

Operational activities

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OPERATIONAL ACTIVITIES

The ICRC delivered medical supplies to health posts
in camps set up for the hundreds of thousands of
displaced Rwandans.





The horrific events in Rwanda and the suffering of the victims of this eruption of wanton violence were at the centre of the ICRC's concerns in 1994. They also gave rise to one of the year's major operations.

In pursuance of its mandate and its unique role as a neutral intermediary, and in accordance with its principles, the ICRC often had to work in very dangerous situations — and sometimes alone — to bring aid to the victims of conflict. The sole purpose of its presence and activities was to relieve suffering and to urge both the warring parties and the international community to comply with international humanitarian law, which guarantees protection for conflict victims. This was done not only in situations falling within the ICRC's traditional mandate, that is, in conventional armed conflicts, but also in circumstances to which international humanitarian law was not, or was no longer, applicable.

Throughout the year the ICRC repeatedly impressed upon the community of States and public opinion the need to provide impartial support for all victims of all conflicts, in terms of both funds and media coverage. The aim was to draw attention to the plight of the hapless victims of forgotten conflicts, such as those in Liberia, Afghanistan and Angola, not to speak of Cambodia, Sri Lanka, Peru and Colombia.

Situations such as these call for original operational initiatives and for a mobilization of States to respect and ensure respect for international humanitarian law in all circumstances. In this regard the ICRC did its utmost to convince all concerned of the importance of defining the objectives and mandates of the various players on the international scene.

Stress was laid on the necessity for humanitarian action which is effective in the long term and is quite distinct from military and political efforts, indispensable though they may be. The ICRC again underlined the value and significance of the Fundamental Principles of the Red Cross and Red Crescent and the need to leave room for neutral and independent humanitarian activity, as a complement to other initiatives taken on humanitarian grounds. The evolution and outcome of operations in which humanitarian aid was associated with military force, particularly in Bosnia-Herzegovina and in Somalia, offered some pertinent lessons in that regard.

The ICRC's independence and the way its work is funded guarantee the independence of its decisions. This in turn safeguards its status as a neutral intermediary and allows it to negotiate and conduct its operational activities rapidly, efficiently and with complete impartiality. The role it played alongside the National Red Cross Society in Mexico from January 1994 and the work it has been doing in Sri Lanka for several years now offer apt illustrations of this vital attribute.

During the year under review the ICRC focused on its traditional tasks relating to the protection of detainees and of civilians, on emergency medical assistance, and also on preventive action — especially spreading knowledge of international humanitarian law. Mention must also be made of the crucial work done by the Central Tracing Agency, in conjunction with the worldwide network of the International Red Cross and Red Crescent Movement. The Agency's capacity to go into action and to mobilize resources enabled it to respond to immense needs in extremely difficult situations. The value in human terms of the Red Cross message system and programmes to reunite members of dispersed families is inestimable.

The support of the Movement, with its unity, its universality and its common principles, and the competence and dynamism of the National Societies played an essential part in the implementation of all these activities.

- In 1984 the ICRC signed a cooperation agreement with the Organization of the Islamic Conference.
- In 1982 the ICRC signed a cooperation agreement with the Organization of African Unity.
- In 1980 the ICRC obtained observer status at the United Nations.

Relations with international organizations

The ICRC is attentive to the concerns of the international community and strives both to heighten its awareness of humanitarian issues and to keep it informed about the institution's operational activities. Through its International Organizations Division, its delegation in New York and its mission to the Organization of African Unity (OAU) in Addis Ababa, the ICRC followed the proceedings of the major multilateral meetings of the year.

The follow-up to the International Conference for the Protection of War Victims (Geneva, 30 August-1 September 1993) provided the ICRC with the opportunity to secure the support of these various gatherings for its efforts to improve compliance with international humanitarian law.

Implementation of international humanitarian law and support for the ICRC

The 11th Ministerial Conference of Non-Aligned Countries held in Tunis in June 1994 adopted a resolution on respect for international humanitarian law and support for humanitarian action in the event of armed conflict.

The text, which was endorsed by the OAU Summit meeting, urges member States to respect and spread knowledge of international humanitarian law and pays tribute to the ICRC (and to UNHCR and other humanitarian organizations) for their services rendered to the victims of armed conflict and to refugees. Furthermore, it calls on States which have not yet adhered to the relevant instruments of international humanitarian law to do so without delay.

The same wish was expressed in a resolution adopted by the 24th General Assembly of the Organization of American States in Brazil in June. The resolution recommends further collaboration with the ICRC on publicizing international humanitarian law and the ICRC's activities among member States of the Organization.

Pursuant to a resolution adopted in Canberra in September 1993, the 92nd Conference of the Inter-Parliamentary Union decided to set up an *ad hoc* committee "to follow the issue of respect for international humanitarian law, particularly the ratification status of the Conventions and Protocols, as well as the implementation of measures at the national level".

