

NEWSLETTER

ICRC - SUMMER 2012

HEALTH CARE MISSIONS AND THEIR PROTECTION

JOIN US IN HELPING MEDICAL STAFF AND VOLUNTEERS ACHIEVE THEIR MISSION OF SAVING LIVES



A harsh reality!

How often have you witnessed an ambulance trapped in traffic, its horn blaring, the red light atop its roof flashing, urgently seeking right of way so that the patient it is carrying, possibly someone hanging precariously between life and death, can get emergency treatment? How many times have you witnessed someone lying by the roadside in an agonising wait for medical treatment, even as the unsolicited advice of the assembled and clearly agitated crowd only contributes to delaying treatment or the evacuation of the wounded? How many times have you witnessed sick and wounded persons left on stretchers or hospital trolleys, awaiting treatment, in hospitals so hopelessly overcrowded and understaffed?

Access to health care in many parts of the world continues to remain a luxury. This paucity of health services is in itself a factor in undermining public welfare and creating greater social inequalities. Many may make the case that it is this paucity and inequality that provides the ground for disaffection and resentment, which in turn can lead to discontent and violence. But what is an even more worrisome question is the general

lack of awareness about the destruction of health care facilities and the violence faced by medical personnel, as they go about their important job of healing. Such attacks on those performing medical tasks goes against the principles of morality and is strictly prohibited under International Humanitarian Law. Each one of us needs to understand that health care personnel must not be hindered in the performance of their medical duties. The respect accorded to medical staff and volunteers is justified not just in terms of morality alone, but because health care is essential and access to it needs to be maintained at all times and under all circumstances.

Over 150 years have passed since Henri Dunant, the founder of the Red Cross Movement, convinced the commanders of opposing armies to halt the fighting and evacuate thousands of the wounded from the battlefield of Solferino. He believed that even in war there should be humanity and he envisioned a protected humanitarian space where volunteers and medical staff could provide protection and assistance, not just to the wounded but to innocent civilians caught in the fighting.

The Red Cross remains committed to reach those wounded and injured on the

battlefield and to develop humanitarian action for the civilian population deprived of health care as a result of armed violence. Red Cross volunteers protected only by their Red Cross or Red Crescent emblem and the trust of the population, continue to work in areas with extreme security concerns. Through dialogue with those that influence the conflict environment, the Red Cross aims to reinforce the respect for the medical missions and to re-establish the greatly needed services to the civilian population. The Red Cross is committed to providing basic knowledge of first aid to communities, combatants and civilians, so that at the time of the emergency the basic first steps are promptly and properly taken to save lives.

The ICRC launched a global campaign to build awareness and the respect that is needed to safeguard this humanitarian space in today's challenging environment. Join us in helping medical staff and volunteers achieve their mission to save lives and alleviate suffering.

Simon Peter Brooks

Acting Head of the Regional Delegation,
ICRC, New Delhi



ICRC

INTERVIEW



Mr. François Stamm
Head of Regional
Delegation, New Delhi

Mr. François Stamm left India in June 2012 after serving here for four years (July 2008 – June 2012). He was Head of the Regional Delegation, New Delhi, covering India, Bangladesh, Bhutan and Maldives. His previous posting was at the ICRC Geneva Headquarters where he held between 2002 and 2008 the position of Head of Operations for North America, Western, and Central & South Eastern Europe. While in Geneva, he also held on behalf of the ICRC the position of Chair of the “Working Group on Missing Persons in Kosovo” between 2004 and 2008. He joined the International Committee of the Red Cross in 1987 and spent his first missions in South-East Asia (Cambodia, Philippines) and Africa (Zambia, Somalia, Zimbabwe, Malawi). He later focused on various operational contexts in the Balkans (Kosovo, Montenegro, Serbia, and Macedonia) where he worked for eight years between 1994 and 2002. He will be joining ICRC Washington DC as the Head of the Regional Delegation.

After working in India for four years, what are your impressions?

