**Zeitschrift:** Annual report / International Committee of the Red Cross

Herausgeber: International Committee of the Red Cross

**Band:** - (1981)

**Rubrik:** Support for activities throughout the world

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# II. HEADQUARTERS ACTIVITIES

# SUPPORT FOR ACTIVITIES THROUGHOUT THE WORLD

## Relief

About forty countries benefited from ICRC material and medical assistance in 1981, consisting of some 18,000 tons of material worth 57.5 million Swiss francs. The ICRC action in this field is illustrated by the tables on pages 56, 57 and 58 and may be summarized as follows:

- For specially financed actions, undertaken by the ICRC with the support of governments, National Societies or various organizations, the value of relief supplies of all kinds (about 6,730 tons), delivered to the scene of the action either by the ICRC or directly by the donors, under ICRC supervision, amounted to 24.4 million Swiss francs.
- Thanks to agreements with the European Economic Community (EEC) and the Swiss Confederation, the ICRC supplied food aid to 16 countries (nearly 11,244 tons) worth 31.9 million Swiss francs.
- Assistance to detainees and to their families cost 753,000
   Swiss francs, to which should be added 5.9 million Swiss francs for relief supplied under specially financed actions.
- In addition, the ICRC contributed various kinds of assistance, worth 424,200 Swiss francs to eight National Societies to support their activities.

### Co-operation with National Societies

Throughout the year, the ICRC Relief Division had the benefit of active support from many National Red Cross and Red Crescent Societies; which supplied direct assistance either by providing qualified relief personnel or by donations in kind for some specific actions. (See p. 59 for the contributions of National Societies to ICRC medical assistance programmes.)

In the Kampuchea/Thailand action, for example, the ICRC had the help of specialized personnel (relief administrators, storage, construction, purchasing and transport experts) provided by several National Societies. A training course organized at Geneva from 18 to 22 May provided an occasion for detailed discussion of experience gained in the past and for working out more precise guidelines for future co-operation between the ICRC and National Societies, especially in the field of relief.

In addition to their financial contributions to actions carried out by the ICRC, some National Societies gave valuable material assistance by supplying relief goods from their own reserves (clothing, blankets, foodstuffs, logistic equipment) which were delivered promptly to the areas of ICRC intervention.

### THE LONGEST AIRLIFT

The 13th of October 1981 was the second anniversary of the longest airlift ever organized by the ICRC — to bring relief to Phnom Penh. The following data give some idea of the dimensions of this operation, which still continues, but at a reduced rate:

- Fifteen different aircraft, ranging from the giant DC-10 to the smaller Hawker-Siddeley, were provided to the ICRC by various governments and organizations.
- Between 13 October 1979 and 31 December 1981,
   918 flights to Phnom Penh were organized, 774 from Bangkok and 144 from Singapore.
- On these flights the aircraft transported 15,363 tons of material, 277 vehicles and 2,330 passengers, mostly personnel from international organizations.
- The distance flown by these planes totalled more than 2,500,000 kilometers, in nearly 5,000 hours of flight.
- In the peak period, about 250 tons of goods were handled per day — a figure rarely reached even in medium-sized European airports.

It is noteworthy that no serious accident took place and that the whole operation proceeded normally and virtually without interruption. This success was due to the professionalism of the air and ground crews, and to the aid given by the government authorities in the countries concerned.

Beneficiaries	Total	Swiss Confederation		European Economic Community	
	Sw.fr.	Commodities	Sw.fr.	Commodities	Sw.fr.
Africa	17,243,730		797,310		16,446,420
Angola	4,617,670	25.5 t whole-milk powder 4.2 t animal fat	124,760 17,700	950 t maize meal 250 t butteroil	927,440 2,431,350
Ethiopia	2,604,100	48 t whole-milk powder 3.8 t animal fat	422,400 10,350	300 t skmilk powder 200 t butteroil 50 t skmilk powder	1,116,420 1,966,950 204,400
Sudan (conflict in Eritrea)	8,668,700	Jis Cummu iu	10,550	2,054 t wheat flour 750 t skmilk powder 400 t butteroil	1,588,510 2,941,000 3,987,990
Uganda	1,353,260	12 t whole-milk powder 20 t skmilk powder	112,220 109,880	100 t sugar 100 t butteroil	151,200 1,131,160
Latin America	6,869,650		869,130		6,000,520
Argentina	781,050	42 t whole-milk powder 25 t processed cheese	393,160 179,670	20 t butteroil	208,220
Colombia El Salvador	158,100 4,321,500	25 t processed enesse	175,070	50 t skmilk powder 500 t rice 210 t butteroil	158,100 640,900 2,375,000
Nicaragua	579,000	15 t processed cheese	105,600	401 t skmilk powder 40 t rolled oats 60 t skmilk powder 20 t butteroil	1,305,600 56,700 191,900 224,800
Paraguay Uruguay	84,200 945,800	10 t whole-milk powder 15 t processed cheese	84,200 106,500	100 t skmilk powder 50 t butteroil	307,800 531,500
Asia	3,368,950		955,000		2,413,950
Philippines	2,413,950			250 t rolled oats 500 t skmilk powder 500 t rice	334,300 1,480,000 599,650
Viet Nam	955,000	1,000 t rice	955,000	300 t nec	377,030
Middle East	4,454,560		892,060		3,562,500
Egypt Israel and occupied	418,400			100 t skmilk powder	418,400
territories	3,144,100			1,648 t wheat 160 t skmilk powder 160 t butteroil	1,070,900 571,300
Lebanon Syria	281,350 610,710	29.5 t whole-milk powder 70.5 t whole-milk powder	281,350 610,710	100 t outleion	1,501,900
Total	31,936,890	1,320.5 t	3,513,500	9,923 t	28,423,390

