

DAKAR (regional)

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



KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ people in Casamance, Senegal and Guinea-Bissau recovered their health through care in 8 ICRC-supported health centres, with the São Domingos facility beginning to operate independently at year-end
- ▶ women in Casamance reduced their exposure to abuses, including sexual violence, mines and other risks by pursuing ICRC-supported projects – such as market gardens and cereal milling – within their villages
- ▶ in Senegal, families of missing migrants accessed ICRC tracing services and eased their distress with psychosocial aid provided with Senegalese Red Cross Society volunteers and local associations
- ▶ Senegalese military troops learnt more about their duties under IHL, for example facilitating access to health care, through information sessions led by ICRC-trained Senegalese military instructors
- ▶ drawing on insight gained during regional IHL workshops and the ICRC's technical input, the region's authorities advanced implementation of IHL treaties, with Senegal ratifying the Arms Trade Treaty

EXPENDITURE (in KCHF)	
Protection	1,491
Assistance	4,228
Prevention	2,284
Cooperation with National Societies	1,052
General	274
Total	9,328

of which: Overheads 569

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%

PERSONNEL	
Mobile staff	20
Resident staff (daily workers not included)	134

The ICRC opened a regional delegation in Dakar in 1989, although it had already worked in the region for several 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 RESULTS

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	20
RCMs distributed	5
Phone calls facilitated between family members	519
People located (tracing cases closed positively)	8
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	631
Detainees visited and monitored individually	14
Number of visits carried out	8
Number of places of detention visited	5
Restoring family links	
RCMs collected	2
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	38

ASSISTANCE	2014 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme) ¹		
Food commodities	Beneficiaries 900	1,595
Essential household items	Beneficiaries 900	780
Productive inputs	Beneficiaries 52,200	21,033
Cash	Beneficiaries 300	2,183
Work, services and training	Beneficiaries	17,248
Water and habitat activities	Beneficiaries 23,500	26,967
Health		
Health centres supported	Structures 8	8
WOUNDED AND SICK		
Physical rehabilitation		
Centres supported	Structures 1	1
Patients receiving services	Patients 1,500	1,595

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

CONTEXT

Peace talks and dialogue on demining, between the Mouvement des forces démocratiques de Casamance (MFDC) and the Senegalese government, progressed little. However, only few encounters between the Senegalese armed forces and MFDC units in the Casamance region of Senegal were reported. Insecurity remained widespread, and mines – some newly laid – and explosive remnants of war (ERW) claimed lives and restricted movement. They also obstructed returning IDPs and refugees, and kept them out of the reach of most humanitarian actors and assistance. Limited demining activities continued along the construction route of a national highway. Senegal hosted several international conferences and contributed troops to peacekeeping missions abroad.

In Guinea-Bissau, the mandate of international troops was extended to June 2015, and the newly elected government began to carry out reforms. Access to State services in the north-west was very limited; people also felt the effects of the security situation in Casamance. In Gambia, several people were reportedly detained following a coup attempt at year's end. A volcanic eruption in Cabo Verde displaced hundreds of people. The Ebola outbreak left the countries in the region largely untouched.

Migrants traveling to Europe or elsewhere passed through or began their journey in the four countries in the region.

ICRC ACTION AND RESULTS

The ICRC delegation in Dakar sought to address the needs of conflict-afflicted people in the Casamance region of Senegal and underserved communities in northern Guinea-Bissau. As part of its multidisciplinary approach, the ICRC: documented abuses, including sexual violence, and shared these allegations with parties concerned, with a view to preventing their recurrence; incorporated these protection concerns and the security situation of women and girls in assistance activities; maintained dialogue with all MFDC factions and other parties, which facilitated access to conflict-affected communities in Casamance for Senegalese Red Cross Society volunteers and State health workers.

