

## *EXTERNAL ACTIVITIES*

### **Africa**

#### **Zimbabwe**

Under the London Agreements signed in December 1979, Zimbabwe became independent on 18 April 1980. With the end of the conflict the ICRC, which for many years had been active not only in the capital, Harare (formerly Salisbury), but also in the rest of the country and in a number of neighbouring States affected by the repercussions of the fighting, began gradually to phase out some of its activities (mainly medical and relief programmes), depending on developments of the local situation. Discussions are now taking place with the government, the National Red Cross Society and various welfare organizations on the practical measures to be adopted for handing over certain projects which had been until now under ICRC responsibility and are still necessary for the inhabitants' welfare.

In March and April, ICRC delegates continued their relief activities in the Tribal Trust Lands and Townships where there were still a number of civilian refugees who had not returned to their native villages. Several hundred tons of goods were handed over to the Ministry of Social Welfare, which organized the distribution, while blankets were given to "Christian Care" for the refugees coming back from Mozambique.

The ICRC delegates were able to go to certain regions which previously were closed to them, in the provinces of Mashonaland, Matabeleland and Manicaland, where many civilians were still suffering hardship caused by the combats. About 106,000 persons received ICRC aid. This figure included 35,000 children who were given additional rations of milk and protein-rich food.

Since the beginning of 1980, about 1,100 tons of food, blankets and clothing, to a total value of about 605,000 Swiss francs, have been distributed by the ICRC to people in Zimbabwe.

## **Zambia**

Large numbers of refugees from Zimbabwe are still in camps in Zambia and are in need of ICRC assistance. In February and March, the ICRC distributed in the camps 34.5 tons of relief goods (including 29 tons of food) to a value of about 163,000 Swiss francs. It is likely that the ICRC will continue providing this aid a little while longer, until other humanitarian organizations are ready to carry on the good work started by the ICRC.

The tracing activities of the ICRC Lusaka delegation are being gradually taken over by the Zambia Red Cross.

## **Botswana**

The ICRC delegation in Botswana is being closed down, following the repatriation of all the 22,000 Zimbabwe refugees who had been living in the Selebi Pikwe, Dukwe, and Francistown camps. In the repatriation operations the pregnant women and the sick were accompanied by ICRC medical teams as far as the border.

Part of the ICRC's stocks of medical material and medicaments in Botswana were sent to the ICRC delegation in Zimbabwe and the remainder handed over to the Botswana Red Cross. In addition, 17.5 tons of powdered milk were despatched to the ICRC delegation in Lusaka, to be distributed to the refugees. Some of the relief supplies still remaining will be handed over to the National Society to meet any possible needs.

As in Zambia, tracing activities carried out by the ICRC are gradually being taken over by the National Red Cross Society.

## **Angola**

In February 1980, an agreement with the Angola Red Cross was signed concerning relief to be brought to civilian inhabitants of remote areas of the country who were suffering from severe malnutrition. Accordingly, a number of surveys were carried out by the ICRC regional delegate, the National Society secretary-general, a relief delegate and a nutritionist seconded to the ICRC by the Swedish Red Cross.

On 27 April, an aircraft chartered by the ICRC unloaded 20 tons of maize flour at Huambo. In subsequent flights following soon after, the aircraft delivered 76 tons of relief supplies and a number of heavy duty vehicles needed to carry the goods across rough terrain.

In response to an appeal by the ICRC, the European Economic Community (EEC) promised to send 1,000 tons of food and to contribute 300,000 dollars.

Since the beginning of this year, the orthopedic centre at Bomba Alta, which is run on funds provided by the ICRC, has fitted 60 amputees with artificial limbs.

At the present moment the ICRC delegation in Angola comprises eleven delegates, including the four members of the team working at the orthopedic centre.

### **Uganda**

In March and April, an ICRC team of six delegates, including a doctor, visited 13 places of detention in Uganda. They saw altogether about 6,000 detainees and distributed relief—consisting almost entirely of blankets, medicaments and toilet items—to a value of more than 30,000 Swiss francs.

Relief goods and medicaments were distributed, with the co-operation of the League and the Uganda Red Cross, in the Karamoja area; in addition, 14 dispensaries received medicaments, soap and blankets. A part of these supplies were gifts by the Danish Red Cross, the United Nations High Commissioner for Refugees and OXFAM.