Addressing the United Nations General Assembly in plenary session, the President of the ICRC stressed the importance of "translating into action the obligation to respect and ensure respect for humanitarian law".

In December, the Conference on Security and Co-operation in Europe (CSCE) adopted a text containing a section deploring the series of flagrant violations of international humanitarian law. The document also places a high value on the developing cooperation between the CSCE and the ICRC.

- In 1994, the ICRC signed a cooperation agreement with the Organization of the Islamic Conference;
- In 1992, the ICRC signed a cooperation agreement with the Organization of African Unity;
- In 1990, the ICRC obtained observer status at the United Nations.

At the seventh Summit of the Organization of the Islamic Conference (OIC), the ICRC's activities and international humanitarian law were mentioned in various resolutions, one of which related to Bosnia-Herzegovina. The OIC requested in particular that the ICRC be given free access to detention camps.

The presence of the ICRC in the fora mentioned above also enabled its representatives to approach a large number of political leaders about operational matters. The ICRC President brought up these matters himself with various high-level officials when he attended the United Nations General Assembly in New York.

Several texts supporting the ICRC's activities in specific contexts were adopted, in particular a Council of Europe resolution on the former Yugoslavia and two resolutions approved by the United Nations Commission on Human Rights: one on southern Lebanon and the other on Afghanistan. Resolution 2 adopted by the Commission on Human Rights at its special session on Rwanda commends the ICRC for its efforts in alleviating the suffering of innocent victims of this tragedy and urges all parties involved to cease immediately any incitement to violence or ethnic hatred.

The ICRC also remained in close touch with intergovernmental organizations. On 17 February the Secretary-General of the OIC and the President of the ICRC signed a cooperation agreement granting the ICRC observer status at the organization's Summit and ministerial meetings and encouraging the two institutions to cooperate and confer with each other on topics of mutual interest.

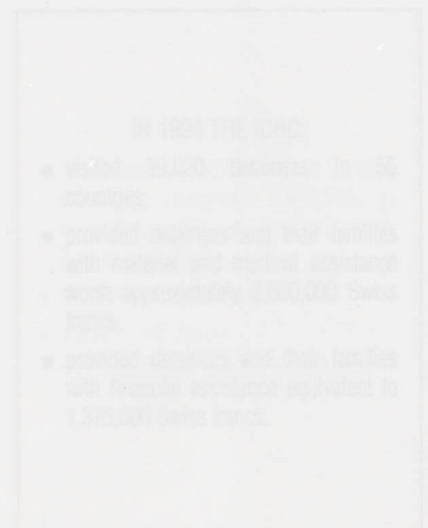
Finally, the ICRC pursued its efforts to spread knowledge of international humanitarian law in diplomatic circles and among international civil servants. Various symposiums were organized to this end in New York, Geneva and Addis Ababa.

Coordination of humanitarian assistance

Addressing the United Nations General Assembly, the ICRC President defined the institution's position on the coordination of humanitarian assistance. He stated: "the ICRC (...) is open to the role of coordination but intent on preserving its independence, which it considers highly constructive...". He also firmly advocated a "clear distinction between military and humanitarian action, without, however, ruling out the possibility of continuous dialogue to ensure harmonious complementarity".

This interface between political aims, humanitarian action and peace-keeping operations was the topic of a symposium hosted by the ICRC in Geneva in June.¹

¹ See *The law and legal considerations*, p. 255.



On the basis of the standing invitation extended in resolution A 46/182, the ICRC attended the four sessions and various meetings of the Inter-Agency Standing Committee. It also systematically supported the consolidated appeals of the Department of Humanitarian Affairs, in which the ICRC's activities are mentioned in annex. This is in response to the wish expressed by the ICRC's major donors to have a comprehensive document at their disposal reflecting the full range of needs and the resources requested.

At the same time, the ICRC continued to cooperate in the effort to achieve greater complementarity with certain United Nations programmes and agencies. It remained in close contact with UNHCR and attended the meeting of its Executive Committee. On this occasion the ICRC Director of Operations made a statement on the problem of displaced persons — an issue which is central to the ICRC's mandate — and cast doubt on the advisability of establishing a body of international law directed exclusively at protecting such persons.

Numerous exchanges took place with the World Food Programme (WFP) in the framework of the pragmatic cooperation between the two institutions. The WFP's Executive Director visited ICRC headquarters on 13 April, and the ICRC was also represented at the twice-yearly sessions of the Committee on Food Aid Policies and Programmes.

Ties were also strengthened with UNESCO, whose Director visited ICRC headquarters on 7 October. Discussions focused on the promotion of the 1954 Convention for the Protection of Cultural Property in the Event of Armed Conflict and on ways of improving coordination in the teaching of human rights and international humanitarian law.

