia the ICRC had, by the end of September, made 57 visits to 29 places of detention, police stations and remand prisons in Chechnya and the neighbouring republics and regions. In Uzbekistan discussions concerning visits to detainees were under way at the end of the year.

In Africa ICRC representations were also successful in several situations, in particular during the international armed conflict between Ethiopia and Eritrea. In Eritrea, following the country's accession to the Geneva Conventions, the ICRC had access for the first time to over 1,000 Ethiopian prisoners of war and over 5,000 civilians interned in connection with the conflict. In Ethiopia, the ICRC gained access to 1,800 new Eritrean prisoners of war, in addition to around 600 others captured previously, 1,200 Eritrean civilian internees and 8,000 other Ethiopian civilians detained in connection with the internal situation in the country.

In the rest of Africa progress was made notably in Sierra Leone, where the ICRC was authorized to visit people detained in connection with the conflict; in Equatorial Guinea, where it was



allowed to visit people detained in connection with the internal situation after an absence of two years; and finally in Côte d'Ivoire, where it had access to over 800 people detained in connection with the unrest in the country in the final months of the year.

In Latin America, after many years' absence from Paraguay the ICRC was able to visit people arrested there following the attempted *coup*. It also had access in Ecuador to people arrested in connection with the internal situation, and in Colombia to those detained in connection with the internal conflict.

Finally, in Fiji the ICRC carried out a first visit to persons arrested in connection with the *coup* of 19 May 2000.

The events of 2000 did not allow the ICRC to scale down its protection activities in contexts that made significant demands upon it in terms of resources and personnel, such as Rwanda, Colombia, Afghanistan and Sri Lanka.

At the same time it consolidated its work to protect people detained in situations that had arisen more recently. In Algeria two series of visits were carried out to prison facilities. In November the ICRC President met the President of the People's Democratic Republic of Algeria to inform him of the ICRC's initial findings and to foster dialogue. In Burundi a huge rehabilitation programme (hygiene and infrastructure) was set up to help the almost 7,000 detainees that the ICRC visits, and in Myanmar delegates conducted an initial assessment of conditions of detention in the country's labour camps.

## Visits to and repatriation of prisoners of war

After years of effort the ICRC managed to bring about the repatriation of prisoners of war in situations where such operations had been suspended or put on hold for a very long time. In December, 201 Moroccan prisoners detained by the Polisario Front – 170 of whom had been in detention for at least 20 years – were repatriated. In the Middle East the ICRC was still dealing with the aftermath of the Iran-Iraq conflict: 4,117 Iraqi prisoners held in Iran were repatriated under its auspices; in addition, delegates monitored the situation of 3,566 Iraqi prisoners of war freed in Iran by holding interviews with them in private.

Following a cease-fire agreement in the Democratic Republic of the Congo, 177 Rwandan, Zimbabwean and Namibian prisoners of war were repatriated to their respective countries under the auspices of the ICRC, and 159 civilian internees of Rwandan origin were repatriated from Kinshasa to Rwanda. In connection with the clashes in Kisangani between Rwandan and Ugandan armed forces the ICRC repatriated 28 Ugandan prisoners of war. In Serbia the ICRC organized transport to Kosovo for over 900 detainees released by the Serb authorities.

Finally, at the end of the year repatriation operations were carried out by air between Ethiopia and Eritrea, enabling a total of 360 Ethiopian and 359 Eritrean prisoners of war to return to their respective countries. In overland operations, 1,414 civilians of Ethiopian origin interned in Eritrea also returned home. During the year some 13,000 civilians were repatriated in the course of 14 overland operations.



## PREVENTIVE ACTION

True to the principle of humanity, which is to "prevent and alleviate human suffering wherever it may be found", the ICRC gives constant attention to preventive action. This should not be understood as a specific field of activity, but more as a concern or a purpose that runs parallel with all other ICRC activities aiming to remedy and correct, to educate and to define rules of conduct. Preventive action covers the following elements: alerting (advance warning and informing), anticipating (preparing and training), preventing and avoiding.

The ICRC's regional delegations play a major role in analysing situations and anticipating crises. Through their work in the areas of information and training, in particular for the National Societies, they contribute to the latter's readiness to take action.

The ICRC Medical Division (now the Health and Relief Division) has played a pioneering role in this regard. It still works for a consistent and efficient approach to medical activities in conflict situations, placing the main emphasis on preventive measures, primary health care, environmental protection, and rehabilitation.

The Protection Division likewise gives operational support to a wide range of ICRC activities aimed at preventing torture and disappearances and promoting decent conditions of detention.

A considerable effort is also invested in preventing suffering by legal means, that is, by working for the development and implementation of international humanitarian law. The ICRC takes an active part in international legal work intended on the one hand to secure better protection for individuals, and on the other hand to prevent unnecessary suffering and to ban the use of weapons which

are excessively cruel (lasers), or whose effects cause such suffering (anti-personnel mines).<sup>1</sup>

Instruction in international humanitarian law given to the armed and security forces, and in schools and universities, is another aspect of this effort to prevent or limit violence.

