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OPERATIONS

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PROTECTION AND CENTRAL TRACING AGENCY

Protecting the civilian population

Again in 2001, civilians were caught up in the violence of war. In Afghanistan, Burundi, Colombia, Israel and the occupied and autonomous territories, Kosovo and elsewhere, civilians were directly targeted. Massacres, hostage-taking, rape, forced recruitment of children into armed groups – the list of violations of the fundamental principles of international humanitarian law (IHL) that were committed day after day, across continents, is long.

The presence of delegates on the ground is essential for the protection of the civilian population. With their knowledge of local conditions and the contacts and dialogue they maintain with authorities, armed groups and the inhabitants of conflict zones, they can take measures to make IHL better known. However, protection is not a matter of dialogue alone; what really matters is to ensure that residents can stay in their homes and cover their basic needs. Internally displaced people also need assistance to allow them to return to their homes as soon as possible. Moreover, protection does not stop at the end of a conflict. In Kosovo, the ICRC maintained its presence throughout the territory after hostilities had ceased, and was particularly vigilant in the case of minorities, whose living conditions remained very precarious. In such cases the ICRC provided the necessary assistance and requested the authorities concerned to take practical steps to improve the situation.

People deprived of their freedom

People who are deprived of their freedom are in an extremely vulnerable situation. In order to attenuate this stark reality, the ICRC strives to gain access to detainees within its mandate. In 2001, detention-related activities started in the Central African Republic, the Former Yugoslav Republic of Macedonia, Paraguay and Uzbekistan, and were extended in Irian Jaya and Myanmar. Procedures for prison visits remained unchanged whatever the context.

The confidential dialogue the ICRC maintains with the authorities allows it to draw their attention to certain necessary improvements. The dilapidated state of prison buildings and facilities, especially in Africa, has an impact on several levels. First, this situation obviously affects the detainees, as it is not possible to ensure humane treatment that respects their human dignity. Secondly, it affects the detainees' families, who often have to take on tasks that should be performed by the authorities, such as providing food. Thirdly, it affects the people running the places of detention.

The ICRC's action does not stop when the prison door closes behind it. During the year, the ICRC took part in the repatriation of thousands of prisoners of war between Eritrea and Ethiopia and in the transfer of almost 2,000 Kosovar ex-detainees from Serbia. In order to ensure the safety of detainees after their release, in some cases the ICRC also visits them at home. In 2001 it visited over 340,000 prisoners, including 5,326 women and 2,565 minors, in 1,988 places of detention in 72 countries.

Worldwide network for restoring family links

As in previous years, the ICRC enabled thousands of family members who had been separated by armed conflict to get in touch again, to exchange news and even to be reunited. For help with this task, the ICRC relied on the worldwide network of National Societies.

The ICRC developed its contacts with National Societies involved in tracing activities, either through regional meetings such as the one held in Budapest for Eastern Europe, or by working with them to develop new tools such as the French and Spanish versions of the manual for National Societies entitled *Restoring Family Links*.

Modern technology can also be helpful in responding to the needs of families that have been split up. The ICRC Website "Family News Network", set up during the 1999 Balkans conflict, was standardized for use in other contexts. People who have had to leave their homes can enter their new addresses on the Website, which enables relatives who have lost contact to search for each other. It also allows the sending of electronic Red Cross messages. This new tool offers the possibility of more rapid exchanges between the ICRC and other members of the Red Cross/Red Crescent network, cutting down the time that beneficiaries of the service have to wait before receiving their messages.

The new database PROT5, which manages all the personal data relating to people registered by the ICRC during its protection activities, was completed, and by the end of 2001 had been installed in over 50 delegations all over the world. Several hundred expatriates and local employees began training in the use of this new tool.

Once again, the greatest needs in terms of re-establishing family links were in Africa. Fortunately the situation did improve, notably with the beginning of the demobilization of child soldiers in the Great Lakes region and in West Africa. These children, traumatized by war, desperately need to find their parents; they also need psychological help and, in general, help in building a future. To meet these needs, the ICRC cannot act alone and cooperation with United Nations specialized agencies (UNHCR, UNICEF) and other international organizations continued to develop in this regard.

Throughout 2001, over 865,000 Red Cross messages were exchanged worldwide between family members separated by conflict. The ICRC also located over 1,890 people for whom tracing requests had been filed and helped reunite 2,732 people, including 1,070 children, with their families.