The ICRC also improved operational coordination with various non-governmental organizations, which are increasingly present at the scene of armed conflict. From 7 to 9 April it attended a meeting of the International Council of Voluntary Agencies in Oxford, where it followed the sessions of Partners in Action. Exchanges of views were organized at ICRC headquarters with representatives of World Vision, Amnesty International and *Médecins sans frontières*, among others.

The first symposium on international humanitarian law to be held by the ICRC for non-governmental organizations took place in Geneva on 14 October at the Graduate Institute of International Studies.

Activities for people deprived of their freedom

In 1994 the ICRC continued to act, on strictly humanitarian grounds, as a neutral intermediary between parties to conflict or between detaining authorities and the people they were holding. To this end the ICRC monitored

- In 1994, the ICRC signed a cooperation agreement with the Organization of the Islamic Conference.
- In 1992, the ICRC signed a similar agreement with the Organization of African Unity.
- In 1989, the ICRC signed a similar agreement with the United Nations.

every situation of armed conflict (whether international or internal) and internal violence (internal disturbances or crises liable to cause humanitarian problems). In most cases it considered it necessary to offer its services to the governments or parties concerned with a view to visiting all persons held in connection with the events.

Visits to people deprived of their freedom

As in the past, the purpose of these visits was to examine the material and psychological conditions of detention and the treatment accorded to detainees following their arrest. The ICRC passed on its findings and recommendations to the authorities within the framework of a permanent and confidential dialogue, and periodically submitted written reports to the highest authorities of the countries concerned. These reports, which were also confidential, presented an overview of the problems observed and proposed various solutions. Over 200 delegates, doctors and nurses took part in such visits.

Throughout the year under review the ICRC continued to visit people captured or detained in connection with the conflict in Bosnia-Herzegovina. Following the signing of a federation agreement between the Bosnian government and the Bosnian Croats in March, delegates took an active part in operations to release the detainees held by both sides. The ICRC also organized several operations in which prisoners held by the Bosnian Serbs and the Bosnian government were simultaneously released. Moreover, under an agreement reached with the authorities of Montenegro, the ICRC visited all the security detainees held in the Federal Republic of Yugoslavia.

In the Commonwealth of Independent States, and in particular in connection with the conflict in Nagorny Karabakh, the problem of hostages held by individuals became less acute, although no solution was found. In 1994 women, children and elderly people were still being held in prisons run by the official authorities. The ICRC lent its support to several release operations by transporting the detainees back home. However, it obtained only very limited access to the people captured and detained in this conflict and experienced considerable difficulty in performing the tasks within its mandate.

The situation in Liberia and in Sierra Leone remained in deadlock, with ever more tragic results for the civilian population. For security reasons the ICRC had to withdraw all its delegates from the field and only detainees held in Monrovia and Freetown continued to receive visits.

In the aftermath of the conflict between Iraq and Iran, the ICRC made formal representations to the two belligerents (and also to several States party to the 1949 Geneva Conventions) on the basis of Article 1 common to the four Conventions. Six years after the cessation of hostilities, it called on the two parties to authorize delegates to resume their visits to prisoners of war with a

IN 1994 THE ICRC:

- visited 99,020 detainees in 55 countries;
- provided detainees and their families with material and medical assistance worth approximately 2,800,000 Swiss francs;
- provided detainees and their families with financial assistance equivalent to 1,375,000 Swiss francs.

view to having all prisoners repatriated in accordance with Article 118 of the Third Geneva Convention.

The ICRC's presence continued to be necessary in Sri Lanka, Indonesia/East Timor, the Philippines, Bhutan, Israel, the occupied territories and the autonomous territories, South Africa, Peru and Columbia. As in the past, ICRC delegates visited prisoners coming within the institution's purview.

After an amnesty was declared for all security detainees in Malawi, the ICRC closed its permanent office there, having made regular visits to the country's 27 prisons for two years. In several situations of armed conflict or internal violence, such as those in Algeria, Turkey and Senegal, the ICRC continued its efforts to obtain access to all victims.

New developments

During the appalling upsurge of violence in Rwanda the ICRC remained on the spot, although its activities to protect the civilian population were necessarily limited in scope. As soon as a measure of peace was restored, however, ICRC delegates visited about 14,000 people detained by the government. The ICRC also rehabilitated the water supply and waste water disposal systems in the country's prisons and provided considerable medical assistance. Around the month of November a marked improvement in detention conditions was observed.