According to the *Avenir* project,<sup>2</sup> for the ICRC the expression "conflict prevention" is primarily an incitement for countries to take the necessary measures to that effect. Its own direct role is more limited, for its mandate, based on international humanitarian law, and the constraints imposed by the principle of neutrality prevent it from playing a leading part in the prevention of armed conflict. However, it can take significant ad hoc steps in the area of preventive humanitarian diplomacy, by lending its good offices or by creative use of its role of neutral intermediary. On the basis of its mandate and its expertise in reducing tension and curbing the escalation of violence, its contribution then becomes extremely useful.

The International Red Cross and Red Crescent Movement has a limited capacity for averting the outbreak of armed conflict (secondary prevention), although it can actively help create a climate of respect for human dignity (primary prevention). Conversely, it can do much to prevent the resurgence of a conflict. By helping to consolidate conditions conducive to reconciliation and to the physical and psychological reconstruction of the community, it also helps to consolidate peace. Thanks to the complementary mandates and expertise of its components, the Movement can carry out essential work in the long term.

<sup>1</sup> For more information on the ICRC's legal work and dissemination activities see the chapter International Law, Communication and the Movement.

<sup>2</sup> See the ICRC's 1998 *Annual Report*, pp. 8-9 and 360-361.



## ASSISTANCE

The aim of the Health and Relief Division is to preserve or restore adequate living conditions for all victims of armed conflict in all circumstances, taking the cultural context into account and without creating long-term dependency on outside aid.

The beneficiaries are primarily civilians, whether displaced or otherwise, the sick and the wounded, both military and civilian, and the prison population. Assistance is provided within the more general framework of activities to uphold the fundamental rights and dignity of the individual, in accordance with ethical precepts and the provisions of international humanitarian law.

On the ground, health and relief activities are conducted according to a scale of priorities designed to reduce the incidence of disease and death, especially among the most vulnerable groups, as rapidly and effectively as possible. Essentially this means giving precedence to access to water, food and basic necessities for survival, with due regard to both international standards and local customs, and dealing with matters relating to hygiene and access to medical care through the adoption of public health measures.

In practical terms, health and relief work involves three main spheres of activity: health services, water and habitat, and economic security. In 2000, these included:

- responding to the needs generated by large-scale population movements, as in the Balkans, East Timor and Angola, or to the needs of urban residents, as in Kabul;
- rehabilitation of the water-supply and sanitation infrastructure in cooperation with local water boards, as in Iraq and the Democratic Republic of the Congo;

- implementing surgical and primary health-care programmes, as in Sudan;
- aiding persons deprived of their freedom, as in Rwanda.

The recruitment and training of qualified human resources is essential for the accomplishment of these tasks.

At headquarters, the Division is responsible for developing and promoting the ICRC's assistance policies and strategies and providing the field with technical support and expertise. These aspects are incorporated into delegates' training and into operational planning and follow-up. Another important task is the provision of staff to carry out initial assessments, monitoring assignments and specialized evaluations, and to supply emergency replacements for field staff.

### Health services

#### IN 2000 THE ICRC:

- ran various health programmes in 41 countries, ranging from community-based primary health care to tuberculosis control in prisons and support or management of hospitals providing emergency services;
- distributed medicines and medical supplies worth 19.5 million Swiss francs to more than 300 hospitals and to thousands of health centres in 53 countries;
- sent medical and surgical teams to 20 hospitals in Africa and Asia which admitted over 45,000 patients and where more than 245,000 people received outpatient treatment.

The aim of the ICRC Health Services Unit is to guarantee the population of conflict areas access to comprehensive health care that covers their basic health needs and meets international standards of quality. This is done through four types

of health service: surgery and hospital assistance; medicine and community health care; health care in prisons; and physical rehabilitation.

In cooperation with WHO,\* the Health Services Unit shared its experience in the field of tuberculosis control in prisons in a new ICRC/WHO manual for tuberculosis programme managers. The unit also drew up operational guidelines for blood transfusion services and for educational programmes on HIV\* prevention in emergency situations and in prisons.

### Surgery and hospital assistance

The aim of this service is to give surgical care to wounded combatants and civilians during armed conflicts and to assist the surgical departments of hospitals in situations where local health services have broken down.

In addition to its long-term involvement in countries such as Afghanistan, Sudan, Angola, Sierra Leone and East Timor, the ICRC received a number of urgent requests for surgical assistance in situations of armed conflict during the year:

- A new outbreak of fierce fighting between Eritrea and Ethiopia left thousands wounded, both combatants and civilians. The ICRC sent in a number of surgical teams to assist local health staff on both sides of the conflict, and supplied them with large quantities of drugs and surgical material. Meanwhile, ICRC surgeons carried on with training sessions for local surgical teams, and the specialized training programme on maxillofacial surgery continued in both countries.

\* WHO: World Health Organization

\* HIV: human immunodeficiency virus



- When heavy fighting erupted in Kisangani in the Democratic Republic of the Congo, an expatriate ICRC surgical team helped to treat hundreds of casualties and provided the surgical supplies needed to cope with the influx of wounded in the local hospital.
- In Somalia, the ICRC began rehabilitation work on a large surgical hospital in Mogadishu (Medina), the aim being to ensure that the war-wounded in and around the city had access to proper surgical care.

## Medicine and community health

To increase the viability of the ICRC's health programmes, this service encourages communities receiving support for their health services to assume more responsibility for their own health. The "bottom-up" approach in planning, implementing, monitoring and evaluating health-care programmes with the active participation of the beneficiaries has proved crucial for guaranteeing the efficiency and continuity of primary health care.

