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HUMANITAIRE



*Health care
in danger*



ICRC

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Dear readers,

This third edition of *Mag Humanitaire* offers you a panoramic view of humanitarian issues in different parts of the continent. From West Africa to the Horn of Africa through the Sahel, a variety of topics have been addressed.

The ambitions of this Magazine, which is also yours, were outlined in the previous editions: to provide a more global perspective on humanitarian issues and challenges facing the ICRC and its partners in the International Red Cross and Red Crescent Movement.

The main story in your *Mag Humanitaire* reminds us of the various dangers now affecting health care delivery in situations of armed conflict and how these infringe on the right to life. This is the gruesome reality of women, children and men dying as a result of deliberate attacks or violence against health-care staff and facilities.

The International Red Cross and Red Crescent Movement (IRCRCM) is sounding the alarm by launching a global campaign, whose slogan clearly reflects a determination to advocate for the protection of health care: "Violence against health care must end. It is a matter of life and death."

Launched on 10 August 2011 in Geneva, this campaign will be at the heart of discussions with States during the 31st IRCRCM International Conference next December. It will culminate in an inter-governmental conference scheduled for 2014 which will review and adopt proposals designed to ensure greater respect for the medical mission.

The ICRC regional delegation in Dakar will also play its part in this campaign. It will host a conference, in May 2012, to focus the attention of national and international actors and observers on this issue. This event will be a prelude to a meeting of non-governmental experts, scheduled to be held in Dakar in 2013, after meetings in Islamabad and Brasilia.

The Senegalese capital offers a regional platform for observation and humanitarian action, and this conference is testimony to the ICRC's determination to place this theme at the top of its priorities.

This is a major public campaign at the global level, to reaffirm one of the fundamentals of humanitarian action.

Enjoy your reading!



Christophe Martin
Head of regional delegation in Dakar

www.icrc.org

Cover photo: During the first days of fighting, an ambulance transports the remains of a fighter from the hospital of Ras Lanuf to Benghazi.

ICRC/LIOHN, André

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The opinions expressed are those of the authors and do not necessarily reflect the opinion of the International Committee of the Red Cross (ICRC).

Somalia : a journey of solidarity

Devastated by twenty years of armed conflict, Somalia is currently hit by a serious drought. The southern and central regions are among the most affected. Despite logistical difficulties, the ICRC has transported and distributed over 3,000 tonnes of food aid.

But how did we get here? For Yves Van Loo, ICRC spokesman in Somalia, the drought is caused by a variety of factors which calls for an immediate response. But there are also the structural causes which run deeper and call for a long-term response. As a result of a twenty year crisis, the agriculture went from big farms that could resist to natural disasters to small and vulnerable individual gardens.

The crisis that this country is experiencing is all the more aggravated by the high cost of food products and fuel or the weakness of the currency. Recurrent droughts and the loss of cattle result in the displacement of thousands of people. Today, millions of Somalis depend on humanitarian aid.

Armed conflict, access difficulties and logistical issues

Somalia is facing a widespread humanitarian crisis, in an environment of frequent clashes between government forces supported by African Union troops, and armed groups are a major obstacle in reaching victims. A neutral dialogue with all parties, enable the ICRC to be deployed in all parts of the country thus having an access to assist the most vulnerable with food and medicine.

The ICRC focused its efforts in areas experiencing persistent armed conflicts and where basic services are non-existent. Through its president Jakob Kellenberger, the ICRC reaffirmed its determination not to let down those who were most in need of assistance.

Since the beginning of the year, over 4,000 war-wounded patients have been treated in ICRC-supported medical facilities in Somalia.



Galgadud Province, Cabudwaaq. Food distribution to internally displaced people. Tent sheltering a family. Wild animals are kept at a distance by bushes.

Reaching the most vulnerable

20% of Somalis suffer from acute malnutrition according to Dr. Ahmed Mohamed Hassan, president of the Somali Red Crescent Society, and in southern Somalia, the number of children and mothers suffering from malnutrition is on the rise.

The ICRC supports a network of 39 clinics in regions affected by armed conflict and drought, out of which 27 have therapeutic nutritional centres run by the Somali Red Crescent Society. In remote areas, 12 mobile teams assist patients unable to reach a clinic.

162,000 beneficiaries have been assisted with 3,000 tons of foods in the eight provinces of Southern Somalia (Bay, Bakool, Middle Juba, Lower Juba, Gedo, Middle Shabelle and Lower Shabelle). An appeal has been launched beginning of August in order to reach 1.1 million beneficiaries till the end of 2011.

In collaboration with the Somali Red Crescent Society, radio campaigns were created, promoting the principles of humanitarian law drawing on the "biri ma gedo",

the traditional Somali code of warfare. These campaigns emphasized the need to protect and respect civilians, wounded and captured combatants as well as health-care personnel and facilities.

The ICRC together with the Somali Red Crescent Society, its main operational partner, has been able to reunite families separated as a result of the conflict or natural disasters using the Red Cross message system and announcements on local radio.

A coordination mechanism involving donors, international organisations, NGOs and various actors helped to improve management of the humanitarian response.

The ICRC's activities in Somalia date back to 1977. Though a permanent presence has been maintained since 1982, ICRC's activities have been coordinated from Nairobi since 1994. ■

Amadou Mansour Diouf, ICRC Dakar

Launch of the 'Health care in danger' campaign



Front line of Misrata. A doctor looks for patients to be evacuated.

This is also the case when soldiers force their way into hospitals to look for enemies or shield themselves from attack. Or even worse, when ambulances are targeted or used to carry out attacks.

It is becoming increasingly difficult to deliver impartial health care during conflicts and other situations of violence. As a result of poor security conditions, the wounded and sick do not receive the medical attention to which they are entitled.

It is surprising that despite decades of effort undertaken by the ICRC through the promotion of the basic principles of international humanitarian law and international human rights law, these acts still persist. The problem regrettably remains a topical issue.

This campaign is an invitation not to hit the wrong target and to ensure safe health care delivery.

