



BSRCS volunteer Nthlanhla Mathunjwa talks to community leaders of Mkhuzweni, Hhohho region, Swaziland. © ICRC / J. Edelstein

THEMBA

NEWSLETTER

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ICRC Pretoria Regional Delegation

In this issue of Themba, we bring you a personal story from Haiti a year after the devastating earthquake and we speak with a South African ICRC delegate in Sudan as the new year begins. Closer to home, we look at efforts to promote International Humanitarian Law (IHL) and emergency preparedness in South Africa, along with the work of our neighbours in Swaziland and Zimbabwe.

This issue incorporates a new design and editorial focus, with a view to operations regionally and globally.

To improve this publication, we are actively soliciting your comments.

Please take a moment to fill out the survey insert and fax back to us by 31 March 2011. Alternatively, we encourage you to make use of the online survey at: <http://www.surveymonkey.com/s/SZPJXZY>

THEMBA is the Zulu & Xhosa word for "Hope"

If you would like to receive further issues of THEMBA, to be added to the delegation's mailing list, or for information concerning various ICRC activities, please contact us.

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SWAZILAND COMMUNITY DIALOGUE

In November, volunteers from Baphalali Swaziland Red Cross Society (BSRCS) visited 20 communities across the country to discuss the principles and activities of the International Red Cross and Red Crescent Movement and build partnerships. More than 300 members of Bandlancane (community inner councils) and Tindvuna Tetinkhundla

(community herdsmen) participated.

"The goal of this exercise was to promote the work that BSRCS is doing at community level", said Senelile Khumalo, BSRCS Information Officer. "The support from the communities was very impressive since they wished to know in depth what and how the organization works in the country."

A SOUTH AFRICAN DELEGATE IN SUDAN

John Maree, an Orthotics/Prosthetics Delegate at the ICRC delegation in Khartoum, Sudan, shares his experiences with Themba.



John Maree (left) stands with Samira, a childless widow who says that being able to walk again has helped her lead a normal and productive life. Through its assistance to three orthopaedic centres in Sudan, the ICRC helps people walk again. © ICRC / I. Abdelhafeez

At the National Authority for Prosthetics and Orthotics (NAPO) in Khartoum, almost 50 technicians are involved in manufacturing prostheses and orthoses. My role is to upgrade their skills in all aspects of clinical work, manufacturing techniques and workshop management. Many patients benefit from the services provided at NAPO, but there is still much work to be done. The standard of the devices provided to patients can still be improved and the long waiting list needs to be reduced.

Themba - Is there a particular patient's story that you could share? ➤

EXCEPTIONALLY REWARDING, IS TO WITNESS THE JOY OF A CHILD WHO WALKS UNASSISTED FOR THE FIRST TIME

Themba - Can you describe the nature of your work with ICRC in Sudan and any of the challenges and successes you have experienced during your mission?

The objective of an ICRC Physical Rehabilitation Program is to assist local partners with expertise, prosthetic and orthotic (P&O) components and equipment.



➤ A SOUTH AFRICAN DELEGATE IN SUDAN

Every patient has a story to tell. It is always satisfying, to see the pride of a breadwinner, who can return to work after rehabilitation, knowing that not only his life, but also those of his dependents, have been transformed.

Exceptionally rewarding, is to witness the joy of a child who walks unassisted for the first time, sometimes at age 10 or even older. Fortunately, children have the ability to adapt to the use of their devices much faster than adults do and the end result is often more successful.

Themba - Can you describe your career trajectory that led you to the ICRC mission in Sudan and can you reflect on your experiences in Sudan as a South African?

My career in P&O started at the Pretoria Academic Hospital in 1982. I graduated with a Diploma in P&O after four years of study and practical experience.

In 1988, I relocated to England and started work at Queen Mary's Hospital, Roehampton, London, which at the time, was the centre for P&O in the UK.

From an early point in my career, my ambition was to work for the ICRC. I took the opportunity to travel to Geneva to find out more about ICRC's P&O program. What I learned appealed to me and within a few months, I was on my first mission in Iraq, where I worked in a number of the ICRC assisted centres.

My next missions were in Myanmar, Nepal, Sri Lanka and now Sudan. My next mission will be in Gaza.

Although I also have British nationality, I go on all my missions as a South African.

South Africa is no longer perceived as the pariah it was, during the days before democracy.

South Africans are well received by the hospitable Sudanese and part of every greeting usually includes the word "welcome".

Many Sudanese express interest in South Africa. Common reactions are "Mandela", "World Cup" or "Gold".

For a South African the most obvious differences are the weather, with temperatures of 50°C or more in summer, road use which defies comprehension, the virtual non-existence of crime in Khartoum and of course the more reserved lifestyle.

