



# NEWSLETTER

OCTOBER-DECEMBER 2014

## 2015: A year for the ICRC to expand its humanitarian response

Dear Reader

It is a time to both reflect on the year gone by and to look to the future.

Since the conflict ended in 2009, the ICRC has been responding to the humanitarian needs of those affected by it. In 2014 too, it continued to do so, through its livelihood support and water and sanitation programmes, visits to places of detention to ensure the welfare of detainees, and by promoting respect for the principles of international humanitarian law (IHL).

Micro Economic Initiatives (MEI) launched in Vavuniya and Mullaitivu in 2011, have paved the way for vulnerable populations to engage in income generating activities to ensure they have a sustainable income. In 2014, the ICRC continued the MEI programme in the Mullaitivu and Kilinochchi districts, and launched a Community Based Livelihood Support Programme (CBLSP) for vulnerable communities including released rehabilitees in the Northern Province to establish or consolidate an income-generating activity. In 2015, the ICRC will increase the number of beneficiaries under the CBLSP and MEI, some of which will be implemented in partnership with the Sri Lanka Red Cross Society (SLRCS). The geographical reach of these programmes will be widened to include Mannar, Ampara, Batticaloa, Trincomalee, and Jaffna.

In the New Year, rural returnee populations in the Northern and Eastern Provinces

will continue to benefit from an increase in the water and sanitation programmes launched in 2014, such as the cleaning of wells contaminated by monsoonal flooding, restoration of pipe networks and the construction of overhead water tanks and toilets in schools.

Worldwide, the ICRC visits persons in detention to ensure their welfare through adequate conditions of detention and treatment. In Sri Lanka too, the ICRC has been visiting places of detention since 1989, in pursuit of the same objective. In 2015, the ICRC will continue to support detaining authorities to ensure the welfare of all detainees - common law detainees and those detained in connection with the past conflict.

As a means of contributing to better conditions of detention, in 2014, the ICRC renovated wards, constructed toilets, installed solar panels, and improved ventilation systems in the Anuradhapura, Batticaloa and Mahara prisons, and renovated a kitchen in the New Magazine prison in Colombo. The ICRC will continue to provide this support in 2015, in addition to prison infrastructure development.

Following discussions with Government authorities, the ICRC started a survey in Colombo, Kandy and Batticaloa to identify the needs of families of missing persons, including families of missing armed forces personnel. The survey will eventually be

extended to other parts of the country in 2015. On completion of the survey, and based on its findings, the ICRC will make recommendations to the authorities on how to address these needs and propose humanitarian programmes.

Promoting respect for the principles of IHL is integral to the work the ICRC carries out in the spheres of assistance and protection. Over 2014, this promotion was carried out through disseminations to the military, by conducting training workshops and moot court competitions for academics and by sponsoring IHL experts in Government ministries and departments to participate in seminars, workshops and conferences to enhance their knowledge of IHL. The South Asia Teaching Sessions and a Regional Legislative Drafting Workshop on IHL saw the participation of experts on the subject from the region. In 2015 too, the ICRC anticipates such promotions to continue apace.

In 2015, as in 2014, the ICRC will continue to support the SLRCS with financial, technical and material assistance to develop its emergency preparedness response capacities, first aid, and family links services.

The ICRC delegation in Sri Lanka



ICRC

# REMEMBERING THE INDIAN OCEAN TSUNAMI



SLRCS

The Kuwaiti Red Crescent Vice President meeting with beneficiaries of its tsunami reconstruction project in Ampara.

Over 45 delegates representing national Red Cross and Red Crescent Societies the world over and other invitees gathered in Colombo for the Sri Lanka Red Cross T10 Summit to mark the 10th anniversary of the Indian Ocean tsunami. The summit, which took place on 15-17 November, was organised by the SLRCS together with the International Federation of Red Cross and Red Crescent Societies (IFRC), the ICRC, and the German Red Cross.