The missing

Despite these efforts, much remains to be done. The issue of missing persons is a primary concern for the ICRC, and numerous activities were carried out to help their families. Thousands of people still live in uncertainty as to the fate of a member of the family; in the Balkans, in East Timor, in Peru and in Colombia, to name only these, tens of thousands of people never returned. In 2001, the ICRC laid the foundations for a wide-ranging study bearing on a number of aspects of this tragic situation. The study, which will bring together experts, authorities and organizations active in this field, will culminate in an international conference to be held by the ICRC in Geneva in February 2003.

Relations with other organizations

Many other organizations are also active in conflict zones. It is extremely important that their presence and their divergent practices and mandates do not create interference that jeopardizes the protection of civilians. To prevent this happening, the ICRC set up meetings bringing together the humanitarian NGOs and human rights organizations in order to discuss these issues. The results of their discussions were summarized in a publication entitled *Strengthening Protection in War*, which was issued in 2001.

At the request of certain NGOs and as a follow-up to these meetings, the ICRC organized a series of four "Ecogia Protection Seminars", the first of which was held in November 2001. The aim is to raise awareness among humanitarian and human rights organizations of the basic principles of protection. The next three modules of the seminars, which bring together members of the ICRC, international organizations and NGOs, are due to be held in early 2002.

As in previous years, the Protection Division took part in numerous conferences and meetings on various aspects of protection organized by universities and UN agencies.



ASSISTANCE

The ICRC sees assistance as part of a framework of protection which encompasses all activities aimed at ensuring full respect for the rights of the individual in accordance with the relevant bodies of law, namely international humanitarian law (IHL), human rights law and refugee law. This framework transcends the traditional dichotomy between protection and assistance. Instead, these activities are seen as two sides of the same coin. In other words, persuading the authorities to put a stop to a specific pattern of abuse and alleviating the victims' immediate suffering by means of appropriate material or medical assistance are two facets of the same action and objective.

Within this framework, the primary aim of the ICRC's assistance programmes is to preserve or restore acceptable living conditions for victims of armed conflict in accordance with ethical standards and the provisions of IHL. In practical terms, ICRC headquarters provides continuous operational support by offering systematic professional expertise to field projects in three areas: health, economic security and water and habitat. Significant efforts have been made to ensure an integrated approach to assistance throughout the planning cycle. Training for field personnel is a key form of support supplied by headquarters and considerable resources continue to be earmarked for this.

On another level, the ICRC has a crucial contribution to make in further developing assistance policies and guidelines and fostering debate on policy at institutional level. In an increasingly complex humanitarian environment, where there is great pressure to maintain performance and professional standards, the specific role of assistance requires constant clarification. Events in 2001 consistently highlighted this need, which will be addressed as a priority in 2002.

The third area of the ICRC's assistance activities is aimed at improving the quality of humanitarian operations both within the International Red Cross and Red Crescent Movement and in the wider humanitarian world. This is achieved through dialogue with UN agencies such as WFP,¹ FAO² and WHO and with the NGO sector, by participating in conferences, and by maintaining and developing a network of contacts with professional associations and academic institutions. The ICRC's expertise in specialized areas such as physical rehabilitation, war surgery, and health and medical ethics in prisons was frequently drawn on in international conferences and workshops.

Operational support

Health and relief programmes were run by 47 of the ICRC's 65 delegations and regional delegations in 2001. In terms of assistance, the main operational theatres were Afghanistan, Angola, the Balkans, the Democratic Republic of the Congo, the northern Caucasus, Rwanda, Sierra Leone and Sudan.

Health

In 2001 the ICRC regularly supported some 100 hospitals and 220 health centres throughout the world and provided almost 4 million outpatient consultations. More than 18,000 war-wounded were admitted to hospitals receiving ICRC support and nearly 160,000 operations were performed. The ICRC regularly supported 17 first-aid posts near front lines, which provided emergency treatment to some 10,000 war-wounded. To help the physically disabled, ICRC and ICRC-assisted prosthetic/orthotic centres manufactured 28,024 orthopaedic appliances: 16,501 were prostheses³ – of which 9,779 for mine victims (59%) – and 11,523 were orthoses⁴ (including replacements). In the 40 projects in 14 different countries, 14,140 disabled were fitted for the first time in 2001. In addition, 1,163 wheelchairs and 16,637 pairs of crutches were produced.

¹ World Food Programme
² Food and Agriculture Organization

³ Prosthesis: a device to replace a missing limb.
⁴ Orthosis: a device to support a malfunctioning limb.

