

EXTERNAL ACTIVITIES

Africa

Southern Africa

South Africa / Namibia

Concerned for the victims of the military operations at the beginning of July at the Namibia-Angola frontier and in the south of Angola, the ICRC asked all the parties to the conflict to apply the fundamental principles of international humanitarian law. It also offered its services as a neutral and impartial intermediary in matters of protection and assistance.

During July the ICRC delegates in Pretoria carried out surveys in localities around Pretoria and Johannesburg (Atteridgeville, Saulsville, Mamelodi, Tembisa and Alexandra) and in the townships of Queens-town and East London. Their purpose was to review ICRC action for families of detainees and former detainees visited by the ICRC while in captivity. That action is threefold: monthly food parcels for every detainee's family in need; paying the fare two or three times a year for families to visit detained relatives; medical examination, by a doctor chosen by the ICRC, of the most destitute persons (continuation or cessation of medical aid is decided on the basis of the medical report).

In July and August the value of assistance provided in the course of this action amounted to almost 28,000 Swiss francs.

Angola

The ICRC has been conducting a food assistance operation since May for several tens of thousands of displaced persons in Huambo province in Angola. In July it was asked by the Government in Luanda to provide medical assistance for the victims of military operations in the south of the country.

Consequently an ICRC medical team of a doctor, a nutritionist and two nurses undertook several surveys in the region to assess the extent of needs. It visited, in particular, Katchiungo and Bailundo, providing the hospitals with medicaments. Six patients, including three starving children, were taken to the Huambo hospital by the ICRC. In addition, the ICRC organized a nutrition centre at Katchiungo.

When visiting the villages of Chiumbo, Alto Chiumbo, Sfinge and Capange, the ICRC doctor observed symptoms of malnutrition among the whole population and ailments among children which were mainly the result of alimentary deficiency and lack of hygiene. Cases of scabies, malaria, bilharziosis, pneumonia and tuberculosis were also observed. The medical team gave treatment to some patients for malaria, conjunctivitis, lung infection and other ailments.

With further reference to medical action, the equipping of the Bomba Alta orthopaedic centre for amputees, financed and managed by the ICRC, has been practically completed, nine months after the start of work on the project. The centre has now reached its normal output capacity of about thirty artificial limbs per month.

Two teams are at work distributing relief to displaced persons, one in the east (Katchiungo, Tchikala, Tcholoanica) and the other in the north (Bailundo, Alto Hama). These teams have extended their action to five more conglomerations where the lack of food has been serious.

Relief distributed in July included 43 tons of food, 5,900 blankets and 2,750 kgs of soap to 12,300 displaced persons, 5,400 of them children. In August 155 tons of relief was distributed to 15,000 persons.

At the same time as this assistance work, the ICRC carried on a protective action in Angola. The head of the ICRC delegation has approached the authorities with a view to visiting captured members of UNITA (National Union for the Total Independence of Angola) detained by the Angolan Government.

UNITA, for its part, in a letter dated 25 July addressed to the ICRC, solemnly undertook to respect the fundamental rules of international humanitarian law applicable in armed conflicts.

ICRC staff in Angola at the end of August consisted of 21 persons: relief delegates, doctor, nurse, nutritionist, physiotherapists, prosthetist, administrators and two pilots who are flying three times a week since 4 August the ICRC's "Islander" between Luanda and Huambo. This aircraft had previously been assigned to the Salisbury delegation.

Zimbabwe

Continuing its phasing-out since the end of the conflict in Zimbabwe, the ICRC Salisbury delegation ceased all relief and medical assistance in June. Arrangements have been made for the Zimbabwe Red Cross to take over tracing activities as soon as possible. In the last three months there has been an increase in the number of enquiries by former refugees and relatives of former combatants in the nationalist movements. From the beginning of the year until the end of August, the tracing office at the Salisbury delegation opened 282 enquiries and dealt with 3,431 cases by mail, telex, telephone, or by visits from or to enquirers. It also organized eight repatriation operations.

For the dissemination of international humanitarian law, the delegates made several approaches to the authorities with a view to hastening Zimbabwe's accession to the Geneva Conventions and their additional Protocols.

