

AFRICA

KEY RESULTS/CONSTRAINTS IN 2015

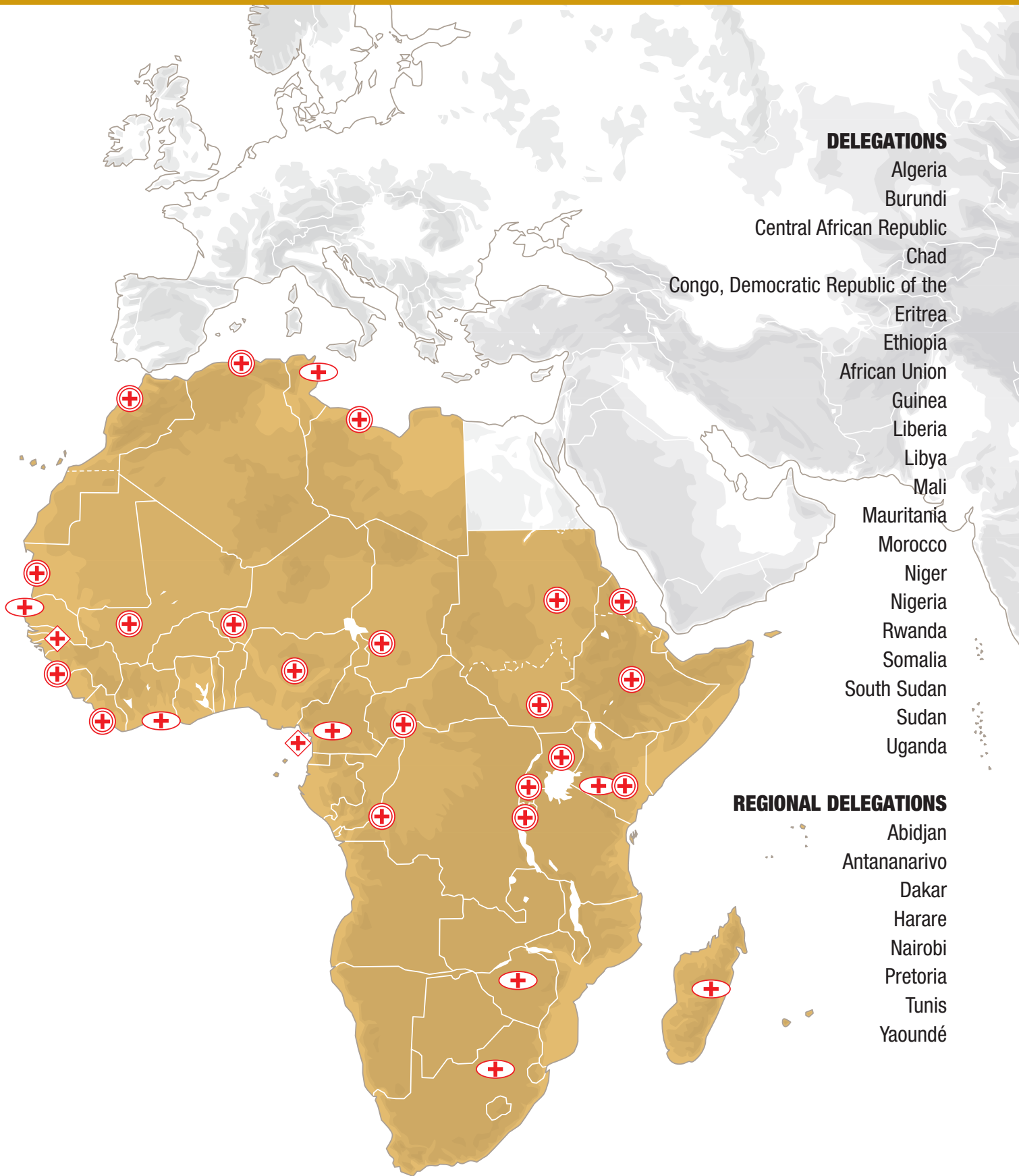
- ▶ Contact with the authorities, weapon bearers and other influential parties helped aid reach some conflict-affected people accessible to few humanitarian organizations, but security and other constraints remained.
- ▶ Following developments in certain countries and subsequent budget extension appeals, more people than initially planned were provided with food and household essentials; the majority of them were IDPs.
- ▶ Where possible, people resumed their livelihoods with ICRC support, such as seed, equipment and services for agro-pastoralists and cash grants for vulnerable households, including those headed by women.
- ▶ Weapon-wounded people were treated by ICRC surgical teams and health-care staff at ICRC-supported facilities. People also received counselling for conflict-related trauma, including sexual violence.
- ▶ People held in relation to conflict by national/international forces and armed groups, notably in the Central African Republic, the Democratic Republic of the Congo and Mali, received ICRC visits.
- ▶ States and regional bodies advanced the implementation of IHL treaties and organized regional events to foster greater understanding of specialized IHL topics; 10 countries ratified the Arms Trade Treaty.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	97,311
RCMs distributed	81,570
Phone calls facilitated between family members	416,591
People located (tracing cases closed positively)	2,273
People reunited with their families	1,049
<i>of whom unaccompanied minors/separated children</i>	964
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	293,278
Detainees visited and monitored individually	10,688
Number of visits carried out	1,839
Number of places of detention visited	583
Restoring family links	
RCMs collected	5,130
RCMs distributed	3,307
Phone calls made to families to inform them of the whereabouts of a detained relative	5,559