<sup>\*</sup> Amounts include freight.

### SPECIALLY FINANCED ACTIONS\*

(Relief in kind) Sw.fr. 24,396,300

	Tons	Sw.fr.
Africa		9,843,780
Angola	1,001.6	3,021,090
Botswana **	_	2,500
Chad	1,058.1	2,450,020
Ethiopia	901.6	1,342,370
Gambia	3.2	21,430
Ghana **		12,220
Mozambique**		135,940
Mauritania **		75,580
Somalia **		7,090
South Africa	117.1	233,000
Sudan (conflict in Eritrea)	80	1,002,360
Uganda	477.1	1,483,230
Zaire	3.4	56,950
Latin America		2,265,520
	2 226 4	
El Salvador	2,336.4 149.9	2,000,790
Nicaragua	149.9	264,730
Asia		9,354,070
East Timor**		83,760
Kampuchea	195	6,151,920
Pakistan**		1,366,310
Thailand	347.9	1,752,080
Europe	_	100,640
Poland **		100,640
		,
Middle East		2,832,290
Iran	9.3	322,100
Lebanon	48.9	2,510,190
Total	6,729.5	24,396,300

AID TO DETAINEES AND THEIR FAMILIES (Financed from regular budget)	Sw.fr. 753,080
Latin America Argentina Bolivia Chile Colombia Haiti	116,340 2,980 10,870 7,720
Asia	<b>41,620</b> 30,280 11,340
Middle East	7,500 494,890 21,510 27,800

AID TO NATIONAL SOCIETIES (Financed by regular budget)	Sw.fr. 424,180
Africa	
Latin America Bahamas Colombia Haiti	6,390 940
Asia	91,840
Middle East	

<sup>\*</sup> This table does not include food relief from the EEC and the Swiss Confederation or the figures for aid financed by the regular budget.

\*\* Assistance consisted only of medical relief, not assessed in terms of weight.

### **TRANSPORT**

Costs of transport organized by the ICRC were as follows:

	Shipments by regular transport services Sea and land	Kg. 390,735 48,231	Sw.fr. 190,869 298,089
	Chartered aircraft  "Split charter"	92,703 4,670 721,242	404,773 27,000 1,269,178 1,189,771 1,198,963
3.	Customs import charges	48,900	35,405
4.	Insurance premiums		94,999

## Medical activities

In medical matters, 1981 was marked by two major developments: organization of the first seminar on emergency medical actions by the International Red Cross and work relating to the International Year of Disabled Persons.

### Seminar on emergency medical actions

As a result of experience gained in co-ordinating medical assistance in large-scale humanitarian actions involving a great number of specialized health workers, as in Lebanon and Rhodesia/Zimbabwe some years ago and more recently in Thailand, for the benefit of victims of the conflict in Kampuchea, the ICRC arrived at the conclusion that a major operation of this nature must be planned and executed in the strictest possible manner to assure maximum efficacy. Although it is clear that the conditions in which medical teams work vary from one situation to another and that there is no universally applicable pattern, it is nevertheless true that a large number of problems are encountered in all such actions and should be dealt with in the same manner, in the light of experience.

These considerations led to the decision to convoke the first seminar on emergency medical actions by the international Red Cross, organized jointly by the ICRC and the

League at Geneva, from 13 to 16 February. About 85 doctors, nurses, nutritionists and health technicians, with experience gained in numerous missions in the field as part of emergency interventions by the International Red Cross, took part in the seminar. They represented 23 National Societies of the Red Cross and Red Crescent.