The ICRC delegation at Kampala was very busy tracing missing persons. From the beginning of January until 18 April, 313 enquiries were instituted and approximately 2,000 family messages were forwarded.

### **Tanzania**

ICRC assistance to displaced persons in the Bukoba region is entering its final phase. Relief (mainly blankets and kitchen utensils) were distributed to about 30,000 displaced persons, who have been resettled in Miuziro, Cachaba, Bonaze and Mtukula.

### **Mozambique**

On 12 April 1980, an agreement to establish a permanent delegation of the International Committee of the Red Cross in Mozambique was signed at Maputo by representatives of the ICRC and of the Foreign Affairs Ministry of Mozambique.

## **Ethiopia**

In the period from 20 January to 10 March, about 126 tons of food-stuffs, 350 cases of powdered milk, 210 bales of blankets, bales of cotton material, tents and 60 medical kits were handed over by the ICRC delegation in Addis Ababa to the Ethiopian Red Cross and to dispensaries and mission clinics in the provinces of Gondar, Harar, Mekele, Bale and Sidamo.

In addition, food, medicaments and other relief supplies were distributed in the Jijiga area where the civilian population is enduring much hardship because of the persistent drought.

## **Somalia**

A three-man ICRC delegation was in Mogadishu from 13 to 17 March to discuss with the Somali Red Crescent various problems in connection with the protection and tracing of missing persons.

## **Zaire**

Between 18 and 24 April, an ICRC team, composed of three delegates and a doctor, went to four civilian and military places of detention in the province of Equateur in Zaire. The teams then split into two to visit other places in the eastern part of Zaire and in Kinshasa.

## **Chad**

On 21 March, civil war resumed in N'Djamena between the two main factions in Chad. In the town, cut into two zones by the belligerents, violent fighting soon caused many casualties among civilians and soldiers.

The ICRC delegation in N'Djamena, reinforced by doctors and nurses of the Swiss agency for technical co-operation who were already in Chad, tended the wounded from the outset. Their first task was to clean and put in order the Central Hospital and to bring in medicaments, water and food.

On 25 March, as the hospital had no surgeon and no surgical equipment, the ICRC chartered an aircraft to fly to N'Djamena a surgical team and 750 kg of medicaments and medical material.

On 26 March, the team began operating at the Central Hospital in very difficult conditions. Water was not available, and had to be

carried from the River Chari nearby, electric power was frequently cut off and the buildings were hit by bullets and mortar shells. On several occasions, conditions became so unsafe that the surgeons had to stop operating.

On 27 March, the ICRC decided that the Central Hospital, together with the buildings around it, should be declared to be a neutralized and protected zone, and it asked the combatants to observe the neutrality of this zone, marked by Red Cross flags. On the same day it asked the parties to the conflict to observe a cease-fire of at least forty-eight hours, to allow it to evacuate the civilians (numbering several thousand persons) caught in the line of fire. The ICRC requests were accepted by the commanders of the two groups, but their troops continued to fire. In fact there was no cease-fire, despite a further ICRC appeal on the following day.

On 1 April, an aircraft left Geneva for N'Djamena, with four ICRC delegates, a doctor, a nurse and seven tons of relief supplies. On 8 April, a surgeon, a doctor and two nurses also flew out to Chad to reinforce the ICRC delegation there. At the end of April, the delegation numbered a score of persons, working in several parts of the town held by one or the other of the two adversaries.

From the zone held by the People's Armed Forces, the wounded were sent to the French military field hospital to the north-west of the town. But it soon became necessary, as the number of casualties increased, to set up a second medical centre where post-operational cases could be sent.

In the part of the town held by the Armed Forces of the North, the ICRC had to evacuate the wounded to Kousseri on the Cameroon side of the River Chari, where a French field hospital had been erected (under the EMMIR plan). Between 1 and 20 April, more than 900 patients were taken to this hospital, of these nearly 300 still in need of hospital care. In addition, the ICRC delegates helped the local services concerned to collect and bury the bodies lying in the streets, to prevent epidemics breaking out.

As part of its protection activities, the ICRC was allowed to visit prisoners of war on both sides. Lists of the names of missing persons were posted up in hospitals and various places in N'Djamena.

About 6,000 persons remained in different districts of N'Djamena; in April, 12 tons of food was distributed to these people.