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	1,704,500 2,200,298
Essential household items	Beneficiaries	1,032,100 1,153,568
Productive inputs	Beneficiaries	1,811,900 3,078,587
Cash	Beneficiaries	265,090 231,101
Vouchers	Beneficiaries	128,500 57,988
Services and training	Beneficiaries	1,000,975 1,285,151
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	4,356,400 2,886,501
Health		
Health centres supported	Structures	118 105
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	19 127
Water and habitat		
Water and habitat activities	Number of beds	2,071 3,422
Physical rehabilitation		
Projects supported	Structures	33 41
Patients receiving services	Patients	19,150 32,815

EXPENDITURE IN KCHF	
Protection	85,247
Assistance	405,458
Prevention	51,882
Cooperation with National Societies	35,237
General	2,280
Total	580,105
<i>Of which: Overheads</i>	35,211

IMPLEMENTATION RATE	
Expenditure/yearly budget	87%
PERSONNEL	
Mobile staff	909
Resident staff (daily workers not included)	4,510



DELEGATIONS

- Algeria
- Burundi
- Central African Republic
- Chad
- Congo, Democratic Republic of the
- Eritrea
- Ethiopia
- African Union
- Guinea
- Liberia
- Libya
- Mali
- Mauritania
- Morocco
- Niger
- Nigeria
- Rwanda
- Somalia
- South Sudan
- Sudan
- Uganda

REGIONAL DELEGATIONS

- Abidjan
- Antananarivo
- Dakar
- Harare
- Nairobi
- Pretoria
- Tunis
- Yaoundé

 ICRC delegation
  ICRC regional delegation
  ICRC mission



Maiduguri, Nigeria. The ICRC began collaborating with the Borno State Widows Association in 2013. Through the ICRC programme, more than 1,300 widows have improved their access to food, reduced their debts by saving more, and found support to start small businesses.

In 2015, the ICRC worked from 29 delegations in Africa to alleviate suffering caused by past and ongoing armed conflict and other situations of violence. Pressing needs arising from continued fighting and widespread insecurity made operations in the following countries among the largest in the region: the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Mali, Nigeria, Somalia and South Sudan. The ICRC scaled up its activities in some of them after launching budget extension appeals for the Lake Chad region (Cameroon, Chad, Niger and Nigeria), Libya, Sudan and South Sudan.

Sustained dialogue with the authorities, weapon bearers and other influential parties, and other efforts to foster their support for IHL and neutral, impartial and independent humanitarian action, helped the ICRC reach conflict-affected people who were accessible to few other humanitarian organizations. However, as security and other constraints remained, the ICRC adapted its activities in order to provide assistance while ensuring its staff's safety.

In areas of South Sudan rendered inaccessible by fighting/floods, the ICRC continued to air-drop supplies, which South Sudan Red Cross/ICRC personnel received and distributed to people. In Sudan, discussions with the authorities and agreements concluded in 2014 enabled the ICRC to gradually resume its operations, which had been suspended between February and September 2014 in accordance with a government directive. However, the ICRC was unable to implement all of its activities according to its working methods, owing to pending practical arrangements and other constraints. Thus, it reduced its staff and donated, to the National Society and other organizations, supplies it could

not distribute. The Libya delegation continued to adapt to the relocation of its mobile staff to Tunis, Tunisia in 2014; for example, courses for Libyan medical personnel were held in Tunisia. After an ICRC driver and a Mali Red Cross volunteer were killed in an attack, the ICRC suspended all staff movement outside towns in northern Mali for three months, causing some activities to be delayed/downscaled. However, it was still able to assist communities with help from National Society volunteers and State/local/community actors. Following an evaluation and networking efforts with all stakeholders, the ICRC lifted the suspension in July.