ZIMBABWE: HELPING PRISON AUTHORITIES IMPROVE NUTRITION

In April 2009, the ICRC Harare Regional Delegation launched an emergency assistance operation to improve the nutritional situation in Zimbabwe prisons. Therapeutic feeding programmes for acutely malnourished prisoners and general food distributions to prevent further malnourishment allowed malnutrition rates

to drop sharply. For over a year, the ICRC has continued to work with Zimbabwe Prison Service (ZPS) to improve the diet of prisoners and ensure monitoring of the situation. Prisoners and ZPS officers in Masvingo prison describe the remarkable improvements they've experienced.

To read the full article on the ICRC website, go to:

<http://www.icrc.org/eng/resources/documents/feature/2010/zimbabwe-feature-2010-12-31.htm>



Prisoners during lunch at Masvingo prison. © ICRC / O. Moeckli

PROMOTING INTERNATIONAL HUMANITARIAN LAW (IHL) AND EMERGENCY RESPONSE: THE ALL-AFRICA AND H.E.L.P. COURSES

Prof. Garth Abraham addresses students at the 2010 All Africa course. © ICRC / T. Mogashoa



In November, the Pretoria Delegation, together with the Centre for Human Rights and the School for Health Systems and Public Health (both of the University of Pretoria), hosted the annual All Africa Course on IHL and the Health Emergencies in Large Populations (HELP) Course, respectively.

This year's All-Africa Course attracted 31 participants from 17 countries (16 African countries). Topics covered included all those traditionally associated with IHL in its widest sense, including issues related to prosecution for war crimes and refugees and Internally Displaced Persons (IDP). The course also included a colloquium on 'Piracy off the Somali Coast'.



➤ PROMOTING IHL AND EMERGENCY RESPONSE

At the conclusion of the course, the participants committed that, on their return to their home countries, they would assist with the promotion of IHL in their academic institutions.

But IHL promotion alone, is insufficient. Respect is essential. One of the presenters on the course, Sandhiya Singh (an IHL Lecturer at the University of Kwa-Zulu Natal) opined to Themba: "A problem is this long standing culture of impunity that has existed in Africa. It's a lack of political will. I don't think the argument that there's a lack of knowledge actually holds any water because there's been a sufficient dissemination of information, particularly to governments, to state actors.

And I think very often we see that the impunity is more amongst state actors than the non-state actors so that particular excuse doesn't actually hold any longer.

It boils down, essentially, to a question of politics and how far governments are willing to commit themselves."



Participants in the 2010 H.E.L.P. Course. © ICRC/ T. Mogashoa

The HELP course was attended by 25 health professionals and disaster management coordinators from Red Cross and Red Crescent National Societies, ICRC, governmental agencies, and other organizations from Afghanistan, Cameroon, Japan, Kenya, Nigeria, South Africa, USA, Zambia and Zimbabwe. Topics covered included public health emergencies, IHL, Human Rights, and the ethics and responsibilities of health professionals.

During the courses, a joint evening session was held for all participants as well as ICRC interlocutors. The theme for the function was 'Internal displacement in Africa' with three presentations that addressed different aspects of the problem: the challenge of responding to the most urgent needs of IDPs in camps and in host communities; the problem of IDPs following the violence in the wake of the 2007 Presidential Elections in Kenya; and, the Kampala Convention for the protection and assistance of IDPs in Africa.



Winners of the 2010 Arusha Moot Court Competition representing Rhodes University (from left to right): Haruperi Mumbengegwi, Rutendo Unrenje, Robyn Jones. © ICRC

ARUSHA MOOT COURT COMPETITION

Each year the Nairobi Regional Delegation of the ICRC hosts an International Humanitarian Law Competition for English speaking African universities. Ordinarily, between twelve and fourteen universities participate. Held over a week, the competition includes formal lectures, role playing exercises and traditional legal moots. Appropriately, the venue for the competition is Arusha, Tanzania - the home of the International Criminal Tribunal addressing aspects of the Rwandan genocide. This year, the Pretoria Delegation sponsored the participation of two teams to

the event, which was held in the last week of November 2010. One of the teams, from Rhodes University in the Eastern Cape, won the competition – a first for a South African university. Furthermore, one of the members of the Rhodes University team, Haruperi Mumbengegwi, was voted best speaker. Haruperi's prize is a three month internship at the International Criminal Tribunal for Rwanda. Sincere congratulations to Haruperi, the Rhodes University team, and to Professor Laurence Juma, the academic mentor to the team.

INTERNATIONAL REVIEW OF THE RED CROSS



Issue No.
878/2010
Theme: Urban
Violence

Cities are attractive: they are the melting pot of political, economic, and cultural affairs. Urbanization, however, has brought with it a growing sense of vulnerability among many city dwellers faced with insecurity, exposure to hazards, and insufficient access to basic services. In

addition, violence in urban areas poses a serious challenge, which in many cities is reaching unprecedented levels.