Don't shoot at the ambulance! It is a matter of life and death

Over 150 years after the battle of Solferino, violence against health-care personnel, facilities, vehicles and beneficiaries in armed conflicts or situations of violence is still a serious humanitarian challenge. And yet, it frequently goes unrecognized. A study the International Committee of the Red Cross (ICRC) conducted in 16 countries between 2008 and 2010 highlights this phenomenon and the urgent need for action.

The International Red Cross and Red Crescent Movement therefore launched this year the 'Health Care in Danger' campaign. Its objective is to draw attention to the impact of illegal and violent acts that obstruct the delivery of health care during armed conflicts or other situations of violence.

Don't mistake the target!

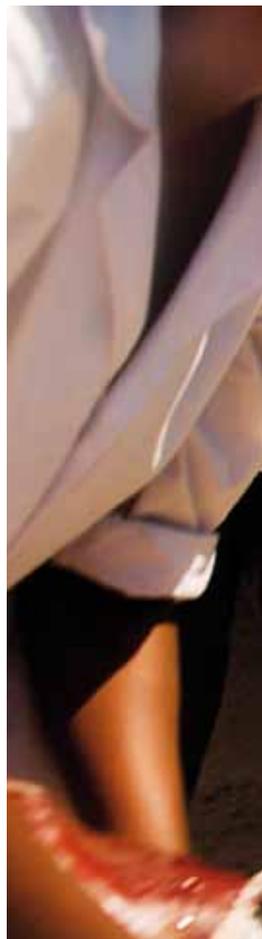
The purpose of this campaign, which will run from 2011 to 2015, is to engage the human conscience. The serious consequences of illegal and sometimes violent acts that deny access to health care will be singled out.

Strengthening protection for the sick and wounded through the adoption of specific measures designed to ensure safe access to effective and impartial health care is an imperative. States party to the Geneva Conventions and other stakeholders will be invited to devise concrete solutions and to commit themselves to their implementation.

Health care is in serious danger when health-care personnel are prevented from reaching their places of work because of violence, or when first-aid workers are held or delayed at check points.

Humanitarian crisis: jogging memories

There is a humanitarian emergency with the need to jog the memories of all actors concerned. Solutions will certainly emerge during expert workshops. National Red Cross Societies, States, members of health-care communities and non-governmental organisations (NGOs) will be called upon to join in the discussion. The 31st International Conference of the Red Cross and Red Crescent to be held at the



What does 'health care' include?



This should be understood in its broadest sense, for the greater benefit of victims of armed conflicts or other situations of violence, and includes:

- hospitals, clinics, first-aid posts and ambulances;
- health-care personnel, whether working in medical facilities, ambulances or as independent practitioners;
- all persons on the premises of a medical facility, including the wounded and sick as well as their relatives;
- Red Cross and Red Crescent staff involved in the delivery of health care, including volunteers;
- health-oriented NGOs;
- military health-care facilities and personnel.

Darfour, Bir Meza. ICRC mobile surgical team, operation.

end of 2011 will be the first important meeting in this process.

And in 2014, all the conclusions and recommendations will be reviewed during an ad-hoc intergovernmental conference. States will be encouraged to

endorse and implement them. Awareness-raising actions will also target the general public but also and especially armed combatants whose endorsement is likewise sought.

Full speed ahead with the 'Health Care in

Danger' campaign! ■

Amadou Mansour Diouf, ICRC Dakar

¹ The report can be consulted on the ICRC website: <http://www.icrc.org/eng/resources/documents/publication/p4072.htm>

Mogadishu, Medina hospital, supported by the ICRC. Doctors receive a new patient, one of the numerous civilians affected by stray bullets.



Libya: humanitarian assistance against all odds

Violent incidents erupted in Libya at the end of February 2011 and the situation deteriorated into a full-blown armed conflict in March. The ICRC immediately dispatched medical teams and surgical equipment to towns in the eastern part of the country affected by the fighting. It sent its first delegates to Benghazi on 26 February. In mid-April, it also opened an office in Tripoli to expand its operations in the western part of the country. From the evacuation of civilians stuck in the town of Misrata to assistance offered to displaced persons, visits to detainees or support for health-care services, ICRC delegates were present on all fronts.



Benghazi, Al Hurria (Liberty) Square. A volunteer from the Libyan Red Crescent tends to a young patient.



Brega. Members of the ICRC give first aid to a soldier injured by a bullet.



Members of the ICRC discussing on the front line with military commanders the organisation of evacuations to a field hospital.



West of Tripoli, Sida Bilal. The Libyan Red Crescent distributes hygiene kits provided by the ICRC to sub-Saharan African migrant workers fleeing war and persecution.

Getty Images/ICRC/DE MOUSTIER, Gratiane

ICRC/El Shalwi, Younes

ICRC / K. Strugg

ICRC/BLOING/INSSO, Jon

Liberia: hundreds of Ivorian children to be reunited with their families

"We were on the way to fetch rice when the situation got tense and we had to run away to the bush," said Isabelle, holding hands with her young twin sisters in one of the villages hosting refugees in Liberia. The three Ivorian sisters fled the conflict in the Ivory Coast with a family friend who picked them up and brought them to Liberia. The ICRC together with the Liberia National Red Cross Society (LNRCS) is helping them to locate their parents in their country and eventually reunite them with their family.

In the counties bordering the Ivory Coast, including Liberia, there are over 400 unaccompanied children and children separated from their families who have been registered by the ICRC and the LNRCS. So far, family contact has been made for over 170 children and preparations are on way for those who have accepted a family reunification.

"The Red Cross Tracing Network is making considerable efforts to reunite as many families as possible," said Karin Hofmann, head of the ICRC in Liberia. *"In doing so, we have facilitated over 5'000 phone calls and collected over 1'200 Red Cross messages to ensure communication between refugees and their loved ones."*



A Red Cross volunteer recording the needs of refugee populations.

