



# NEWSLETTER

ICRC - August 2013

## ICRC IN SOUTH SUDAN

### EDITORIAL

During the first half of 2013, the International Committee of the Red Cross' (ICRC) activities in South Sudan have been further consolidated and ICRC extended its presence in the country by opening two sub-delegations in Bentiu and Bor. Currently, the ICRC has offices in Juba, Malakal, Wau, Bentiu and Bor with over 400 staff.

During the past months, the ICRC has increased its efforts to assist people suffering the effects of violence by supporting communities with aid, such as, for instance, food, seeds, fishing kits, household items, and providing surgical care for the wounded. The humanitarian situation in some areas of the country is a cause of concern to the

The ICRC has provided emergency aid, such as food, fishing kits and household items to 10.500 households, helped communities rebuild their livelihoods by enabling over 7.950 households to improve their harvests with seeds and agricultural tools, and vaccinated the livestock of 1.199 households. In addition, the ICRC has provided health care to wounded persons through its mobile surgical teams. Patients have also been treated at the Malakal Teaching Hospital, supported by the ICRC. 104.700 residents and IDPs gained access to safe drinking water after construction and rehabilitation of water systems by ICRC, including in support of local water boards.

ICRC and we are particularly worried about the situation in Jonglei state, where continuing violence has forced thousands of civilians to flee their homes.

In June, only two years after the independence of South Sudan, the South Sudan Red Cross (SSRC) was recognised by the ICRC as a National Society in accordance with the Statutes of the International Red Cross and Red Crescent Movement. The SSRC is the 189th National Society worldwide.

Present since 1986 in South Sudan, the ICRC will continue its activities in close cooperation with the SSRC to support the efforts of the South Sudanese people for a better future.

In cooperation with the Ministry of the Interior, ICRC delegates have visited more than 1.800 detainees in the state prisons of Juba, Malakal, Bentiu, Bor and Yambio to assess conditions of detention and treatment of detainees.

The ICRC has continued its activities for the promotion of International Humanitarian Law (IHL). More than, 1.100 SPLA officers based at the training centres and colleges of Lakes State and Eastern Equatoria State attended three-day day trainings in IHL organised by the ICRC. Additionally, over 1.200 SPLA soldiers attended sessions on

Below you will find some examples of the different activities of the ICRC in 2013.

*Melker Mabeck*

Head of Delegation South Sudan



basic IHL held by the ICRC, in Bahr El Ghazal States, Upper Nile State, Unity State and Eastern Equatoria State.

In 2013, the ICRC and the South Sudan Red Cross have also worked together to set up and train 26 emergency action teams comprising volunteers capable of providing first aid for the wounded or sick in emergencies.



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# SOUTH SUDAN RED CROSS BECOMES 189<sup>TH</sup> NATIONAL SOCIETY



SSRC volunteers forming the Emergency Action Teams (EATs) during a simulation exercise in Juba, July 2013.

**Two years after the independence of South Sudan the South Sudan Red Cross (SSRC) has succeeded in being recognised as a National Society according to the Statutes of the International Red Cross and Red Crescent Movement. On June 18<sup>th</sup>, 2013, the Assembly of the International Committee of the Red Cross (ICRC) recognised the SSRC as the 189th National Society worldwide.**

The International Red Cross and Red Crescent Movement is the largest humanitarian network in the world. Its mission is to alleviate human suffering, protect life and health, and uphold human dignity especially during armed conflicts and other emergencies. It is not a single organization but composed of the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies and, as of now, the 189 individual National Societies. Each has its own legal identity and role, but all three components are united by the seven Fundamental Principles: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

On account of this as well as on the basis of the South Sudan Red Cross Act which was adopted last year, the SSRC acts as auxiliary to the national authorities in the humanitarian field, both in peace and wartime. As auxiliary the SSRC remains independent but supports the state health services with regard to emergency and first aid activities.

## **Training of 26 SSRC Emergency Action Teams**

The capacities of the SSRC with regard to emergency first aid are currently strengthened through a joint cooperation with the Norwegian Red Cross and the ICRC. This project was launched in December 2011 after a joint assessment in all ten state branches of the SSRC. The ultimate objective of the Integrated Project is to provide the SSRC both with a standardised curriculum for emergency first aid and with a sufficient number of Emergency Action Teams (EATs) throughout the country.

The first goal has already been achieved: in April of this year the SSRC has adopted a standardised curriculum, which is available in both English and Arabic. The training of

the EATs is well under way. So far, 26 teams have been trained across South Sudan. Regions prone to armed violence, such as for instance Jonglei state, have several EATs whereas others less. Each EAT is made up of at least 20 volunteers specialised in first aid, re-establishing family links, tracing, communication and emergency relief so as to cover the full scope of needs arising in a situation of emergency. The EATs are to provide first aid and manage casualty situations from the point of injury to the point of first medical care.