As a foreigner living and working in India, I have always been amazed by the size, the diversity and the incredible density of the country. There are many impressive statistics about India, but the one I find the most impressive is that Indians under the age of 25 make up about 10% of humanity. This shows you the important global role that India will play in the future.

Concretely, what does this mean for the ICRC?

Essentially that the ICRC must be aware of the growing weight of India in the world and adapt its relationship with New Delhi accordingly; I believe the ICRC has traditionally been in contact with western nations for its support and now is the time to engage new influential and powerful countries, such as India. In short, the ICRC needs to upgrade its relation with India so that it reflects properly the growing role of this country in world affairs.

Tell us more about the dialogue that the ICRC would like to develop with India.

India has important ambitions on the world stage. I believe that there are certain areas of common interest between the ICRC and India and that we can develop a dialogue, which would eventually lead to an increased support to our various operations, both in India and worldwide. I would certainly like to see India, one day, become a strong supporter of ICRC activities, as was the case, for instance, for Sri Lanka in 2008 and 2009. This support could be political or financial but we are also looking at India as a potentially very interesting source of talented human resources. I would personally like very much to see many Indian nationals join ICRC's international staff.

“Indians under the age of 25 make up about 10% of humanity.”

Can the ICRC engage India to help people in need at a global level?

Yes, for sure. We would also like to engage - and we do it already - to discuss on a number of operations that we have around the world and that are of interest to both India and the ICRC.

We believe that the ICRC should also engage the Government of India, as well as members of the civil society, such as journalists and academics and other opinion makers with these objectives. I believe the ICRC remains largely ‘Western-centric’ in its analysis and part of the job of the New Delhi delegation is to relay to Geneva the views available in India on issues important to our institution. The ICRC should continue developing a dialogue with key Indian interlocutors to promote the understanding of, and respect for, International Humanitarian Law. As mentioned, we also believe that India can promote the work of the ICRC in areas of conflict by using its influence in helping us to assist and protect those who are in need.

As for the needs inside India, what is the ICRC doing in the country today?

The ICRC has an operation in the state of Jammu and Kashmir since 1995 and we

visit prisoners held in relation with the situation prevailing there, according to our usual modalities. These include private interviews with the detainees and a bilateral confidential dialogue with the authorities on our findings and recommendations on the conditions of detention and treatment of detainees.

Over the last three years or so, we have also developed a number of activities in other parts of India affected by various forms of violence. This is done primarily in partnership with the Indian Red Cross Society or other institutions such as the Health Ministries of the concerned states. Our work focuses on the field of health, physical rehabilitation and access to safe drinking water.

Do you often work with the Indian Red Cross Society?

Yes, of course, we cooperate with the Indian Red Cross Society in many states of India, such as Jammu & Kashmir, Chhattisgarh, Assam, Nagaland or Maharashtra, just to name a few. The Indian Red Cross Society is our natural partner in this country and we have an important cooperation programme. An important strategy of the delegation is to strengthen the local branches of the Indian Red Cross Society located in violence-prone areas, such as the State of Assam in the Northeast of India. This, of course, is with the objective of enabling these branches to respond swiftly and efficiently to the needs of the persons displaced and affected by such violence.



Mr. François Stamm, ICRC's Head of Regional Delegation, New Delhi receives a souvenir from Dr. S. P. Agarwal, Secretary-General of the ICRC during his farewell at the National Headquarters, ICRC.

IMPROVING KNOWLEDGE

ICRC HAS THE TASK OF SPREADING THE KNOWLEDGE OF INTERNATIONAL HUMANITARIAN LAW (IHL)

There are rules when you fight. For example, IHL says: "care for the wounded in any situation of conflict and don't harm your prisoners". Many ask why? The International Committee of the Red Cross (ICRC) addresses these questions by disseminating knowledge and understanding of the law.

The Regional Delegation of the ICRC in New Delhi has been conducting a series of such exercises. There has been a growing interest and curiosity amongst university students/teachers, armed forces as well as journalists to understand and practice IHL that has been passed and ratified by all the South Asian countries as well as by all countries around the globe.



