

TWENTY-FIFTH INTERNATIONAL CONFERENCE OF THE RED CROSS

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ICRC RELIEF OPERATIONS

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... To counter the very effects of combat

International humanitarian law attributes considerable importance to relief assistance. It could even be said that assistance to the victims of conflicts is an integral part of protection as defined by the Geneva Conventions and their Additional Protocols. The ICRC always takes care to maintain a close liaison between the different tasks entailed by its mandate: the reuniting of families, visits to prisoners, material assistance (both medical and non-medical) and negotiations to protect the civilian population against the effects of combat. All these activities bear witness to one and the same concern for the protection of victims.

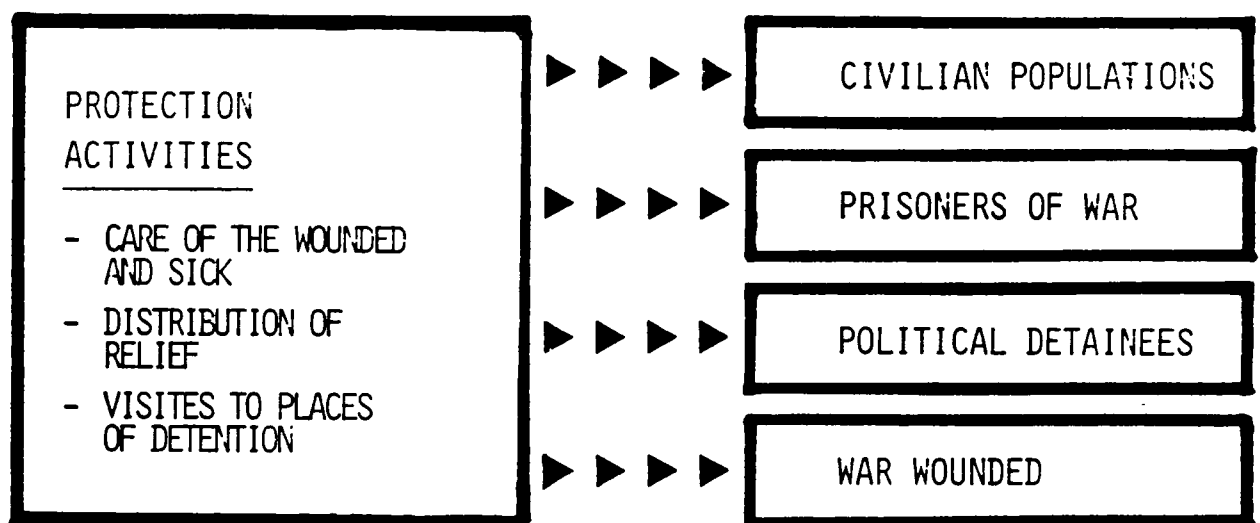


FIG. I: Protection activities and categories of beneficiaries.

While assistance to disaster victims is a commitment shared by the entire Red Cross and Red Crescent Movement, the ICRC, by virtue of its capacity to act as a neutral intermediary, assumes a leading role in protection activities in conflict situations. It enjoys the trust of all and can, by its very presence, extend its protection to people in distress particularly during the distribution of relief supplies.

The ICRC's mandate to provide protection is moreover recognized by the international community, as the Statutes of the International Red Cross, Article VI, paragraph 5, show: "As a neutral institution whose humanitarian work is carried out particularly in time of war, civil war, or internal strife, it endeavours at all times to ensure the protection of and assistance to military and civilian victims of such conflicts and of their direct results".

Development of assistance activities

Since the battle of Solferino, 127 years have passed. The world has changed considerably and conflicts, especially internal conflicts, are tending to proliferate. Their incidence is not confined to any single geographical area; several continents are the scene of hostilities. There is also a perceptible tendency for conflicts to last longer and cause an ever-increasing number of victims, particularly among civilians.