Following the inaugural ceremony at the Bandaranaike Memorial International Conference Hall (BMICH), delegates travelled

out of Colombo to visit the sites of tsunami recovery projects, which were funded by their respective Red Cross and Red Crescent societies. The visit provided them an opportunity to see how their support had enabled affected communities to start a new life by regenerating their livelihoods, and to be better prepared in the event of any disasters in future. On the final day of the summit, delegates engaged in a discussion on best practices and challenges faced during the implementation of the projects, and identified future partnership opportunities.

The IFRC's relief and recovery operation in response to the tsunami, involving as many as 14 countries, was the largest it has ever undertaken. The Head of IFRC's South Asia Regional Delegation, Mr Simon Missiri, in his opening speech at the summit's inauguration, recalled the magnitude of the humanitarian response to the victims. "It was an incredible effort of hundreds of people who came and worked hand in hand with the Sri Lanka Red Cross volunteers and staff," he said.

While most recovery projects were completed within a five-year time frame, the results of much of its investment continues to be seen in present-day National Society community resilience programmes across Indonesia, Sri Lanka, Thailand, and Maldives.

**Watch!** - A Sri Lankan tsunami survivor's story and a testimony of the outcome of a community resilience programme on <http://youtu.be/dHndu80ppNo> and <http://youtu.be/M9CrjT7rMXc>

For more stories, images, facts & figures on the tsunami log onto: <http://www.ifrcmedia.org/2004-tsunami/> and <http://www.ifrc.org/tsunami>.



SLRCS

Red Cross and Red Crescent delegates with their appreciation plaques presented by the SLRCS for their donations and assistance to Sri Lanka during the tsunami.



SLRCS

A Hong Kong Red Cross representative meeting with beneficiaries of its project in Batticaloa.



SLRCS

The discussion on the last day of the summit, from L to R: Ms Cherine Pollini, Head of ICRC's Colombo delegation, Mr Michael Rudiak, ICRC Head of Sector for South and Central Asia and Europe, and Mrs Marina Mohamed, Secretary to the Ministry of Disaster Management in Sri Lanka.



Joanna Atkinson/ICRC

Invitees view the photo exhibition in the foyer of the main hall of the BMICH.

# COLOMBO HOSTS FIRST REGIONAL LEGISLATIVE DRAFTING WORKSHOP ON INTERNATIONAL HUMANITARIAN LAW

The first Regional Legislative Drafting Workshop on International Humanitarian Law (IHL) was held in Colombo on 2 and 3 December 2014, with the participation of legal representatives from Afghanistan, Bangladesh, Bhutan, Iran, Maldives, Nepal, Pakistan, and Sri Lanka. It was conducted in collaboration with the Department of the Legal Draftsman, Sri Lanka.

The workshop focused on translating drafting provisions corresponding to the three core areas of the Geneva Conventions of 1949, which are Universal Jurisdiction, Emblem Protection, and Grave Breaches. It included

a presentation on the substantive aspects of the Convention on Certain Conventional Weapons and its Five Protocols, and included a peer-to-peer exchange on Experiences and Challenges in Strengthening IHL Implementation, where participants from each country shared the process of adopting national laws on IHL. The workshop provided participants an opportunity to discuss the contribution of the national IHL committees to developing national IHL legislation.

Mr GSA De Silva, PC, Legal Draftsman of the Government of Sri Lanka, attended the event, along with Mr Nalin Abeysekera, PC,

the former Legal Draftsman, who conducted a session on the best practices of 'Translating Treaty Obligations into National Law'.

Mr Charles Sabga, ICRC's Legal Adviser from Geneva, Mr Sunod Jacob Matthew and Ms Supriya Rao, ICRC's Legal Advisers from New Delhi, and Mr Pouria Askary, ICRC's Legal Adviser from Iran, presented on the Geneva Conventions and their Additional Protocols, the Convention on the Prohibition and Restriction on the Use of Certain Conventional Weapons and its Five Protocols, and the strengthening of the domestic implementation of IHL.



