

DAKAR (regional)

COVERING: Cabo Verde, Gambia, Guinea-Bissau, Senegal



ICRC regional delegation
 ICRC sub-delegation
 ICRC mission
 ICRC-supported prosthetic/orthotic centre

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ communities in Senegal's Casamance region benefited from humanitarian aid, dialogue with parties to the conflict having facilitated access for the Senegalese Red Cross Society/ICRC and State/other actors whom they accompanied
- ▶ conflict-affected people in Casamance – including IDPs, returnees and female heads of households – pursued livelihood activities aided by veterinary services, agricultural support, cash grants and upgrades to water infrastructure
- ▶ people held by Senegalese authorities, including in relation to the conflict, and by the Mouvement des Forces Démocratiques de Casamance contacted their relatives through Movement family-links services during ICRC visits
- ▶ local authorities, weapon bearers and religious leaders learnt more about IHL/human rights principles and the challenges faced by health workers at events organized by the ICRC at its IHL documentation centre and elsewhere
- ▶ the region's National Societies worked with the ICRC to enhance/coordinate their emergency response in relation to the armed conflicts in Casamance and in northern Mali and to provide family-links services for minors

EXPENDITURE (in KCHF)

Protection	1,382
Assistance	4,601
Prevention	2,110
Cooperation with National Societies	1,202
General	258
Total	9,553

of which: Overheads 583

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	22
Resident staff (daily workers not included)	140

The ICRC opened a regional delegation in Dakar in 1989, although it had already worked in the region for some years. It focuses on promoting IHL among the armed forces and other weapon bearers and on encouraging implementation of that law by the authorities throughout the region. It supports the activities of the National Societies, assists people affected by armed conflict and other situations of violence in Casamance, Senegal, and in Guinea-Bissau, and visits detainees of ICRC concern, providing them with material aid where necessary.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	15
RCMs distributed	4
Phone calls facilitated between family members	399
People located (tracing cases closed positively)	13
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	754
Detainees visited and monitored individually	66
Number of visits carried out	12
Number of places of detention visited	7
Restoring family links	
RCMs collected	15
RCMs distributed	9
Phone calls made to families to inform them of the whereabouts of a detained relative	53

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 960	429
Essential household items	Beneficiaries	44,348
Productive inputs	Beneficiaries 2,880	15,324
Cash	Beneficiaries	751
Work, services and training	Beneficiaries 38,460	2,752
Water and habitat activities	Beneficiaries 28,600	20,260
Health		
Health centres supported	Structures 9	8
WOUNDED AND SICK		
Physical rehabilitation		
Centres supported	Structures	1
Patients receiving services	Patients	1,215
Comments		
Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.		

CONTEXT

In Senegal, peace talks between the Mouvement des Forces Démocratiques de Casamance (MFDC) and the authorities had yielded no results at year's end. Thus, despite the comparative calm, safe access to conflict-affected areas of the Casamance region of Senegal (hereafter Casamance) remained difficult for government officials and many humanitarian workers. Sporadic violence, mines – some newly laid – and explosive remnants of war (ERW) continued to claim lives, affect people's movements and livelihoods and slow the return of IDPs and refugees. By July, all 12 mine clearance workers captured by the MFDC in April had been released. In some areas, demining began with the consent of all parties; it followed the construction route of a national highway.

In Guinea-Bissau, the presence of international troops and the signing of a transition pact by political parties provided some stability for the transitional government, which was plagued by allegations of corruption, particularly in relation to the military. Presidential elections were postponed to April 2014.

Gambia, Guinea-Bissau and Senegal participated in the UN Multidimensional Integrated Stabilization Mission in Mali.

The region remained a major migratory route to Europe for people from these four countries and elsewhere in Africa.

ICRC ACTION AND RESULTS

The ICRC worked closely with the region's National Societies to help meet the needs of IDPs/returnees and other conflict/violence-affected people in Casamance and inhabitants of north-western Guinea-Bissau out of reach of State services. The Gambia Red Cross Society, the Red Cross Society of Guinea-Bissau and the Senegalese Red Cross Society – the ICRC's primary partners in their countries – developed their emergency response and family-links capacities. Movement components regularly coordinated their efforts.