It is not the object of this paper to enlarge on the above observations nor to examine their causes. However, these developments have repercussions on the Red Cross and Red Crescent Movement and on the ICRC in particular. An analysis of the assistance provided by the ICRC from 1948 to 1985, by geographical distribution and by volume (see Figure II), brings out two main features:

- From the post-war period until the early 1960s, the ICRC principally provided assistance in Europe and the Middle East; over the past twenty years, this was then expanded to include other continents.
- As regards the scale of ICRC assistance programmes, the progressive increase in the volume of assistance provided by the ICRC is clear to see. It has been particularly marked in recent years, between 1981 and 1985, with relief operations such as those in Angola (48 millions francs) and Ethiopia (219 millions francs).

| | 48-51 | 52-55 | 56-59 | 60-64 | 65-68 | 69-72 | 73-76 | 77-80 | 81-85 | TOTAL |
|--------------------------|-------|-------|-------|-------|-------|--------|--------|--------|--------|----------|
| AFRICA | - | - | - | 0.40 | 25.50 | 143.80 | 14.60 | 51.40 | 348.00 | 583.70 |
| LATIN AMERICA | 0.01 | 0.02 | 0.02 | 0.02 | 0.04 | 2.40 | 24.60 | 23.40 | 60.65 | 111.16 |
| ASIA | 0.70 | 1.50 | 0.30 | 2.20 | 6.20 | 58.40 | 154.00 | 94.00 | 52.30 | 369.60 |
| EUROPE/ NORTH AMERICA | 15.00 | 3.20 | 86.40 | 1.10 | 0.80 | 0.40 | 11.90 | 0.20 | 118.00 | 237.00 |
| MIDDLE EAST | 57.80 | 0.06 | 2.20 | 4.20 | 30.40 | 30.70 | 55.60 | 56.90 | 95.40 | 333.26 |
| OVERALL TOTAL | 73.51 | 4.78 | 88.92 | 7.92 | 62.94 | 235.70 | 260.70 | 225.90 | 674.35 | 1 634.72 |

FIG. II: Assistance provided by the ICRC between 1948 and 1985 (in millions of Swiss francs).

This increase, both in volume and in geographical extent, has been made possible only by the continual adaptation of intervention structures, strategies and criteria.

The first element, without which this increase would not have been feasible, is the human factor. The rise in the number of personnel directly assigned to relief operations has enabled the ICRC to acquire the specialized staff needed to deal with increasingly complex situations, both in the field and at headquarters. To give an example, the number of staff in the Relief Division more than doubled between 1981 and 1986. Moreover, since enthusiasm and self-sacrifice no longer suffice to help the tens or even hundreds of thousands of people in distress, the ICRC has considerably intensified its staff training. In order to do so, the Medical and Relief Divisions have taken on the human and material resources necessary to ensure the appropriate technical training of staff responsible for assistance operations.

Areas of activity

These continuous efforts to optimize its services have also led the ICRC to formulate new strategies and approaches. One of these strategies is illustrated diagrammatically below (see Figure III).