Zambia

In the previous issue of *International Review*, it was stated that in June, ICRC delegates in Zambia had carried out distributions of relief supplies. This report should have added that those supplies were distributed to refugees from Namibia and Zimbabwe and to Zambian children suffering from malnutrition.

Zaire

Continuing their visits to civilian and military places of detention, two ICRC delegates, between 25 July and 4 August, had access to all the nine *gendarmerie* prisons in Kinshasa. A further series of visits to 29 places of detention in Shaba started on 19 August.

East and Central Africa

Ethiopia

In July and August the acting head of the ICRC delegation in Addis Ababa, Mr. François Droz, carried out a series of missions in the administrative provinces of Eritrea, Harrar and Tigre, with a view to re-assessing needs for material assistance and to settle transport problems affecting relief supplies. On 28 and 29 July he was in Asmara, where the ICRC flew in 33 tons of food and medical supplies for the civilian population. On 12 August Mr. Droz went to Harrar and, on 15 and 16 August, to two camps near Mekele in which there were some 5,200 displaced persons. Observing urgent needs, he had several medical assortments (1 hospital kit, 3 dispensary kits, 3 paediatric kits), ten tents, blankets and food delivered to the camps.

Uganda

Since the end of the emergency following the Uganda-Tanzania conflict the ICRC, in accordance with its usual practice, had ceased its relief and medical assistance activities—taken over by the government, National Red Cross and other charitable organizations—to concentrate on its work of protection and tracing.

As part of such action, a new series of visits to places of detention took place from 25 July to 21 August. In that time, five delegates, one of them a doctor, went to the prisons of Luzira (Murchison Bay, Upper and Women's), Mbale (Main and Women's), Jinja (Main and Remand), Rwimi, Tororo, Kiburara, Port Portal, Kigo and Gulu. They saw 4,789 detainees, including 112 women.

In the interval between that series of visits and the previous series in March-April, each place of detention had been visited at least once, and the situation in the large prisons like Murchison Bay, Mbale and Jinja had been closely followed by the delegates.

Relief supplies (food and medicaments) distributed for detainees were increased. Funds appropriated for the action rose from 10,000 dollars in June to 14,100 in July and 20,700 in August.

In tracing activities, the Kampala office recorded a marked increase in the proportion of replies to family messages transmitted by it.

Chad

Forced by the persistent fighting and danger to withdraw to Kousseri on the Cameroon side of the river Chari, the ICRC delegates nevertheless went daily to N'Djamena to continue to give assistance and protection in the zone controlled by the People's Armed Forces (FAP) and to run the Farcha dispensary. In the part of the town held by the Armed Forces of the North (FAN), to which they had had no access since 24 May (the delegation had on several occasions been a target) the ICRC delegates have organized the removal of casualties to Cameroon and have continued seeking missing persons.

Many attempts have been made to overcome the obstacles to ICRC action in Chad. After the visit in June of the ICRC delegate-general for Africa (mentioned earlier), the ICRC delegates, on 8 July, during an interview with President Goukouni Oueddeï, proposed a cease-fire in order to take enriched powdered milk to under-nourished children in the FAN zone where food was scarce. This offer came to nought, and the Geneva headquarters delegated Mr. Laurent Marti to undertake a special mission to Chad from 25 July to 1 August, for the purpose of negotiating with the leaders of the various factions the continuation of ICRC action for the benefit of conflict victims. At the end of August this effort had not been successful.

Whatever the difficulties encountered in negotiation, ICRC assistance did not abate: in July and August 220 tons of wheat (donated by the European Development Fund), milk, sugar, medical supplies and various relief goods were distributed in a score of villages and districts north-west of N'Djamena for the benefit of some 20,000 displaced persons.

In so far as protection is concerned, 42 detainees (FAN prisoners of war and civilian internees) were visited on 5 and 6 July in the FAP *gendarmerie* in N'Djamena and were given supplies. The visiting delegate interviewed 20 of them without witness. Two further visits were made to the same place of detention on 18 and 25 July.

It should be mentioned that the impossibility of travelling greatly hindered the tracing activities, particularly the transmission of family messages.