Dialogue with the Senegalese authorities, armed forces and the MFDC served to promote respect for people, particularly their need for unhindered access to health care. Documented abuses were presented to the parties concerned, to encourage them to prevent recurrence. Dialogue also facilitated access to Casamance for National Society volunteers and ICRC staff, and for those whom they accompanied: this enabled third-party mediators to meet with MFDC factions, and State health workers to conduct immunization/deworming activities in areas otherwise inaccessible to them. Similarly, National Society volunteers and ICRC staff, together with trained community health workers, were able to upgrade/install water and sanitation infrastructure and safely conduct health-awareness briefings, which helped communities better protect themselves against illnesses. People in Casamance and Guinea-Bissau also maintained/recovered their health thanks to ante/post-natal and curative care at ICRC-supported health centres, including the fully renovated facility in São Domingos, and physical therapy at the physical rehabilitation centre in Bissau.

IDPs, returnees and other conflict/violence-affected people reduced their exposure to violence and mines outside their communities by pursuing livelihood activities in or near their home or host villages, aided by the Senegalese National Society and the ICRC. For example, farmers and herders maintained healthy herds

through ICRC-supported animal vaccination campaigns and were helped to increase their yields through ICRC-provided agricultural supplies and equipment and upgraded irrigation systems. Some IDPs launched small businesses with ICRC support in the form of funding and business training. Returning IDPs and refugees eased their resettlement with ICRC-provided construction material and household essentials.

People detained in Senegal were visited by ICRC delegates, who provided confidential feedback to the detaining parties, helping them improve detainees' treatment and living conditions. With feedback and technical support from the ICRC, penitentiary authorities pursued system-wide reforms that addressed detainees' treatment and lengthy pre-trial detention, among other things. Detainees visited by the ICRC contacted their relatives through National Society/ICRC family-links services. The 12 mine clearance workers held by the MFDC did so as well; the ICRC acted as a neutral observer during their release, at the MFDC's request and with the authorities' consent.

Families separated by conflict – in Casamance and in northern Mali – or by migration or other circumstances contacted their relatives through Movement services. Movement components and international organizations exchanged views and best practices at a workshop on restoring family links for Malian refugees, and migrants and minors in general; in particular, the Bissau-Guinean, Gambian and Senegalese National Societies coordinated their activities. In Senegal, families of missing migrants better coped with the absence of their relatives and were informed of legislation applicable to their situation with psychological and legal/administrative support.

The region's authorities drew on the ICRC's expertise to ratify and implement IHL treaties: Cabo Verde, Guinea-Bissau and Senegal signed the Arms Trade Treaty within the year. Military/police/gendarmerie units deployed locally or abroad were briefed on IHL and international norms applicable to their duties. At workshops and other events, the Senegalese National Society and the ICRC encouraged influential people, including religious leaders, to discuss IHL and the challenges faced by humanitarian and health workers. These efforts, together with extensive media coverage, helped build a broad base of support for the Movement's neutral, impartial and independent humanitarian action.

CIVILIANS

Casamance remained relatively calm, but people continued to report mine-related incidents and abuse, including sexual violence, to the ICRC; few people reported relatives missing during conflict. Documented allegations were presented to parties concerned, to encourage them to prevent further abuses.

More pregnant women benefit from ante/post-natal care in Casamance and Guinea-Bissau

Substantial dialogue with parties concerned, including all MFDC factions, facilitated access for the Senegalese Red Cross/ICRC to vulnerable and isolated communities. As a result, communities in Casamance could, *inter alia*, benefit from National Society/ICRC livelihood support or national vaccination/deworming campaigns that State health workers were able to safely conduct in conflict-affected areas while accompanied by ICRC staff. In the same way, some third-party mediators were able to meet with MFDC factions.

Over 24,000 people, including pregnant women and children, maintained their health with preventive, ante/post-natal or curative care at five primary health centres in Casamance and three in Guinea-Bissau that had improved services with medical consumables, technical input and other ICRC support. Health workers in one centre in Casamance treated people in isolated areas, using an ICRC-provided motorcycle to travel there. In Guinea-Bissau's São Domingos referral centre, health staff provided care and conducted information sessions on family-planning/disease prevention more efficiently, following the completion of extensive infrastructural upgrades begun in 2011.