Many ways to survive

The Liberian government has estimated that the total number of refugees is around 170'000. Up to the end of August the majority of them prefer to stay in Liberia with their host families, who have generously shared their scarce resources with the refugees.

"These last few months have been very difficult. We hardly had any food, because we even ate the rice seed," says Edward Quarowea, a Liberian rice and banana farmer who received seeds, tools and food from the ICRC. *"I will share all of this with my family and the 29 Ivorians I'm hosting."*

In addition to assistance given by the Red

Cross and international organizations, many refugees try to find income from farming, running motorbike taxis or taking care of water points. Ivorian brothers Marcel and Gervais are working at the Red Cross water distribution unit which provides 15'000 litres of clean water a day. The unit serves both Liberians and refugees. Water from the river is purified and people can fill their buckets from the taps.

The ICRC and the LNRCS continue to assist the host and refugee populations with water and sanitation, distributing seeds, tools and food rations and helping to restore family contacts in all four counties affected: Nimba, Grand Gedeh, River Gee and Maryland. In line with its mandate, the ICRC also visits persons deprived of freedom in connection with the conflict in the Ivory Coast. ■

Noora Kero, ICRC Liberia



Rice, oil and salt distributed to Liberian farmers hosting refugees will help people survive the fallow season. Janzon Town, Grand Gedeh County.

Guinea: assistance to victims of violence

160 volunteers participate in a tabletop exercise at Donka national hospital

The International Committee of the Red Cross (ICRC) has since 2008 been providing support to Donka national hospital at the University teaching hospital (CHU) of Conakry to enhance provision of care to victims of violence. The emergency plan established in 2008 was implemented, with the help of the Guinean Red Cross Society (GRCS), during the September 2009 crisis in the capital. The plan has since been revised and a tabletop exercise was conducted in June 2011 with the participation of 160 GRCS volunteers.



Emergency plan simulation exercise at the national hospital of Donka.

The exercise was conducted in the presence of all actors identified in the emergency plan, including the different heads of surgical services as well as chief nursing officers. Its purpose was to prepare the hospital staff for the management of a large influx of wounded patients that exceeds the hospital's normal response capacities. The simulation involved 160 GRCS volunteers from Red Cross committees in the 5 communes of Conakry. 120 of them played the role of wounded persons and 40 that of stretcher-bearers.

Volunteers simulating the wounded went through the entire health care access process, namely registration at the emergency room, sorting and then transfer to the different services up to the operating room, depending on the severity of the case. The 40 volunteer stretcher-bearers ensured the transfer of patients to the different services, which were sometimes quite far from the

emergency room, as well as stretcher-bearing from in-patient services to the operating room.

The slightly 'wounded' were discharged after receiving first-aid treatment at the emergency room whereas the more serious cases were held back to continue the tabletop exercise. The latter were then sent to the appropriate services for more intensive care or for surgery.

The normal functioning of the hospital was not disrupted by this 5-hour exercise. However, patients who had come to

seek health care were surprised by this influx of people wearing the Red Cross emblem. To them it was a reminder of the casualties this same hospital received in September 2009.

The Director of Donka national hospital, Dr. Fatou Sikhé Camara, expressed gratitude to the ICRC for the assistance provided to the hospital in the management of victims of violence and invited the personnel to implement a thorough emergency plan. The head of the trauma department, Prof. Sékou Kantarala Diakité,

thanked the ICRC and all volunteers of the Guinean Red Cross Society for the organization of the tabletop exercise.

"I am pleased about the partnership between the ICRC and Donka hospital. This emergency plan for the Conakry hospital, which is likely to receive almost all severely wounded people if violence erupts, is of utmost importance," explained Denise Duran, Head of the ICRC delegation in Conakry. ■

Ananie K. Kashironge, ICRC Conakry

Red Cross helps people injured in violent demonstrations

Violent incidents took place in Conakry on 27 September 2011, causing many casualties. The Guinean Red Cross Society (GRCS) and the ICRC, implementing a contingency plan, attended to the injured. In addition, the ICRC visited hundreds of people who had been arrested.

"Guinean Red Cross volunteers administered first aid and transported those with the most serious injuries to referral medical facilities rapidly and without hindrance," said Abdoulaye Diallo, the GRCS executive secretary. *"Altogether, 60 volunteers and seven ambulances were mobilized in various parts of the capital."*

Niger: law enforcement and respect of human dignity

The International Committee of the Red Cross (ICRC) organised, from 15 to 19 August 2011, a training session for twenty instructors of the National Police Academy in Niamey. It was conducted by Mr. Maxym Vladimirovich Gutov, ICRC delegate in charge of matters relating to police and security forces, with the active support of the Commissioner Mahamane Laouali of the National Police Academy of Niger. The objective of the training session was to incorporate aspects of international human rights law and international humanitarian law in teaching modules of the Police Academy.



Police training session on the principles of international humanitarian law.

Themes discussed during this 5-day training session included: international human rights law, law enforcement in democratic States, ethical and lawful conduct of security forces, crime prevention and detection, arrest and detention, maintaining public order, use of force and firearms. Other presentations on the International Red Cross and Red Crescent Movement were also made.

Interesting discussions were held on the presumption of innocence, prohibition of arbitrary detention, torture and cruel and degrading treatments. Discussions also focused on the ethical guidelines for the use of force, in particular the principles of proportionality, necessity and legality. Special attention was given to vulnerable groups such as women, chil-

dren, refugees and internally displaced persons due to situations of violence. Commissioner Laouali explained: *"Most instructors at the Police Academy have never undergone training in international humanitarian law or human rights. In an attempt to adhere to the values encompassing these two branches of law, it has become necessary to raise awareness of it and provide training to our instructors. Trainees should be equipped with adequate knowledge that will enable them, when operational, to carry out their duties in accordance with the law. The national police will therefore be an institution that adheres to the rule of law."*

The opening ceremony was presided over by the Technical Advisor to the Minister of the Interior in the presence of the