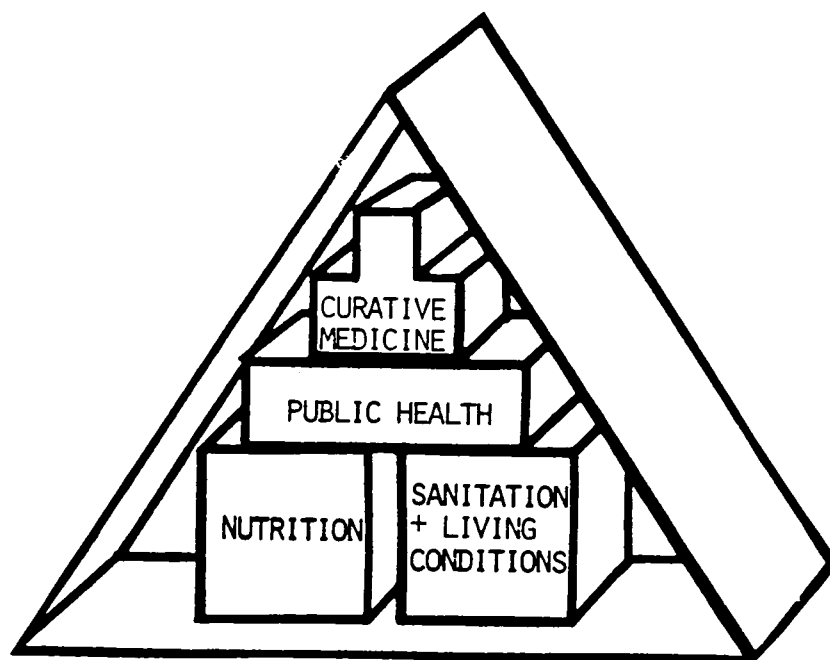


FIG. III: The pyramid of vital needs.

The pyramid itself represents all the vital needs caused by a disaster. The whole may be subdivided into four major categories, with a relative importance that may vary depending on the problem encountered.

The first pillar of this strategy is the NUTRITION PROGRAMME, which consists of providing a given population with the means to meet its nutritional needs, bearing in mind that, within this population, there are groups with specific needs that have to be taken into account.

- The nutrition programme is based on a first sub-programme, the basic food programme. This is intended for a population partially or totally deprived of food and takes the form of general distributions for the benefit of all persons in the group, with the objective of providing a food ration to cover all vital nutritional needs.
- The object of the second sub-programme, i.e. the nutritional rehabilitation programme, is to take charge of persons suffering from malnutrition, particularly children. It can be implemented only on condition that it is supported by the basic food programme, since the latter has to improve the medical and nutritional state of the whole group. The nutritional rehabilitation programme is most often carried out in therapeutic feeding centres run by specialized medical personnel.

The two sub-programmes are only an immediate response to a famine situation. The long duration of conflicts can, however, render a deprived population partially or totally dependent on humanitarian aid. This prolonged dependence inevitably results in undesirable effects such as the shift of rural populations towards the distribution points, the disruption of social structures, the risk of creating a category of persons in chronic need of assistance, etc. The problem can be summed up in the following question: how can the vital nutritional needs of a population be met over a long period without producing undesirable effects?

The first step towards a solution is to identify all the causes of the famine. In addition to conflict that often prompts the partial or total abandonment of arable land by population groups fleeing its effects, these same groups may be stripped of all or part of their agricultural possessions (seed, tools), or forced to sell them in order to subsist when their needs are most acute.

In view of this problem, the ICRC has adapted its approach over recent years and has launched several programmes in Asia and Africa, and most recently in Central America, which include the distribution of seed and small agricultural tools. The "agricultural rehabilitation" programmes are perfectly geared to emergency conditions and cannot be regarded as long-term development programmes. They enable victims with who have arable land available, but who have become partially or totally dependent on humanitarian aid because of a conflict situation, to resume their agricultural activities and work towards nutritional self-sufficiency. In addition, these programmes are designed to avoid the dependency and detrimental effects potentially caused by long-term food aid. As a secondary effect, they ultimately diminish the volume of humanitarian aid needed and consequently reduce costs.

To implement and supervise these programmes, which require technical and scientific know-how, the Relief Division has engaged two agronomists.

Providing a basic food ration, implementing a nutritional rehabilitation programme and distributing seed and small agricultural tools are only the first step towards satisfying the vital needs of a deprived population. In addition to nutritional problems, a conflict may result in destruction of the accustomed environment and flight to a new and often very hostile environment. These disruptions can have disastrous consequences: departure from the traditional habitat is further aggravated by a deterioration in sanitary conditions and social structures.

