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OPERATIONAL ACTIVITIES

In 1992 the ICRC faced unprecedented changes and challenges in the field. Of these the most striking were undoubtedly the anarchy, civil war and widespread famine in Somalia and the brutality and systematic disregard for the law of war in Bosnia-Herzegovina, where reports of the forced displacement of civilians and appalling conditions of detention shocked the world.

But these were not the only countries where civilians bore the brunt of political unrest and tensions between ethnic communities.

Conflicts in the Caucasus and Central Asia flared up with the dismantling of the Soviet Union, raising new questions for the ICRC regarding standard policies and procedures.

In Asia, the fight for power following the change of government in Kabul, the slowing-down of the peace process in Cambodia and the ongoing conflict in Sri Lanka caused the ICRC considerable concern.

While public attention was focused on the war in Somalia, the conflict in Rwanda was gaining momentum and causing great misery among the civilian population, and towards the end of the year prospects for a lasting peace in Angola were shattered. There were some glimmers of hope, however, notably in Mozambique where the sixteen-year war came to an end.

In the Middle East, ICRC activities centred on the protection of detainees and the aftermath of the Gulf conflict and the Iran/Iraq war.

The political violence in Peru and Colombia continued to be the ICRC's main operational concern in Latin America.

Activities for people deprived of their freedom

Delegates visiting detainees in prisons and detention centres had to cope with new and disturbing trends in 1992.

In Bosnia-Herzegovina the forced internment of thousands of civilians compelled the ICRC to abandon its tradition of discretion and restraint to take a public stand against this practice and call on the international community to bring it to a halt. In 1992 delegates visited over 12,500 people in 77 places of detention in Bosnia-Herzegovina alone, and the ICRC

was instrumental in the release and transfer of about 5,500 prisoners. Yet the institution was not granted access on a regular basis nor was it allowed to visit all places of detention.

The proliferation of conflicts in Africa led to an overwhelming increase in the number of people detained. Delegates visited more than twice as many detainees on the continent than in 1991. Their job was, however, complicated by undisciplined armed groups with no organized command structure, notably in Liberia and Somalia.

The practice of hostage-taking, which was widespread in Armenia and Azerbaijan and other countries of the former USSR in 1992, is a serious violation of international humanitarian law. The ICRC repeatedly appealed to the authorities and the warring factions to put an end to the practice and voiced its concern regarding the treatment of the hostages.

The ICRC also continued to plead for a speedy release of prisoners of war still held in connection with the Iran/Iraq war and took a firm stand regarding the conditions of detention of Palestinians from the territories occupied by Israel.

All in all, ICRC delegates conducted more than 11,000 visits in 2,355 places of

detention in 54 countries during the year. 95,204 detainees were visited. In some countries the institution's efforts to protect detainees were hampered by the withdrawal of authorization to carry out visits, for example in Algeria, Iran and Peru. In others considerable progress was made: in Malawi delegates visited security detainees for the first time since 1969 and in South Africa the ICRC was granted access to persons detained for security and unrest-related reasons.

Tracing activities

In 1992 the ICRC Central Tracing Agency handled over 1,100,000 Red Cross messages and dealt with some 200,000 requests of all kinds throughout the world. Of these, 45,600 were tracing requests, 31,800 of which were resolved. Some 6,700 people were reunited with their families or repatriated and 5,000 travel documents were issued to people lacking other identification papers and travelling to host countries across international borders.

The Tracing Agency very often had to carry out its activities under difficult conditions. In Somalia, for instance, the sheer size of the country, its lack of a functioning infrastructure and the hazardous conditions reigning in most of the countryside made tracing work an uphill struggle. In the former Yugoslavia around mid-year the ICRC suddenly encountered an enormous demand for tracing services because of forcible transfers, conscription and other policies which had the effect of separating family members. When delegates gained access to over 10,000 prisoners there was an urgent need to find their close relatives and help them keep in touch. An extensive distribution network was therefore set up to deal with up to 20,000 messages a week.

To simplify and expedite the handling of information, the Central Tracing Agency further decentralized management of its field activities and developed and gradually implemented new data-processing techniques.