Gangs and other forms of organized crime generate more and more -- often transnational -- violence and insecurity, calling even for military action to counter them. Finally, rapid urbanization and the changing context of violence create new challenges for those giving aid and working to prevent conflict, such as the Red Cross and Red Crescent Movement.

This issue includes an article by David Abrahams of the Nelson Mandela Metropolitan University

Download the review at:

<http://www.icrc.org/eng/resources/international-review/review-878-urban-violence/index.jsp>

ICRC STRATEGY 2011-2014: ACHIEVING SIGNIFICANT RESULTS FOR PEOPLE IN NEED

The ICRC's Institutional Strategy sets out how the ICRC will respond to humanitarian needs over the coming four years, enhancing its expertise, coordinating with other humanitarian agencies and maintaining partnerships with National Societies. Download the full document at: <http://www.icrc.org/eng/resources/documents/publication/p4050.htm>

HAITI: RED CROSS AMBULANCES AMONG THE FEW THAT CAN CROSS BARRICADES

With the cholera epidemic still taking a heavy toll and barricades blocking the streets of a poor neighbourhood of Port-au-Prince, Red Cross vehicles are among the few able to pass freely on their way to take injured and sick people to hospital.

"I'm feeling fine because we've been doing good work here," says Caleb, whose eyes betray his fatigue. "It's true, I haven't had much sleep recently, but it's worth it."

Caleb, who just turned 25, heads the team of Red Cross first-aiders who work in Martissant, a deprived part of the Haitian capital whose 150,000 residents have to live with the tension so often in the air. Day and night Caleb receives emergency calls for help.

"Since the cholera epidemic started, my telephone has rung almost once every half hour," says Caleb. "In addition to our ambulance, we've been using a tap-tap – a sort of pick-up truck – to take about 20 people a day to hospital. Tap-taps are normally used for public transport here, but ours displays the red cross."

Speed saves lives

At 10 in the morning, the sun is already beating down on the hills of Martissant. The team is just back from a mission and they are hot in their raincoats, gloves and rubber boots. But anyone dealing with a disease as contagious as cholera needs this protection. Clothing and vehicle are cleaned with a chlorine solution after each trip.

"This is not a good job if you have an allergy to chlorine," Caleb jokes as the telephone rings yet again. But his face is serious when he hangs up. "It's a little girl with severe dehydration. We'd better move fast."

Within seconds the ambulance has left, team members in place, lights flashing and siren wailing. Moments later, Yannick, another team member, is cradling the eight-year-old



First-aid post in Martissant, Port-au-Prince. Caleb holds a sick child in his arms. © ICRC / O. Miltcheva

in his arms. A crowd gathers to watch the child, named Darmela, with her exhausted eyes staring between protruding cheekbones, as she is laid on the stretcher. "I think it's cholera, she's been vomiting for the last two days," says her mother, who dialed the Red Cross number after hearing about the ambulance service during an awareness-raising meeting at the market.

In no time the ambulance has delivered the young victim and her mother to the cholera-treatment centre run by Médecins sans frontières. Back at base, the team's clothing and vehicle are still wet with chlorine when the phone rings again. Another small girl very ill with cholera, this time on the other side of Martissant.

Working in the tense streets of Port-au-Prince

"Darmela made it!" Caleb joyfully announces the next day. He had been sure it was too late, he says. "It's vital that people know the basic facts about cholera and that they call

us in time. That's why we keep organizing neighbourhood meetings to put across the message."

Caleb stresses the importance of the Red Cross being well known to the population and respected by it. This counts when the situation is tense, as it is these days in Martissant, where manned barricades with piles of rubble and old burning tires prevent vehicles from passing. "Besides cholera victims, we've also been taking people with gunshot wounds to hospital," he says. "A few hours ago a motorcyclist fired into a crowd, hitting a young woman and three boys. Fortunately we got to them in time, and that's because the Red Cross is well thought of by all and we can go wherever we want. They know we're there to save lives."

"Naturally it warms my heart when people applaud as we drive by. It's a concrete expression of the goodwill that allows us to do our job. And that's the only way I'm able to overcome my own fear in order to help people survive."

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LESOTHO RECOGNISES INTERNATIONAL HUMANITARIAN FACT-FINDING COMMISSION

The ICRC has welcomed Lesotho's recent declaration in terms of article 90 of the first Additional Protocol to the Geneva Conventions. Such a declaration can be made by a State in order to recognise the competence of the International Humanitarian Fact-finding Commission to undertake fact-finding inquiries into allegations of violations of International Humanitarian Law (IHL). The Commission was created as an independent body with the

power to investigate potentially controversial facts, where there are allegations that IHL has been violated. Lesotho is the 12th African State to make this declaration, and the 72nd State worldwide. The Pretoria Delegation of the ICRC supported Lesotho's National Committee on IHL in its efforts to make such a Declaration. Further information on the Fact-finding Commission is available at <http://www.ihffc.org/en/index.html>.