

PHILIPPINE RED CROSS

OUR SELECTED EXPERIENCE

PRACTICAL RESOURCE PACK

Our context

Violence erupted between Philippine government forces and a faction of the Moro National Liberation Front (MNLF) in September 2013. The fighting took place in Zamboanga City on the southernmost island of Mindanao. Zamboanga is the Philippines' third largest city by land area and a highly urbanized commercial and industrial hub, with a population of over 800,000.

The events of September 2013 followed the MNLF's declaration of the independence of the "Bangsamoro Republik," with the aim of governing the Philippine islands of Mindanao, Basilan, Sulu, Tawi-Tawi and Palawan, as well as the Malaysian states of Sabah and Sarawak.

Early in the morning of 9 September 2013, MNLF fighters entered Zamboanga City reportedly aiming to raise the flag of the Bangsamoro Republik over the city hall. They occupied parts of the city and held 20 civilians hostage in the village of Santa Catalina. Around noon, more than 200 civilians were said to be held hostage.

The resulting fighting between government armed forces and the MNLF brought parts of the city to a standstill for days. More than 100,000 people were displaced and several civilians, fighters and soldiers killed.

How our acceptance, security and access were affected

When local media interviewed the MNLF commander, he gave assurances that Philippine Red Cross (PRC) personnel would not be harmed and would be given safe passage to areas affected by the fighting. He also said that if hostages were released, he would hand them over to the PRC. As we were not in direct contact with the MNLF commander ourselves, we did not take this statement as a guarantee of our safety, but we did

have safe access to the elderly, children, sick and wounded hostages.

A government military commander asked the PRC to set up a triage area in front of the Zamboanga City Medical Center, warning that they would step up their offensive against the MNLF, which meant we had to expect more wounded people. So we set up a triage area about one kilometre from the building where the MNLF were holding the hostages. Our team began to treat injured hostages who had managed to escape.



That afternoon, however, our triage area was hit by an exploding grenade.

Thirteen of us in the Red Cross team were injured by shrapnel and immediately admitted to hospital and given treatment. When we had recovered sufficiently, we were debriefed by PRC management to determine what exactly had happened and to make sure that we were able to resume work after the physical, emotional and psychological distress.



Three hours later, and as a result of the incident, the chapter administrator suspended our operations in the area affected by the violence. However, two kilometres away and two blocks from the Red Cross office, a bystander was hit by a stray bullet. Although our chapter administrator hesitated at first to send a response team, he later realized that if the Red Cross didn't respond, then who would?

What we did and learned

To prepare our response to situations of violence like this, the Philippine Red Cross conducted first aid and basic life support training. In addition, together with the International Committee of the Red Cross (ICRC), we disseminated information to the local community, the armed forces and the MNLF about who we are, what we do and how we do it in accordance with the Fundamental Principles of the International Red Cross and Red Crescent Movement and international humanitarian law. We also promoted the need for unfailing adherence to our seven Fundamental Principles within the PRC itself, particularly among our response-team members.

When the violence erupted, our chapter administrator briefed us on the situation and explained our response role in accordance with the Fundamental Principles. He also reminded us of the importance of ensuring that we were always clearly identified by displaying our National Society logo on our clothes, our vehicles and any site where we were working.

Together with our team leader, we communicated and coordinated with the local government agencies, military, police and hospitals to clarify our role, assess the situation and ensure we had access to provide first aid for people in need. We were also in close contact with PRC national headquarters.

Our chapter administrator and the ICRC head of sub-delegation in Mindanao met to discuss communication, coordination and other protocols.

As the violence continued in Zamboanga city, the PRC and ICRC provided displaced families with safe drinking water and emergency health care and, with clashes ongoing in the village of Santa Catalina, a Red Cross Emergency Response Team was dispatched there to rescue wounded hostages.

Afterwards, we reviewed our response and evaluated the effectiveness of our protocols for violence and conflict.

Some of the lessons we learned are as follows:

Context and risk assessment

An assessment should have been made of the risks involved in setting up the triage area in the location suggested by the military, including checking this location with the MNLF.

Acceptance of the organization

While we coordinated very well with the government authorities, the police and military, we learned that networking directly with the MNLF or via the ICRC is crucial to increasing our acceptance and negotiating safe access.

Acceptance of the individual

We need to invest in additional training to improve PRC staff and volunteers' capability to respond safely in situations of violence.

Identification

We understood the crucial importance of instructing our staff and volunteers in using Red Cross identification cards, wearing tabards, and putting up a large Red Cross sign outside all our facilities and on our vehicles.

Internal communication and coordination

Movements of staff and volunteers were monitored through two-way handheld radios and mobile phones, which proved crucial in ensuring the safety of our personnel.

Pre-deployment briefings and post-incident debriefings were held and, importantly, the recommendations from the debriefings were integrated into future operational plans. Operations were temporarily suspended until the root cause of the incident could be determined and assurances gained concerning the future safety of staff and volunteers.

External communication and coordination

Although many information sessions had been held in the 1990s, we learned that the PRC needs to continue this work in order to constantly boost knowledge and acceptance of its role in such situations, thereby increasing its potential for safer access.