In this way, vulnerable people – with help from the Senegalese Red Cross and the Red Cross Society of Guinea-Bissau – built their resilience and lowered their risk of abuse, including sexual violence, and the threat posed by anti-personnel mines. Female heads of households reduced their need to leave their villages – and thereby expose themselves to risks outside – by taking part in ICRC-supported projects within their villages. IDPs adapted to new surroundings or resettled in communities with ICRC material assistance; free vaccination/deworming services enabled vulnerable herders to improve the health and the productivity/market value of their livestock. Upgrades to water infrastructure helped ensure that people had enough water for personal consumption or agro-pastoral activities. On-site treatment from community workers, and care at nine ICRC-supported facilities, including a physiotherapy centre, enabled communities to protect/recover their health. The São Domingos facility in Guinea-Bissau began operating independently at year's end.

The ICRC encouraged influential actors to facilitate neutral, impartial and independent humanitarian action. Senegalese military/security officers and some MFDC units reinforced their knowledge of IHL and human rights principles through information sessions and other events; some sessions for Senegalese officers were led by ICRC-trained Senegalese military instructors. In Casamance,

radio programmes helped inform people of National Society/ICRC activities for them; they also reminded weapon bearers not to hinder access to health care and humanitarian aid. Religious leaders, humanitarian workers and members of the international community discussed humanitarian concerns, such as sexual violence, and issues covered by the Health Care in Danger project during themed events and on international fora, notably the launch of the French selection of the *International Review of the Red Cross* during the 15th annual summit of the Organisation internationale de la Francophonie.

The region's authorities drew on knowledge acquired at regional workshops, and on the ICRC's technical expertise, to review domestic legislation governing the use of arms, and to advance implementation of IHL treaties. Senegal ratified the Arms Trade Treaty in September, and the authorities moved to establish a national IHL committee. The Bissau-Guinean and Senegalese authorities also received the ICRC's confidential feedback based on its visits to detainees, helping them improve detainees' treatment and living conditions. Detainees at a few prisons in Casamance benefited from efforts by the Senegalese authorities with ICRC support, to bolster the food supply and upgrade infrastructure.

Families dispersed by armed conflict, detention or migration restored contact through Movement family-links services. The region's National Societies developed their family-links capacities with ICRC help and coordinated their activities. In Guinea-Bissau and Senegal, hundreds of minors contacted relatives separated from them during crowded public events. In Senegal, families made use of tracing services to search for missing migrant breadwinners and eased their distress somewhat with psychosocial support from trained National Society volunteers and ICRC-supported local associations.

The region's National Societies also strengthened their management, and their capacities to respond to emergencies, with ICRC help. In Guinea-Bissau, volunteers prepared for possible electoral violence, while National Societies and health authorities practiced Ebola-prevention measures. Movement components met regularly to coordinate their activities, thereby avoiding duplication and maximizing impact.

CIVILIANS

People in Casamance reported IHL violations, sexual violence and mine-related incidents to the ICRC. These allegations were documented and shared with the parties concerned, with a view to preventing their reoccurrence. As part of the ICRC's multidisciplinary approach, these protection concerns, and the findings of an assessment of the security situation of women and girls in 46 villages, were incorporated in assistance activities.

Dialogue with all MFDC factions and other parties concerned facilitated access to conflict-affected communities in Casamance for Senegalese Red Cross/ICRC teams, State health workers accompanied by ICRC staff and some third-party mediators. By the middle of the year, health workers reported having easier access to conflict-affected areas; help for them was reduced to logistical support.

Expectant mothers, including those suffering from complications, obtain specialized care

More than 55,000 people had access to preventive and curative care of government-approved standard, and family-planning services

at five centres in Casamance and three in north-western Guinea-Bissau supported by the ICRC with supplies and infrastructural upgrades, and on-site treatment from community workers and State health teams accompanied by ICRC delegates. Pregnant women were cared for by health workers trained in ante/post-natal care – in the São Domingos facility in Guinea-Bissau, staff practised emergency surgical procedures for pregnant women experiencing complications – or were referred/evacuated to hospital. The São Domingos facility began to operate independently at year's end, the ICRC having completed its three-year support project.

Around 8,000 people – even in areas not covered by health centres – learnt how to avoid sexually transmitted diseases, such as HIV/AIDS, through health education sessions conducted by some 60 community workers/National Society volunteers with ICRC support. In August, health authorities took over this project, incorporating it in the national health programme.