Following the international intervention in Haiti, from October on the ICRC visited more than 100 security detainees held by the United States forces in a permanent place of detention. The ICRC also began to visit all places where penal-law prisoners were being held by the Haitian authorities, in an effort to improve conditions of detention. In Cambodia, for the first time, the ICRC was able to visit two persons held by the Khmer Rouge. Both these detainees, along with 14 others, were freed in late March under the auspices of the ICRC, which took them back to the government-controlled zone. Following the agreement signed by Israel and the Palestine Liberation Organization (PLO) in September 1993, the ICRC made major changes in its operation in the area and reoriented its activities in the autonomous Palestinian territories. On 13 July, the ICRC and the PLO signed a framework agreement which, among other things, authorized ICRC delegates to visit people detained by the Palestinian authorities in the autonomous territories. These visits began in August. In 1994 violent fighting broke out in Yemen, where the ICRC visited about 3,000 detainees held by the military, both in Aden and in Sana'a. After the coup which toppled the Gambian government in July the ICRC proposed its services to the new government, which authorized it to visit all persons arrested in connection with the events. Following two years of negotiations, the Chad government accepted the ICRC's offer of services relating to visits to

people detained for security reasons. Visits began in April and were extended throughout the country. In Zaire, the sharp deterioration in material conditions of detention prompted the ICRC to set up an assistance programme focusing mainly on food aid. The programme was planned with the help of church and non-governmental organizations specialized in prison work.

In Afghanistan, during the second half of the year the ICRC resumed its visits to people detained by the government and by various factions, including the Hezb-i-Islami of Gulbuddin Hekmatyar. In Grenada, after a nine-year interruption, the ICRC was authorized to visit 17 security detainees held in connection with the American intervention in 1983. With regard to the Morocco/Western Sahara conflict, the ICRC achieved considerable progress in 1994 by making a first visit to 980 Moroccan prisoners held by the Polisario Front. Most of these men had been in captivity for over 15 years. The visit brought the number of Moroccan prisoners of the Polisario Front registered by the ICRC since 1975 to 2,140. ICRC delegates also visited 66 Sahrawi combatants detained in Morocco.

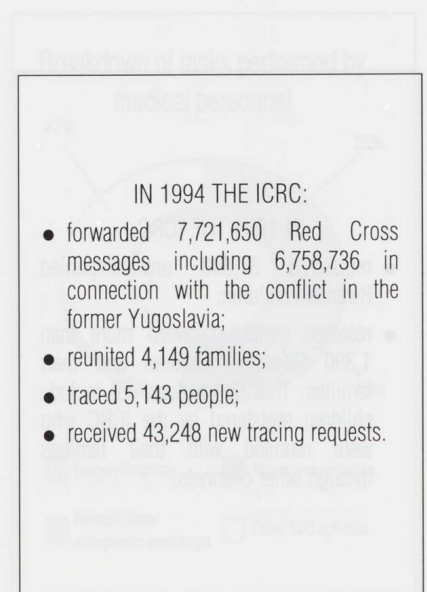
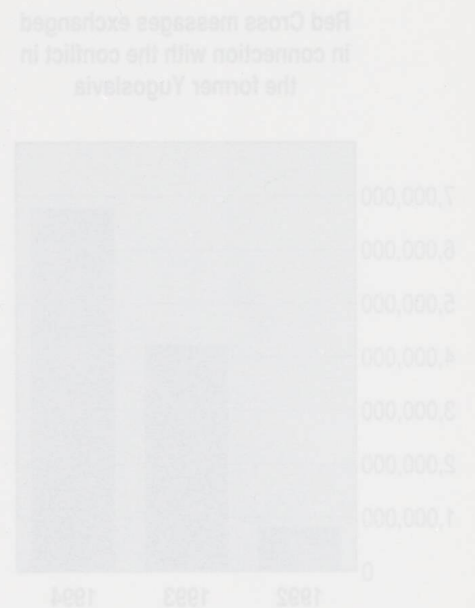
Central Tracing Agency

The ICRC Central Tracing Agency (CTA) is the unit of the Operations Department which, on both technical and practical levels, pursues the objectives set by each delegation with respect to the restoration of family ties severed during situations of armed conflict or internal violence. In this capacity, it has helped from its very inception to provide moral and psychological support for the victims whom the ICRC assists: prisoners of war, security detainees, civilian internees, unaccompanied children, civilians stranded in a hostile environment, displaced persons, refugees and so forth. Family messages are the CTA's main tool in carrying out this task.

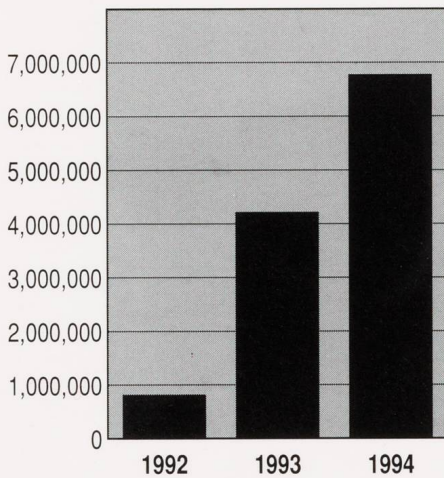
Family messages: a tradition

Introduced in 1936 during the Spanish Civil War, family messages are a rapid, simple and effective means of putting separated relatives back in touch with one another. The unique worldwide network constituted by the National Red Cross and Red Crescent Societies ensures the efficiency of the system.