OPERATIONS

The focus in 2001 was on quality, and technical expertise was provided for a whole range of programmes. For example, the ICRC carried out quality control of tuberculosis programmes in the southern Caucasus and maintained contacts with international experts in this domain. Cost recovery systems were introduced in the Medina and Keysaney hospitals in Mogadishu. The use of a recently developed hospital assessment programme allowed the ICRC health services to carefully assess and gradually improve the quality of care dispensed in the hospitals of Kenema in Sierra Leone, Lokichokio in northern Kenya near the Sudanese border, Kandahar in Afghanistan and Dili in East Timor.

Economic security

Economic security activities provided direct assistance for up to a million people during 2001, often on a monthly basis. An average of 320,000 internally displaced people and approximately 260,000 residents received monthly food and appropriate non-food supplies. In the field of protection, a further 96,000 persons deprived of their freedom, principally in Rwanda, were regularly assisted by the ICRC in order to cover their basic needs in terms of water, hygiene, food, shelter and health.

In order to ensure an integrated approach, the economic security unit carried out multidisciplinary reviews aimed at reorienting food and non-food assistance programmes so as to achieve maximum impact on the beneficiaries' lives. Reviews of programmes in Ethiopia, Ingushetia and the former Yugoslav Republic of Macedonia were completed in 2001; reviews in Abkhazia, Afghanistan and Georgia were under way, and programmes in Chechnya, Daghestan, Israel and the occupied and autonomous territories, and Somalia, among others, were due to be reviewed in 2002.

Water and habitat

In 2001, the ICRC Water and Habitat Unit was involved in water-related activities in over 30 countries. Often half-way between emergency and development, these projects catered for the water needs of some 2.5 million people worldwide at a cost of about 96 million Swiss francs. They were implemented by a team of about 80 expatriate engineers and 150 local field officers. Activities ranged from setting up water-treatment and pumping units to ensuring proper sewage disposal in urban and rural areas affected by armed conflict.

In Iraq, the ICRC's position as a neutral intermediary made it the only organization that could provide vital chemicals and spare parts for the country's major water-treatment plants. In Afghanistan, the ICRC's local staff were able to carry out rapid repairs on Kabul's water-supply system after the October bombing raids. Urban water projects were implemented in Burundi, the Democratic Republic of the Congo and the Republic of the Congo. Major rural community water and sanitation projects were carried out throughout 2001 in Angola, Colombia, Ethiopia, Kenya, Guinea, Myanmar, Rwanda, Sierra Leone, Somalia, Sri Lanka, Sudan and East Timor. Emergency water supplies were distributed to internally displaced communities in Afghanistan, Angola, the eastern part of the Democratic Republic of the Congo, Eritrea, Indonesia, Liberia and Sudan. Basic rehabilitation of hospital utilities was carried out in numerous countries such as Afghanistan, Burundi, Iraq, Sierra Leone, Somalia, and Sudan. The Water and Habitat Unit also provided support for protection teams visiting prisons worldwide, by advising them on the basic repair work needed to preserve minimum standards of hygiene (mainly in Afghanistan, Burundi, Ethiopia, Rwanda, and Sri Lanka).



Training

In 2001, the ICRC pursued its efforts to provide training for its various professionals so as to maintain their expertise and, in the case of programme coordinators, to develop their management skills and thus ensure the quality of assistance operations at all levels in the field. Overall, the ICRC organized 10 specialized training courses and workshops for 195 of its staff. These included war-surgery seminars, on-site courses for health personnel working in places of detention, economic security training, specialized external programmes for water and habitat engineers, and courses in prosthetics and orthotics.

Evaluating assistance

A number of external evaluations were completed in 2001 to measure the impact of ICRC health and relief activities. In Mali, an integrated assistance programme that was carried out in the latter half of the 1990s, in a context that can best be described as a post-conflict situation, was examined. The report concluded that the programme was relevant and had made an appreciable difference for the beneficiaries. However, it revealed a number of weaknesses with respect to viable withdrawal strategies.

A thorough evaluation of the ICRC's physical rehabilitation sector was conducted in 1999 and 2000 by two external consultants who visited a total of eight countries where the ICRC ran such programmes. The results of this study, entitled *Evaluation of ICRC Orthopaedic Programmes*, were published in 2001 in cooperation with the ICRC's Evaluation Unit. An evaluation of economic security programmes in Abkhazia involving the provision of food aid to up to 15% of the population found that the programmes were both relevant and appropriate.