In the first half of 2012, ICRC New Delhi, in cooperation with its partners, conducted two main international conferences and six national teaching sessions on IHL. With the Regional Delegation of the ICRC in New Delhi and the Government of Bhutan as joint organizers the fourth South Asian Conference on IHL took place in Thimphu, Bhutan between 26th February – 1st March 2012. Forty delegates from 10 countries, namely Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Myanmar, Nepal, Pakistan and Sri Lanka, participated in this Conference. There were representatives from the armed forces, ministry of defence, ministry of foreign affairs, ministry of justice, the prime minister's office, the Parliament and the National IHL Committee. During the working sessions, a wide range of topics were covered such as the Protection of

the Medical Mission, Strengthening Legal Protection for Victims of Armed Conflict, Detention in Non-International Armed Conflict, Implementation of IHL, the Arms Trade Treaty and Implementing Weapons Treaties. The conference was inaugurated by His Excellency Lyonpo Khandu Wangchuk, Minister In-charge, Ministry of Foreign Affairs, Royal Government of Bhutan and concluded by Mr. Dasho Karma T. Namgyal, Director, Bureau of Law and Order, Ministry of Home and Cultural Affairs, Bhutan.

The purpose of these conferences is to share information relevant to IHL among States in the region; to encourage States to adopt necessary implementing legislations for 28 IHL treaties to which they are a party; to

encourage States who are not party to these treaties to consider doing so; and to update participants on recent developments in international humanitarian law and the work of the ICRC.

The 20th South Asian Teaching Session on IHL was organised at Kish Island, Iran between 27th April to 4th May 2012, with the support of the ICRC Tehran Delegation, in collaboration with the Iranian Red Crescent Society (IRCS) and Tehran University (Kish International Campus). The participants included government officials, academics, NGO representatives and military officers. The seventy participating delegates came from 11 countries namely, Bhutan, Sri Lanka, Nepal, India, Pakistan, Bangladesh, Myanmar, Maldives, Iran, Afghanistan and Tajikistan.



IMPROVING ACCESS TO LIVELIHOOD IN GADCHIROLI

"172 families in 12 villages of Kasansur have received support as part of the livelihood project"

"In two months, 65 kgs of crops produced, 41 kgs sold and the rest saved for consumption... I bought a school bag and clothes for my son. Can you double the seeds this time?" An ecstatic Suresh rattles off statistics to the ICRC and the Maharashtra branch of the Indian Red Cross Society (IRCS) joint assessment team at a village meeting in Asavandi, Gadchiroli district in Maharashtra. The last time he came, he had lost 50% of his crop due to poor seed quality and wanted a way out.

"Sporadic violence in this densely forested region", he says, "discourages outsiders to set-up work here and neither can anyone venture out of the village for work." Collecting tendu (ebony) leaves and cutting bamboo was the only livelihood option left.

In September 2010, the International Committee of the Red Cross (ICRC) and the Maharashtra branch of the IRCS, launched the 'Livelihood Project', among 31 communities in the Kasansur, Gadchiroli district aimed at addressing this very issue. The project intends to improve access to livelihood and nutrition by providing high quality seeds and other assistance for food and economic security. The ICRC provides technical and financial support to the project pioneered by the Maharashtra branch of the IRCS. Between 1st January 2012 to 31st May 2012, 172 families across 12 villages of Kasansur had received support as part of the project. Brinjal, chilli, tomato, ladyfinger and coriander seeds were distributed. Today these families consume 30% of their produce, sell off the rest and earn an average profit of about Rs 1000 per month. They are even able to preserve seeds for the next year.

FIRST AID: A SKILL WE CAN ALL LEARN TO SAVE LIVES

“Even if you are not a doctor, you still can save lives without access to medical resources. All you need is basic First aid skills and presence of mind,” says ICRC’s Geneva-based First Aid Master Trainer Dr Eric Bernes. He was in Chhattisgarh in December 2011 to impart First aid training as part of ICRC’s efforts to improve the region’s emergency response capabilities. The training has produced a pool of 20 First aid trainers in and around the Bastar region. These trainers will further impart training to the communities with an aim to equip as many with basic life-saving techniques.