People in Casamance build up their resilience to violence and the threat of anti-personnel mines

In Casamance and north-western Guinea-Bissau, IDPs, returnees and other conflict-affected people pursued National Society/ICRC-supported livelihood activities that helped them build up their resilience or reduce their exposure to sexual violence and the threat of anti-personnel mines.

In Casamance, economic-security projects made it less necessary for people to expose themselves to risks outside their villages. Over 500 households, notably those headed by women (2,170 people) consumed/sold vegetables they had cultivated in market gardens using ICRC-provided agricultural inputs and solar-powered pumps; some 110 women hulled grain using ICRC-provided cereal mills, easing their manual labour. Another 600 rice farmers boosted their yields following the construction/upgrade of dikes for collecting rain water and protecting crops against saltwater. Over 200 returnee households (1,400 people) established stable sources of food/income and repaired damaged homes, with ICRC-provided seed/goats and roofing material. In Ziguinchor, more than 50 long-time IDP households (430 people) set up small businesses, through which they earned money during their prolonged displacement. Another 1,600 people, of whom over 1,000 were

returnees, resettled in communities or coped with the loss of their homes with ICRC food rations, with nearly 90 disaster-affected households (780 people) setting up temporary shelters using ICRC-provided household essentials.

Some 3,600 herding households in Casamance and 705 households in underserved areas in northern Guinea-Bissau (30,135 people) improved the health, and the productivity/market value, of their livestock with the help of free vaccination/deworming services and technical advice from animal health workers supported by the ICRC with supplies, training and, in Guinea-Bissau, four motor-cycles to extend the range of their activities. However, mines and administrative constraints greatly limited veterinary activities in Casamance and Guinea-Bissau, respectively.

Over 19,900 people in Casamance, including the abovementioned rice farmers, and 7,000 in northern Guinea-Bissau made use of ICRC-upgraded water/farming infrastructure. The upgrades helped ensure that they had enough water for personal consumption and for agro-pastoral activities, including those backed by the ICRC, and helped some 1,400 people in Casamance supplement their income through cash-for-work projects. Local teams, drawing on ICRC support, maintained the upgraded infrastructure and promoted good hygiene practices. In Guinea-Bissau, the National Society took over hygiene-promotion activities.

Families in Senegal relieve the emotional strain caused by separation from their breadwinners

National Societies throughout West Africa, including from States hosting refugees, developed their family-links services through training activities in Senegal, organized with ICRC support. At two regional workshops, representatives exchanged good practices in restoring family links during emergencies, assessing needs and strengthening coordination.

In Guinea-Bissau and Senegal, over 1,400 children and vulnerable people contacted relatives separated from them during crowded public events; some 30 particularly vulnerable people also received money for travelling home or getting medical attention. During a religious festival in Senegal, 8,000 children wore National Society-issued wristbands with their contact details, which facilitated

CIVILIANS			GUINEA-BISSAU	SENEGAL
Economic security, water and habitat¹				
Food commodities		Beneficiaries		1,595
	<i>of whom IDPs</i>	Beneficiaries		216
Essential household items		Beneficiaries	7	773
Productive inputs		Beneficiaries	11,365	9,693
	<i>of whom IDPs</i>	Beneficiaries		216
Cash		Beneficiaries		2,183
	<i>of whom IDPs</i>	Beneficiaries		919
Work, services and training		Beneficiaries	17,168	80
Water and habitat activities		Beneficiaries	19,901	7,066
Health				
Health centres supported		Structures	3	5
Average catchment population			39,004	16,102
Consultations		Patients	9,969	13,515
	<i>of which curative</i>	Patients	6,829	11,854
	<i>of which ante/post-natal</i>	Patients	3,140	1,661
Immunizations		Doses	12,904	11,138
	<i>of which for children aged five or under</i>	Doses	10,663	12,158
Referrals to a second level of care		Patients	67	130
Health education		Sessions	433	202

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

reunification and helped prevent separation. National Society volunteers enabled some 300 students at Senegalese religious schools to contact their families.