In Cameroon, the ICRC's task was restricted to co-ordinating its own medical activities with those of EMMIR, for instance collecting wounded persons crossing the river on their own. An office of the Central Tracing Agency was set up at Kousseri—where about 80,000 Chad refugees are

at present in camps—to undertake the tracing of missing persons. The refugees are being fed by the Cameroon Government with the help of several voluntary agencies, which means that the ICRC has not been obliged to take any action in this respect.

At the end of April, the fighting was resumed in N'Djamena with considerable violence. As a safety measure, the ICRC installed a base at Kousseri, where its delegates can spend the night.

## **Latin America**

### **Colombia**

On 27 February 1980, the ICRC intervened at the request of the Colombian Government, in the matter of the hostages held in the Dominican Embassy at Bogota by members of the M-19 revolutionary group.

On 6 and 7 April, an ICRC delegate saw all the hostages and spoke with them without witness. He was able to find out what were the living conditions in which they were held and their state of health, and to give them moral support. The ICRC delegate was given every facility by the Colombian Government and by the members of the M-19 group to carry out the visit, which did not in any way imply any participation by the ICRC in the negotiations in progress.

On 26 April, the two parties came to an agreement for the release of the hostages. The operation was to be conducted under the auspices of the ICRC. On 27 April, the persons who had occupied the embassy, the hostages, several officials who had taken part in the negotiations and the ICRC delegate all went to Bogota airport in two buses provided by the Colombian Red Cross and then boarded an aircraft for Havana. The ICRC delegate was present at the release of the hostages in Havana and then returned with them that same day to Bogota.

Food and medical attention for all the persons inside the embassy, during the whole period that the hostages were kept there, were furnished by the Colombian Red Cross.

### **El Salvador**

The deterioration in the situation in El Salvador has led the ICRC and the National Red Cross Society to devise, in liaison with various benevolent organizations, an emergency plan. Medical material has been stored in El Salvador in case of sudden need.

During the recent combats the ICRC and the El Salvador Red Cross worked together in evacuating civilians and wounded. In March, the ICRC delegates visited 16 detainees held on political grounds in three places of detention.

### **Nicaragua**

In March and April, ICRC delegates continued protecting persons detained because of the recent events in the country or on political or security grounds.

In March, the delegates went to four places of detention in the capital, where they saw altogether more than 3,000 detainees. In the rest of the country, eleven places of detention were visited between mid-March and mid-April, and 3,500 detainees were seen.

At the same time the ICRC continued providing relief for the detainees in the prisons visited by its delegates.

### **Argentina**

From 17 to 27 March, ICRC delegates visited Rawson Prison, holding 278 security detainees. In April, they went to Resistencia, where they saw some seventy security detainees in two places of detention, and then went on to visit the prison at Caseros.

Every month the ICRC provides material assistance for about 900 needy families of detainees.

## **Asia**

### **Assistance to the Kampuchean people**

On 26 March, a meeting on aid for the people of Kampuchea was held in New York with the United Nations Secretary-General's special representative, Sir Robert Jackson, in the chair. The meeting was attended by senior officials of the ICRC and UNICEF, and by representatives of WFP, FAO, UNHCR and of donor countries. Reports were communicated on the results obtained in the People's Republic of Kampuchea and in the area along the border between Kampuchea and Thailand.

The main purpose of the meeting was to present the aid programmes for the period from April to December 1980. The United Nations organizations and the ICRC also stressed that it was particularly urgent

to supply food and seed to the Kampuchean people as swiftly as possible as their very survival was at stake. With the approach of the monsoon and in view of gloomy prospects for the harvest, 60,000 tons of food (mainly rice) and 30,000 tons of seed were to be provided by the end of June.

At the same time, the medical infrastructure in Kampuchea has to be re-established.

In Thailand, aid for the refugees, who will need 30,000 tons of food-stuffs, and for the Thai inhabitants has to be pursued.

Out of a total budget of 120 million dollars for the ICRC-UNICEF operation for the emergency period from April to the end of June, a sum of 26 million dollars was allocated to specific ICRC activities during that period.

More than ever before, it is essential to obtain aid from the international community if the people of Cambodia are to survive and if the spectre of famine is to be definitively eliminated. All facilities must be granted in the People's Republic of Kampuchea to allow food and medical aid to reach the whole of the civilian population in distress.