During the year the ICRC ran various medical programmes in over 35 contexts. These programmes ranged from curative services, as in the East Timor national reference hospital, to the establishment of first-line health services in rural areas of southern Sudan and Myanmar and the rehabilitation of such services in rural and urban areas of Iraq. An ICRC medical team gave technical assistance to the health authorities in Nagorny Karabakh for the decentralization of the health system, focusing on building the capacity of Ministry of Health staff at both central and local levels. The community-based primary health-care programme set up more than a year previously in Bosnia-Herzegovina continued in 2000, the participatory approach adopted having prepared it to move on and expand with little or no further support from the ICRC.

In coordination with the Protection Division, the Health Services Unit backed up field activities providing psychological support for persons who had experienced trauma in connection with the war in Kosovo.

The following are examples of community-health and medical programmes implemented by the ICRC in 2000:

- support for first-line health services covering displaced persons and the resident population in countries such as Angola, Ethiopia, Eritrea, Sri Lanka, Somalia, Sierra Leone, Uganda, the Republic of the Congo and Colombia, and in Kosovo;
- primary health-care programmes including curative and preventive health services, education on major public health problems, specific health-care activities for mothers and children, the Expanded Programme on Immunization, the provision of safe water, appropriate nutrition and proper sanitary facilities in southern Sudan, Sierra Leone, Nagorny Karabakh, the Republic of the Congo, Eritrea, Sri Lanka, Myanmar and Colombia;
- second-line curative medical care delivered by ICRC teams in hospitals in southern Sudan, Kenya, East Timor and Afghanistan;
- training of health professionals in nursing techniques for emergency and intensive-care departments, as in Angola, Kenya and Iraq.

## Health in prisons

In the context of its protection activities conducted specifically for the prison population, this service seeks to ensure that detainees have access to health services of a standard at least equivalent to that enjoyed by the inhabitants of the country as a whole. It also endeavours to make sure that conditions of detention are acceptable. In this regard it focuses in particular on the prevention of ill-treat-

ment and torture, conducting thorough studies on the matter and making repeated representations to limit or prevent such practices.

During the year under review the ICRC's detention-related activities had a significant impact in the following contexts:

- in connection with the Eritrea/Ethiopia conflict, during which access to health care was a problem in the internment camps;
- in Rwanda, where the prison population was just as large and was surviving in precarious conditions;
- in Myanmar, where a pilot project was launched in six places of detention to improve the general level of health by upgrading hygiene and the quality of health care;
- in Georgia, Azerbaijan and Armenia, with the continuation of the tuberculosis control programmes in places of detention;
- in the Western Sahara, where programmes for people held captive in very difficult conditions for over 20 years were pursued.

Apart from their purely operational tasks, staff of the service took part in several national and international conferences and meetings on health in prisons, medical ethics, torture and the treatment of torture victims, and helped organize a training seminar for prison staff in Tbilisi, Georgia.



## Physical rehabilitation

### IN 2000 THE ICRC:

- fitted 16,443 amputees, including 9,882 victims of anti-personnel mines, in its 36 limb-fitting centres in 14 countries;
- made 12,747 components (artificial knees and feet and various appliances) for other organizations working with amputees;
- provided materials worth 2.8 million Swiss francs for its workshops' production of prosthetic/orthotic appliances.

The aim of this service is to give all disabled people in target communities access to physical rehabilitation programmes and to supply them with good-quality prosthetic and orthotic appliances. The sophisticated technology involved, the complexity and cost of the resources required and the fact that the objectives are of necessity long-term make it difficult for the ICRC to withdraw completely from most programmes, and in such cases the ICRC's Special Fund for the Disabled often continues to provide some technical, material and financial support.

In 2000, the 34 limb-fitting centres supported by the ICRC in 14 countries manufactured a total of 16,442 prostheses and 11,005 orthoses. These figures include the newly established centre in Afghanistan.

Two major projects continued in 2000. They involved:

- improving the quality of mass-produced orthopaedic components by centralizing local production units;
- an external evaluation of the procedures used in the ICRC's physical rehabilitation programmes during the past 20 years.

## Water and habitat

The Water and Habitat Unit deals with matters relating to the maintenance or restoration of water-supply systems and to shelter and housing. Its activities include distributing safe water to war-affected populations, rehabilitating water-treatment and supply systems (ranging from family wells to the water networks of major cities), carrying out repairs on hospitals, dispensaries, orphanages and prisons, and taking steps to control the vectors of disease. This work requires the skills of hydraulic and hydrogeological engineers, architects, and civil, environmental and chemical engineers. The unit is also responsible for the construction and maintenance of the infrastructure of ICRC delegations, and more particularly their security installations.

Special attention was given in 2000 to problems of environmental pollution arising during conflicts.

### Civilians (resident and displaced)

#### Emergency operations

- Water-supply and sanitation work (latrines, drainage systems and vector control) was carried out in camps for the displaced in Eritrea, Angola (Kuito), Ingushetia, Georgia, West Timor, Sri Lanka (Jaffna and Vavuniya) and the Philippines (Mindanao).
- Shelters were built in several parts of East Timor.