Director General of Police and the Head of the ICRC regional delegation in Niger. The Director General of Police reiterated *"the commitment of the Nigerien police to adopt and apply the universal values of human dignity in their day-to-day practice."* He also thanked the ICRC for its numerous actions in the dissemination and promotion of international human rights law and international humanitarian law in Niger in general and for the benefit of law enforcement services in particular. The Head of the ICRC delegation provided assurance on ICRC's continued partnership. ■

Kadidia Abdou Djabarma, ICRC Niamey



Brigitte Kanfoudy



Bacary Diedhiou



Marietou Goudiaby



Boubacar Ba



Landmines: silent victims

The first landmine victims in the Casamance conflict appeared in 1983. According to the Senegalese association of landmine victims (ASVM) established in 1999, 757 landmine victims were identified in 2010. 74% of victims are civilians. Although demining activities are underway, many fields still remain inaccessible due to the presence of these hidden killers. Senegal is party to the 1997 Ottawa Treaty on the prohibition of anti-personnel mines.

These portraits illustrate the daily struggles of some of the victims of a conflict that disrupts, the lives of people living in Casamance. It is the story of an entire generation. In Casamance, people say that landmines are extraordinary weapons: they do not eat and never sleep. ■

All photos : ICRC/JACOME, Felipe M.



Arthur Bona, 25 years



Kinta Mane



Khadiatou Signate, 14 years

Strengthening legal protection for victims of armed conflicts



Signing of the Geneva Convention, 22 August 1864. (painting by Armand-Dumaresq)

Does the law governing non-international armed conflicts (NIACs) sufficiently address humanitarian issues that could arise from this type of conflict? International armed conflicts (IACs) are certainly more regulated than non-international armed conflicts. The vulnerability of the framework applicable to this type of conflict is a consequence of the sovereignist claims of States with regards to their internal affairs. As with the more general issue of the relevance or not of international humanitarian law (IHL) to contemporary armed conflicts, the International Committee of the Red Cross (ICRC) shares this concern.

Non-compliance with IHL norms is more often a result of the lack of willingness on the part of actors in armed conflicts than their non-relevance. Existing IHL rules are still relevant. Special attention must however be paid to issues that may arise. They should be documented and the actions to be undertaken identified where necessary. The ICRC initiative follows this approach.

Your magazine, *Mag Humanitaire*, has taken a keen look at this issue and prepared a concise fact sheet. This ICRC initiative should contribute to greater protection for victims of armed conflicts.

On the wording... Launched as an ICRC project pertaining to the law on non-international armed conflicts (NIAC+), this initiative is now entitled '*Strengthening legal protection for victims of armed conflicts*'.

On the spirit... At present, existing IHL rules remain globally relevant to determine the behaviour of belligerents. The normative framework is appropriate for both international and non-international conflicts. However, armed conflicts are confronted with multiple challenges as they evolve. The nature, actors and conduct of armed conflicts have changed.

On the methodology... Research, desk review and study. Over two years of research (2007-2009) were carried out to complete an inventory of humanitarian issues that are not covered or inadequately covered by existing law. Though the focus was on NIACs, IACs were also researched. Over thirty issues were examined. An internal ICRC study on the current status of international humanitarian law was subsequently conducted.

On the conclusions of the study... The main conclusion of the study was that the normative framework applicable to armed conflicts does not fully address real humanitarian needs at all times. The

From 1864 to the present day, a continuous commitment for the development of IHL.

ICRC identified four areas where the law could be further developed or clarified: 1) detention; 2) implementation of IHL and reparation for victims of violations; 3) natural environment; 4) protection of internally displaced persons.

The study underscores the issue of detention, particularly in NIACs. The ICRC, with its lengthy experience working in prison environments, has pinpointed difficulties that are due to detention conditions in general. In this regard, the lack of legal norms applicable to NIACs compromises efforts to protect life, health and the dignity of persons deprived of their freedom.

And now... The idea is to secure wide support for the conclusions of the study and the ensuing initiatives. Following the publication of these conclusions, the ICRC initiated a series of consultations during which all States were invited to share their viewpoint. Feedback was noted as well as diverging viewpoints on some ICRC proposals. Detention is a sensitive and priority issue for States.

The next International Conference of the Red Cross and Red Crescent, scheduled from 28 November to 1 December 2011, will provide the ICRC with an opportunity for mobilization. The main findings of the study and the outcome of consultations with States will be presented at this conference. A draft resolution will be proposed to strengthen IHL with view to improving its enforcement and providing greater protection for detainees. ■

Mame Ibrahima Tounkara, ICRC Dakar



Espace Jeanie Waddell-Fournier

'Behind the Uniform': train militaries on child protection



Representatives of the Senegalese army, Save the Children and the International Committee of the Red Cross at the conference.

On 22 September, at the ICRC Dakar *Espace Jeanie-Waddell Fournier* for humanitarian action and law, the publication *'Behind the Uniform: training the military in child rights and child protection in Africa'* edited by Save the Children Sweden was launched. The event, co-organised by Save the Children, ICRC and the Office of the Chief of Defence Staff of the Senegalese Armed Forces, was attended by embassies, international organisations, NGOs and several civil and military authorities.

The publication capitalizes on Save the Children Sweden's 12-year experience of training the military in Africa on child rights and protection. It seeks to help familiarize the military with the tools and instruments for child protection, encourage dialogue between civilians and the military and finally to prevent violations of child rights.

Members of the technical panel composed of Gbato Soumahoro, Save the Children Sweden Advisor on child protec-

tion matters in emergencies, Lieutenant-Colonel Pape Moussé Ndiaye, Director of the Military Medical School and Donatien Nkurunziza, ICRC delegate in charge of matters relating to armed forces, presented the lessons learned within their respective institutions. ■

Amadou Mansour Diouf, ICRC Dakar

'Behind the Uniform: training the military in child rights and child protection in Africa'

'Behind the Uniform: training the military in child rights and child protection in Africa', Frances Sheehan and Sophie Joy Mosko (ed.), Save the Children Sweden, 2010, 68 pages

This publication gives voice to the soldiers themselves and describes how, in 19 countries within the continent, the military is educated and trained on child rights and child protection. This is conducted by means of a programme initiated by Save the Children Sweden and the ECOWAS¹ in close collaboration with national armed forces and peace-keeping training schools.