### **Kampuchea**

In March and April, the joint ICRC-UNICEF operation was directed in particular to the shipment of emergency relief supplies—especially rice seed—to Kampuchea before the onset of the rainy period. An airlift was organized to despatch before the end of April 5,000 tons of rice seed, donated by FAO and a consortium of donors headed by OXFAM. From the beginning of April, at first two, and later three aircraft carried out as many as six flights a day between Bangkok and Phnom Penh. The seed was then transported by lorry and by train to Kompong Thom, Battambang and other provinces to be distributed to the peasant population.

Also in March and April, ICRC delegates accompanied some convoys organized by the Ministry of Health and by the Red Cross of Phnom Penh, to take supplies for distribution. In April, for example, distributions of food, clothing and kitchen utensils were made to about 3,000 inhabitants of various villages in the Province of Pursat. In this province, too, the ICRC was present when medical equipment and medicines and other relief supplies were handed over to a number of hospitals, dispensaries and orphanages.

An assessment of the medical situation in four provinces and in the region of Phnom Penh was made in March by ICRC delegates. Medical assistance was provided for three hospitals and 14 dispensaries in Phnom Penh and for 19 provincial hospitals.

A blood bank was established in Phnom Penh's main hospital. The overall medical assistance plan for Kampuchea involves aid to the tune of eight million dollars to purchase material for 20 hospitals, 140 district dispensaries and 1,000 village medical centres.

The four Red Cross medical teams, sent by the National Societies of USSR, Hungary, Poland and the German Democratic Republic, continued their work in the provinces of Kompong Speu, Kompong Cham, Takmao and Kompong Chhnang.

### **Thailand**

In Thailand, in view of the approach of the rainy season, it was necessary to do some preparatory work on the roads to and inside the camps and on some of the constructions (for instance, some buildings, like hospitals and dispensaries, had to be raised on piles).

Reduction of medical personnel to about a hundred doctors and nurses is under way. The decision to reduce staff partly stemmed from the improvement in the refugees' health, but it was also necessary for safety reasons, as incidents in the camps continue creating hazards to the medical personnel and to their humanitarian mission. One camp had to be definitively closed. The ICRC is very concerned by these problems and is taking steps, with the Thai Government, to provide better protection for certain groups of refugees who are particularly exposed to violence.

### **Afghanistan**

The ICRC delegates, who have been in Afghanistan since the beginning of 1980, have pursued negotiations with the Government and Red Crescent, with the aim of settling practical questions concerning ICRC activities in the field of protection (visits to all places of detention in the country) and in connection with the work of the Central Tracing Agency.

On 12 and 13 April, the delegate and a doctor of the ICRC went to Puli Charkhi Prison, near Kabul, and saw 385 political and security detainees. The ICRC was also granted permission by the Afghan Government to visit places of detention in other parts of the country, provided security conditions allowed.

In March, the ICRC approached the USSR authorities informing them of what it was doing and offered its services for any humanitarian problems that might arise through the presence of Soviet troops on Afghan territory.

In response to a request by the Afghan Red Crescent for restocking the capital's hospitals and dispensaries after the incidents in January 1980, the ICRC sent 2 tons of emergency medical material to Kabul. On 22 March, a medical delegate flew to Kabul to assess the situation of the hospital establishments.

### **Indonesia**

In March and April, a further survey was made of the situation in the eastern part of Timor, to review the programmes of food and medical assistance provided by the Indonesian Red Cross and the ICRC for the civilian population. Since October 1979 some 60,000 persons in eight remote mountain villages have been receiving food and medical care from the joint Indonesian Red Cross and ICRC campaign.

This new survey established that it was necessary to continue providing aid to seven of those eight villages for a further six months. In addition the programme was extended to seven more localities, bringing the total of persons receiving assistance to 87,400. In nine villages, the Red Cross will furnish medical assistance and provide additional food; in five others only medical care will be given, the food available being considered to be adequate. The inhabitants of one village, who are particularly under-nourished, will receive full rations until 15 October.

It was estimated that 6.6 million Swiss francs would be needed to cover expenses, including transport costs by air, land and sea, for this period. On 29 April, the ICRC launched an appeal to the international community for funds to be swiftly provided to enable the ICRC to continue its operations on Timor.

### **Viet Nam**

Since 1976, the ICRC has been concerned with the repatriation of people belonging to various countries which do not have any diplomatic relations with Viet Nam.