Outside centres, people better protected themselves against disease thanks to National Society-supported campaigns. More than 20,000 people, mostly women in Casamance and some female migrants in Dakar, learnt about sexually-transmitted illnesses from a network of community health workers and Senegalese National Society volunteers, established with ICRC help; some women availed themselves of screening services. In Guinea-Bissau, roughly 9,500 people, of whom 8,500 school children and beneficiaries of upgrades to sanitation infrastructure (see below), reduced health risks, following hygiene-promotion sessions organized with school teachers.

Some 1,870 people in Casamance and 4,830 in Guinea-Bissau had access to clean water in greater quantities and reduced their exposure to hygiene-related and water-borne illnesses after a borehole was drilled, 41 village wells rehabilitated, and 2 rainwater collectors installed. In the Ziguinchor area of Casamance, roughly 2,170 people, including 600 long-time IDPs, benefited from the installation of 150 latrines by National Society volunteers. Around 40 local water committees trained in long-term maintenance.

Thousands of herding families maintain healthier livestock

Communities learnt about maintaining their livestock's health and available veterinary services at information sessions. Afterwards, some 4,000 herding families in Casamance and 600 in Guinea-Bissau (32,200 people) improved the health, and therefore the productivity/market value, of their livestock through national veterinary campaigns conducted by animal health workers trained and equipped by the ICRC.

People in Casamance increased their food/income sources and protected themselves from violence and mines outside their communities by pursuing Senegalese National Society/ICRC-supported livelihood activities in or near their home/host villages. In Diagonon and Kouram villages, 800 residents were able to plant on more arable land, because community members, under National Society/ICRC supervision, had built dikes for collecting rainwater and protecting the soil from the Casamance River's salty water; 60 families (480 people) produced rice using ICRC-provided seed. Some 70 women in eight villages reduced the amount of effort and time needed for grinding cereals, using a milling machine donated by the ICRC. These women and other recipients in previous years maintained/built shelter structures for these mills with technical advice and some material support. Similarly, around 250 female heads of households in Guinea-Bissau and Senegal (2,400 people) who had planted market gardens in previous years continued benefiting from technical advice and donations of tools; several women diversified their plantings after training in banana cultivation. In Ziguinchor, 40 IDPs covered their families' (430 people) basic needs through income earned from small businesses, ranging from fishing to metalworking, that they had set up with ICRC funding and training. Candidates were selected based on their need, skills and on the viability of their ventures.

IDPs and refugees returning from Gambia eased their resettlement into their communities with additional assistance. Nearly 150 families (1,600 people) rebuilt their houses or improved their living conditions using ICRC building materials and household essentials. Some 155 families (1,540 people) supplemented their diet and income by consuming or selling meat/milk or cereals they had produced using ICRC-provided goats, seeds and other agricultural inputs.

In Casamance, nearly 30 families (400 people) displaced by fire and 3 other IDP families (28 people) in northern Guinea-Bissau coped with their temporary displacement with ICRC-provided one-month food rations and household essentials. Thousands of people used buckets, tarps, nails and other items distributed to them by the ICRC to reduce surplus stock from past years.

CIVILIANS		GUINEA-BISSAU	SENEGAL
Economic security, water and habitat			
Food commodities	Beneficiaries	28	401
	<i>of whom IDPs</i>	28	401
Essential household items ¹	Beneficiaries	28	44,320
	<i>of whom IDPs</i>	28	492
Productive inputs ¹	Beneficiaries		15,324
Cash	Beneficiaries		751
	<i>of whom IDPs</i>		433
Work, services and training ¹	Beneficiaries		2,390
Water and habitat activities	Beneficiaries	14,379	5,881
	<i>of whom IDPs</i>		1,627
Health			
Health centres supported	Structures	3	5
Average catchment population		38,714	17,375
Consultations	Patients	9,581	14,458
	<i>of which curative</i>	6,667	12,935
	<i>of which ante/post-natal</i>	2,914	1,523
Immunizations	Doses	27,955	21,724
	<i>of which for children aged five or under</i>	26,758	21,276
Referrals to a second level of care	Patients	46	83
Health education	Sessions	547	210

1. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period

Unaccompanied children restore contact with their families

In Senegal, the National Society, with ICRC help, set up its family-links network and organized a family-links workshop at which volunteers from National Societies in the region and elsewhere in West Africa, as well as representatives from the International Federation, UN agencies and IOM, exchanged views and best practices regarding Malian refugees, migrants and minors; the Bissau-Guinean, Gambian and Senegalese National Societies coordinated their approaches, particularly regarding unaccompanied minors. Separated family members restored contact through RCMs and telephone calls. In Senegal, they included unaccompanied minors working at a mining site and Koranic students unable to communicate with their families for logistical reasons. Hundreds of children and vulnerable adults rejoined relatives with whom they had lost contact during crowded religious events in Guinea-Bissau and Senegal.

In Senegal, some families better coped with the absence of their breadwinners/relatives missing in relation to migration and were informed of legislation applicable to their situation through psychological and legal/administrative support provided by the National Society; planned social/economic support was cancelled owing to limited resources. Other actors were informed of these families' specific needs – through a detailed National Society/ICRC report – and encouraged to provide long-term support; the report was presented to these actors individually or during international fora (see, for example, *Brussels* and *Europe*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees held in Senegal, including in relation to the Casamance conflict, and some in Guinea-Bissau received visits from the ICRC, conducted in accordance with the organization's standard procedures. Following visits, the detaining parties received confidential feedback and recommendations, which helped them improve detainees' treatment and living conditions. Senegalese authorities permitted the ICRC to start visiting people held by the *gendarmérie* in 2014. However, the Gambian authorities and the ICRC had yet to reach agreement on access to people detained in the country.

Mine clearance workers held by the MFDC contact their families

During visits, detainees contacted their relatives using National Society/ICRC family-links services; among them were 12 mine clearance workers held by the MFDC, who sent their families "safe and well" messages, and made themselves more comfortable using ICRC-provided blankets and hygiene items. The ICRC acted as a neutral observer during The ICRC acted as a neutral observer during the release of some of them, at the MFDC's request and with the authorities' consent.

Senegalese penitentiary authorities took steps, with ICRC technical input, to implement systemwide reforms. Aided by the ICRC's analysis of the judicial system, they determined how best to tackle overcrowding caused by lengthy pre-trial detention. In December, judges, prosecutors and other decision-makers discussed issues related to judicial guarantees and ways to address them at a round-table organized with the Justice Ministry and OHCHR; this resulted in concrete recommendations, such as the creation of a committee responsible for amending sentencing and detention procedures. Penitentiary staff developed their management skills through training modules on infrastructure maintenance, nutrition and health care, developed with ICRC help.

The authorities and the ICRC discussed improving detainees' access to health care; in the meantime, some detainees benefited from health-related activities conducted by an NGO using ICRC medical materials. In Kolda prison, 280 detainees had enough clean water, and fewer health risks, following the installation of a water tank.

WOUNDED AND SICK

Six victims of violence in Casamance received medical/surgical treatment at a regional hospital; the costs were covered by the ICRC. This hospital had prepared itself for any surge in needs by replenishing its stock for treating weapon wounds with ICRC supplies.

CIVILIANS	GAMBIA	GUINEA-BISSAU	SENEGAL
Red Cross messages (RCMs)			
RCMs collected	1	5	9
RCMs distributed	1	1	2
			<i>including from UAMs/SCs*</i>
Phone calls facilitated between family members			399
Reunifications, transfers and repatriations			
People reunited with their families			1
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered		7	11
			<i>of whom women</i>
			<i>of whom minors at the time of disappearance</i>
People located (tracing cases closed positively)	3	7	3
			<i>including people for whom tracing requests were registered by another delegation</i>
Tracing cases still being handled at the end of the reporting period (people)	7	1	16
			<i>of whom women</i>
			<i>of whom minors at the time of disappearance</i>
UAMs/SCs*, including unaccompanied demobilized child soldiers			
UAMs/SCs newly registered by the ICRC/National Society			9
UAM/SC cases still being handled at the end of the reporting period			9

* Unaccompanied minors/separated children

Local associations of disabled people help identify potential patients for physical rehabilitation

More than 1,200 people accessed physical rehabilitation services at the ICRC-supported physical rehabilitation centre in Bissau, but less than 50 needed prostheses/orthoses. Potential patients were thus encouraged to avail themselves of the centre's services through leaflets and outreach programmes organized with local associations of disabled people. A study on communities' capacity to independently cover health care/physical rehabilitation costs was undertaken, with a view to developing support mechanisms for destitute patients.