#### Projects in urban areas

- Programmes providing support for water-supply systems in big cities were particularly important in the Democratic Republic of the Congo and in Iraq. Other projects were implemented in Dili, Brazzaville, Kosovo and Serbia proper.

## The sick and wounded

### Health facilities

- In Iraq and Afghanistan, thanks to major rehabilitation programmes for hospitals and health centres, 25 such facilities were put back into operation.
- In Sierra Leone, Somalia and Sudan, three referral hospitals were rehabilitated and their admission capacity increased.
- Two health facilities, one of them a reference laboratory, were built for the tuberculosis control programmes being conducted in prisons in Georgia and Armenia.
- In Serbia, a programme of assistance for 13 public health institutes responsible for testing the quality of water, air and soil was set up and staff were trained. In Kosovo, an ICRC-designed mobile laboratory based in Pristina travelled around the region for the same purpose.

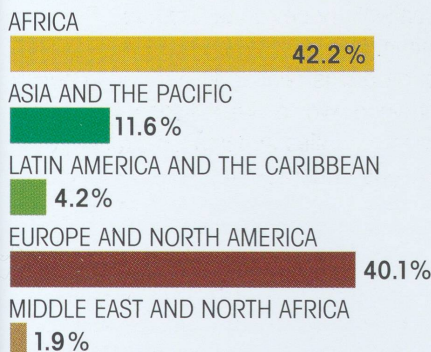
### Persons deprived of their freedom

- In Burundi, the water-supply systems and sanitary facilities of six prisons were put back in working order. Renovation of the kitchens of the same prisons made it possible to feed over 8,000 detainees. In addition, a hygiene programme was set up to improve living conditions in the country's 19 main prisons.
- In Ethiopia, training workshops were held for prison staff. Some 120 penitentiary personnel learned techniques for the practical management of problems relating to overconsumption of wood, waste water disposal and safe water supplies in detention centres. Six prisons underwent repairs.



During the year an engineering manual for maintenance workers in places of detention was completed. Staff of the service also took part in several conferences and congresses, including the Second World Water Forum in The Hague and the Global Ministerial Environment Forum in Malmö.

## GEOGRAPHICAL BREAKDOWN OF ICRC RELIEF AND MEDICAL SUPPLIES DISPATCHED IN 2000 (Estimated value 220.8 million Swiss francs)



## Economic security

### IN 2000 THE ICRC:

- distributed 170,333 tonnes of food, 7,636 tonnes of seed and 26,297 tonnes of other relief supplies worth a total of 194.7 million Swiss francs in 62 countries.

The Economic Security Unit analyses the economic situation of communities affected by armed conflict. Among its main activities are surveying the resources to which such communities have access, assessing existing survival mechanisms and deciding on measures to be taken to make up for the deficiencies observed. The primary aim is to use the input of nutritionists, agronomists, veterinarians, economists and relief specialists to ensure that communities affected by war retain their economic self-sufficiency where it is under threat, or are able to survive and regain such self-sufficiency where it has been lost. The recruitment and training of staff remains one of the unit's priorities.

Below are examples of activities and programmes implemented by the unit during the period under review:

- large-scale food distributions to resident and internally displaced populations, as in Afghanistan, Eritrea and Ethiopia, following the disastrous combined effects of conflict and drought;
- extensive distributions of dry food and other relief supplies to thousands of internally displaced civilians in the northern Caucasus, under a joint ICRC/Russian Red Cross operation;
- provision of food, hygiene products and bedding for more than 100,000 newly displaced people in Colombia;
- one-off aid distributions to tens of thousands of displaced civilians in the Philippines and East Timor;
- targeted non-food distributions to communities in southern Sudan;

- emergency food, non-food and seed distributions in various West African countries, such as Sierra Leone, Senegal and Guinea;
- support for the victims of the six-year "stalled" conflict in Georgia in the form of cooked meals, dry food and non-food items, and income-generation projects for those with access to land;
- numerous programmes (community kitchens, distribution of heating appliances, agricultural rehabilitation, etc.) conducted in conjunction with other organizations to enable tens of thousands of displaced persons to survive the harsh Balkan winter in decent conditions;
- agricultural rehabilitation programmes in 15 countries, including 12 seed-distribution projects, with training sessions or continuous follow-up and advice given by ICRC agronomists to ensure the best possible use of the input provided; further diversification of rehabilitation programmes through projects such as animal traction in southern Sudan, compost, reforestation and seed multiplication in Angola, anti-erosive lines in Mexico;
- economic assessment of vulnerable groups, with a view to improving the efficiency of aid programmes, in Angola, Yugoslavia and the Israeli-occupied and autonomous territories;
- assistance to persons deprived of their freedom in Rwanda.



## COOPERATION WITH NATIONAL SOCIETIES

The National Societies remain the ICRC's principal partners. The purpose of ICRC cooperation activities is to enhance the Societies' capacity to assume their own responsibilities in providing humanitarian services in their respective countries, with emphasis on specific programme areas.<sup>3</sup> In situations of armed conflict and internal strife, the ICRC steps up its cooperation with the National Society of the country concerned in order to strengthen the Society's operational capacity.

An increasing number of ICRC activities for victims of conflict and internal strife are implemented jointly with National Societies, wherever their network, structure and capacity permit. In joint operations, the ICRC coordinates all input from components of the Movement and helps build the capacity of the local National Society, mainly in the areas of operational management and development of human resources.