The ICRC can help in such situations by enabling acceptable sanitary conditions to be restored (water supply and individual and collective hygiene measures) and providing material to improve the present habitat. This assistance can be given in the form of blankets, clothing, kitchen utensils, building material and tents, and by establishing reception centres for displaced persons. All these programmes constitute the pyramid's second pillar, labelled "SANITATION AND LIVING CONDITIONS".

The provision of clothing, blankets and kitchen equipment does not pose a major problem, though care must be taken to ensure that the goods distributed match the needs of the people in distress. The question of living conditions merits closer consideration, since it is difficult to draw the line between emergency action (the traditional mandate of the ICRC) and development work (which falls within the competence of other humanitarian institutions). Up to now, the ICRC has not wished to standardize its approach in this field, but has opted for a policy of tackling the specific problems to be solved in each individual operation. The construction or repair of housing facilities must be in keeping with the emergency criterion: the work must be rapidly practicable at low cost and take local customs into account, whether in the construction of a nutritional rehabilitation centre or warehouse or in the installation of a water supply point.

To provide the energy needed for the preparation of food, the ICRC has also opted for local solutions adapted to the beneficiaries and to the environment, rather than introduce sophisticated techniques.

In order to develop these "sanitation" programmes, the Medical and Relief Divisions have taken on the necessary health, construction and water supply specialists.

The "PUBLIC HEALTH" programme is the third component of the pyramid. Coming under the responsibility of the Medical Division, it aims to avert the outbreak of disease, in particular by means of vaccination (primary prevention), to prevent benign medical problems developing into serious problems (secondary prevention), and to rehabilitate war amputees and paraplegics (tertiary prevention).

The fourth and final component is the CURATIVE MEDICINE programme, designed to care for the sick and wounded, who are particularly numerous during conflicts.

It is obvious that the success of an assistance operation depends above all on harmonious interlinking of the various programmes. It is pointless, for example, to plan a vaccination campaign for children suffering from malnutrition without tackling the nutritional problem. Similarly, the curative medicine programme may have limited impact without the simultaneous provision of an adequate, balanced diet and enough water of adequate quality.

Technical aspects of assistance programmes

Programme implementation requires, among other things, the solution of technical problems. Here, mention will be made of only two, which have emerged particularly clearly over the past four years and have confronted not only the ICRC but also the entire Red Cross and Red Crescent Movement.

The first concerns relations between donors and humanitarian agencies with regard to contributions in kind. Two major difficulties have appeared in the past, one being unsolicited contributions in kind intended for an ICRC operation and dispatched by various bodies without previously informing ICRC headquarters, and the other, closely bound up with the first, being the "refusal" of all contributions in kind not corresponding to the victims' needs or way of life.

(In order to avoid this type of misunderstanding and based on some past experience, the Relief Division in 1983 published a manual entitled "HANDBOOK FOR DONORS"; this handbook contains donation guidelines and recommendations dealing with such aspects as the type of contribution, methods of dispatch and packaging. It can now be said that application of these technical procedures has greatly helped to rationalize contributions in kind and has facilitated technical communication between donors and the ICRC.

The second technical problem concerns accountancy procedures for movements of goods in the course of a field operation. The volume of relief operations has considerably increased in recent years and the ICRC has, since 1976, had to devise a system of monthly statistical reports which have since been progressively improved to ensure efficient management. Strict accounting is essential to monitor closely and justify to donors the use of resources put at the ICRC's disposal. This management system provides a monthly record of incoming consignments, local purchases and contributions, distributions and transfers of goods, losses and, lastly, an inventory of goods in stock. By using standard forms, the necessary data are transmitted by the delegations to the ICRC headquarters' statistical service and can then be rapidly made available to donors. This system lends itself to computerized data management, which is already in use within the Medical and Relief Divisions and is being introduced progressively in the delegations.

In conclusion, the experience gained by the ICRC should be more widely applied in the field of assistance. To do so, the ICRC is counting on the support of governments and of the Red Cross and Red Crescent Movement.