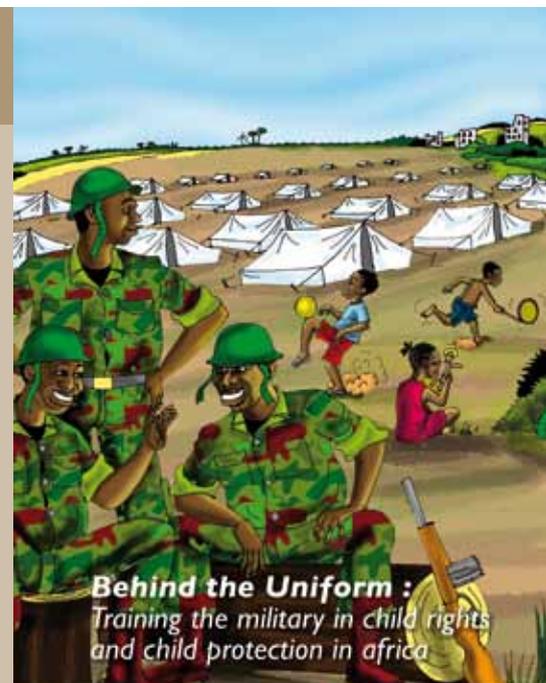
Testimonies of the military illustrate how their perception of and attitude towards children in conflict situations have changed (witnesses of violence, separated from their parents, taken for targets or recruited).

Children are made vulnerable by conflict situations and, often, the first people they come into contact with are the military.

Today, there is a 'child protection unit' responsible for training in the armed forces of 11 countries in West Africa. Child rights and protection are now incorporated in military training programmes in 10 countries. Over 115,000 military personnel in West Africa have received training through this programme since 1998.

More than 150 military instructors in the sub-region, including over forty trainers of trainers, are now equipped to raise the awareness of their troops on this issue.

¹ Economic Community of West African States



Casamance: maintaining healthy livestock in a conflict area

How can economic activities relating to livestock production be sustained and livestock kept healthy in a climate of insecurity and bias against vaccines? The ICRC provides an answer through an innovative programme to support veterinary activities in the Fogny region of Casamance.

Better trained, mobile and efficient veterinary assistants

During the past two years, the ICRC has put in place a programme to train and support veterinary assistants. Clément Kaze, programme manager at the ICRC sub-delegation in Ziguinchor, says he is satisfied with the result.

ICRC support includes training sessions, veterinary equipment, medicines, etc. But the actual revolution occurred with the procurement of motorbikes to facilitate travel by assistants throughout the Fogny region. Five assistants were trained and equipped with motorbikes in the Djinaki, Suelle, Djibidione and Oulampane localities.

At Djibidione, the village leader identifies one of the key success factors: *“the assistants are very mobile”*. Ismaela Mané, a veterinary assistant for whom mobility is a real added value, adds *“we intervene rapidly in the area”*. The ICRC investment means complete autonomy for the veterinary assistants.

They now deal ruthlessly with *“ticks, worms, trypanosomiasis, dermatosis, foot-and-*



mouth disease, as well as anthrax which caused a heavy mortality”, declared Samcidine Coly, a veterinary assistant.

A drastic reduction of animal mortality

At Djibidione, the president of the rural council explains: *“last year I lost 14 animals. This year the mortality rate is close to zero. Veterinary assistants deserve a special mention because they travel to wherever they are called; we are very satisfied with their work.”*

According to Ismaela Mané, a veterinary assistant, *“this programme helps improve*

livestock production in the area. We are delighted with this collaboration with the ICRC”. This is confirmed by Mamadou Diedhiou, president of the association of livestock breeders at Djinaki who says that *“populations can actually see the changes; there is less animal mortality thanks to ICRC support”*.

Previously, the cattle suffered from epidemics because government workers feared for their safety and avoided certain areas. But there were also biases. According to Dr. Landing Badji, a veterinary doctor (see box), *“livestock breeders believed that consumption of meat originating from vaccinated animals caused sterility”*. As the selected veterinary assistants themselves lived in the targeted areas, they played a key role in heightening the awareness of populations.

These assistants are now firmly established and their know-how recognized. They simply hope for brighter days in the localities where they have become real heroes. ■

Amadou Mansour Diouf, ICRC Dakar

Dr Landing Badji, veterinary doctor in a conflict zone

Dr. Landing Badji, a veterinary doctor established in Bignona since 1996, recalls the difficult beginnings of his work: *“In the early stages, our work was risky due to the insecurity and biases against vaccines. There were even some rumours that the consumption of meat originating from vaccinated animals made people sterile! Government workers did not dare go to certain areas controlled by MFDC armed groups. Livestock were contaminated and in poor health. We even went*

to the extent of vaccinating free of charge just to set an example.”

Following the havoc wreaked by the anthrax disease, certain livestock breeders decided to cross the line out of despair. Then there was a rush for vaccinations. *“At the onset, we reached 1,000 heads per year with difficulty, and now we vaccinate up to 40,000 heads,”* he says with satisfaction. Today, he believes that the wager has paid off.

Bissau physical rehabilitation centre: restoring hope through rehabilitation

Upon arrival in Bissau, you will notice the bustling streets, traffic jams at certain road intersections, well-established shops with signs in Portuguese; in short, a normal life.

And yet, this country is still healing from the effects of several armed conflicts¹ and their toll of victims. Pay a visit to the Dr. Ernesto Lopes Moreira national rehabilitation centre in Bissau and you will be able to better understand the struggle for normal life led by people who, for some, were in the wrong place at the wrong time. A landmine and your whole life goes off-track. This is the story of Midana.