In 2000, operational partnerships with National Societies covered a broad spectrum of services for people in need, as can be seen from the few cases outlined below.

### Meeting the needs of displaced people and returnees

In the Russian Federation, the ICRC worked with the Russian Red Cross to meet the most urgent needs of victims of the conflict in the northern Caucasus (displaced persons and people returning to Chechnya). Thanks to ICRC support, the Russian Red Cross greatly expanded its operational capacity, providing primary health-care services, supplying bread and hot meals for over 60,000 people daily in Ingushetia, Dagestan, North Ossetia and Chechnya, arranging for regular home visits by Russian Red Cross nurses to disabled or elderly people in Chechnya, and providing clothing for 50,000 displaced persons in Ingushetia and Dagestan.

In the Philippines the ICRC, together with the Philippine National Red Cross and the Spanish Red Cross, distributed food and other supplies to 78,000 people in the province of Mindanao, where the number of displaced increased sharply with the steady deterioration of the security situation.

In Serbia there were 10 projects involving participating National Societies, most of them implemented jointly with the Yugoslav Red Cross, with overall ICRC coordination. Worthy of special note are five soup kitchen projects, run by the Yugoslav Red Cross with support from the National Societies of Canada, Italy, Denmark, Belgium and Germany, which provided nearly 100,000 people in Serbia with hot meals twice daily. Thanks to ICRC support, the National Society also distributed individual food parcels monthly to 210,000 displaced people from Kosovo. The entire relief operation run by the Yugoslav Red Cross with ICRC support is governed by a formal agreement setting out the objectives and financial, reporting, evaluation and auditing procedures.

### Health and psycho-social services

In the Israeli-occupied and the autonomous territories, over the past four years the ICRC has helped the Palestine Red Crescent Society (PRCS) to develop efficient emergency medical services (EMS). In 2000 the EMS staff of only 256 dealt with an average of 3,000 emergency cases a month. This impressive capacity was crucial during the unrest, when PRCS staff saved many lives, treating casualties, transporting patients to emergency rooms, moving blood units between hospitals and transferring the wounded to Jordan for specialized medical treatment. This confirms that a development approach is ultimately in the best interest of the victims, as it ensures that National Societies are ready to cope with large-scale emergencies. The ICRC also promoted dialogue between the PRCS and the Magen David Adom in order to increase the effectiveness of humanitarian action on behalf of victims of the events.

In Uganda, with the serious outbreak of Ebola fever, the Uganda Red Cross Society mobilized its network and volunteers to raise community awareness of the Ebola virus and how to avoid contamination. These activities were undertaken in close cooperation with the Ministry of Health and WHO, with strong support from the ICRC and the International Federation.

<sup>3</sup> See pp. 232-233.



In Algeria, the ICRC helped the Algerian Red Crescent develop a first-aid network capable of responding to emergencies throughout the country. The National Societies of Sweden, Belgium, France and Switzerland contributed to a project to instruct "master trainers" from the Algerian Red Crescent, who in turn trained another 144 National Society instructors. With ICRC support and coordination, 48 branches were fully equipped with first-aid materials and this, together with the training programme, greatly improved the preparedness of 10,000 Red Crescent first-aiders throughout the country.

Significant progress was also achieved in two other ICRC-supported Algerian Red Crescent projects aimed at alleviating the mental suffering of child and women victims of the violence in the country. The ICRC contributed to the training of psychologists, equipped specialized centres with psychotherapeutic and teaching materials, and helped the National Society organize social assistance for traumatized children. Some 6,000 child victims of the violence have benefited thus far. About 300 women affected by the events received vocational training in sewing and embroidery, and had easy access to Algerian psychologists specialized in dealing with post-traumatic stress.

## IN 2000 THE ICRC:

- worked with 44 National Societies in countries affected by armed conflict or internal strife in programmes ranging from aid distribution and medical services to tracing<sup>4</sup> and preventive action; and involved in ICRC projects a further 37 National Societies from third countries<sup>5</sup> capable of mobilizing support and taking a direct part in international relief activities.

<sup>4</sup> See pp. 232-233.

<sup>5</sup> Referred to as participating National Societies (PNS).



## HUMANITARIAN DIPLOMACY

Aware that protecting the victims of armed conflict requires a broad-based approach, the ICRC not only takes action in time of war to alleviate suffering and safeguard victims' rights, but also takes diplomatic initiatives with States, international organizations and representatives of civil society in order to promote knowledge and development of humanitarian law, explain the ICRC's position on issues of humanitarian concern, and raise awareness of current crises and the needs of the victims.

Working through its network of contacts (international organizations, regional organizations, the International Red Cross and Red Crescent Movement, NGOs,\* etc.), the ICRC pursues two objectives in its humanitarian diplomacy:

- timely exchange of the information necessary for its activities, at headquarters and in the field;
- obtaining the support of key political actors in seeking solutions to problems, both operational and legal, in the humanitarian domain. During the year under review, the ICRC's concerns focused on the needs of women and children in times of armed conflict, on the situation of internally displaced persons, and on the widespread availability of small arms and light weapons.<sup>6</sup>

The regional delegations have specific tasks to perform with regard to operational activities on the one hand and humanitarian diplomacy on the other. In the latter sphere they play a major role, particularly in establishing and maintaining regular contacts with governments and regional organizations. They are also in a favourable position for sustained dialogue with National Red Cross and Red Crescent Societies.