West Africa

Liberia

ICRC delegate-general for Africa, Mr. Frank Schmidt, carried out a mission to Monrovia from 9 to 17 August with a view to renewing

contact with the Liberian Red Cross and offering the new authorities the services of the ICRC to visit persons detained as a result of the *coup d'état* of 12 April 1980. The previous visit of an ICRC delegate to Liberia had been in 1975, when the visits to places of detention, begun in 1973, ceased.

Mr. Schmidt conferred with the Head of the State, Master Sergeant Samuel K. Doe, the State Minister for Presidential Affairs, the Minister for Foreign Affairs, the Minister of Defence, the Commanding General of the Armed Forces and members of the "People's Redemption Council", the legislative and executive body of the State. As a result of these discussions, the Liberian authorities agreed that the ICRC might visit some, but not all, places of detention. Mr. Schmidt made it clear to the officials with whom he talked that the ICRC's basic rule was that it should have access to all places of detention without exception in order to extend its humanitarian assistance to all detainees without discrimination. He pointed out, also, that if the ICRC did agree to visit only some detainees it would contravene the Red Cross principles of neutrality and impartiality.

On 5 September the President of the ICRC wrote a letter to that effect to the Liberian Head of State.

Western Sahara

Whilst carrying out a mission in Mauritania from 5 to 15 July, two ICRC delegates, one of them a doctor, visited on 8 July 115 combatants of the Polisario Front still detained in that country. Since the previous visit in July 1979 the Mauritanian authorities had released 36 prisoners, most of them wounded, sick or elderly.

On the other hand, not since September 1976 have ICRC delegates been able to visit Mauritanian and Moroccan prisoners held by the Polisario Front, despite the many requests to the persons in charge.

The Moroccan authorities, for their part, have still not acceded to the ICRC's request to visit again the hundred or so Algerians and Polisario Front combatants whom they hold prisoner. The last time the ICRC visited those captives was in 1978.

Latin America

Bolivia

After the *coup d'Etat* of 17 July, the ICRC regional delegate for the Andean countries and a medical delegate went to La Paz where, on 25 July,

pursuant to the ICRC mandate, they approached the authorities with a view to developing protection and assistance, especially for persons detained as a consequence of the events.

The ICRC protective action began as soon as the authorities gave their agreement. During the first series of visits, which took place from 4 to 16 August, the ICRC delegates interviewed without witnesses 176 detainees, in four places of detention and three hospitals in La Paz and in outlying localities. From 20 to 22 August the delegates were in the Beni department where they saw 69 detainees in two camps. By the end of August, 263 detainees in sixteen places had been visited in accordance with ICRC standards.

To help some detainees deprived of all resources or support from their families, medicaments, toilet articles, blankets and palliasses to a value of 6,500 dollars were handed out during the visits. In addition, the ICRC paid the fare of five destitute persons from La Paz, where they had recently been released, to their home town of Trinidad.

The Central Tracing Agency office at the Bolivian Red Cross headquarters in La Paz, directed by an ICRC delegate who arrived there on 13 August, has received many requests for information. Since mid-August some thousand people have been to the office to explain their cases (quest for news from missing relatives, transmission of family messages, etc.).

El Salvador

In July and August the ICRC delegates continued their activities to protect and assist the victims of the violence prevailing in El Salvador.

Protection: visits were made, from 24 June to 20 July, to 26 places of detention (penitentiaries, military precincts, places run by the national police and the Customs police) in the capital and the provinces and in which there were 52 persons detained for reasons connected with the events. In addition, on 23 August, the delegates had access to nine other persons arrested following a strike.

In their assistance work, the ICRC delegates collaborated with the El Salvador Red Cross Society in its action during the occupation of the Costa Rican embassy in San Salvador (11-26 July). In particular, they accompanied the National Red Cross representatives to the embassy on 14 July when 53 persons were medically examined. Medicaments, toilet articles, sheets, children's clothing and baby-food were distributed. The Red Cross action consisted mainly of medical assistance, as a

government institution supplied adequate food. To this joint action by the ICRC and the National Society the ICRC devoted 2,000 dollars. The occupation of the embassy came to an end on 26 July with the departure of the occupiers for Costa Rica attended by ten members of the El Salvador Red Cross, including a doctor.