In northern Senegal, families of missing migrants made nearly 200 tracing requests; these were collected by National Society volunteers, who, drawing on an assessment made by an ICRC mental-health specialist, also provided families with some psychosocial support. To find these missing people, requests – some 120 – were forwarded to other countries through the Movement's worldwide family-links network (see *Europe*). In the meantime, the families eased their distress somewhat with the help of ICRC-supported associations of families of missing migrants, for example by sharing experiences at meetings and organizing commemorative events. The families learnt, through ICRC-designed brochures, about the legal aspects of disappearance, which helped them tackle/avoid legal obstacles. Families' economic needs were also assessed by ICRC specialists, with a view to encouraging/facilitating support from other actors.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Casamance, some 630 detainees held by the Senegalese authorities, including at a place of temporary detention under *gendarmérie* jurisdiction, received visits from ICRC delegates, conducted according to the organization's standard procedures; about a dozen security detainees were followed up individually. In Guinea-Bissau, nine people monitored by the ICRC were released. Afterwards, the detaining authorities received confidential feedback, helping them improve detainee treatment and living conditions. Dialogue on resuming visits to detainees in Gambia stalled.

Through Movement family-links services, over 110 detainees informed their families of their situation, and the consular representatives of around a dozen foreign detainees were notified of their detention. As MFDC units detained in Gambia were released in 2013, no further family visits were organized for them.

Casamance prisons authorities take steps to improve food supply

In Casamance, the authorities were alerted to cases of people in prolonged preventive detention, to set up judicial proceedings. To improve food supply management, the authorities drew on ICRC expertise to: organize meetings at which prison directors and staff discussed obstacles to improvement and good practices in overcoming them; and set up a committee to follow up the implementation of recommendations, such as the standardization of food portions, made at a round-table in 2013. With the authorities' consent, the findings of the round-table were compiled into a report and presented to the Justice Ministry and others, with a view to persuading them to increase their support.

Two prisons supplemented their food supply with vegetables cultivated in prison market gardens by 25 detainees equipped with ICRC-provided agricultural supplies/tools and training. At the Ziguinchor prison, detainees with vitamin-deficiency illnesses had access to vitamin supplements, after prison management was able, with the ICRC's help, to obtain them.

WOUNDED AND SICK

In Casamance, comparatively few people sought treatment for weapon wounds. Five victims of violence recovered from their injuries following treatment and surgery at the Ziguinchor hospital; the ICRC covered the costs.

Guinea-Bissau adds to its pool of physiotherapy specialists

In Guinea-Bissau, nearly 1,600 people regained some mobility through treatment at the physiotherapy centre in Bissau; some used assistive devices made specifically for them. To ensure the quality of these services, the centre continued to draw on ICRC financial/technical/material support. Two technicians pursued ICRC-financed training abroad; one was already back at work. Physiotherapy professionals, including from other institutions, practised working with polypropylene technology at the centre in

CIVILIANS	GAMBIA	GUINEA-BISSAU	SENEGAL
Red Cross messages (RCMs)			
RCMs collected	2	6	12
<i>including from UAMs/SCs*</i>			3
RCMs distributed	1	1	3
<i>including from UAMs/SCs*</i>			2
Phone calls facilitated between family members			519
Reunifications, transfers and repatriations			
People reunited with their families			2
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	1		194
<i>of whom women</i>	1		3
<i>of whom minors at the time of disappearance - girls</i>			2
<i>of whom minors at the time of disappearance - boys</i>			7
<i>including people for whom tracing requests were registered by another delegation</i>			4
People located (tracing cases closed positively)	1		7
<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)	7		202
<i>of whom women</i>	2		5
<i>of whom minors at the time of disappearance - girls</i>			2
<i>of whom minors at the time of disappearance - boys</i>			9
<i>including people for whom tracing requests were registered by another delegation</i>			1
UAMs/SCs*, including unaccompanied demobilized child soldiers			
UAMs/SCs newly registered by the ICRC/National Society			1
UAMs/SCs reunited with their families by the ICRC/National Society			1
UAM/SC cases still being handled at the end of the reporting period			1

* Unaccompanied minors/separated children

Bissau. Regular contacts with associations of disabled persons and field visits to distribute crutches and wheelchairs helped ensure that as many people as possible benefited from physiotherapy services. Some 40 potential patients were identified through these efforts; 20 were referred to the centre.