For regular contact with the United Nations and multilateral and regional organizations around the world, the ICRC relies on its delegations in New York, Brussels, Paris, Cairo and Addis Ababa, which act as liaison offices.<sup>7</sup>

### Harmonizing and improving the humanitarian response

Faced with the rapid evolution of conflicts and the arrival on the scene of new players, such as transnational NGOs and private companies, the ICRC tried to adapt its action accordingly. It sought constantly to develop, maintain and improve its working relations with all the entities concerned – not only humanitarian, but also political and military – in the interests of victims.

In recent years the ICRC has observed concerted efforts to pursue political, military and humanitarian objectives in a single integrated approach. In contrast to this trend, the ICRC has stressed the continued need for independent humanitarian action. Indeed, it considers that efforts towards coordination and the willingness of the international community to tackle the political and military issues that give rise to conflict should not result in the loss of independence of action through a confusion of roles.

During the year global cooperation and consultation with all humanitarian agencies, whether members of the United Nations system or other international, regional and non-governmental organizations, substantially improved. This can be attributed both to the ICRC's active participation in global fora and to the special bilateral relations it maintains with States, international organizations and NGOs.

The ICRC remained closely involved in the IASC,\* the United Nations mechanism for the coordination of humanitarian response, in its capacity as a standing invitee. It chaired a task force on the Millennium which led to an interagency publication entitled *Humanitarian action in the 21st century*, and took part in IASC reference groups, in particular those on "Small Arms", "Human Rights and Humanitarian Action", and "Disarmament, Demobilization and Reintegration".

A close link was maintained with the Humanitarian Liaison Working Group, which brings together representatives of major donor countries in Geneva to foster dialogue with operating humanitarian agencies.

The ICRC also maintained its dialogue with the World Bank and UNDP,\* focusing on the post-conflict needs of war-torn societies with the aim of achieving a more streamlined long-term international relief and reconstruction effort. In order to promote organizational learning, an ICRC delegate was seconded to the Post-Conflict Unit of the World Bank.

\* IASC: Inter-Agency Standing Committee. The IASC, chaired by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), comprises representatives of United Nations agencies, the International Red Cross and Red Crescent Movement and NGOs. Its task is to coordinate humanitarian operations at headquarters level.

\* UNDP: United Nations Development Programme

<sup>7</sup> For more information on the activities of these delegations, see pp. 83, 149 and 207-208.

\* NGOs: non-governmental organizations

<sup>6</sup> See p. 218.



High-level meetings and regular consultations were held with UNHCR,\* WFP,\* UNICEF,\* FAO\* and other key United Nations agencies operating in the humanitarian sphere. Throughout the year, the ICRC and UNHCR worked in increasingly close consultation on the protection needs of internally displaced persons.

NGOs, which reflect the growing role of civil society, have a considerable capacity for mobilization and persuasion. The ICRC therefore cultivated regular exchanges with them and took part in the work of the Standing Committee for Humanitarian Relief, the international NGO consortium. To facilitate the sharing of information and to develop a common ethical frame of reference for protection work, the ICRC organized a fourth workshop for NGOs in Geneva.

## Bringing humanitarian issues to international fora

Through its participation in international gatherings such as the United Nations General Assembly, the ICRC endeavoured to raise awareness of humanitarian concerns and bring them to the forefront of the international political decision-making process.

Throughout 2000 humanitarian issues remained high on the agenda of political bodies such as the United Nations Security Council, the Council of Europe, the OAU,\* the OAS,\* the OIC,\* the OSCE,\* the Non-Aligned Movement, the League of Arab States and the European Union. The ICRC maintained regular contacts with all these organizations. The high degree of openness and interest they displayed reflected their willingness to interact with humanitarian agencies. Contact was established with the Council of Europe's Commissioner for Human Rights, whose office was created in 1999.

At the beginning of each month the ICRC met the President of the United Nations Security Council to discuss the most pressing humanitarian issues. In April, the ICRC President addressed the Council on the protection of civilians in times of armed conflict. The ICRC delegation in New York regularly followed the Council's work and contributed to its discussions, particularly those relating to the protection of United Nations and humanitarian personnel in conflict areas.

As a permanent observer at the United Nations, the ICRC took part in debates on topics within its sphere of interest in the General Assembly and its committees. The ICRC President was invited to address the United Nations Millennium Summit, and was a member of a panel on the topic "Dialogue among civilizations". In the special session of the General Assembly on "Women 2000", the ICRC outlined its views on what should be done to afford better protection to women in times of conflict.

The ICRC also followed the work of subsidiary United Nations bodies and supplied relevant input, in particular to the Economic and Social Council.

Throughout the year the ICRC took part in IPU\* conferences and in meetings of regional parliamentary associations, to draw the attention of parliamentarians to the importance of implementing the humanitarian law instruments. A handbook for parliamentarians entitled *International Humanitarian Law*, published jointly by the ICRC and the IPU, was translated into 15 languages and distributed widely in national parliaments around the world.