When you meet Midana Ntop and he shakes your hand with a smile, you cannot imagine the struggles that this 40-year old man of average build has gone

through to reach this point. Today, he is a veteran in a country that has witnessed several periods of armed conflicts.

As a soldier, he was deployed in 2006 to fight against Senegalese armed groups present in Bissau-Guinean territory near the border with Senegal.

After a landmine accident Midana loses his left leg. His life changes drastically. His wife leaves him. Everything collapses. He tries to get on with crutches. Eventually, worn away by time, they break under his weight. Since Guinea-Bissau has not signed the United Nations Convention on the rights of persons with disabilities, he cannot hope for any special favours.

And then, the encounter with the ICRC and a window of hope opened for Midana². As he couldn't walk with his crutches, he was unemployed and therefore with a double disability, physical and social. A prosthesis completely changed this by giving him back the complete use of his two hands. Now that he is working again, he has an income that allows him to take care of his family and play an economic and social role.

Looking back, it is with wise words that he comments on the images running through his mind and with a broad smile that he talks of his remarriage in 2008!

In March 2011, he was fitted with a prosthesis of better quality and as good



Midana with his family, after the fitting of his prostheses.

things often come in pairs, he was also promoted at the Bissau military hospital where he works. Could he ask for more?

He is regaining pleasure in life and becoming independent. "I can walk up to 9 kilometres", he says proudly. Painful memories as well: "After my accident, I lost all motivation", he adds. He now lives a normal family life with his wife and three children in the Bissaque neighbourhood, and thanks the Centre for enabling him to look forward to a brighter future. ■

Amadou Mansour Diouf, ICRC Dakar

Supporting the centre to help other Midanas

Constructed in the 1980s and plundered during the 1998 civil war, the Bissau rehabilitation centre was refurbished with the support of the ECOWAS³ and the commitment of the Ministry of Health. It was then equipped (furniture, machines, raw materials, etc.) by the International Committee of the Red Cross (ICRC). The ICRC also helps to strengthen capacities for the management and administration of the Centre.

"This is the only Centre in the country that specializes in the physical rehabilitation of disabled people. The appropriate type of rehabilitation is proposed to the patient after consultation. The Centre produces prostheses, crutches and wheelchairs but also physiotherapy and psychological support services", explains Basilio Adriano, Administrator of the Centre. A staff of 17 ensures the provision of care to patients. To date, over 100 persons with physical disabilities have received treatment at this Centre, inaugurated in April 2011.

¹ War of independence (1962 to 1973), civil war (June 1998 to May 1999) and armed conflict in the northern part of the country (March to April 2006).

² With the support of the ICRC, Midana received three prostheses in 2007 (from the NGO ANDES in Bissau), in 2010 (Ziguinchor Rehabilitation Centre) and in 2011 at the Centre in Bissau.

³ Economic Community of West African States

Ziguinchor prison: an innovative approach to hygiene and health

It is common knowledge that the ICRC offers protection and assistance to detainees. What is less well known is the work done to make detention conditions better by improving the health environment in prisons. This article sheds some light on the fight for cleanliness in Ziguinchor prison.



ICRC/HEGER, Boris

To improve detention conditions and respect the rights of detainees, the ICRC visited a number of prisons in the 80 countries in which it works. (Photo : Liberia)

Public health challenges in a prison environment

Situated in the city centre, Ziguinchor prison is located between a bank, Sonatel and the post office. *“The building was formerly a school run by nuns”*, explains an official.

Public health is a major concern in detention centres. At Ziguinchor prison, the main issue is the wastewater disposal system. *“This is reflective of the city, which has a major wastewater disposal problem because of poor infrastructure”*, explains Charles Valentin Magendo, an ICRC engineer.

Improving living conditions in detention centres is of primary importance to the ICRC and these concerns are shared by the Department of Prison Administration (DAP). Because of the poor conditions, rehabilitation works at Ziguinchor prison have been undertaken in the past years by both the DAP and the ICRC.

“In 1995, faeces and urine would trickle down to the courtyard, but there have been major improvements”, acknowledges Malang Biaye, Deputy Director of Ziguinchor prison. Samples taken and examined by Sénégalaise des Eaux (wa-

ter utility company) revealed that the water was contaminated by faeces as a result of the dilapidated state of pipes.

The pipes have since been replaced and the water is now safe to drink. The septic tanks, water distribution network and public water taps have been rehabilitated.

And how about the issue of water supply with the frequent power outages? An independent network comprising a 5,000-litre reservoir and water fountains was set up by the ICRC making the prison almost completely self-sufficient.

Toilets were also refurbished and doors put up to ensure the privacy of detainees. Large dustbins with lids were placed in the middle and in all four corners of the courtyard. This has meant that there are no more swarms of flies and insects attracted to the leftover food.

An excellent collaboration with authorities

“With roofs in certain areas containing asbestos, the risk of cancer was serious”, explains Charles Valentin. *“The roof of the central building as well as that of the women’s and juvenile quarters have since been redone.”*

The renovation of these roofs required prior consultation and preparation. For security reasons, detainees had to be evacuated from the premises during construction works. Some were transferred to adjacent cells, others to the Bignona prison or to other detention centres in Casamance. Debris from the works was buried on land provided by the mayor’s office. Today, everyone is pleased with the measures taken to improve the living conditions of detainees and of the prison staff as well.

These achievements are attributable to the excellent collaboration between the ICRC and the prison authorities. Each party, in a positive spirit, tried to further its arguments whether on detention conditions or security issues. In general, they always reached an agreement.

Ensure the protection of detainees

There are some more sensitive aspects of ICRC’s work within the prison environment. In Ziguinchor, these are managed by Marc Maurer, the delegate in charge of protection issues, in compliance with the ICRC’s strict level of confidentiality and neutrality. A permanent and constructive dialogue is maintained with authorities to ensure that the rights of detainees are respected.