The seminar provided an occasion for consideration of various ethical and practical aspects of such emergency actions and made it possible to define certain guidelines for the planning and execution of the work. The discussions clearly showed the need for good preparation of both personnel and material in order to provide effective and properly adapted medical assistance. Much of this preparation should be provided by the National Societies taking part in such actions, using training material which should be supplied to them by the ICRC and the League. In substance, this amounts to "memorizing" experience gained in the field by Red Cross medical teams and handing it on to the teams which succeed them. The seminar also stressed the importance of the participation of experienced health professionals at the decision-making level and in directing emergency medical actions.

It is now up to the ICRC and the League to give effect to the conclusions of the Geneva seminar by fulfilling the role of co-ordination assigned to them, while the National Societies should develop further their preparations for emergency medical actions.

### Activities for disabled persons

In close co-operation with the authorities and National Societies concerned, the ICRC for several years has been carrying out a major activity to help war cripples in a number of countries, notably in Africa. Results have been achieved by the application of simple techniques adapted to the material available locally, and by training local personnel to take over from the specialists sent from Geneva. Accordingly, in addition to the rehabilitation centres for war invalids already existing in Ethiopia and Angola, the ICRC, in 1981, set up similar centres in Chad, Mozambique and Pakistan (see chapters concerning these countries elsewhere in this report).

It is appropriate in this connection to recall that the Twenty-fourth International Red Cross Conference at Manila adopted a resolution expressing hope that governments would intensify their efforts to support the ICRC, the League and the National Societies in their activities of assistance to disabled persons. It also recommended the creation of a special fund, to be jointly managed by the ICRC and the League, to finance assistance projects for disabled persons.

It may also be noted that the ICRC took part, from 2 to 7 November at Torremolinos, Spain, in a world conference organized by UNESCO in the framework of the International Year of Disabled Persons. The general activities of the ICRC, and in particular its work for the handicapped, were described at the conference.

#### Operational activities in 1981

Apart from the activities described above, the ICRC Medical Division continued its operational tasks in the field of protection (participation in visits to prisoners of war, civilian internees and "political" detainees) and in that of assistance during or after armed conflicts (care of the wounded and sick, supplying of medical relief).

The ICRC chief medical officer and other members of the division carried out several missions to assess the medical aspects of actions in Africa (Angola, Ethiopia, Sudan), Latin America (El Salvador), Asia (Kampuchea, Thailand, Pakis-

tan) and Europe (Northern Ireland, Poland).

The total number of medical and paramedical personnel sent into the field in 1981 (doctors, nurses, physiotherapists, prosthetists, laboratory technicians, pharmacists, nutritionsists, hygienists) amounted to 338, considerably fewer than the year before (1,112), due largely to changes in the medical setups in Kampuchea and Thailand. Of the total, 187 came from the National Red Cross Societies of twenty countries (Australia, Belgium, Canada, Denmark, Finland, France, Federal Republic of Germany, Hungary, Iceland, Ireland, Japan, New Zealand, Norway, Poland, Sweden, Switzerland, Thailand, U.K., U.S.A. and U.S.S.R.).

During the year, the total value of medicaments and medical material supplied by the ICRC amounted to 13

million Swiss francs.

# **Activities for detainees**

The main ICRC protective function is visiting places of detention holding prisoners of war, civilian internees or persons arrested because of internal disturbances or tension.

While visits to prisoners of war and civilian internees are made under the terms of the Third and Fourth Geneva Conventions, visits to persons held because of internal disturbances or tension – sometimes qualified as political detainees are outside the scope of these Conventions and their Protocols. They are legally based on the Statutes of the International Red Cross, which define the ICRC as an institution whose activities are exercised also in times of internal disturbances, and which authorize it to take any humanitarian action falling within its competence as a specifically neutral and independent intermediary. These Statutes were approved by an International Red Cross Conference, which brings together not only the National Red Cross and Red Crescent Societies, the League and the ICRC, but also the governments parties to the Geneva Conventions. This means that the ICRC is able to offer its services to States in such circumstances without the risk of being accused of going beyond its competence or interfering in matters concerning national sovereignty. The States, however, are under no obligation to accept the ICRC's services. It is therefore on the basis of a relationship of trust that the ICRC is authorized to act. At times, it is by invitation of the government concerned that the ICRC undertakes protective duties in a country.

The internal disturbances or tensions in which the ICRC may act can be of various kinds. For example, there may be serious political, religious, racial or social tension; the situation may be the result of the suspension by official decree of essential guarantees, or it may be caused by recourse to emergency judicial measures or procedures under which the rights and liberties guaranteed by the national constitution or by a fundamental law are not, or are no longer, respected.