Cooperation between the ICRC and the South Sudan Red Cross has been strengthened by a partnership framework agreement signed on 14 June, 2013. The agreement lays the long-term foundation for joint programmes such as the on-going training of EATs for instance. According to Wangari Kiluva, ICRC Cooperation Coordinator: "The SSRC EAT volunteers are very important based on the fact that they are situated in the community and they are immediately present in case of emergency in order to help people in need. This is crucial especially in South Sudan, where access is not easy in most locations, making response from Juba difficult."





Member of the mobile surgical team treating a patient at Bor Hospital, July 2013.



## INTERVIEW WITH AMILCAR CONTRERAS – MEMBER OF THE FLYING SURGICAL TEAM

**Following the armed confrontations in the country, especially in Jonglei State, the ICRC provided emergency surgical care to those wounded during armed violence with the help of its rapid-response surgical team. Since January, these teams have been deployed to Walgak twice, Pibor, Bor and Nasir (Upper Nile State) to operate on urgent cases. Amilcar Contreras headed such an emergency surgical team in Pibor and Bor.**

### **How big is an emergency surgical team and how are the tasks amongst the team distributed?**

A mobile surgical team is made out of four polyvalent health professionals: a ward nurse, an OT nurse, an anaesthesiologist and a surgeon.

Regarding the four health professionals, in addition to their professional skills, they should be capable to work in a difficult and isolated environment. This means, they should be capable of working without any assistant. They should be polyvalent: in addition to their technical job they must be ready for other activities such as representing the ICRC, negotiating access with the authorities, helping with the logistics of the working place, cleaning, etc. Members of a mobile surgical team do not have fixed working hours, they work long days, very often under challenging physical and psychological conditions.

### **How fast can such a team be deployed? Who is in charge of the coordination?**

In countries where the ICRC already operates a rapid deployment will be easier and faster to organise. The possible factors hindering such a deployment are more of an administrative nature, like organising an entry visa for all the team members, for instance. Theoretically, a mobile surgical team can be deployed within 24 hours.

The coordination of the team lies ultimately on the shoulders of the surgeon, but a good and swift communication of the four team members with other ICRC staff in the country is also very important. All strive toward one common objective: helping the victims in the best possible way.

### **Are there specific conditions to be considered in South Sudan in particular?**

One of the big challenges in South Sudan is the heavy rainy season. This year our emergency surgical team has been deployed two times in Walgak and also in Pibor, Bor and Nasir (Upper Nile State), this means before the rainy season which usually begins in June in South Sudan. From June to October accessing the often isolated areas becomes a real challenge. The non-existing roads render a rapid intervention very difficult. However, this does not mean that the ICRC emergency surgical teams stop working.

Despite the logistics constraints we will do everything in our power to reach those in need of care. Patients who cannot be treated

on the spot, will be transferred to the Malakal Teaching Hospital whenever possible.

### **Do you also work with other National Societies of the RC/RC Movement?**

Of course, other National Societies can contribute health staff to mobile surgical teams. As mentioned above from a practical point of view, it will be easier for the mobile team to work in a country where there is already an ICRC presence and where the Movement is already well known to the authorities. In fact, this year in South Sudan the Canadian Red Cross participated with one mobile surgery team in an intervention in Bor and Nassir.

### **You have been working for over ten years as surgeon for the ICRC in different contexts. What do you retain in particular from your stay in South Sudan?**

I started working for the ICRC in 2001 in Lokichoggio, Kenya. During that time a team of surgeons was treating war wounded from Sudan in Lokichoggio. This year my team came to South Sudan and we worked mainly in Jonglei state. Since ICRC has been working for a long time in the region, our work is known and people understand that we take care of all patients without discrimination based on their ethnical or tribal belonging. I wish the new state of South Sudan and its people all the best and hope that on the next occasion I will visit the country it will be as a tourist and not for my work.



Mother and child in the paediatric clinic of Malakal Teaching Hospital, July 2013

## ICRC'S MEDICAL ACTIVITIES IN SOUTH SUDAN

The health activities of the International Committee of the Red Cross (ICRC) in South Sudan are primarily geared towards enhancing the response to the needs of weapon-wounded patients. This response translates into the provision of emergency surgery, improved stabilization capacities, the support to physical rehabilitation structures and the promotion of the right to access healthcare services. In this respect, the ICRC supports the treatment of weapon-wounded, surgical patients and paediatric patients at the Malakal Teaching Hospital. The ICRC is also maintaining a capacity for mobile surgical teams (MST), which can be deployed within 24 hours in remote areas of the country (see interview with head of MST Amilcar Contreras on next page) such as, for instance, in Jonglei state.

As of July of this year, following an upsurge in inter-communal violence in the region, the ICRC deployed two mobile surgical teams in Jonglei state: one in Bor Hospital and a second one in Dorein, south of Pibor town, in addition to the surgical team based in Malakal Teaching Hospital. So far (end July), the ICRC has treated over 260 wounded patients and in need of emergency surgery, throughout the country. Since the beginning of the year, the ICRC surgical teams have been sent to Nasir, in Upper Nile state, and to Pibor, Bor and twice to Walgak, in Jonglei state.