Staff and technicians at the centre in Bissau continued to strengthen their abilities through ICRC presentations, on-the-job training and courses abroad, thereby expanding Guinea-Bissau's pool of qualified professionals. Two ICRC-sponsored technicians started their third and last year of training at a school abroad. In September, the authorities signed an international convention pertaining to the support due to persons with disabilities.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Political, military and religious leaders facilitate people's unhindered access to health care

Dialogue with Senegalese authorities, armed forces and the MFDC fostered respect for the population and unhindered access to health care (see *Civilians*), and support for the Movement's humanitarian activities. At a workshop abroad (see *Suva*), one military officer discussed challenges faced by health care providers with his peers. Senegalese religious leaders and other parties of influence from West Africa proposed recommendations on similar matters at an expert workshop.

Local authorities, international actors based in Dakar and others broadened their awareness of the needs of Casamance communities during information sessions and themed events, such as a photo exhibit on conflict-affected women, held in Casamance, at the ICRC's IHL documentation centre in Dakar or elsewhere. Journalists learnt about IHL and specific issues connected with reporting on humanitarian affairs; 17 of them participated in a workshop organized with the National Society and the International Federation of Journalists. In this way, people, particularly in conflict-affected areas, were informed of and encouraged to support IHL and neutral, impartial and independent humanitarian action by media representatives versed in both topics.

Influential people from Guinea-Bissau, Senegal and other countries discussed the similarities between IHL and Islam at a National Society workshop in Senegal. Senegalese students, including those studying religion or journalism, added to their knowledge of IHL and the Movement at a moot court competition abroad (see *Tunis*) or at information sessions.

Peacekeepers and law enforcement officers add to their knowledge of IHL and other relevant norms

Reinforcing weapon bearers' familiarity with IHL and human rights principles remained a priority. One officer each from Senegal and Guinea-Bissau attended a course in San Remo. Senegalese troops – 15 trainee officers and over 1,100 deploying to Casamance, Côte d'Ivoire, Mali and Sudan – and international peacekeepers in Guinea-Bissau learnt more about these matters through training, briefings or manuals printed with ICRC support. Senegalese *gendarmes* – 60 in Casamance and 150 deploying to Mali – and instructors at Guinea-Bissau's new police academy built upon their knowledge of international norms applicable to law enforcement. Meanwhile, over 30 Gambian police officers learnt about these topics from National Society first-aid trainers.

Senegalese authorities and the ICRC discussed establishing an IHL office within the military. The Gambian military's IHL office closed, halting planned activities with the armed forces.

Cabo Verde, Guinea-Bissau and Senegal take steps to regulate the sale and use of arms

Dialogue with the authorities stressed the importance of ratifying and implementing IHL treaties, such as the African Union Convention on IDPs and the Arms Trade Treaty, recently signed by Cabo Verde, Guinea-Bissau and Senegal. Senegalese officials boosted their expertise at regional meetings on IHL and arms control (see *Abidjan, African Union* and *Nigeria*).

In Senegal, the authorities, with ICRC input, revised the military justice code to include pillage as a war crime and to protect the Red Cross emblem. Following discussions between the Justice Ministry and the ICRC on creating a national IHL committee, the national human rights committee was asked to include IHL in its purview; therefore 45 members underwent basic training. At their request, officials of the Extraordinary African Chambers reviewed the application of IHL in international tribunals with ICRC help, in preparation for the trial of a former Chadian president.