One of the First aiders-cum-trainers is Srinivas, a police pharmacist. His medical room is the only one in a 40 km-radius in the interiors of Bastar region. Late one night, barely two months after the First aid training, Srinivas received a constable with a gun-shot wound. With no senior medical officer around, Srinivas had to take the lead in treating the injured Sunil. Without wasting time, he elevated Sunil’s leg, simultaneously checking him for nausea. However, there were no splints to immobilize the wounded leg. Undeterred by the lack of resources, Srinivas grabbed a cardboard box that had contained cotton wool, plus a towel to secure the joint above and below the knee. On the way to the local hospital, the nursing assistant wrapped the towel around Sunil’s leg to prevent further bleeding.

Today, Sunil is back at work, and has come to meet Srinivas. “Until three months ago, this sort of improvisation wouldn’t have even crossed my mind,” Srinivas smiles as he watches Sunil walking around, realising the difference his early intervention made. “Basics like immediately bandaging the wounded area with cloth can make all the difference between life and death,” he adds.

Srinivas had attended the eight-day long workshop along with other participants from amidst the state health authorities,

volunteers from the Chhattisgarh branch of the Indian Red Cross, security forces, local community, etc. During the highly interactive sessions, Dr Eric Bernes focused on improving early response to bleeding, fractures, burns and specific injuries in remote areas where there is no immediate access to specialist surgical care. The workshop also covered the transportation and management of mass casualties. Even though Srinivas had already been on a First aid course, he feels the workshop gave him the necessary skills to adapt, improvise



Dr Eric Bernes, ICRC First Aid Master Trainer conducting a training session on techniques of First aid for the Chhattisgarh medical personnel and Red Cross volunteers

ICRC PUBLICATIONS



HEALTH CARE IN DANGER

This publication draws attention to one of the most crucial yet overlooked humanitarian issues of today: violence against health care. Attacking health-care structures and personnel, and ambulances – as well as deliberately obstructing the efforts of the wounded to find help – are common features of conflicts throughout the world.



A STORY OF AN IDEA – A COMIC BY MOEBIUS

The story of an idea, is an exciting publication which brings to life the story of the birth of the Red Cross, Red Crescent Movement and its history to date. This comic strip was created by the world renowned artist Jean Giraud, alias Moebius.

and apply locally available resources even in remote, rural areas in the absence of specialised medical resources.

Since then, the ICRC has conducted four similar First aid training sessions in numerous parts of Chhattisgarh upon invitation from various quarters. Drawing from its unique emergency experience of 150 years, the ICRC works with National Red Cross societies across the world to establish and build their capacities in First aid and emergency transport and treatment to casualties - from the point of injury to appropriate medical facilities. Efforts are made to ensure that casualties have access to the care they need and that inaccessibility and lack of surgical resources no longer come in the way of saving lives.

PROTECTION OF DETAINEES

Jammu and Kashmir

Since 1995, the ICRC delegation, following the signing of a Memorandum of Understanding with the Government of India, has been regularly visiting persons detained in relation to the situation in Jammu and Kashmir.

From January 2011 until the end of May 2012, ICRC delegates personally visited 775 detainees in 19 places of detention across Jammu and Kashmir as well as in other states of India.

Maldives

Following the resignation of the former President of Maldives in February 2012 and subsequent unrest, the ICRC could visit 106 persons arrested in relation to these events in different detention places and under house arrest.

Bhutan

Since January 2010, the ICRC suspended its visits to detainees in Bhutan as discussions between the Royal Government of Bhutan and the ICRC were ongoing on the extent of ICRC's access to persons deprived of liberty in Bhutan. However, the ICRC continued to

| INDIA | |
|-------------------|-----|
| Detention Visits | 31 |
| Detainees visited | 775 |
| Places | 19 |
| RCMs collected | 40 |
| RCMs distributed | 43 |

| MALDIVES | |
|-------------------|-----|
| Detention Visits | 8 |
| Detainees visited | 106 |
| Places | 7 |

support families from Nepal visiting their detained relatives in Bhutan.