In the context of a programme to inform the El Salvador population of the role of the ICRC and of the National Society, and of the Red Cross principles and fundamental humanitarian rules, an information-delegate was sent from Geneva and reached San Salvador on 29 August, for a survey mission.

Nicaragua

The ICRC delegates are continuing their protection of persons detained for reasons connected with the events and held in 12 places of detention. From 28 July to 22 August they went to seven places where there were 3,427 detainees. The most important series of visits were to the Tipitapa *Centro de Readaptación social*, from 28 to 31 July, and to the Nueva Guinea *Centro de Readaptación social*, from 4 to 7 August.

In view of the material conditions of detention the ICRC is continuing its assistance programme for detainees, and each month provides food to a value of 50,000 dollars and medical aid estimated at 10,000 dollars.

Tracing activities have involved the collection of more than 2,000 family messages during the visits to prisons in the first half of 1980. Of that total, more than 1,700 have been despatched. For want of a system of correspondence these messages are often the only link between detainees and their families.

Asia

Assistance to Kampuchean people

The confused situation and lack of security following the armed confrontations which occurred at the end of June along the Khmer-Thai border made high-level negotiations necessary in both Bangkok and Phnom Penh, with a view to bringing about the conditions necessary for continuation of the humanitarian action for the Kampuchean people.

From 16 to 20 July the representatives of the ICRC, UNICEF and the World Food Programme (WFP), and Sir Robert Jackson, special

representative of the United Nations Secretary-General, had several interviews with the Thai authorities during which they set forth in detail the situation of the humanitarian organizations in the face of the difficulties they had encountered and stressed their concern to continue their assistance programmes, it being understood that the activities carried out in Kampuchea itself and on the Thai side of the border were two constituents of the same action. They emphasized that relief should be distributed in equitable fashion to all the needy civilian population, that distribution should be strictly controlled and that the safety of operations should be guaranteed.

These discussions and others held later made it possible to redistribute tasks between the organizations responsible for food assistance programmes at the Thai border. UNICEF will continue distributing food to the most vulnerable civilians (women and children) with the aid of the WFP and a number of voluntary agencies; the ICRC will participate in distribution to non-residents (Kampucheans who go to the border to obtain supplies across two "land bridges", situated only to the north of Aranyaprathet but will no longer be involved in distribution to the resident population. As for the other traditional activities of the ICRC, especially protection and the work of the Central Tracing Agency, these were again explained to the Thai authorities at the end of August by Mr. François Perez, head of the Bangkok delegation. In respect of medical assistance, the Thai Government once more expressed the wish that the ICRC continue co-ordinating all medical activities for the Khmer population at the border.

After their stay in Thailand, Mr. Jean-Pierre Hocké, ICRC Director of Operations, and the senior UNICEF and WFP officials, went to Phnom Penh where, from 21 to 25 July, they discussed with the authorities the various problems relating to humanitarian assistance. They again explained the position of principle of the ICRC and UNICEF pursuant to the respective mandate of the two institutions, and they defined the joint programme objectives for the period September-December 1980, underlining the importance of distribution control and medical activity development. Assurances were received in respect of the recipients of the relief and concerning possibilities for supervising the distribution of food and seed.

Kampuchea

In Kampuchea the joint action delegates had the opportunity to make several trips into the interior of the country. In July a mission to

assess and control distributions was conducted around Lake Tonlé Sap, namely at Kompong Chhnang, Pursat, Battambang, Sisophon, Siem Reap and Kompong Thom. In two districts of the Prey Veng province the delegates attended the direct distribution to the inhabitants of 280 tons of relief (rice, maize, oil, sugar, and milk powder). From 5 to 12 August the head of the ICRC delegation in Phnom Penh and a medical delegate again toured the Tonlé Sap region. Everywhere they saw progress in the rice plantations for which the seed had been provided by the international community. Furthermore, they noticed that a special effort was being made by the Kampuchean personnel in the hospitals and infirmaries which they visited.

The first phase of the medical programme, the revival of the country's hospital services—begun by the ICRC in April—has come to an end. More than 600 standard kits of medical equipment and medicaments have been distributed to village infirmaries and district dispensaries, and ten surgical kits to hospitals. The value of this assistance amounted to almost a million Swiss francs; it will continue during the second half of the year on the basis of a similar budget and distribution plan (500 dispensary kits for a population of about 5 million).