Relief operations

1992 was a challenging year for ICRC relief activities in terms of volume, personnel and number of beneficiaries. Not since the Second World War has the institution afforded assistance so many people in so many countries. The two major relief operations in Somalia and the former Yugoslavia alone accounted for over 70 per cent of the assistance provided.

The ICRC brought 20,000 tonnes of food per month into Somalia, twice as much as it managed to deliver monthly during its major relief operation in Ethiopia in 1985. This was possible because the institution, in addition to carrying out extensive air operations, for the first time made wide use of other forms of transport, including at least eight ships and barges ranging from a displacement of a few hundred to over 12,000 tonnes. During the monsoon season, these were supplemented by two helicopters and a helicopter carrier to bring the food ashore. Ships and barges moved over 74 per cent of the 180,000 tonnes brought into the country in 1992.

Within Somalia itself the total breakdown of law and order rendered relief work particularly hazardous. Food became more valuable than money. The question of security thus took on great importance, and the ICRC had to review some of its usual procedures. A great deal of care went into devising new monitoring mechanisms throughout the chain of distribution to ensure that as much food as possible reached those who needed it

most. The sheer magnitude of the operation meant that the ICRC had to rely heavily on the local infrastructure, the National Red Cross Society and local groups. Because it was so big, the ICRC operation actually had a direct impact on the macroeconomic structure of the country. For example, it helped to deflate the price of food nationwide.

The aid programme in the former Yugoslavia rapidly became the ICRC's second largest operation, and the biggest in terms of non-food assistance. This was the first time the institution had undertaken to provide help on such a large scale to a country with a cold winter climate. The operation thus included an unprecedented winter assistance programme, aimed at helping hundreds of thousands of people in Bosnia-Herzegovina to survive during the winter of 1992-93. It included food, clothes, blankets and even wood-stoves.

Other operations in Eastern Europe and the former Soviet Union faced similar challenges, though with considerably smaller relief programmes. In every ICRC operation in the countries of the former USSR, delegates were impressed by the amazing capacity of the local population to absorb the tens of thousands of people displaced by fighting. Where this was the case the ICRC concentrated on providing assistance for those who did not find host families and were thus forced to seek shelter in public places.

In the countries of the former Soviet Union in general and in Tajikistan and the Caucasus in particular, the partial disintegration of the once completely centralized Soviet system complicated the task of bringing relief to conflict victims. On the one hand, the infrastructure was woefully inadequate, sometimes to the point where airports had to close or transport was simply not available for lack of fuel. On the other hand, the general breakdown of the

system in a context of conflict blurred the normal criteria for ICRC relief work. To what extent can people suffering from chronic shortages be seen as conflict victims? When those shortages are accompanied by a blockade, as in Armenia for instance, the question becomes still more complicated. One of the problems facing the ICRC was to establish clearly who should or should not be entitled to relief aid.

Apart from the two major operations described above, the ICRC continued to provide assistance in Mozambique, Liberia and Sierra Leone, and towards the end of the year it substantially increased its relief programme for displaced people in Rwanda.

In 1992, the ICRC purchased and dispatched directly to operational areas 131,344 tonnes of goods, not including medicines, worth a total of CHF 93.9 million. In addition, 158,877 tonnes of supplies worth CHF 123.3 million were provided to the ICRC by donors, in the form of contributions in kind. Altogether, 290,221 tonnes of relief worth CHF 217.2 million were dispatched by the ICRC to 58 countries in 1992. In addition, a total of CHF 38.8 million worth of medical supplies were purchased and dispatched during the year. The overall value of material and medical relief purchased and dispatched in 1992 thus amounted to CHF 256 million.

As in the past, the major share of assistance went to Africa, with the former Yugoslavia and Eastern Europe as the second-biggest beneficiaries. With the exception of 1991, when the ICRC was heavily involved in assisting victims of the Gulf war, Africa has regularly been the major recipient of relief supplies and medical aid.

Assistance to the Middle East decreased substantially, while operations in Asia and Latin America accounted for less than five per cent of all aid provided

or forwarded in 1992. The emphasis in Asia remained on medical assistance, especially in Afghanistan and Cambodia.