Marc says that the ICRC’s good relationship with the prison authorities facilitates his work in Ziguinchor as well as in Bignona, Oussouye, Sédiou or Kolda. ■

Amadou Mansour Diouf, ICRC Dakar

When the Red Cross visited a prisoner named Senghor



Photothèque ICRC (DR)/KUPZ Jean-Jacques

Geneva, Central Research Agency. Visit to the International Committee of the Red Cross by the President of Senegal.

In 1940, a triumphant Nazi Germany detained 1.8 million prisoners. They are separated based on the colour of their skin. Among them, about 100,000 are from the colonies. The whites are sent to Germany whereas those from the colonies are interned in France, most in *Frontstalags*¹ reserved for colonial soldiers. Hitler does not want blacks on the Reich territory.

Among these *tirailleurs* is a Senegalese Associate Professor of Grammar, Léopold Sédar Senghor. A second class infantryman, he is attached to the 31st infantry regimen of the colonies and is a member of the platoon of non-commissioned officers. Captured by the Germans in June 1940, he is transferred to several camps before being released in 1942 for medical reasons.

We have all heard in the media of a seven-page typed document discovered by a researcher in the French National archives in June 2010. In this document, Senghor provides a detailed account of his captivity and an overview of the living conditions of the prisoners.

Senghor reveals the reality of some of these camps, mainly *Frontstalag* 230 at Poitiers and *Frontstalag* 221 at Saint Médard near Bordeaux. Delegates of the International Committee of the Red Cross paid visits to these camps up to 17 June 1942. This was before the escape of General Henri Giraud which provoked Hitler's anger and brought an end to inspections by the Red Cross.

At each turn of the page, Senghor tells us of how difficult the living conditions of the prisoners were. He complains of hygiene, the cold weather and especially of hunger: *"The most demoralizing is the hunger.(...) Prisoners are actually half-starved"*.

The Red Cross, which visited these camps, tried to improve detention conditions by providing material assistance to prisoners- clothes or food. In Bordeaux, according to Senghor, Red Cross supplies seem to account for the majority of their food intake. However, this assistance was sometimes diverted: *"the Red Cross sends us all we need (editor's note: clothes), but they prefer to give us the old items. Where does the rest go?"*

Further on, Senghor implies that the Red Cross did not only provide assistance. Its delegates conducted, in conformity with ICRC practices, one-on-one interviews with prisoners to enquire about the situation in the *Frontstalags*. In these interviews, prisoners condemned the arbitrary manner in which the camps were administered: *"several (...) told me that they could not be released on 18 December because they could not pay money to Bel Aïd (editor's note: head of the camp) (...), those released complained to the Red Cross"*.

It appears that the Red Cross, with this information in hand, intervened with the

authorities to make changes. Senghor continues: *"following which, the kommandantur searched Bel Aïd's house where apparently food and several thousand-francs were found."*

Since the Franco-Prussian war in 1870, the ICRC visits, among other persons, prisoners of war detained during international armed conflict. The ICRC's main objective in this regard is to ensure that detainees are treated humanely and with respect for their dignity.

Even though during the Second World War the ICRC's efforts to provide protection and assistance to war victims was globally a failure, the intervention of its delegates undoubtedly made the detention conditions of Senghor's companions a little more bearable.

These two years of captivity were certainly trying for the future president of the Republic of Senegal, but for the poet they were also a source of inspiration. A large part of Senghor's second book, *Hosties noires*, was written during this period. ■

Wolde-Gabriel Saugeron, ICRC Dakar



1939-1945 war. Colonial Lazaret of Saint Médard. Potato-peeling duty. French prisoners of war with Senegalese origins.

¹ Prisoners' camp

Tabala* ...news in brief

SOMALIA

05.10.11

The ICRC launches new food distributions

The ICRC has started to distribute food to assist some 1.1 million drought- and war-affected people across the hardest-hit areas of southern and central Somalia. The first round of distributions, in the Gedo region, is providing 72,000 people with enough beans, oil and rice to cover their needs for one month. Several more rounds are planned to take place before December. While food distribution is needed to relieve immediate suffer-

ing, the ICRC also aims over the medium term to give the population the means to sustain their own livelihoods. It is therefore providing seed and fertilizer for 240,000 farmers ahead of the planting season. This ongoing operation is being conducted by the ICRC with the support of volunteers from the Somali Red Crescent Society.



started, they will each receive a complete set of veterinary supplies and medicines. In addition, the ICRC will provide them with a way to get around easily in order to work effectively.

ICRC

19.10.2011

The ICRC appoints its new president

At a meeting on 17 October, the Assembly of the International Committee of the Red Cross (ICRC), the organisation's governing body, appointed Peter Maurer as the next ICRC president. He succeeds Jakob Kellenberger who has been in office since 2000. The incoming president will take up duties on July 1st 2012 for a four-year renewable term. Mr. Maurer is currently the Secretary of State at the Swiss Foreign Affairs Federal Department, a position he has held since January 2010. He directs, from the headquarters in Berne, the activities of the Swiss diplomatic service and diplomatic missions around the world.

For Jeanie...

On 1st September, collaborators of the International Committee of the Red Cross (ICRC) commemorated the tragic death of Jeanie Waddell-Fournier, an ICRC delegate. Victim of a landmine accident, she lost her life on September 1st 2006 in Casamance, Senegal. Her colleagues in Dakar and Ziguinchor as well as the populations of Bignona, Leuffeu, Djondji, Dyanaye Inor and Sitoukène (where the health hut bears her name), paid tribute to her. In addition to observing a minute of silence, the inhabitants of these localities held discussions on HIV, sanitation programmes and blood donation under the supervision of volunteers of the Senegalese Red Cross Society.