In 1994, over 100 National Societies took part in the collection and distribution of almost 7 million messages in connection with the ICRC's operation in the former Yugoslavia. The system is used when traditional means of communication have broken down, but it does much more than simply make up for the shortcomings of official postal services. Indeed, the delivery of family messages frequently involves painstaking efforts — sometimes door-to-door enquiries — to trace the addressees. Appeals are



Red Cross messages exchanged in connection with the conflict in the former Yugoslavia



often broadcast on local or national radio stations to supplement these efforts in the field.

Broadcasting and computer technology

Radio broadcasting played a major role in 1994, when the conflict which ravaged Rwanda caused countless numbers of children to be separated from their parents. Every day the BBC and Radio Agatashya, run by *Reporters sans frontières*, broadcast the names of children registered by the ICRC and called on parents to submit tracing requests at ICRC offices and delegations. Under the large-scale programme set up in June in conjunction with UNHCR, UNICEF and the International Federation of Red Cross and Red Crescent Societies, the names and whereabouts of 37,000 children were registered. Many other humanitarian organizations present in the field also took part in the effort. Although this operation was doubtless the largest of its kind ever to be carried out by the ICRC on behalf of children separated from their relatives, it was successfully managed thanks to the experience acquired during similar operations to reunite Mozambican, Liberian and Cambodian children — to mention but a few examples — with their families. Moreover, the operation would have been impossible without high-performance computer technology and the tireless efforts of hundreds of dedicated professionals and volunteers.

When family ties cannot be restored by the means described above, the ICRC approaches the relevant authorities to try and find out what has become of a missing relative. Obviously, such a step is effective only insofar as the parties to a conflict are willing in practice to cooperate with the ICRC. In today's world, where war is increasingly accompanied by the collapse of government structures, this presents the ICRC with a growing challenge.

Another essential aspect of the CTA's work is its indirect contribution to safeguarding protected persons — detainees, unaccompanied children, civilians, etc. — by following them up on an individual basis. In 1994, for example, the ICRC kept track of no fewer than 26,898 people detained by government authorities or by opposition movements. Today this particular task can be carried out with the help of the latest computer technology, which makes it possible for individual cases to be followed up with great efficiency by personnel trained for the job.

By virtue of the ICRC's right of initiative, the CTA continues to issue certificates of captivity and death on the basis of information gathered during conflicts — even conflicts long past — and delivers them either to the victims themselves or to their close relatives.

Development of the tracing network

In pursuance of the mandate entrusted to it by various resolutions of International Conferences of the Red Cross and Red Crescent, the CTA

IN 1994 THE ICRC:

- registered 37,000 unaccompanied Rwandan children;
- restored contact between more than 1,300 Rwandan children and their families. This figure does not include children registered by the ICRC who were reunited with their families through other channels.

contributes to the development of National Red Cross and Red Crescent Societies that wish to set up their own tracing services. In this connection, the CTA took part in several training courses held in the Ukraine and the Russian Federation in 1994.

Health activities

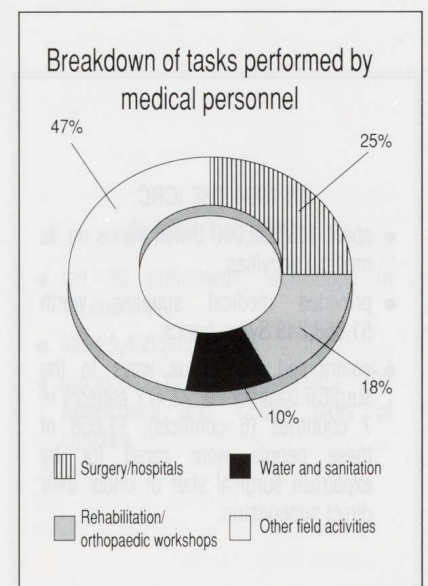
Humanitarian organizations are becoming increasingly aware of the major impact that conflicts have on public health as a whole. The fact that hospitals are full of wounded people is only one of these negative consequences: the organization, functioning and infrastructure of health services are affected as well. Entire population groups or cities may be denied access to preventive and curative medical treatment and, above all, to food and water. Moreover, the war effort siphons off the human and material resources needed to promote public health, rehabilitate the disabled, prevent and treat common illnesses and control epidemic diseases. The economic disruption caused by war and sometimes by sanctions which prolong its effects or take its place have long-term adverse repercussions on society's ability to function, even when the fighting has not destroyed the basic infrastructure. While needs are on the rise, the resources available to meet them are ever-fewer.