PEOPLE DEPRIVED OF THEIR FREEDOM	GAMBIA	GUINEA-BISSAU	SENEGAL	SENEGAL-MFDC
ICRC visits				
Detainees visited		9	733	12
			18	3
			6	
Detainees visited and monitored individually		9	45	12
			1	3
Detainees newly registered			33	
			1	
Number of visits carried out		1	10	1
Number of places of detention visited		1	5	1
Restoring family links				
RCMs collected			15	
RCMs distributed			9	
Phone calls made to families to inform them of the whereabouts of a detained relative			53	
Detainees visited by their relatives with ICRC/National Society support	2			
People to whom a detention attestation was issued	1			

Guinea-Bissau launched a comprehensive assessment of its implementation of the Geneva Conventions; with ICRC help, the National Society drafted, for submission to the parliament, a proposal for a law protecting the emblem. In Gambia, during a meeting of the African Commission on Human and People's Rights, participating States were encouraged to ratify/implement an African Union protocol on women's rights.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies prepare for spillover effects from Mali

In addition to restoring family links and raising awareness of health issues (see *Civilians*), the region's National Societies enhanced their emergency response with ICRC help. In Gambia, Guinea-Bissau and Senegal, volunteers at National Society branches in/near Casamance or on the border with Mali enhanced their first-aid services with material support and through workshops and a competition organized by experts trained abroad (see *Algeria*). The three National Societies practiced coordination, including with the authorities, during a cross-border exercise. In Cabo Verde and Gambia, volunteers trained police officers in basic first aid. In Guinea-Bissau, activities planned in connection with the presidential elections were postponed.

In Casamance, 132 health facilities learnt the proper use of the emblem during a nationwide awareness-raising campaign by the National Society. The National Societies of Cabo Verde, Guinea-Bissau and Senegal encouraged people to resolve their differences peacefully through radio shows.

The region's National Societies strengthened their statutes and their management practices with help from the International Federation/ICRC; all four were able to attend the Council of Delegates. Guinea-Bissau's National Society underwent reorganization, with advice from an external consultant.

Movement components coordinated their efforts through regular meetings and a conference on cooperation in the Sahel (see *Mauritania*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		15		
RCMs distributed		4	1	
Phone calls facilitated between family members		399		
Reunifications, transfers and repatriations				
People reunited with their families		1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		18	4	4
People located (tracing cases closed positively)		13		
	<i>including people for whom tracing requests were registered by another delegation</i>	3		
Tracing cases still being handled at the end of the reporting period (people)		24	5	5
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		9		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		9		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		754	21	6
Detainees visited and monitored individually		66	4	
Detainees newly registered		33	1	
Number of visits carried out		12		
Number of places of detention visited		7		
Restoring family links				
RCMs collected		15		
RCMs distributed		9		
Phone calls made to families to inform them of the whereabouts of a detained relative		53		
Detainees visited by their relatives with ICRC/National Society support		2		
People to whom a detention attestation was issued		1		

* Unaccompanied minors/separated children

1. Gambia, Guinea Bissau, Senegal

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	429	35%	35%
Essential household items ²	Beneficiaries	44,348	49%	30%
	<i>of whom IDPs</i>	Beneficiaries		
Productive inputs ²	Beneficiaries	15,324	40%	36%
Cash	Beneficiaries	751	40%	34%
	<i>of whom IDPs</i>	Beneficiaries		
Work, services and training ²	Beneficiaries	2,752	36%	39%
Water and habitat activities	Beneficiaries	20,260	26%	47%
	<i>of whom IDPs</i>	Beneficiaries		
Health				
Health centres supported	Structures	8		
Average catchment population		56,089		
Consultations	Patients	24,039		
	<i>of which curative</i>	Patients	5,990	8,658
	<i>of which ante/post-natal</i>	Patients	4,437	
Immunizations	Doses	49,679		
	<i>of which for children aged five or under</i>	Doses		
Referrals to a second level of care	Patients	129		
Health education	Sessions	757		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)³				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	21		
Water and habitat activities	Beneficiaries	280		
Health				
Number of visits carried out by health staff		16		
Number of places of detention visited by health staff		5		
WOUNDED AND SICK				
Hospitals³				
Patients whose hospital treatment has been paid for by the ICRC	Patients	6		
Physical rehabilitation⁴				
Centres supported	Structures	1		
Patients receiving services	Patients	1,215	454	193
New patients fitted with prostheses	Patients	31	4	1
Prostheses delivered	Units	37	7	3
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
New patients fitted with orthoses	Patients	10	2	3
Orthoses delivered	Units	11	2	3
Patients receiving physiotherapy	Patients	984	366	159
Crutches delivered	Units	155		
Wheelchairs delivered	Units	31		

1. Guinea Bissau, Senegal

2. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.

2. Senegal

2. Guinea Bissau