GUINEA-BISSAU

30.09.11

Training to enhance veterinary care

Stockbreeders in the north-west of Guinea Bissau will soon have new veterinary assistants to help care for their livestock and reduce animal mortality. The ICRC and the Department of Livestock of the Ministry of Agriculture organised a training session for some Red Cross volunteers in Guinea Bissau. "Those trained will provide basic veterinary care. We are hopeful that if animals are healthier, certain economic activities will receive a boost and ultimately increase household income" indicates Ilda Pina, ICRC delegate in charge of the programme. To help them get

SYRIA

16.09.11

The ICRC condemns lack of respect for medical services

"A Syrian Arab Red Crescent volunteer succumbed to his wounds after being injured in the course of performing his duties," said Béatrice Mégevant-Roggo, the ICRC's head of operations for the Middle East. "It is completely unacceptable that volunteers who are helping to save other people's lives end up losing their own." Two other volunteers were injured in the same incident. Their ambulance was caught in heavy fire while they were evacuating an injured person to a hospital in Homs. This is not the first time Red Crescent personnel and vehicles have come un-

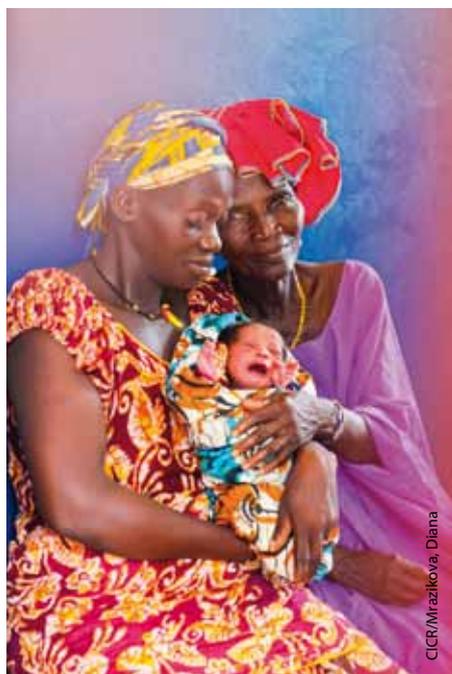
der fire or been attacked since the onset of the recent violence in Syria. Medical personnel, ambulances and other means of medical transport must be respected and protected, and their work must be facilitated. The Red Cross and Red Crescent emblems must be respected by all.

SENEGAL

14.10.11

Assistance to populations in the isolated area of Diokadou

The ICRC conducted an operation to assist populations in the village of Diokadou, in Casamance. *“This assistance is in response to the difficulties encountered by the populations of Diokadou, who have been isolated since the month of January due to armed conflict and insecurity in the area,”* explains Ilda Pina, ICRC coordinator for economic security programmes. The ICRC provided 232 people with rice, oil, sugar and soap. Through dialogue with all parties to the conflict and in observance of a strict level of neutrality, the ICRC succeeded in obtaining security guarantees for the setting up of a humanitarian corridor during distribution rounds.



ICRC/Mrazilkova, Diana

IVORY COAST

21.09.11

Students from French-speaking Africa plead in international humanitarian law (IHL)

The ICRC delegation in Abidjan organised a regional moot court competition in IHL. Students from nine West and Central African countries (Benin, Togo, Democratic Republic of Congo, Congo Brazzaville, Guinea, Senegal, Cameroon, Mali and the Ivory Coast) took part in this event. The preliminary rounds of the competition took place during the first two days and were devoted to role-playing exercises. The final round, on the third day, pitted the two best teams against each other in fictional proceedings at the Abidjan-Plateau courthouse. The team from Congo Brazzaville was the winner of this edition.

GUINEA-CONAKRY

04.10.11

Red Cross helps people injured in violent demonstrations

Violent incidents took place in Conakry on 27 September, causing many casualties. The Guinean Red Cross Society and the ICRC attended to the injured. 60 volunteers and seven ambulances were mobilized in various parts of the capital. Most of the casualties were taken to Donka National Hospital and the Camp Samory Touré military hospital. Both facilities had recently received medical supplies from the ICRC enabling them to provide better care for injured patients. The ICRC also visited people arrested in connection with the events in order to assess the treatment they were receiving and the conditions in which they were being held.

* *Drum used in West Africa*

ICRC Jobs



Josiane Friedrich,
a kind-hearted nurse

Stylish and meticulous, and extremely kind, Josiane chooses her words carefully. From Switzerland, she has none the less the elegance of an authentic Senegalese drianké. This could sound like a tribute being paid to this sixty-year old woman walking happily towards retirement.

Josianne, regional coordinator of the HIV/AIDS programme for the Dakar delegation staff, has worked with the ICRC for 20 years in several countries in Africa (Mozambique, Angola, Sierra Leone, Central African Republic, Niger...) and elsewhere (Afghanistan, Sri Lanka). As she contemplates her countless memories and as memories of Senegal come to mind, she says: *“I am pleased to end my mission here in Senegal where I met a Head of delegation who allowed me to try out the HIV/AIDS programme, and I am happy to have extended it to include vulnerable migrant women, transforming it into more than just a corporate programme.”*

A nurse and trainer, she judges that the ICRC was a formidable opportunity to fulfil a childhood dream: *“my maternal grandfather, imprisoned by the Germans, had received an ICRC package.”* In other words, the calling to work in the humanitarian field dates back to her early childhood.

Despite her cheerfulness, she revolts at the idea that the *“right to health is violated at times of war”*, and expresses her total satisfaction at the *‘Health Care in Danger’* campaign. The ICRC has paid a heavy price, she asserts, while recalling with deep emotion the loss of Jeanie Waddell-Fournier.

Josiane, always enthusiastic, would like to see the younger generation engage further in humanitarian action, which according to her, leads to humility. After all these years with the ICRC, the spirit of nursing is still powerful within her.

Thank you, she says with emotion and tears, to the ICRC family. All the best to this ‘white African’, as she defines herself.

**MY BABY DIDN'T DIE BECAUSE THE
MIDWIFE WAS KILLED IN AN EXPLOSION**

**MY BABY DIDN'T DIE BECAUSE
I WAS IN LABOUR FOR SUCH A LONG TIME**

**MY BABY DIED BECAUSE ARMED MEN HIJACKED
THE AMBULANCE COMING TO GET US**



**VIOLENCE AGAINST
HEALTH CARE MUST END**

**IT'S A
MATTER
OF LIFE
& DEATH**



ICRC