Mr Charles Sabga (left), ICRC's Legal Adviser from Geneva, lighting the traditional oil lamp, and Mr GSA De Silva, PC (right), Legal Draftsman of the Government of Sri Lanka, delivering the welcome address.



Participants introduce themselves at the start of the workshop to facilitate an open discussion.

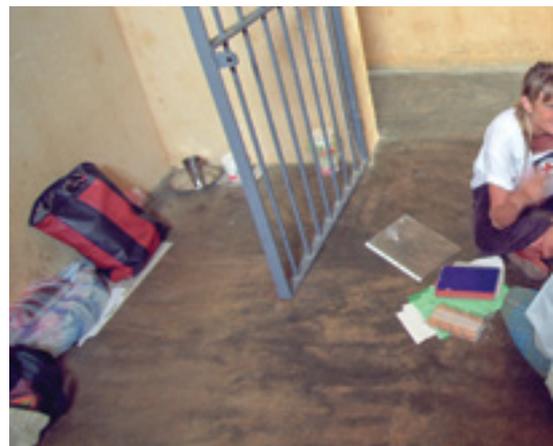


Sessions in progress. L to R: Mr Nalin Abeysekera, former Legal Draftsman of the Government of Sri Lanka, Mr Sunod Jacob Matthew, Legal Adviser for the ICRC in New Delhi, and Mr Charles Sabga.

# HEALTH CARE IN DETENTION: AN INTERVIEW WITH THE COLOMBO DELEGATION'S DETE



The ICRC's Water and Habitat Engineer at work with contractors to construct toilets in the Mahara prison.



A private discussion with a detainee in a prison in Akkaraipattu.

Visiting places of detention is one of the ICRC's key humanitarian activities across the world. In 2013, the ICRC visited 1,728 places of detention in 92 countries – a total of 756,158 detainees. The objectives of these visits are to support detaining authorities in their endeavours to ensure adequate conditions of detention and treatment of detainees, and to enable detainees to maintain family links. Following its visits, the ICRC shares any findings and recommendations with these authorities on a bilateral and confidential basis.

The ICRC has been visiting persons in places of detention in Sri Lanka since 1989. Initially it visited those detained in connection with the uprising of the Janatha Vimukthi Peramuna. As the conflict between the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam (LTTE) evolved, the ICRC started visiting persons held by the parties to the conflict. Since 2011, the ICRC in Sri Lanka has widened the scope of its activities in places of detention, to address the humanitarian needs of all detainees,

including common law detainees, and to support prison authorities in dealing with the issue of chronic overcrowding and its humanitarian consequences in prisons. For instance, several infrastructural projects have been carried out in various prisons to improve sanitation (i.e. construction of toilets) or detainees' accommodation (i.e. rehabilitation of wards or roofs).

Availability and accessibility of adequate health care services are essential components of dignified conditions in detention. As such, worldwide and in Sri Lanka, the ICRC's team visiting places of detention includes a doctor, whose main role is to support detaining authorities in ensuring that detainees have uninterrupted access to health care services that are equivalent in standards to those of the community's health care services.

Dr Faraz Kakar, the Detention Doctor in ICRC's Colombo delegation, explains his and the ICRC's role in health care in detention in Sri Lanka. His previous mission was in Ethiopia, where he worked as a Detention Doctor for two years.

## What does your role as a Detention Doctor involve?

My work involves visits to places of detention as part of a multidisciplinary team including Water and Habitat Engineers. The Doctor's role in this team involves monitoring conditions of detention and treatment of detainees and assessing the state of prison health care services, primarily through discussions with detainees, prison authorities and medical staff. The aim is to support prison authorities to ensure the availability of effective prison health services.

To provide some background on the role of an ICRC Detention Doctor, the ICRC employs a public health approach towards prison health. This entails ensuring sustainable health care in prisons through the availability and accessibility of adequate and appropriate curative services for detainees. However, such curative services can only operate on the essential foundations of good nutrition, water, sanitation, and accommodation. The psychological impact of a prison environment on detainees such as their living conditions, treatment, and reduced contact with the outside world, in particular with their families, must also be taken into consideration to ensure the health and wellbeing of a prison population.