During a workshop abroad (see *African Union*), a representative of the centre learnt how to encourage further State support for people disabled by mines/ERW and cluster munitions. ICRC-sponsored sports events during the International Day of Persons with Disabilities helped raise public awareness of the needs of disabled people.

ACTORS OF INFLUENCE

Weapon bearers in Casamance, including some MFDC units, learn more about IHL

At information sessions in Senegal, over 2,000 weapon bearers – including Senegalese troops deploying abroad or stationed in Casamance, and 20 MFDC units – learnt more about IHL, particularly the need to facilitate people's access to health care. A dozen military instructors honed their teaching skills at train-the-trainer workshops; some of them led the abovementioned information sessions. Two officers attended specialized training abroad (see *International law and policy* and *Brussels*); one drew on information acquired at a Health Care in Danger workshop to help military commands review and adapt policies on respecting health workers, and revise the curriculum of Senegal's military medical school.

Dialogue on establishing an IHL training unit within the military continued. Administrative constraints limited the carrying out of planned training activities.

During information sessions and first-aid training conducted by the National Societies concerned, nearly 400 police/*gendarmérie* units – among them, 140 Senegalese police units deploying to the Central African Republic and Nigerian police units stationed in Guinea-Bissau – added to what they knew of international norms applicable to law enforcement and the ICRC's activities for detainees.

Influential actors gain insight into IHL and humanitarian concerns during international events in Dakar

Influential people were briefed on humanitarian issues, for example sexual violence and access to health care, and encouraged to facilitate neutral, impartial and independent humanitarian action through information sessions, events at the ICRC's IHL documentation centre in Dakar and other means. In Casamance, religious leaders and academics learnt of ICRC action at briefings in religious schools, and discussed the common ground between IHL and Islam at events organized by the Senegalese Red Cross and a conference abroad (see *Pakistan*). Around 20 humanitarian workers across the region learnt more about legal frameworks applicable to humanitarian action during an ICRC-organized workshop. Journalists, encouraged to accurately report on humanitarian issues through field trips and workshops, raised public awareness of the Movement and IHL. Radio programmes helped inform people of National Society/ICRC activities for them and encourage weapon bearers to facilitate access to people's health care and humanitarian aid.

Humanitarian organizations, the international community, universities and the ICRC discussed the situation in Casamance, and other humanitarian issues, at regional events in Senegal, notably the launch of the French selection of the *International Review of the Red Cross* during the 15th annual summit of the Organisation internationale

de la Francophonie (see *Paris*). At a human rights conference abroad (see *Yaoundé*), participants learnt of the ICRC's concerns regarding migrants and detainees.

Students and lecturers familiarized themselves with IHL and humanitarian issues by participating in some of the events mentioned above. Over a dozen university lecturers from francophone Africa bolstered their IHL expertise at an advanced course; students used the reference materials in the delegation's library to further their IHL-related research.

The region's authorities take steps to regulate arms, with Senegal ratifying the Arms Trade Treaty

Representatives from Cabo Verde, Guinea-Bissau and Senegal exchanged insights on the Arms Trade Treaty at a regional conference (see *Nigeria*); Senegalese officials discussed the challenges to IHL implementation at another workshop abroad (See *New Delhi*). The Senegalese arms regulation commission reviewed domestic legislation pertaining to the use/trade of weapons, particularly chemical weapons and small arms. Senegal ratified the Arms Trade Treaty in September. The Senegalese Justice Ministry also began the process of creating an IHL sub-committee within the national human rights committee: at year's end, the official decree had not yet been approved.

Guinea-Bissau ratified the Optional Protocol to the Convention on the Rights of the Child; the Cabo Verde authorities revised legislation protecting the red cross emblem and recognizing the National Society. At an ICRC-organized conference, State representatives from throughout Africa discussed obstacles to and good practices in implementing the Montreux document on private military and security companies.