A fifth medical team, provided by the Swedish Red Cross, began working at Svay Rieng at the end of August. The other four, sent by the Red Cross Societies of East Germany, Hungary, Poland and the USSR, are at work in the provinces of Kompong Thom, Kompong Speu, Kompong Cham and Takhmau. As an example of the work they are doing, we would mention that of the Polish Red Cross medical team of eight persons: it tends an average of 400 inpatients at the Kompong Cham hospital and also treats 400 outpatients each day.

For the air-lift of relief, the Hercules aircraft made available for the joint action by the Australian Government flew 73 times between Bangkok and Phnom Penh from 15 June to 15 August, conveying 859 tons of equipment and relief (milk powder, baby-food, medical supplies, agricultural implements, schools material, etc.).

Thailand

The skirmishes along the Khmer-Thai border resulted in population movements which hindered food distribution. After an interruption for several days, distribution to non-residents resumed after the introduction of a new procedure: two distributions a month of 100 kg of rice

per buffalo cart and 30 kg of rice per person coming on foot to the "land bridges".

Medical activities, on the other hand, increased considerably in July and August as a result of the situation and the outbreak of a malaria epidemic to the south of Aranyaprathet. Almost a thousand persons (wounded, sick and their relatives) were transferred from the frontier zone to Khao I Dang camp by four medical teams; quinine and mosquito nets were distributed.

At the end of August the number of ICRC medical staff in Thailand was 114, including 21 doctors and 68 nurses.

Viet Nam

Mr. Jean de Courten, ICRC delegate-general for Asia, was on a mission to Viet Nam from 11 to 18 June, when he introduced the new head of the ICRC delegation in Hanoi, Mr. Thierry Germond, to the authorities. On that occasion the delegates and the National Red Cross reviewed the International Red Cross assistance programmes and visited some of the projects completed thanks to that assistance, including the Rach Gia hospital, the emergency centre in Ho Chi Minh City and the radiology department of the Tu Du hospital in the same city.

In addition, the delegate-general explained the ICRC's activities in South East Asia to the Minister of Foreign Affairs, Mr. Nguyen Co Thach, and to other Vietnamese authorities.

Moreover, as part of its work for the protection of nationals of countries having no diplomatic representatives in Viet Nam, the ICRC, on 3 July, organized the transport of 140 people of Chinese origin who were resident in Viet Nam and wished to rejoin relatives in Taiwan. Since September 1976, when this action began, 3,678 persons have made the journey in 25 flights.

Refugees in South East Asia

On 28 July the League and the ICRC made a further joint appeal for funds for the continuation of the assistance to South East Asian refugees. The appeal, for 6,986,000 Swiss francs to cover the period from 1 August 1980 to 31 January 1981, was made following a meeting in Djakarta on 9 and 10 July, when representatives of the National

Societies of the countries directly involved in the refugee programme and those of the ICRC and the League reviewed the situation and drew up the programme for the new budget period.

For the ICRC, the budget estimates amount to 1,438,000 Swiss francs, mainly to cover the needs at headquarters and in the field of its Central Tracing Agency, including support for the Tracing and Mailing Services (TMS) of the Red Cross and Red Crescent Societies working for refugees in South East Asia. According to the estimates of the Office of the High Commissioner for Refugees the number of refugees still in the countries of first asylum on 30 June was 223,339.

The International Red Cross action for South East Asian refugees is co-ordinated by the "League-ICRC Intervention Group", set up in July-August 1979. Working in co-operation with the National Societies of China, Hongkong, Indonesia, Macao, Malaysia, Philippines, Singapore and Thailand, the Group plans assistance programmes and their financial implications for the National Societies directly involved in the relief operations and for those providing the funds, supplies and staff.

From 8 to 11 August, three delegates, one of them a doctor, carried out a mission in the Songkhla region in the far south of Thailand to survey the situation of refugees between their arrival on the coast of countries of first asylum and their admission to camps. They saw the excellent work of the HCR with the assistance of *Médecins sans frontières* and other voluntary agencies.