To cope with the many harmful effects — both direct and indirect — that war has on health, humanitarian action must be comprehensive in scope and medical programmes must be directed at protecting and maintaining public health. In its 18 years of existence, the ICRC's Medical Division has developed an approach to assistance activities that primarily involves identifying and meeting the basic health needs of war victims, whether wounded or disabled people, the sick, prisoners, or displaced civilians facing starvation or lacking water.

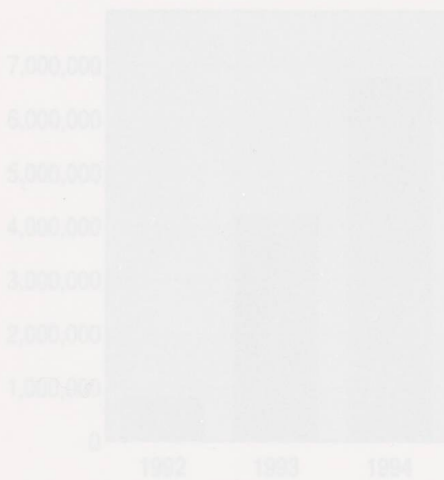
In 1994, out of 980 ICRC expatriates, 220 (22.5%) held medical posts; 35% of these 220 specialists had been seconded to the ICRC by National Societies.

Water and sanitation

The complex issue of access to water in armed conflicts was at the forefront of the ICRC's concerns in 1994. Once again, the Medical Division's sanitary engineers had to deal with a whole series of situations in which one of the main consequences of war was to disrupt water supplies to entire population groups or even cities. Water was practically unavailable to the Rwandan refugees in Goma, for example, and the inhabitants of Sarajevo, Mostar and Srebrenica, not to speak of Aden, were also deprived of this basic element so vital to life and health. When water could be obtained, moreover, it was in scant supply and of dubious quality since the systems for collecting, treating and distributing it had been destroyed.



Red Cross messages exchanged in connection with the conflict in the former Yugoslavia



Action had to be taken in Bosnia-Herzegovina, Yemen, Rwanda and Zaire, and also in Mexico, Haiti, Malawi, Angola, Iraq, East Timor, Nagorny Karabakh and Cambodia, to repair pumping stations and water treatment plants, provide spare parts for machines and chemicals for purification, set up emergency reservoirs, pumping units and tapstands, and supply water to hospitals, refugee camps, prisons and even whole towns. Owing to the complexity and size of the installations affected, some of these operations required highly specialized technical expertise. Sanitary technicians and engineers occasionally had to work in dangerous conditions, exposed to snipers and artillery fire.

Following its symposiums on hunger and war (March 1991) and anti-personnel mines (April 1993), the ICRC hosted a symposium on the subject of water in armed conflicts in Montreux (Switzerland) from 21 to 23 November 1994. The participants, who numbered about 50, came from various humanitarian organizations active in the field of water and sanitation (non-governmental organizations, United Nations agencies, National Red Cross and Red Crescent Societies and their Federation), the scientific community, industry and the media. By means of the papers presented and group discussions of case studies they compared their experiences and examined the technical solutions appropriate in various circumstances. The meeting also paved the way for setting up a network of cooperation among experts which will eventually make it possible to deal more effectively with emergency situations in this sphere. At the same time, the participants acknowledged the need to ensure better protection for civilian water supply facilities and for the technical staff in charge of operating or maintaining them (such facilities and their staff could be placed on the same footing as health-care facilities and staff). Finally, the seminar strengthened the participants' conviction that access to water, a crucial factor for public health, is almost always jeopardized in time of war. The participants unanimously agreed that a major information and awareness-raising campaign should be launched to bring this issue to the attention of government and military authorities as well as the public at large.

Nutrition

In 1994, specialists from the Medical Division assessed the nutritional situation in Bosnia-Herzegovina, Afghanistan, Angola, southern Sudan, Zaire and Rwanda, thereby helping to identify needs in terms of food aid.

Assistance for the war-wounded and disabled

In 1994, ICRC hospitals in Quetta (Pakistan) and Lopiding (Kenya) continued to treat casualties of the conflicts in Afghanistan and southern Sudan. Surgical teams responded to emergencies in Rwanda and Yemen and

IN 1994 THE ICRC:

- spent 113,802,000 Swiss francs on its medical activities;
- provided medical supplies worth 51,658,248 Swiss francs;
- contributed in various ways to the surgical treatment of 22,477 patients in 7 countries (6 conflicts); 11,058 of these people were cared for by expatriate surgical staff or under their direct supervision.