The ICRC pursued its constructive dialogue with the OAU and several sub-regional organizations on the African continent, including ECOWAS\* and the SADC.\* In Europe, it maintained regular operational contacts with regional organizations dealing with security matters, such as the OSCE, NATO,\* and the European Union.

\* UNHCR: Office of the United Nations High Commissioner for Refugees  
\* WFP: World Food Programme  
\* UNICEF: United Nations Children's Fund  
\* FAO: Food and Agriculture Organization of the United Nations

\* OAU: Organization of African Unity  
\* OAS: Organization of American States  
\* OIC: Organization of the Islamic Conference  
\* OSCE: Organization for Security and Co-operation in Europe

\* IPU: Inter-Parliamentary Union  
\* ECOWAS: Economic Community of West African States  
\* SADC: Southern African Development Community  
\* NATO: North Atlantic Treaty Organization



## REVIEWING PERFORMANCE

The ICRC is judged by the results it achieves in its endeavour to prevent or alleviate the suffering of conflict victims in an efficient, effective and timely manner. Continuous improvement in performance is recognized as a priority and the Assembly, the President and the Directorate have encouraged more extensive use of modern public management tools, stressing a "managing for results" approach. The ICRC's Planning, Monitoring and Evaluation Unit is a key contributor to upgrading management systems in support of field and headquarters operations. By strengthening management capacities and promoting a results-oriented culture, the ICRC seeks to achieve greater transparency, a clear division of responsibility and the sharing of best practices both within and outside the organization, all critical if the ICRC is to maintain its leadership position and comparative advantage in the humanitarian field.

This approach was endorsed by the ICRC Donor Support Group, which at its May 2000 meeting commended the ICRC's ongoing efforts to develop its results-based planning, monitoring and evaluation functions. Donor representatives noted how within a short period the ICRC had demonstrated that it was on the right course to further strengthen its credibility and accountability, and urged it to maintain the momentum.

### Planning for Results

The Planning for Results (PfR) methodology, first introduced in 1999, is pivotal to the ICRC's performance review activities. PfR encourages the explicit identification of results-based objectives for ICRC operations, formulated with three dimensions in mind: (1) target population; (2) programme capacity; and (3) geographical setting. Over the past three years, PfR has been gradually revised and streamlined. This has led to a steady improvement in the quality of operational planning, including the establishment of a direct link between expected results as defined in the planning system and resources allocated in the financial system. Moreover, the quality of planning documents has now reached a level that offers increased opportunities for thematic review and trend analysis (for example, overall needs of the internally displaced). Last but certainly not least, PfR provided significant input for the ICRC's Emergency Appeals 2001 and Headquarters Appeal 2001, which reflect the quality of analysis and dialogue ongoing in the field.

### Monitoring and reporting on results

To ensure that programme implementation is both relevant and effective, the ICRC increasingly incorporates performance review tools such as monitoring and operational assessment into its work. Continuous monitoring and reporting, with weekly, monthly and quarterly reports sent to headquarters, are carried out in all ICRC operations. In 2000, during the midterm review and annual planning exercise, field delegations and headquarters units were requested to undertake a global review of performance against the objectives set the previous year. Staff assessed progress and provided specific examples of results achieved as well as areas where progress had been slower than expected. Overall objective achievement was judged positively and performance had improved.

Apart from the oversight and control processes in the field, missions carried out by the headquarters units responsible for protection, health and relief, cooperation with National Societies, and communication also help review progress and provide guidance and support for field operations. For example, in 2000 staff of the Protection Division went on no less than 13 field missions to the Russian Federation, the Balkans, the Middle East, South-East Asia, the Horn of Africa and the African Great Lakes region. While the purposes of such missions vary considerably, they consistently include monitoring and reporting to confirm progress towards planned objectives and provide technical support aimed at improving operational performance in the field.

External reporting is also a key aspect of the ICRC's work. At the May 2000 meeting of the Donor Support Group the ICRC was invited to continue to develop standardized reporting routines, not only to reduce the burden on already stretched resources but also to respond to the donors' concern to ensure financial accountability. Given the unanimous



support for standardized reporting, an initiative was launched midyear to improve internal operational monitoring and to make reporting from the field more efficient. A working group was set up to implement a pilot project which led to improved reporting formats. These were introduced in six ICRC delegations (Tbilisi, Lima, Kampala, Addis Ababa, Abidjan and Kinshasa) over a six-month period; early 2001 will see the launch of new reporting guidelines in all delegations worldwide.

## Evaluating results

Evaluation continues to be a high priority for the ICRC. The emphasis to date has been on developing evaluation methodology, supporting ongoing evaluations, and encouraging learning and the sharing of knowledge. This has resulted in the following:

- Approval of an institutional framework policy covering the functions and instruments to be used by the ICRC to assess performance, including evaluation.
- Launching of a process to develop a performance framework for each major programme (water and sanitation, cooperation, etc.). These programme-specific frameworks will provide an important link between planning (PfR) and subsequent performance review activities (monitoring and evaluation).
- Completion of the first institutional review of results achieved and consolidation of lessons learned in 1999 from PfR, monitoring reports and recently completed evaluations.