On 24 April, 152 persons of Chinese origin who had been living in Viet Nam joined their relatives in Taiwan, via Bangkok, in an operation organized under ICRC auspices.

This was the twenty-fourth repatriation flight in four years. Altogether, 3,537 persons have returned to their country of origin.

### **Laos**

From 6 to 11 March, Mr. de Courten, ICRC delegate general for Asia and Oceania, was in Laos, accompanied by Mr. Zen Ruffinen,

head of the ICRC Hanoi delegation. The purpose of their mission was to confer with the authorities in connection with recent conflicts and tensions in South-East Asia, and to assess the possibilities for the activities and development of the National Red Cross Society.

Mr. de Courten and Mr. Zen Ruffinen went first to Luang Prabang, where the Swiss Red Cross is working with the Lao Red Cross to equip and develop a hospital and a medical school. Later they went to Vientiane where they visited several hospitals, the blood bank and a plant preparing pharmaceutical products. They also had talks with the Secretary of State for Foreign Affairs, the Secretary of State for Health, National Society senior officials, hospital directors and the director of the blood bank.

## **Philippines**

The two ICRC regional delegates for South-East Asia, together with an Agency delegate and an extra delegate from Geneva, carried out a series of visits to places of detention in the Philippines. The visits took place between 17 March and 30 April, and the delegates saw altogether 950 detainees—434 of whom were detained on political grounds—in 25 places of detention in the capital and in the provinces.

## **Middle East**

### **Lebanon**

The atmosphere of instability which persists in Lebanon has compelled the ICRC to take measures to reinforce its staff strength. It has now six offices: two in Beirut (east and west), two in the north (Tripoli and Jounieh) and two in the south (Tyre and Saida). At the end of April, the ICRC had a dozen delegates, apart from locally engaged personnel.

The ICRC's task in Lebanon is to help civilians who are victims of sporadic fighting, by providing protection and medical and material relief. In addition, the ICRC provides from time to time medical equipment and medicaments for Lebanon's medical centres and also gives its support to the work of the Lebanese Red Cross, the "Palestinian Red Crescent" and other social welfare organizations.

In order to be able to discharge its humanitarian tasks, the ICRC launched on 24 March an appeal to governments and National Societies for the sum of 3.2 million Swiss francs. It is estimated that this amount

should cover the costs of ICRC humanitarian aid in Lebanon until the end of 1980.

### **Iran**

On 14 April, two ICRC delegates, one of them a doctor from Geneva, visited the hostages held in the United States Embassy in Teheran, after weeks of negotiation.

The basic conditions demanded by the ICRC when visiting detained persons are that it be permitted to see all the detainees, to talk with them in private and to repeat the visits periodically.

In view of the exceptional circumstances of the case of the Teheran hostages, the ICRC gave in to the adamant refusal of the persons holding the hostages to allow interviews without witnesses. Breaking with custom, the ICRC realized that it would have to waive one of the conditions it had always set for its prison visits, so that it could record the identities of the hostages (about which there had been some doubt until the ICRC's visit), see detention conditions, provide moral support and transmit family messages.

Any reports drawn up by the ICRC delegates on such visits are confidential and are not published.

### **Europe and North America**

The ICRC does not have delegations in Europe or North America, but the President, the members of the International Committee, directors and delegates carry out numerous missions to maintain continuous contact with governments and with National Societies, to take part in seminars, and so forth.

The ICRC is following with close attention developments in Cyprus and in other regions. In Cyprus, it continues to bring aid to the victims of the consequences of the 1974 armed conflict. The delegate-general for Europe and other delegates go periodically to visit the minorities and the authorities on the island.

In 1979 and during the first three months of 1980, the delegate-general and the regional delegate for Central and Eastern Europe carried out various missions to Bulgaria, Czechoslovakia, Romania, USSR and, twice, to Yugoslavia, mainly to confer with the leaders of those countries' National Societies. The delegate-general and several delegates also went to Canada, Belgium, Greece, Federal Republic of Germany, United Kingdom and USA.

The ICRC has an office in New York; its representative's task there is to keep in contact with the United Nations and its specialized agencies. He was kept very busy during the last six months in connection with the humanitarian aid programme for the Kampuchea people drawn up by the ICRC and various United Nations bodies, more particularly UNICEF. The ICRC attends the meetings of the United Nations General Assembly and of ECOSOC as an observer.

---