## What are some of the challenges you face?

Despite the specificities of each context, prison health services are confronted with similar challenges in most countries. A prison population by definition is a vulnerable population. Most detainees come from



From a work in progress to putting in the final touches: rehabilitating a ward in the Anuradhapura prison.

# NTION DOCTOR



Thierry Gassmann/ICRC

...pattu in 1997.

disadvantaged sections of society. Their health is vulnerable, and in many instances they have undiagnosed medical conditions due to their limited access to health services prior to being detained. They are also more likely to have or to develop in prison high-risk behaviours such as unprotected sex, drug addiction, and associated psychiatric problems. The confinement of a vulnerable population such as this in overcrowded settings not only encourages the spread of communicable infections within prisons, but

also risks transmission of these infections to the wider community, especially if detainees are not properly treated and cured. In most countries, prison health services are often overburdened and under-resourced to effectively address detainees' health needs. However, prisons do provide the opportunity to treat, rehabilitate and reintegrate detainees into the community. From a public health perspective, it becomes clear that the availability and accessibility of effective health care services not only helps individual detainees, but also society at large.

### **Tell us about some of the ICRC's best practices in the field of prison health, and how you believe they can be constructive in Sri Lanka.**

The ICRC has been working in places of detention since 1919. Its unique mandate, based on a neutral, impartial, and independent approach, enables it to have access to places of detention in all continents. The ICRC's expertise in health care in detention issues comes from its experience in conducting comprehensive health needs assessments of prison health services in different contexts and in

implementing health projects in prisons. Some of these projects are the management of communicable infections such as TB, HIV and scabies in places of detention, and activities aimed at strengthening norms of medical ethics in detention and the role of prison health professionals in prevention, documentation, management, and reporting of ill-treatment.

In this regard, the ICRC intends to carry out a comprehensive health needs assessment in selected places of detention in Sri Lanka. This assessment, planned for the first quarter of 2015, will help to build a baseline picture of current prison health services and detainees' health needs. The information gathered and subsequent analysis will enable the ICRC to assess the feasibility and nature of collaboration with prison authorities to effectively address the challenges posed by health issues in prisons and rehabilitation centres in Sri Lanka.

### **The ICRC conducted a workshop in Colombo for prison medical and nursing officers on 10-11 December 2014. What was the purpose of this workshop and what do you hope it will achieve?**

The ICRC, in collaboration with the Ministry of Rehabilitation and Prison Reforms and the Ministry of Health, organised a workshop titled *Prison Health Services in Sri Lanka: Challenges and Opportunities*. The purpose of this workshop was to facilitate a critical discussion among prison health professionals concerning strengths, challenges and opportunities for prison health services in Sri Lanka. It was the first step in the preparation of the health assessment to be carried out in 2015, and provided an excellent opportunity to gather the views of those who are at the frontline, and are confronted with and responding to the needs of detainees on a daily basis.



Channa Jayawardene/ICRC

**Dr Lal Panapitiya, Director Medical Services at the Ministry of Health, presenting on prison health services in Sri Lanka.**



Channa Jayawardene/ICRC

Channa Jayawardene/ICRC

Channa Jayawardene/ICRC

**Participants divide into groups to discuss the strengths, challenges, and opportunities of prison health services in Sri Lanka, and thereafter present their findings. Dr Faraz (centre) in discussion with participants.**

# DISCUSSING ACTS OF TERROR AND INTERNATIONAL HUMANITARIAN LAW



Joanna Atkinson/ICRC

Panelists engaged in discussion, from L to R: Dr Rohan Perera, PC, (former Legal Adviser to the Ministry of External Affairs Sri Lanka and Chairman of the United Nations Ad Hoc Committee on Comprehensive Convention on International Terrorism); Dr Sara De Silva (Senior Lecturer, Department of Strategic Studies, Faculty of Defence and Strategic Studies, General Sir John Kotelawala Defence University); Mr Palitha Fernando, PC, (former Attorney General of Sri Lanka); the moderator Mr Charles Sabga (Legal Adviser, ICRC Headquarters, Geneva); and Mr Anura Meddegoda (Attorney-at-Law and former prosecutor at the International Criminal Tribunal for Yugoslavia).