ICRC visited 5.41 lakh detainees worldwide in 2011

In 2011, the ICRC visited over half-a-million detainees worldwide, 28,949 of whom were monitored individually in 1,869 places of detention. The aim of such visits, which are based on confidential dialogue with the detainees and the detaining authorities, is to ensure humane treatment for detainees and to preserve their dignity and their physical and psychological integrity.



Christoph Von Toggenburg/ICRC

RESTORING FAMILY LINKS THROUGH FAMILY NEWS SERVICE

The ICRC works with the National Red Cross/Red Crescent societies of the region to strengthen their capacity to help people re-establish contact with their close relatives. The approach draws strength from the existing global Red Cross network that operates through the tracing service of each National Society and according to the common rules and principles.

The ICRC distributed 43 Red Cross Messages (RCM) in India between January 2011 and the end of May 2012.

Worldwide statistics

ICRC collected 148,347 and distributed 127,109 RCMs thus enabling members of families separated as a result of armed conflict, unrest, disturbances or tensions to exchange news. In addition, 219,925 phone calls were facilitated between family members. The ICRC also made 8,593 phone calls to families to inform them of the whereabouts of a detained relative visited by its delegate.



Tahniyat Siddiqui/ICRC

TRAVEL DOCUMENTS

The ICRC provides temporary travel documents to persons without valid documents who have received permission to travel to a third country. The documents enable such persons to travel to their country of destination for the purpose of resettlement. The ICRC works in close cooperation with diplomatic missions in New Delhi and the UNHCR to assist such persons.

Between January 2011 to May 2012, the ICRC issued travel documents enabling 670 persons to travel to third countries.



Rs. 77.2 CRORE WORTH HOUSEHOLD GOODS PURCHASED FROM INDIAN MARKET IN 2010 – 2011

In 2010 and 2011, the ICRC purchased Rs. 77.2 crores worth of household goods from the Indian market. In just three years the New Delhi Corporate Purchase department of the ICRC has increased its purchasing capacity and is likely to expand even further in the coming years. In 2010, large volumes of relief material were exported from India to the flood victims in Pakistan. The main products that the ICRC is presently procuring from India are essential household items (such as blankets, kitchen sets, plastic buckets, mosquito nets, sleeping mats), water pumps, medicines

and specialized food for malnourished children. The ICRC's main objective, like in any other country, is to first identify socially compliant enterprises/manufacturers who strictly adhere to the ICRC's ethical standards principles and comply with the Indian factory act regarding child labour or forced labour, minimum wages, good working conditions for employees, security and hygiene of premises, environmental concerns, etc. The ICRC does not work with companies that are involved in the manufacturing of arms and ammunitions.



PROMOTING COMPLIANCE WITH INTERNATIONAL HUMANITARIAN LAW

Promoting compliance with International Humanitarian Law (IHL) is a key prevention activity of the ICRC. Reminding parties to a conflict of their obligation to protect civilians is a fundamental part of the ICRC's work. The organization also endeavours to spread the knowledge of IHL and a relatively small but essential part of International Human Rights Law, namely certain fundamental rules protecting people in situations of violence. The ICRC does this by organizing dissemination sessions and workshops and sponsoring courses for various audiences, including the military, police, prison staff, students and professors.

In India, the ICRC delegates and consultants regularly go to armed force and police units

to sensitize them on the mandate and activities of the ICRC, and to promote the inclusion of IHL in their training.

Since 2005, the ICRC has established a relationship with the Centre for United Nations Peacekeeping housed in the United Services Institute. Each month around fifty members of the Indian Armed Forces attending the UN Observers' Course are given a lecture on the ICRC and its mandate and are sensitized about the laws applicable to peace support missions.