Iran

Continuing his visits to places of detention, the ICRC delegate in Iran went in July to two prisons in Khuzistan province: he saw 330 detainees at Ahwaz and seven at Abadan. On 17 August he visited some thirty others in the prison at Zanjan.

On 26 July, accompanied by officials of the Iranian National Society, he visited a camp which had been set up near the border by the Teheran authorities in which there were more than 3,000 persons of Iranian origin who had left Iraq. Family message forms were distributed for those wishing to write to relatives who had remained in Iraq.

Afghanistan

As a consequence of certain difficulties encountered in the discharge of their humanitarian mission, the ICRC delegates in Kabul were recalled to Geneva on 15 June for consultations.

Anxious to extend its protection and material and medical assistance to all victims of the conflict, the ICRC several times approached the Afghan authorities, proposing the despatch of a high-level mission to Kabul to discuss problems relating to its action. On 26 July the Afghan Government replied that it was not prepared to receive such a mission. In a message on 1 August to President Babrak Karmal, the ICRC requested the Afghan authorities to reconsider their position, pointing out that its persistent effort to obtain authorization to carry out its activities in Afghanistan was motivated solely by its concern to alleviate the suffering of the victims. Approaches were made also to the Government of the USSR.

Its overtures having met with no response, the ICRC, on 16 September, publicly appealed to all the parties militarily engaged in the conflict in Afghanistan to respect international humanitarian law and permit the ICRC to discharge to the full its traditional tasks of protection and assistance. In particular, the ICRC asked the Afghan Government to authorize it to resume and extend the activities it had carried out from January to June 1980. It also urged all States parties to the Geneva Conventions to give its appeal their firm support, in discharge of their obligation to ensure respect for those Conventions.

We point out that it was after the receipt of assurances from the highest Afghan authorities that the ICRC opened and permanently maintained a delegation in Kabul from the end of January until mid-June. During their first few months in Afghanistan, the ICRC delegates twice visited (6-7 February and 12-13 April) the Puli Charki prison, where they saw 427 detainees. In addition, at the request of the Afghan Red Crescent, they distributed two tons of medical supplies to various hospitals in the capital.

Pakistan

Professor Gilbert Etienne, a member of the ICRC, carried out a mission to Pakistan from 16 to 31 August in order to assess the ICRC action in the joint ICRC-League operation for Afghan refugees.

Operational since mid-February in the provision of medical assistance in co-operation with the Pakistan Red Crescent, the ICRC had, at the end of August, three mobile medical teams, each comprising a doctor, two nurses and a locally recruited driver. Two of these teams are based at Parachinar and cover the Kurram region. The third, based at Miram Shah, operates in North Waziristan. During their first three months of

activity (April-June), two teams treated 15,624 patients in a dozen camps which had dispensaries under canvas. With the reinforcement by the third team, the total number of consultations given from 1 to 24 July amounted to 12,828.

Staff strength in Pakistan includes two delegates, one of whom, a doctor, supervises the medical action.

Indonesia

The joint Indonesian Red Cross-ICRC assistance programme for displaced civilians in East Timor, started at the beginning of October 1979 for an initial period of six months, was prolonged by agreement for a further six months, i.e. until 15 October 1980. At present it covers fourteen villages, ten of which, with a total of 61,629 inhabitants, receive food and medical assistance, the other four, with 27,276 persons, receiving only medical assistance.

The general improvement in health in these villages is noticeable. In addition to this food and medical assistance, the Red Cross distributes rice and maize seeds with a view to developing agriculture. The seeds are provided by Catholic Mission Relief Services (CRS). In some villages, where protein sources are inadequate, a start has been made to the breeding of hens which are resistant to local conditions. Where there is water, a study of duck-breeding possibilities is under way. Vegetable gardens have been started for hospital patients and other projects have been completed, such as the laying of new drainage systems, the construction of a reservoir to supply water to the Uatulari hospital, the repair of bridges, roads and sanitation systems. Courses in hygiene and first aid are being given to the population.

With the end of the rainy season there arose new problems (heavily damaged roads, gales combined with poor visibility limiting helicopter flights, high seas making the south coast almost inaccessible to shipping) which made repeated readaptation of the logistic infrastructure for the programme necessary.