Moreover, an evaluation of the impact of 10 years of water and sanitation activities in East Timor indicated that as well as bringing about tangible improvements in terms of water supply and hygiene, the programme was instrumental in enhancing protection of the civilian population. The presence of ICRC water and sanitation engineers greatly facilitated discussions with the authorities on protection issues and, as a result, violations of IHL appear to have diminished significantly in the areas covered.

Finally, the Health Services Unit organized a well-attended workshop in Geneva on the ICRC operation in Dili hospital in East Timor. This was a comparatively short operation which started in an acute emergency, mobilized huge resources very rapidly, and ended in handover to the authorities in under two years. The operation, which covered the full range of services – paediatrics, obstetrics and internal medicine as well as surgery – was a learning process for all concerned, with implications for both hospital management and clinical practice.

Policies and key issues

The ICRC's role with regard to assistance gives rise to much debate on such issues as short-term versus long-term involvement, withdrawal strategies and, more particularly, the link with protection. Its approach in certain areas, such as tuberculosis and HIV/AIDS control, psychosocial assistance, hospital assistance, microprojects, and water and sanitation in places of detention, needs fine-tuning in order to improve coherence between delegations and across continents.

While within the ICRC significant progress was made in regard to a number of key policy debates and documents on issues like women and war, periods of transition, the internally displaced, and the missing persons project, other matters such as withdrawal strategies, programme diversification and HIV/AIDS did not receive adequate attention in 2001. These will be addressed in 2002.

A number of guidelines and reference tools were produced during the year. The Health Services Unit and the International Federation published joint *Guidelines on First Aid and HIV/AIDS* for first-aiders of National Societies throughout the world. The unit also completed ICRC guidelines on blood transfusion, which set standards for running a blood transfusion service.

The Economic Security Unit finalized two major tools. One was a database, available to all staff, on economic security procedures and activities, and the other was a coordinators' manual outlining the major responsibilities and tasks of economic security coordinators in the field.

In pursuance of ongoing efforts to harmonize systems and procedures between the International Federation and the ICRC, the Water and Habitat Unit contributed to a standard catalogue for water and sanitation emergency equipment. The catalogue was published together with the International Federation.

The physical rehabilitation team produced a reference manual containing guidelines covering all management aspects of a prosthetic/orthotic project. It included a database for standardized patient management and for producing statistics on the durability of orthopaedic appliances and components, thus contributing to the overall quality of services in this area. The quality of physical rehabilitation also depends on the continuity of care for the disabled after the withdrawal of the ICRC, once hostilities have ceased. Providing such long-term care is one of the aims of the ICRC Special Fund for the Disabled (SFD), which endeavours to guarantee treatment until such time as local partner organizations can ensure the projects' complete self-sufficiency. In 2001 the SFD supported seven former ICRC physical rehabilitation projects in Chad, Colombia, Lebanon, Mozambique, Syria, Vietnam and Zimbabwe. The other aim of the SFD is to assist rehabilitation centres in developing countries so that amputees and other disabled people can benefit from the technology developed by the ICRC for the war-disabled.

Contributions to the humanitarian debate

The Assistance Division contributed to the wider debate in various domains of humanitarian assistance, its specialists participating in a number of conferences where the ICRC's role and expertise were promoted. The physical rehabilitation team, for instance, attended the Congress of the International Society for Prosthetics and Orthotics (ISPO), where discussions focused on prosthetic/orthotic projects in developing countries and in situations of armed conflict. The Water and Habitat Unit gave a presentation on its activities in Afghanistan at the 11th International Water Symposium at the Stockholm International Water Institute in the summer of 2001. The unit is the focal point within the ICRC for the preparation of the World Summit on Sustainable Development due to be held in Johannesburg, South Africa, in 2002.

Turning now to health in places of detention, the ICRC contributed to several publications dealing with issues relating specifically to prisoners. It provided three chapters for a manual entitled *HIV in Prisons*, published by WHO-Europe, and contributed a chapter to the textbook *The Medical Documentation of Torture*, based on its first-hand experience inside prisons. In close cooperation with WHO, the World Medical Association and other international bodies, the ICRC continued to draw up guidelines on prison health issues.

Running academic courses on humanitarian assistance that take full account of the realities of fieldwork is one of the tasks of the Chief Medical Officer. In 2001 eight HELP (Health Emergencies in Large Populations) courses took place at universities and other academic institutions in the following locations: Amman, Baltimore, Cuernavaca, Geneva, Göteborg, Hawaii, Montreal and Pretoria. The English version of a manual entitled *H.E.L.P. – Public Health Course in the Management of Humanitarian Aid*, which describes all the objectives of the HELP course in detail, was completed and published by the ICRC during the year.