In every such situation, however, there is a common feature: the persons who are the victims of particularly violent or tense situations need the protection and assistance of a neutral

institution, and this need the ICRC meets.

### Conditions and procedure for visits

The ICRC visits places of detention provided that its delegates are allowed:

- to see all detainees and talk to them freely without witnesses:
- to have access to all places of detention, and to repeat visits;
- to demand the list of persons to be visited, or to compile such a list during the visit;
- to distribute, where there is need, material assistance to detainees and to their families in distress.

Periodical and thorough visits are carried out by ICRC delegates, all of them of Swiss nationality, and usually one of them is a doctor. Before and after the visits, discussions are held with those in charge of the detention centres, and, later, confidential reports are sent to the detaining authorities, and to no-one else. The reports describe objectively and in detail the conditions of detention, and may contain suggestions for improvements. The reports are not for publication. The ICRC limits itself to publishing the number and names of the places visited, the number of persons seen and the dates of visits; it indicates whether or not the delegates were able to talk to detainees without witnesses. It makes no comment on the motives for detention and does not publicly discuss the material or psychological conditions found. If any government publishes part of an ICRC report, or quotes it inaccurately, the Committee then reserves the right to publish the report concerned in its entirety.

### Statistics for 1981

Since 28 April 1919, the date of the first visit to political detainees, in Hungary, this field of activity of the ICRC has constantly grown larger, until it is now one of the major functions of the institution. Its importance has augmented in recent years owing to the change in the nature of conflicts in the world, so that the ICRC now finds itself increasingly engaged where there are internal disturbances and tensions.

### VISITS BY THE ICRC IN 1981 TO PRISONERS OF WAR, CIVILIAN INTERNEES AND "POLITICAL" DETAINEES

Country	Number of places of detention	Number of detainees
Africa		
Angola Ethiopia Namibia/South-West	1 1	1 60
Africa South Africa Tanzania Uganda Zaire	7 8 1 18 26	215 506 ~ 20 5,730 ~ 4,620
Latin America		
Argentina Bolivia Chile Colombia El Salvador Haiti Nicaragua Paraguay	18 5 11 5 207 3 6	1,700 ~ 20 106 215 1,540 52 3,650 13
Asia Indonesia Malaysia Philippines	26 2 35	347 390 842
Europe Northern Ireland Spain	5 19	2,184 559
Middle East		
Iran Iraq Israel and the occupied	38 3	~ 10,000 * ~ 2,500
Jordan Yemen Arab Republic Yemen, People's	16 17 6	~ 4,360 ~ 3,000 ~ 1,100
Democratic Republic of	2	~ 400
TOTAL: 26	489	~ 44,000

<sup>\*</sup> including about 7,000 prisoners of war.

During 1981, ICRC delegates made approximately 5,000 visits\* in 489 places of detention located in 26 countries. They saw some 44,000 persons deprived of their freedom, including almost 9,700 prisoners of war in 7 countries.

The programmes of material assistance to detainees and their families were estimated at 753,080 Swiss francs (see Table, p. 57), with a further 5.9 million Swiss francs spent on relief supplied to this category of victims under actions with special financing.

## **Telecommunications**

The number of radio messages exchanged between ICRC headquarters and delegations in the field rose to 8,620 in 1981, as against 7,454 in 1980. In contrast, radio traffic between delegations fell in comparison with the previous year, totalling 17,587 messages (1980: 20,544). This drop is mainly explained by the reduction in ICRC activity along the Khmer-Thailand border.

Taking telex messages into account, ICRC Telecommunication Service technicians (staff strength: 11 at headquarters and 16 in the field) dealt with 53,259 messages transmitted or received, compared with 62,014 messages in 1980.

Ten new stations, necessitated by the development of relief work, were opened in 1981: seven in Angola - Luanda, Huambo and Bailundo (March), Kuito (April), Katchiungo (July), Lubango and Lobito (September); two in Uganda in Arua (January) and Moyo (April); and one in Chad -N'Djamena (March) – which was closed down seven months later with the cessation of ICRC action in that country.

Three other stations were closed down: Kousseri (Cameroon) in March; Lusaka (Zambia) in May; and Gaborone (Botswana) in August. The Caracas (Venezuela) station, which had been on standby since 1977, was dismantled and the material returned to Geneva.

On 31 December, the ICRC radiocommunication network was as shown on the opposite page:

This figure includes visits for the purpose of recording names. interim visits, medical visits, special visits, and those which were not completed for various reasons.