Presently India has around 7,000 to 8,000 United Nations Peacekeeping troops deployed in conflict situations where they are likely to encounter the ICRC. Therefore, it is important that they understand the mandate of the ICRC and the activities that the ICRC is likely to carry out in their area of operations. The UN troops have a commitment to protect civilians consistent with the obligation to respect and ensure respect for IHL congruent with the UN Secretary General's Bulletin of 1999.

*So far in 2012,
over 3000 troops
have been exposed
to the mandate
and activities
of the ICRC*

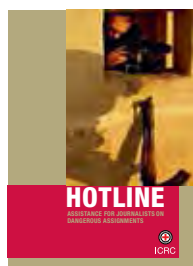


The Indian Army's UN contingent at an IHL dissemination session before proceeding for a peacekeeping mission in South Sudan

Colombia: journalist Roméo Langlois released

The release of 1,475 people (750 civilians) held by different armed groups in Colombia was facilitated by the ICRC at different times since 1994.

When journalists' safety is at stake, the ICRC hotline can help



Apart from an injury to one of his forearms, Mr Langlois, a journalist by profession is in good health," said Jordi Raich, head of the ICRC delegation in Colombia. "We are delighted in the success of this operation. In our capacity as a neutral intermediary, we reiterate the ICRC's willingness to continue facilitating the release of other people being held by armed groups."



Mr Langlois had been held by the The Revolutionary Armed Forces of Colombia (FARC-EP) since 28 April, while covering a counter-drug operation being conducted by the Colombian army. He got caught in the middle of clashes between the parties to the conflict. The armed group asked the ICRC to participate in the handover operation as a neutral intermediary. Under international humanitarian law covering non-international armed conflicts, Mr Langlois – like all journalists on dangerous assignments – is entitled to the same protection as that granted to civilians.

Media outlets can get in touch with the ICRC if their journalists are captured, go missing or are wounded in a conflict situation. They can get in touch with the nearest ICRC office, call the 24-hour hotline on +41 79 2173285 or send an e-mail to press@icrc.org for help and advice. The ICRC reminds all parties to armed conflict that they have a duty to respect the lives and well-being of civilians

and other groups protected by international humanitarian law, including journalists on dangerous assignments who are not participating directly in the hostilities. The ICRC also urges journalists to take every precaution, when carrying out their reporting activities during armed conflicts, to ensure that the parties can distinguish between combatants and civilians. This operation brings to 1,475 the number of people held by different armed groups in Colombia whose release has been facilitated by the ICRC at different times since 1994. More than 750 of them have been civilians.

Syria: thousands of displaced in al-Holeh need urgent help

The tragic events in al-Holeh plain have left dozens of people dead or wounded and have prompted thousands to flee the area. The ICRC and the Syrian Arab Red Crescent have been on the spot responding to needs. Al-Holeh plain is an area inside Homs governorate in which several villages are clustered together. One of the villages is Taldaw, where many civilians were killed on the night of 25-26 May. Fearing for their lives, thousands fled the village while the fighting raged and took refuge in Burj al-Qa'i, a village some five kilometres east of Taldaw, and in other nearby villages. "People left everything behind as they ran for their lives," said Marianne Gasser, the head of the ICRC delegation in Syria. "Most of the displaced are women and children."

Burj al-Qa'i is a village in al-Holeh plain with barely 1,000 residents. Overnight, it found itself hosting 5,000 people who had fled Taldaw in search of safety. "Those who took refuge in Burj al-Qa'i ended up in schools and other public buildings, others with host families," said Ms Gasser. "There was not enough food, water and medicine for everyone, which put a great deal of pressure on the small village."

Both the ICRC and the Syrian Arab Red Crescent went to al-Holeh plain this week. They provided food, water, mattresses, baby milk, medicines and other items for the displaced in Burj al-Qa'i. In addition, they installed and filled water tanks in schools and other places where displaced people are taking shelter. Some of the people stayed behind because they were injured. A team of Syrian Arab Red Crescent volunteers and six doctors headed to Taldaw immediately after the events, treated dozens of people on the spot and transferred several to a hospital in Homs city.