A team of panellists from academia and the legal profession took part in a panel discussion on Acts of Terror and International Humanitarian Law, hosted by the ICRC at the BMICH in December.

The discussion featured topics such as the legal definition of the concept of terrorism; acts of terror and developments in international law; technological advancements and terrorism; and the repression of acts of terror and terrorism.

At the end of the discussion, members of the audience, who were from academic, legal and civil society circles, Government ministries, and the armed forces, engaged the panellists with their questions.



Joanna Atkinson/ICRC

Dr Rohan Perera, PC, opens the discussion with a reflection on the legal definition of the concept of terrorism in international law.



Joanna Atkinson/ICRC

Members of the audience pose questions to the panel.

# 25 YEARS LATER – A PERSONAL JOURNEY THROUGH THE ICRC IN SRI LANKA



Chitra at her desk in the ICRC office at Thunmulla Junction in 1990.



At work in the radio room.

*Chitra Amarasekera is among the longest-serving employees in the ICRC's Colombo delegation. She joined the ICRC in Sri Lanka in 1989, the year in which the organisation commenced its work in the country. As the ICRC completes 25 years of its humanitarian journey in Sri Lanka, Chitra walks down memory lane to recount her journey with the ICRC.*

I cannot believe 25 years have passed since I walked through the doors of the Intercontinental Hotel, now The Kingsbury, Colombo. The ICRC had set up a temporary office there, and I was joining the Tracing Unit as a Secretary. There were seven other Tracing personnel and a few administrative staff. We had only two computers.

In January 1990, the ICRC moved its office to Thunmulla Junction, in Colombo 4, and in 1995, we moved to our current building on Layards Road. I initially joined the ICRC for one year, but I am proud and happy as I look back on my two and a half decades with the ICRC.

It is not possible to summarise the ICRC's 25 years of service in Sri Lanka, but I will try to recount my most significant memories.



The Green Ocean ferry, evacuating patients from Puttumatalan to Trincomalee during the climax of the conflict in 2009. Nearly 14,000 sick and wounded people and their relatives were brought from LTTE-held areas to Government-controlled areas during the evacuation.

The ICRC started its work in Sri Lanka by visiting those detained in connection with the uprising of the Janatha Vimukthi Peramuna to ensure their treatment and conditions of detention met with domestic laws and international standards. The first visit was made to the Boosa Prison Complex in Galle. Through our Restoring Family Links (RFL) services, we helped reunite or restore communication between families and their missing or arrested relative. We listened to many stories and tried to help them as best as we could. Sometimes, while listening to what they had to say, we too cried.

In 1990, with the onset of the conflict between the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam (LTTE), we opened branch offices in the North and East of the country. No part of the country was safe, and some incidents occurred close to our office. During the conflict, we transported critical patients from Kankesanthurai to Trincomalee by ship or airplane, and then by road for medical treatment in a Colombo hospital. From 2002 to the beginning of 2006, during the ceasefire agreement, the ICRC played an important role as a neutral intermediary between the Government and the LTTE.

I remember our field officers and drivers working tirelessly and often in life-threatening situations, and our IT team, then known as the radio room, working around the clock in Colombo and in the field. I also remember our beloved colleagues who lost their lives during service.

Unfortunately, in 2004, we experienced the tsunami, and the ICRC, together with its national partner the SLRCS, helped reunite

families through its RFL services. I should mention here that our colleagues in Logistics worked day and night for this and did a great job with the help of other colleagues.



The ICRC and the SLRCS worked together to help tsunami victims across the country restore contact with their families by enabling them to telephone relatives in Sri Lanka or abroad.