The medical assistance programmes undertaken in the initial phase of the operations are continuing. Although the effect of under-nourishment in the assisted villages has not been eradicated, the number of marasmic children is declining, as also is the incidence of malaria. A programme has been started to combat filariosis, and tuberculosis patients are regularly checked. An increase in births has been observed.

To continue the action, 500 tons of dried beans, 61 tons of oil, 30 tons of salt, 8 tons of milk for children, 32 tons of sugar, 88 tons of soap and 15,000 blankets have been purchased in Djakarta. In addition, the Australian Government has donated 1,300 tons of maize and 110 tons of protein-rich biscuits; the CRS has donated 25 tons of rice; and the Indonesian Red Cross 50,000 items of clothing. By recent generous donations (1.4 million Swiss francs from the Japanese Government, 500,000 dollars from the United States, etc.) the budget for the second phase of the action, amounting to 6,800,000 Swiss francs, has been covered.

Staff engaged in the joint operation as of 25 August was 264 employees of the Indonesian Red Cross (6 executive staff, 11 doctors, 16 nurses, 135 local voluntary workers, 14 drivers and 82 labourers) and three ICRC delegates (one doctor and two relief delegates).

Middle East

Israel and the occupied territories

The ICRC kept a watchful eye in July and August on the grave situation prevailing in the Israeli prisons following the hunger strike which the detainees at Nafha (a prison in the Negev desert) started on 14 July and which resulted in the death of two civilian Arab detainees.

Immediately after the start of the strike the ICRC delegates made special visits to the places of detention affected. On 18 July they went to Nafha prison and interviewed prisoners of their choice without witnesses. On 23 July, after being notified by the Israeli authorities of the death of one of the 26 detainees transferred from the Nafha prison to the Beit Maatsar prison, the delegates went to the latter where they talked privately with 23 detainees. They also went to the hospital in which there were two detainees, one of whom died the following day. On 24 July the delegates again went to Nafha and interviewed six detainees without witnesses. They conveyed news to families about the health of detainees and obtained permission from the authorities for families to go to the Beit Maatsar prison on 27 July. On 6 August the delegates again went to Nafha and saw the 47 prisoners still detained there.

In the meantime, detainees' relatives occupied the premises of the ICRC sub-delegation in Jerusalem and started a hunger strike. This came to an end with the cessation of the strike in Nafha on 15 August.

The detention conditions and hunger strike in the Israeli prisons, incidentally, were discussed in several interviews between ICRC delegates and senior Israeli officials. On 14 August Mr. Jean-David Chappuis, head of the ICRC Tel Aviv delegation, met the Israeli Minister of the Interior, Mr. Yosef Burg.

ICRC delegates have been visiting detained Arab civilians in Israel and the occupied territories for thirteen years. From the day the Nafha prison was brought into commission, on 2 May 1980, until the outbreak of the hunger strike, the delegates visited the prison three times and conveyed their comments on detention conditions to various echelons of the Israeli Government.

Transfers

Three operations for the transfer of persons between Israel or Israeli occupied territory and Syria took place under ICRC auspices. On 6 August, a family of five, including three children, was transferred from Syria to occupied Golan via the Quneitra check point. The family returned to its own village, Majdel Chams. Two other operations enabled 47 students (45 from Golan and 2 from Gaza) to return from Damascus to the occupied territories for the university holidays.

Lebanon

The main work of the ICRC delegation in Beirut during the last few months was tracing. In June and July 4,906 family messages were exchanged, 235 enquiries instituted and 117 closed, most of them with a positive reply. Seventy transfers of persons took place, 52 of them from one zone of Lebanon to another.

Relief distributed in June, mainly to the victims of the recent events in the north of Lebanon, comprised 5.6 tons of supplies (milk, baby-food, layettes and clothing). Since July the delegation has supplied no food.

Medical assistance took the form of a few distributions to the Lebanese Red Cross or directly to hospitals, dispensaries and mobile clinics. The delegation's work in this sphere consists mainly in conducting enquiries in regions where only the ICRC may go, in order to inform the Lebanese Red Cross and the Government services of needs in those regions and to help them to draw up suitable medical assistance programmes.