A geographical breakdown of the total amount of material and medical relief distributed by the ICRC in 1992, which came to CHF 214.9 million, is given below:

	CHF*	%
Africa	144,251,471	67.13
Asia & the Pacific	6,427,487	2.99
Europe		
& Central Asia	47,714,585	22.20
Latin America	1,112,973	0.52
Middle East		
& North Africa	15,392,013	7.16
TOTAL	214,898,529**	100

Medical and other aid for detainees and their families, which is included in the above figures, amounted to more than 1,436 tonnes of relief supplies worth CHF 4,161,222.

Medical activities

The main concern of the Medical Division in 1992 was how best to adjust to new situations in the field. In the former Yugoslavia, where there was little or no need for medical staff but a serious lack of medical supplies due to the breakdown of the distribution system, this meant launching a massive material support programme. Similar problems on a smaller scale were encountered in the former Soviet Union. The ICRC also had to deal with the question of how to provide medical care in a context of general anarchy, such as in Somalia. A flying surgical team began operating

* All figures in this report are in Swiss francs (CHF). On 31 December 1992, the average US Dollar exchange rate was approximately CHF 1.48 to USD 1.

** Stocks that had not been distributed by the end of 1992 account for the difference between supplies purchased and received and actual distribution figures.

(See detailed tables on pp 55, 88, 116, 131 and 151)

in Somalia in April; this approach proved so successful that another team went into action there in September.

In many other cases adapting to new developments meant scaling down ICRC activities, whether for security reasons, as part of a redeployment following population movements, or because facilities were handed over to other organizations or local authorities.

On average 15 ICRC surgical teams were working in the field at any one time in 1992. Over 17,000 patients were admitted to ICRC hospitals, another 28,000 received out-patient treatment and 32,800 operations were carried out by ICRC staff. Four new orthopaedic projects, in Asmara (Eritrea), Bogotá, Mekele (Ethiopia) and Lokichokio (Kenya) came into operation in 1992, which placed an extra strain on the ICRC's staffing resources. Meanwhile, finding organizations capable of taking over orthopaedic projects in Nicaragua and Chad proved difficult. The ICRC orthopaedic service also had to change its policy regarding the manufacture of orthopaedic components. Whereas it had previously insisted on the almost exclusive use of locally produced materials, the service began advocating the use of polypropylene as a less labour-intensive and more durable, safe and inexpensive alternative.

Altogether the 29 ICRC orthopaedic workshops and centres produced over 19,500 orthopaedic appliances and fitted some 11,200 patients.

ICRC paramedical staff continued to assess nutritional needs among displaced people and other victims in countless conflict areas throughout the world. Sanitation engineers pursued their efforts to set up or rehabilitate water supply systems and sanitary facilities in 12 countries.

In addition to its operational activities, the ICRC's Medical Division also worked

in specific areas such as producing specialized publications, maintaining contacts and cooperating with various medical and paramedical organizations, training medical staff, etc.

Besides organizing the seventh annual course for specialized health care staff with experience of emergency situations, held in Geneva, the Medical Division gave a similar three-week course in Manila. It was attended by 20 participants from seven countries in Asia and the South Pacific.

The Medical Division continued to share with a wider audience its experience regarding the surgical treatment of war-wounded patients. In 1992 several articles were published in widely read medical journals. Some of these were "The Red Cross wound classification", "The prevalence of fragmenting bullets seen in ICRC hospitals" in relation to the Hague Declaration of 1899 concerning expanding bullets, "The ICRC experience of triage of war-wounded". The ICRC also produced two videos entitled "The management of war-wounded patients: the Red Cross way" and "Antipersonnel mine injuries: surgical management" and published a booklet entitled "Amputation for war wounds". These last two works reflect the ICRC's grave concern about the widespread and indiscriminate use of antipersonnel mines in modern conflicts. Finally, having noted a need to spread knowledge of the principles of war surgery in the former Soviet Union, it took steps to have the textbook "Surgery for victims of war" and various brochures on wound classification and amputations translated into Russian.

Total expenditure (cash, kind and services) for ICRC medical activities in 1992 amounted to some CHF 90 million, including CHF 38.3 million worth of medical supplies.