ICRC surgical staff helped rehabilitate and then ran the surgery units in hospitals located in Juba (Sudan), Jalalabad (Afghanistan) and Mongkol Borei (Cambodia). In addition, the ICRC provided many hospitals with surgical equipment, anaesthetics and medicines for treating the wounded, in particular in the former Yugoslavia, Afghanistan, the countries of the Caucasus, Somalia and Angola. Surgeons from the Medical Division held a war-surgery training seminar in Geneva from 22 to 24 April and also took an active part in a number of courses and congresses organized by National Societies, the civilian or military medical services of various countries (Sri Lanka, Uzbekistan and Tajikistan), and professional associations (the International Congress of Military Medicine in Augsburg).

During the year the ICRC published a new monograph on war surgery by Dr Robin Gray entitled *War wounds: basic surgical management*.

To help war-disabled people regain a measure of independence, the ICRC's orthopaedic workshops continued to function in 17 countries in 1994, fitting amputees and producing components for prostheses, crutches and wheelchairs. Equipment for making prostheses was supplied to other workshops fitting war amputees in the former Yugoslavia and elsewhere.

On the basis of an assessment carried out at the beginning of the year, three new programmes were set up in Tbilisi (Georgia), Gagra (Abkhazia) and Baku (Azerbaijan).

Support for health facilities

Besides the support given in the form of surgical and orthopaedic equipment, the ICRC provided medical supplies to various health-care facilities (hospitals, dispensaries, clinics, pharmacies, etc.) in over 36 countries. This assistance included a programme to provide basic drugs for the treatment of common illnesses, both chronic and acute, in various regions of Bosnia-Herzegovina and in the United Nations Protected Areas, where the shortage of medical supplies due to the war and the embargo was causing much hardship among the most vulnerable groups of the civilian population. The total value of the medical supplies and equipment distributed in 1994 was 51,658,248 Swiss francs.

Health of detainees

The ICRC Medical Division also deals with health problems specifically related to imprisonment, torture and its consequences, and the ethical problems faced by police and prison medical staff. It maintains contacts with organizations active in these spheres and trains ICRC delegates who conduct prison visits.

IN 1994 THE ICRC:

- ran 30 orthopaedic workshops in 17 countries;
- fitted 9,495 amputees;
- produced 12,190 prostheses, 603 wheelchairs and 12,666 pairs of crutches.

Doctors responsible for this last task, together with staff of the Detention Division and the Central Tracing Agency, took part in a training course for delegates held in Tbilisi (Georgia) in 1994. They also helped draft a statement issued by the World Medical Association on medical ethics in the event of natural disaster and participated in a symposium on the medical effects of violence, organized in Moscow by the Russian organization "Compassion" and the International Rehabilitation and Documentation Centre for Torture Victims in Copenhagen. Bonds were strengthened with organizations such as Physicians for Human Rights and Human Rights Watch. The medical coordinator gave two courses for doctors and students at Columbia University (New York) on the role of doctors vis-à-vis the rules of international humanitarian law and medical neutrality.

Training and assessment

The ICRC's Medical Division also endeavours to gain greater insight into and spread knowledge of the health problems arising from conflict and the means by which such problems can be solved. In carrying out this task, which calls for a comprehensive approach, due account has to be taken of the constraints involved in these special situations.

In 1994, the ICRC organized three training courses on the management of humanitarian assistance: HELP* courses were given in Manila and Geneva in May and June and an SOS* course was given in Brussels in November. These courses, designed for humanitarian aid workers wishing to improve their knowledge and pursue their activities at higher levels of responsibility, attracted a total of 71 participants from some 30 countries.

With the cooperation of the Harvard University School of Public Health, a doctor from the Medical Division carried out a study on the impact of the ICRC's medical assistance programme in Mozambique. He considered that the programme's goals had been met since the dispensaries set up and supported by the ICRC were operating satisfactorily and the vaccination coverage rate in regions included in the programme was comparable to the national average. One of the Medical Division's foremost objectives is to conduct more studies of this type, which are crucial if humanitarian assistance programmes are to be better planned in the future.

Relief

Unlike the three previous years, 1994 brought no increase in the volume of relief activities. Whereas some 306,000 tonnes of material relief were provided

- Tables showing details of relief supplies dispatched and distributed, contributions received in kind and purchases made by the ICRC in 1994 appear on pp. 319-322.

* HELP: Health Emergencies in Large Populations

* SOS: *Santé dans les Opérations de Secours* (Health in Emergency Operations)

in 1993, the aid dispatched last year amounted to 206,800 tonnes, 81% of which went to the three major relief programmes (in Rwanda, the former Yugoslavia and Angola). Hardly any further material assistance was delivered to Somalia, which explains the sharp decrease in overall assistance provided by the ICRC in 1994.

Responding to emergencies

Owing to the appalling turn taken by events in Rwanda from early April, the ICRC became extensively involved in this country in the heart of Africa.