The Assistance Division provided specialized input for a range of academic and practical courses at diploma and Master's level, including the International Diploma in Humanitarian Assistance and the Master's degree in Humanitarian Assistance, at various European Universities.

LOGISTICS

Worldwide logistics

The ICRC operates and manages a comprehensive logistics service on a global basis. With the range of services offered, from airlifting to vehicle workshops, the ICRC is able to maintain and support field operations and to take rapid and effective action in emergencies. In 2001 it had 3,200 vehicles, 950 warehouses, 13 aircraft and two to five ships operational at any one time.

During the year, and in particular subsequent to the events of 11 September, the ICRC transferred logistic resources immediately to meet the needs of expanded operations. Most of these resources were transferred from existing operations; they included trucks and light vehicles, aircraft, and emergency relief and medical stocks. Some 25 heavy trucks were redeployed from Kenya and the Balkans to increase existing capacity in Afghanistan; similar redeployments were undertaken for ICRC activities in the Middle East. These transfers were organized rapidly and enabled the ICRC to conduct cross-border operations in conflict areas. The ICRC was the only humanitarian organization able to provide such an immediate response. Thanks to advance planning, the mobilization of resources and negotiations with the relevant authorities, aid supplies could be transferred directly from Jordan to Israel in support of the Palestinian operation and from Iran and Peshawar to Afghanistan.



In its global planning, the ICRC establishes primary logistics centres to which all goods are initially consigned; these are then supplemented by forward logistics bases for direct delivery to the operational areas. This approach, as used for Afghanistan, allows goods to be tracked and checked all the way through the logistics chain from procurement to distribution. The ICRC also ensures that any goods supplied by National Societies or governments in support of its activities are properly managed, stored and transported in accordance with its own standards. During 2001, the ICRC opened two new regional logistics centres in Iran and Jordan in addition to those already operational in Kenya, Pakistan and Indonesia.

In terms of purchasing, the ICRC developed and implemented global standards for medical and relief supplies which were used not only for direct ICRC purchases but also as guidelines for contributions in kind. To minimize operational costs, the ICRC invited global tenders for key relief items such as blankets and tarpaulins, thus ensuring high quality and delivery standards. These tenders took all possible supply sources into consideration and resulted in significant unit price savings. As regards capital items such as vehicles and information technology equipment, the ICRC undertook systematic product testing in order to keep abreast of technological and legislative requirements.

The development and implementation of integrated logistics software continued, but fell slightly behind schedule because of technical difficulties. The pilot sites for the integrated logistics system should be in place by the end of 2002. During 2001 the ICRC further developed an Internal Transport Storage and Handling (ITSH) costing application to identify the total logistics costs for the movement of goods from their point of entry in the country to their final delivery to the beneficiary. A detailed database of these costs is centralized and managed in Geneva.

In 2001 the ICRC had approximately 100 expatriate logisticians working in some 30 relief operations: half of these members of staff come from countries other than Switzerland. The development of specialist training in all logistics functions was completed. The level of recruitment was maintained and higher standards were applied.

Working in harmony with partners

During the year the ICRC further developed technical and operational links with other components of the International Red Cross and Red Crescent Movement. Notably, for the first time, logistics emergency response units (ERU) from the Belgian, Netherlands and British Red Cross Societies were deployed in Afghanistan. These ERUs were used to manage and coordinate emergency airlifts of medical and relief items into operational areas where poor climatic conditions and difficult road access ruled out normal delivery options.

Work continued with the International Federation and a number of National Societies on the compilation and distribution of a standard catalogue of relief items. This catalogue is intended to eliminate difficulties in ensuring that items supplied for Movement's operations meet minimum specification criteria.

The ICRC also strengthened its working relations with various agencies of the United Nations system. In responding to the complex emergency in Afghanistan, the UN applied the concept of the United Nations Joint Logistics Centre (UNJLC). The ICRC maintained a constant dialogue with the UNJLC on logistics issues, in particular aspects relating to air operations, security, fuel supplies and rates for transportation and warehousing. The advantages for both organizations were to ensure that logistics infrastructure was not unnecessarily duplicated, to maximize efficiency, and to coordinate approaches and promote information-sharing in the field and at headquarters.