In terms of specific evaluations, several key projects were completed in 2000. One was aimed at assessing the performance of the first phase (15 February-31 July 1999) of the International Red Cross and Red Crescent Movement's integrated response to the Balkans crisis and incorporating the lessons learned into future crisis-management situations. The evaluation<sup>8</sup> reflected the views of three independent consultants engaged by the ICRC and the International Federation, with input from several National Societies. What sets this evaluation apart from other reviews is its emphasis on the beneficiaries. With the assistance of counterpart country teams,

<sup>8</sup> The Balkans Evaluation: An examination of the role of the International Red Cross and Red Crescent Movement's response to the Balkans crisis. Lessons and recommendations for future crisis situations.

the evaluation involved over 250 face-to-face interviews and a survey of 1,000 beneficiaries. Significant messages included the following:

- the Movement's response was relevant, appropriate and rapid;
- positive results were achieved in terms of beneficiary satisfaction;
- many opportunities for the Movement to learn and improve performance were identified.

The Balkans Evaluation also made recommendations relating to planning, organizational and operational matters, system improvements, logistic considerations and relations with National Societies. In terms of follow-up, the evaluation was circulated to National Societies and was the subject of discussion at various meetings and a workshop involving the ICRC, the International Federation and National Societies. Reviews were carried out separately by the ICRC Directorate and the Federation's Executive Management Group, and jointly by the two organizations at senior management meetings. The evaluation was also factored into discussions within the Standing Commission and related working groups dealing with emergency response. Finally, the ICRC encouraged broader reflection on the Balkans response within the international community. Multiple overlapping evaluations were carried out by donor governments, the UN and NGOs, and the Active Learning Network for Accountability and Performance (ALNAP)<sup>9</sup> convened a meeting in Geneva in October 2000 to further consider their policy, operational and methodological implications. Its final report will be available in early 2001.

<sup>9</sup> ALNAP: A London-based inter-agency forum of donors, UN agencies, NGOs and academic institutions working to improve learning and accountability in the international humanitarian system. The ICRC currently chairs ALNAP's Steering Committee.



In other areas, the ICRC closely examined the findings and recommendations of the Danida\* Evaluation of Danish Humanitarian Assistance (1992-98). The ICRC Donor Support Group (with encouragement from Danida) praised the ICRC for its systematic efforts to gather together observations and findings relating to its operations, to review relevant recommendations and lessons, and to identify possible areas for follow-up action. One area singled out by the Danida team was the evaluation of the ICRC's pilot project involving support for the Mir Wais hospital in Kandahar, Afghanistan.<sup>10</sup> This facility was severely damaged during the civil war; the ICRC decided to run a pilot project for five years (1996-2001) to rehabilitate and support a national hospital rather than build an independent ICRC hospital, to set up a training programme for the entire hospital staff alongside surgical activities, and to extend surgical activities to ordinary emergency surgery.<sup>11</sup>

In terms of overall assessment, the evaluation team confirmed that owing to ICRC involvement the Mir Wais surgical unit had rapidly emerged as the leading hospital for all south-western Afghanistan.<sup>12</sup> Despite many pressures, over four years the ICRC had successfully maintained a high-quality surgical unit, fully equipped and adapted to priority needs, with sufficient qualified staff, mostly Kandahari, and adequate infrastructure. The hospital, which had been spared by war for five years, had provided surgical treatment for tens of thousands of patients, both war-wounded and others. Thanks to the training scheme, geared to local conditions, Afghan staff had acquired valuable surgical and nursing skills. At the same time, several drawbacks were noted. The team cited the lack of integration of the hospital into the local health system; concerns were expressed about set-up costs and levels of efficiency (US\$ 67 per admission); varying degrees of scrupulousness with respect to monitoring, administration and management were observed; and the overall sustainability of the project was questioned, given the lack of public funding and the poor prospects of handover to other partners. These findings have been factored into operational planning, and support to the Mir Wais hospital will be maintained.

In addition to the evaluations mentioned above, five other performance review initiatives were launched in 2000. These included independent evaluations of the ICRC's prosthetic/orthotic programmes; of the educational programmes run since 1995 in secondary schools in the Russian Federation, Georgia, Armenia, Azerbaijan, Tajikistan, Uzbekistan and Kyrgyzstan; of dissemination programmes for the military police in Brazil; of economic security activities in Abkhazia; and of post-conflict work in Mali between 1995 and 1999. These evaluations, which have yet to be concluded, focus on performance issues such as impact, relevance, efficiency and effectiveness, and comprise input from the beneficiaries. Their findings and results will include concrete recommendations on how to improve the ICRC's operational efforts in the areas concerned.

\* Danida: Danish International Development Agency

<sup>10</sup> The evaluation mission, organized by the Geneva Foundation, was carried out in March 2000 by a team of three independent consultants, two doctors (one of them a surgeon and both former ICRC delegates), and a health economist.

<sup>11</sup> See the ICRC's 1996 *Annual Report*, p.134; 1997 *Annual Report*, pp. 150-151; 1998 *Annual Report*, p.165.

<sup>12</sup> See p. 100.



# SYMBOLS

The following symbols are used in the coloured boxes giving facts and figures about ICRC activities in 2000



*Activities to protect people deprived of their freedom in connection with a conflict or situation of violence*



*Protection of the civilian population*



*Restoration of family links*



*Relief activities*



*Medical activities*



*Prosthetic/orthotic activities*



*Water and habitat programmes*



*Cooperation with National Societies*



*Dissemination and information*



*Mine-awareness programmes*