RED CROSS AND RED CRESCENT MOVEMENT

The Bissau-Guinean and Senegalese National Societies, drawing on ICRC support to develop their skills and apply the Safer Access Framework, conducted joint activities with the ICRC (see *Civilians*) and strengthened their emergency response. Thus, volunteers in areas bordering Guinea and Mali, and those at hand during electoral proceedings in Guinea-Bissau were better prepared to administer first aid to ill/injured people. In Gambia, volunteers and health authorities from throughout the region simulated the implementation of contingency plans against Ebola.

The region's National Societies raised support for Movement action and volunteerism, drawing on ICRC support and knowledge acquired at a regional communications workshop. In Casamance, volunteers continued informing health practitioners of the proper use of the emblem.

National Societies strengthened their statutes, management and legal bases, including by participating in meetings abroad, with Movement help. The Bissau-Guinean National Society reviewed its organizational structure with the help of an external auditor.

Movement components met regularly to coordinate their activities, thereby avoiding duplication and maximizing impact.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Red Cross messages (RCMs)		UAMs/SCs*		
RCMs collected	20	3		
RCMs distributed	5	2		
Phone calls facilitated between family members	519			
Reunifications, transfers and repatriations				
People reunited with their families	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	195	4	2	7
<i>including people for whom tracing requests were registered by another delegation</i>	4			
People located (tracing cases closed positively)	8			
<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)	209	7	2	9
<i>including people for whom tracing requests were registered by another delegation</i>	1			
UAMs/SCs*, including unaccompanied demobilized child soldiers		Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society	1			
UAMs/SCs reunited with their families by the ICRC/National Society	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
ICRC visits		Women	Minors	
Detainees visited	631	7	8	
		Women	Girls	Boys
Detainees visited and monitored individually	14			
Detainees newly registered	8			
Number of visits carried out	8			
Number of places of detention visited	5			
Restoring family links				
RCMs collected	2			
RCMs distributed	2			
Phone calls made to families to inform them of the whereabouts of a detained relative	38			

* Unaccompanied minors/separated children

1. Gambia, Guinea-Bissau and Senegal

2. 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)²				
Food commodities	Beneficiaries	1,595	31%	41%
	<i>of whom IDPs</i>	216		
Essential household items	Beneficiaries	780	28%	44%
Productive inputs	Beneficiaries	21,033	42%	29%
	<i>of whom IDPs</i>	216		
Cash	Beneficiaries	2,183	35%	35%
	<i>of whom IDPs</i>	919		
Work, services and training	Beneficiaries	17,248	39%	33%
Water and habitat activities	Beneficiaries	26,967	30%	40%
Health				
Health centres supported	Structures	8		
Average catchment population		55,106		
Consultations	Patients	23,484		
	<i>of which curative</i>		5,298	9,276
	<i>of which ante/post-natal</i>		4,801	
Immunizations	Doses	24,042		
	<i>of which for children aged five or under</i>	22,821		
Referrals to a second level of care	Patients	197		
Health education	Sessions	635		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)³				
Economic security, water and habitat (in some cases provided within a protection programme)				
Productive inputs	Beneficiaries	25		
Health				
Number of visits carried out by health staff		2		
Number of places of detention visited by health staff		2		
WOUNDED AND SICK				
Hospitals³				
Patients whose hospital treatment has been paid for by the ICRC	Patients	5		
Physical rehabilitation⁴				
Centres supported	Structures	1		
Patients receiving services	Patients	1,595	551	284
New patients fitted with prostheses	Patients	46	16	5
Prostheses delivered	Units	54	16	7
	<i>of which for victims of mines or explosive remnants of war</i>	11		
New patients fitted with orthoses	Patients	41	12	17
Orthoses delivered	Units	53	12	24
Patients receiving physiotherapy	Patients	1,423	486	262
Crutches delivered	Units	123		
Wheelchairs delivered	Units	66		

1. Guinea-Bissau and Senegal

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

3. Senegal

4. Guinea-Bissau