The challenges for an appropriate access to health services are enormous. The new state of South Sudan is one of the poorest countries

worldwide, more than half of its population live below the poverty line. Maternal and child mortality rates are very high. Existing health facilities are poor. Based on an ICRC analysis of information gathered from different sources, 75% of the existing / visited facilities need repairs and over a third (35%) total reconstruction. Only 16% of the facilities have any reliable source of power.

The ICRC is also supporting the Physical Rehabilitation Reference Centre (PRRC) in Juba and its satellites, in Rumbek and Wau. The exact number of amputees and physical disabled in South Sudan is unknown. The estimated numbers talk about over 50,000 disabled countrywide, 34,000 in relation with the pre-independence conflict. Since the beginning of 2013, the PRRC in Juba has given services to over 500 disabled patients, among them 355 amputees. The services included the production of prostheses and orthoses and the distribution of wheelchairs and crutches. Patients also receive physiotherapy services.

The Malakal Teaching Hospital, presently supported by ICRC since June 2011; is run by the Ministry of Health. It is one of the three referral hospitals in South Sudan and covers a vast area of approximately 3 million inhabitants in the states of Unity, Jonglei and Upper Nile. The ICRC medical team provides trauma and emergency surgical care along with paediatric and physiotherapy services. It also delivers on-the-job training for hospital staff. Over 320 surgical emergencies have been handled at the hospital during the past four months. The ICRC has also been providing the hospital with consumables and other supplies. According to Cleto Chashi, ICRC health coordinator: "We do our utmost to make sure all people affected by violence have access to care. Medical personnel do not take sides, they treat all those in need of medical attention, giving priority to patients on the basis of need, without discrimination. They should be allowed to do their job and shall not be punished or attacked in the delivery of their medical mission."

Andrea Osterwaelder, ICRC paediatrician, treating a patient at the paediatric clinic of Malakal Teaching Hospital, July 2013.







12-years old Yousif meets his grandmother again after several years of separation, at the ICRC delegation in Khartoum, Sudan.

## FIRST ICRC FAMILY REUNIFICATION OF UNACCOMPANIED CHILD WITH HIS FAMILY IN SUDAN

On July 18<sup>th</sup> 2013, Yousif, 12-years-old, was reunited with his family in Khartoum, Sudan after several years of separation. Following the conflict in South Kordofan, the small boy was separated from his family and fled to the refugee camp of Yida, South Sudan. The ICRC met him for the first time in Bentiu and managed to locate his family in Khartoum with the support of the Sudanese Red Crescent Society in Khartoum.

After his family had successfully been located, the ICRC delegation in Juba, in close cooperation with the delegation in Khartoum, arranged for a video conference call with Yousif and his relatives. This first encounter was very moving. The mother said: "I am happy to hear his voice and see his face after such long time of separation". Under the auspices of the ICRC the small boy was flown to Khartoum on July 18<sup>th</sup> where he met his family. Jacqueline Siandare Boi, tracing field officer in Juba, was present during this encounter. To her: "It was a very emotional moment especially seeing the happiness in the eyes of the grandmother."

Together with the South Sudan Red Cross, the ICRC South Sudan delegation aims to restore contact between family members separated by armed conflict through the delivery of Red Cross Messages (containing family news only). Whenever possible, such

as in the case of Yousif, children are reunited with their families. Since the beginning of this year, the ICRC delegation in Juba supported the reunification of 10 persons in South Sudan and 15 from South Sudan to the neighbouring countries, among them was Yousif.



12-years old Yousif reunites with his family at the ICRC delegation in Khartoum after spending several years without them in South Sudan.



Opening speech of the Somali Ambassador to South Sudan in the name of the African community based in Juba, at the inauguration of the ICRC 150th anniversary photo exhibition on July 22nd, in Juba.

## 150<sup>TH</sup> ANNIVERSARY CELEBRATION OF THE ICRC

On the occasion of its 150<sup>th</sup> anniversary, the delegation of the International Committee of the Red Cross (ICRC) in South Sudan organised a photo exhibition on 150 years of humanitarian action at the Regency Hotel, in Juba.

The Deputy Minister of Foreign Affairs and International Cooperation was the Guest of Honour of the event. In her opening speech, she explained: "This 150th anniversary of the ICRC reminds us of its commitment to serve humanity in war prone areas. South Sudan is grateful for its remarkable services." Furthermore, acknowledging the role of the new South Sudan Red Cross, she indicated: "The government, together with the ICRC, will continue to engage in a constructive collaboration to strengthen the capacities of the new South Sudan Red Cross Society."

Amongst the further guests were the Ambassadors from the diplomatic missions in Juba and representatives from different international and national institutions.

The Head of Delegation Melker Mabeck stressed the fact that the ICRC has been present in the region since 1986 and would continue to be at the side of South Sudan for the upcoming years. "The ICRC has been for a long time at the side of the South Sudanese people. Today, we are present in South Sudan with our main delegation in Juba and four sub-delegations in Malakal, Wau, Bentiu and Bor. In this difficult transition phase, in which South Sudan finds itself today, the ICRC, together with the South Sudan Red Cross will remain at the side of the South Sudanese people."

### TO FIND OUT MORE:

Visit our website at [www.icrc.org](http://www.icrc.org) or contact:

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### MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



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