The climax of the conflict in 2009, was a difficult time. The ICRC carried out medical evacuations by ship from Puttumatalan to Trincomalee, and I too volunteered on one occasion with other colleagues for this humanitarian activity. It was a risk, and at times we lay down in the ship during the crossfire. I closed my eyes, praying for safety, but we were able to carry out the evacuation. When I was among the wounded inside the ship, I realised why Henry Dunant thought it necessary to have a neutral body to assist victims in times of conflict.

As the conflict came to an end, we thought the ICRC would not remain in Sri Lanka. However, we see that the ICRC still has many activities in its hands. Looking back, I can say that it has been a long and fruitful journey, though at times it has been painful.

# FACTOID

## ICRC ACTIVITIES: OCTOBER-DECEMBER 2014

### PROMOTION OF INTERNATIONAL HUMANITARIAN LAW (IHL)

- sponsored the two winning teams of the national round of the Henry Dunant Memorial Moot Court Competition to the regional round held in Iran;
- conducted a three-day training programme on best practices, the use of force, arrest, search, and detention for 29 Investigating Officers of the Criminal Investigation Department, Terrorist Investigation Department, and the Police Narcotics Bureau;
- conducted a briefing for 27 Army Civil and Military Cooperation officers at the Armoured Corps Camp, Modara, Colombo 15;
- conducted a two-day Advanced Seminar on IHL at the General Sir John Kotelawala Defence University for 16 Army, five Navy, and five Air Force IHL Instructors;
- conducted a half-day programme on IHL for 194 military personnel to be deployed on UN peacekeeping missions in Lebanon.

### SUSTAINING LIVELIHOODS AND PROVIDING ACCESS TO SANITATION AND SAFE DRINKING WATER

- through the Micro Economic Initiatives programme, supported 300 released rehabilitees, and 200 households headed by women and persons with disabilities in 11 villages in the Mullaitivu district and four villages in the Kilinochchi district to regenerate and/or restore their livelihood;
- through the Community Based Livelihood Support programme, supported six villages, 1,426 households in total, in the fisheries and agriculture sectors in the Kilinochchi and Mullaitivu districts;
- distributed 300 clay water filters, improving access to safe drinking water for 1,500 individuals in the Kilinochchi and Mullaitivu districts;
- renovated 48 open dug wells and constructed one, improving access to safe drinking water for 2,400 individuals in the Kilinochchi and Mullaitivu districts;
- constructed a kitchen in the New Magazine prison, providing about 1,300 detainees more hygienic food preparation conditions;
- constructed a food distribution hut and vocational training hut in the Vavuniya prison, providing 200 detainees more hygienic conditions for food distribution and access to vocational training;
- renovated a Tuberculosis laboratory and pharmacy in the Welikada Prison Hospital, benefiting 314 detainees;
- donated building materials to the Trincomalee prison to improve the living conditions of 75 detainees.

### SUPPORT TO THE SRI LANKA RED CROSS SOCIETY

- conducted the annual experience sharing workshop with 21 volunteer dissemination coordinators participating from their respective branches;
- held a dissemination capacity building workshop on Humanitarian Principles and Values at the Monaragala SLRCS branch, with 31 Red Cross volunteers participating from the district;
- continued to provide the National Society with financial, technical and material support for its Restoring Family Links services and to re-establish the Society's branches in Killinochchi and Mullaitivu;
- provided support for a first aid instructor course, with 21 advanced first aiders in attendance, and organised all-island advanced first aid examinations for 147 volunteers in 12 district branches.

### DETAINEE WELFARE

- carried out 16 detention visits in 12 places of detention under the Ministry of Rehabilitation and Prison Reforms and the Ministry of Law and Order;
- paid allowances to the families of 308 detainees to enable them to visit their relatives in detention, while 829 families exchanged news via Red Cross Messages or oral messages over the telephone;
- provided ad hoc assistance in the form of cleaning materials, hygiene and recreational items to more than 6,400 detainees in 11 places of detention.



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