For once the ICRC did not have to launch a major relief programme starting from scratch. At the outbreak of the new civil war, marked by violence and atrocities on a scale rarely seen, all the human and material resources (including logistics) needed to set up a programme for 500,000 people were already available.

Internal coordination of the operation posed an initial problem. Before the events of April 1994 the Kigali delegation had been the chief coordinator of ICRC activities in Rwanda, but after the civil war broke out it was almost completely cut off from the outside world. Since it was no longer able to play this vital role, the regional delegation in Nairobi took over, assuming responsibility for coordination and establishing secondary logistics bases in the four neighbouring countries (Tanzania, Uganda, Zaire and Burundi). Mobilizing the necessary resources later raised additional problems when the ICRC had to double and even triple the size of its assistance programme. In less than three months, however, the institution succeeded in increasing the amount of food aid distributed from barely 4,000 tonnes in June to nearly 12,000 tonnes in September. This was made possible thanks largely to the exceptional support received from the European Union, which provided more than 70% of the supplies handed out by the ICRC during that tragic period. The amount of material assistance distributed from then to the end of the year remained stable at about 12,000 tonnes per month.

The relief programme launched in Angola in early 1994 was set up in record time, owing partly, no doubt, to the knowledge and experience the ICRC had acquired there over the years. Between April and November, however, the airlift organized to bring relief supplies from the coast to the country's inland regions affected by the civil war was subject to countless interruptions.

Planning rehabilitation

Whereas rehabilitation used to be considered one of the last stages of assistance programmes, it now forms, whenever possible, an integral part of ICRC emergency relief operations. As in other countries where the ICRC is working, an emergency rehabilitation programme including the distribution of

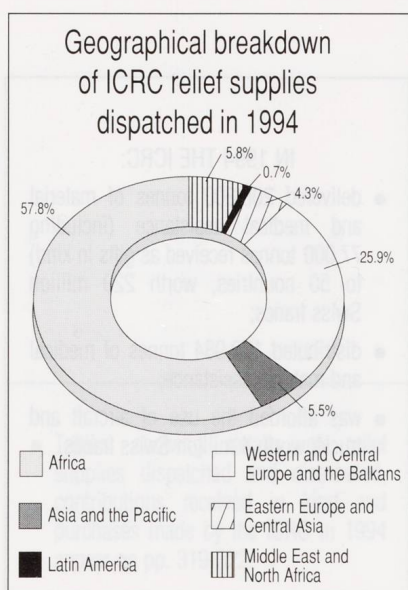
IN 1994 THE ICRC:

- delivered 206,800 tonnes of material and medical assistance (including 77,000 tonnes received as gifts in kind) to 50 countries, worth 220 million Swiss francs;
- distributed 172,984 tonnes of medical and material assistance;
- was afforded the use of aircraft and trucks worth 4 million Swiss francs.

seed and simple agricultural tools was set up in Rwanda to supplement the distribution of food aid. This programme was continued throughout 1994. Rehabilitation is now a well-established part of ICRC operations, enabling recipients to regain a measure of self-sufficiency and thus their human dignity. Frequently launched when the emergency is at its height, these activities pave the way for long-term rehabilitation, in other words a return to normal life. It is hoped that through the large-scale distribution of seed the ICRC will be able to reduce its direct assistance in the form of food aid in 1995. Strategies similar to those devised for Rwanda (and previously for Somalia) were developed in the former Yugoslavia in late 1993. They were tailored to the specific context of this region, which before the war had achieved a higher level of technical and economic development than had the two African countries just mentioned. This new approach, coupled with a decrease in urgent needs, made it possible to downscale the relief programme in the former Yugoslavia significantly towards the middle of the year: in 1994 the ICRC distributed 40% less food aid than in 1993. This rather positive trend was reversed, however, when the events that took place at the end of the year forced the ICRC once again to step up its relief distributions.

Besides the three major relief operations described above, the ICRC continued its assistance activities in Afghanistan, Zaire, Burundi, southern Sudan and Liberia (up to October) as well as in various regions of the former Soviet Union. While in the Caucasus assistance remained at the same level as in 1993, it was significantly scaled down in Tajikistan from early 1994.

As in the past, the bulk of ICRC assistance went to Africa, with Europe coming second. The chart below shows the breakdown of assistance by year and by region. With the exception of 1991, when the ICRC was heavily involved in assisting victims of the Gulf War, Africa has regularly been the principal recipient of medical, material and food relief. Assistance given to the Middle East countries continued to decrease slightly, reaching levels similar to those seen in Asia. Each of these two regions received about 6% of the ICRC's total medical and relief distributions in 1994, while the percentage attributed to Latin America remained the same as in 1993, at less than 1%.



Assistance dispatched by the ICRC 1984-1994