"What happened in al-Holeh is tragic. The ICRC is shocked by the high number of casualties," said Ms Gasser. "When fighting erupts, parties must distinguish at all times between civilians and those directly participating in the hostilities. Civilians must be spared as far as possible from the effects of the fighting." Both the ICRC and the Syrian Arab Red Crescent are closely monitoring the situation elsewhere in order to respond to needs as they arise.



Beneficiaries of Syrian Arab Red Crescent Society aid

ANNOUNCEMENTS

Attention!
Print Media
Journalists

5th BEST ARTICLE COMPETITION 2012

An award is waiting for you!

Has your article on a humanitarian issue been published? Then this competition is for you

1st Prize-Rs 50,000

2nd Prize-Rs 30,000

3rd Prize-Rs 20,000

Rules for sending in entries

Entries should be sent before 15th August 2012 and the results will be announced in late October 2012. The article should have been published in an Indian national or regional newspaper or magazine between April 2011 and April 2012 in any Indian language or in English. The participating candidate will have to produce the proof of his or her article published in the respective newspaper or magazine. The exact English translation of an article in Indian language should be provided otherwise the entry will be rejected. The decision of the Jury will be final. Relatives of members of the Jury are not allowed to participate. Only one entry per journalist is permitted.

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QUIZ AND WIN

Here are three questions regarding the Red Cross and Red Crescent movement.

First five winners will win exclusive prizes of ICRC pen, pen-drive, mug, keychain, reading material and stationary. Remember first-come, first-served. Entries need to reach us before 15 August 2012. You can either post us your answers at 47 Sunder Nagar, New Delhi -110003 or send directly by email to newdelhi@icrc.org with the title "Quiz and Win."

QUESTION 1: THE COLOUR OF THE RED CROSS EMBLEM IS

- ☐ Blood Red
- ☐ Crimson Red
- ☐ Maroon Red
- ☐ Red

QUESTION 2: DOCTORS CAN USE THE RED CROSS EMBLEM

- ☐ True
- ☐ False

QUESTION 3: HEADQUARTERS OF THE ICRC ARE IN

- ☐ India
- ☐ New York
- ☐ The Hague
- ☐ Geneva

International News continued...

The ICRC is calling upon the parties to ensure that civilians are allowed to move to safer areas should they fear for their safety, and that the injured have access to any medical care they may need without delay. It is also calling on all parties involved in the violence to continue to facilitate its safe and unimpeded access to affected areas.

Food, Medicines and other essentials

Over the past month, in order to help people affected by the unrest to cope with daily needs, the ICRC, in cooperation with the Syrian Arab Red Crescent, has supplied food and other essential items to more than 50,000 needy people and helped more than 15,000 people supplying drinking water and sanitation. Over the past month, the ICRC donated four fully equipped mobile health units containing supplies for first aid, triage, patient stabilization, minor surgery, etc. to Syrian Arab Red Crescent branches in Homs, Hama, Idlib and Rural Damascus.

6.8 million people around the world benefited ICRC Health Care service

During the year 2011 an estimated 6,854,000 people (33 percent women, 54 percent children) benefited from ICRC supported health care facilities around the world.

ICRC distributed food to some 4.9 million people in 2011

Worldwide, the ICRC distributed food to some 4.9 million people in 2011, mainly IDPs and residents, and essential household and hygiene items to 3.1 million people, while 3.8 million people benefited from sustainable food production programmes or micro-economic initiatives, including grants and support to access micro-credit loans. ICRC water, sanitation and construction activities benefited some 21.9 million people.

DOCUMENTATION CENTRE, ICRC NEW DELHI

- Our documentation centre with materials on the Red Cross and Red Crescent movement and International Humanitarian Law is available for consultation.
- The centre is open Monday to Friday during office hours (08:30-17:00 hrs.)

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