Together with the pertinent National Societies, the ICRC provided conflict/violence-affected people – many of them IDPs – with rations and household essentials that helped tide them over until they could find alternative means of survival. In places with functioning markets, such as a few parts of Nigeria and Somalia, people purchased food and other items using cash/vouchers from the ICRC. Owing to developments in Nigeria, South Sudan and, to a lesser extent, Mali, the ICRC distributed relief to more beneficiaries than planned; in Nigeria, the initial budget was exhausted by the end of January, and funds were temporarily reallocated to cover needs until additional resources were mobilized. However, in the CAR, logistical/security constraints hindered aid distributions.

Where possible, people were supported in recovering their self-sufficiency and strengthening their resilience. Notably, agro-pastoralists in Burkina Faso, Ethiopia, Somalia and Sudan were provided with seed, equipment, training and veterinary services, which helped them resume their livelihoods. Because of various developments, more people than planned were assisted in

the CAR, Cameroon, the DRC, Niger, Nigeria and South Sudan. However, targets were not reached in Mali, in part, because of the temporary suspension of activities. In some instances, livelihood support helped reduce people's exposure to risks: in Sudan, some people had less need to travel to unsafe areas for food/water, and in Casamance, Senegal, women did not have to leave their villages as much for income-generating activities, mitigating their exposure to mines and abuses, including sexual violence.

People in several countries had access to clean water – for personal and in some cases, agricultural use – and had more sanitary living conditions after water/sanitation facilities in conflict/violence-affected communities and camps were built/repared by the ICRC. It carried out emergency interventions, such as water trucking in the CAR and Nigeria; following reports of cholera, it conducted disinfection and hygiene-promotion initiatives in Nigeria, Somalia and South Sudan.

ICRC delegates continued to monitor the situation of vulnerable people and to document reported abuses, including sexual violence; when possible, these allegations were shared with the parties concerned, with a view to preventing their recurrence. Where necessary, victims were provided with medical care, psychological support, material assistance and family-links services.

Dialogue with parties involved in conflict or other situations of violence emphasized the protection due to people providing/seeking medical care. Reminders were passed through the media and traditional/religious leaders, and direct contact with and briefings for the pertinent parties, with a view to fostering greater respect for health/medical and humanitarian workers – for example, in the CAR and Somalia, and in Ebola-affected Guinea and Liberia. In Mali, such reminders helped persuade weapon bearers to leave a health centre they had occupied, allowing it to resume operations. In Côte d'Ivoire, patients had better access to medical facilities after the ICRC and other humanitarian organizations made representations to the authorities. In Casamance, dialogue with armed groups helped Senegalese Red Cross Society/ICRC teams and State health workers conduct immunization campaigns.

Although attacks on health-care services hampered people's access to treatment in many contexts, thousands of people in conflict-affected or underserved areas availed themselves of services at primary-health-care facilities that the ICRC provided with supplies, equipment, staff training and support for infrastructure upgrades. Notably, in Somalia, people accessed health care in 25 fixed and 7 mobile clinics run by the Somali Red Crescent Society. More IDPs and residents in north-eastern Nigeria obtained preventive/curative care after an increase in ICRC support for clinics there after mid-2015. In Liberia, people regained access to health care at pre-Ebola-crisis levels after facilities were aided in implementing disease-prevention measures. People suffering from conflict-related emotional trauma and victims of sexual violence eased their distress through ICRC-supported counselling services in the CAR, Côte d'Ivoire, the DRC, Mali, Niger, Nigeria and Somalia.

Weapon-wounded people were treated in ICRC-supported hospitals or by ICRC medical teams. There were six such teams in South Sudan (in both government- and opposition-controlled areas), three in the CAR, two each in the DRC and Mali, and one each in Niger and Nigeria. Notably, the team in Niger was deployed within days of the outbreak of conflict, and the team in Nigeria was restationed from the Middle Belt to Maiduguri, owing to growing

needs there. In the DRC, local surgeons took over the work of one team from July onwards, though they still received ICRC support. Disabled people in Burundi, Chad, the DRC, Ethiopia, Guinea-Bissau, Mali, Niger, South Sudan and Sudan, and those among Sahrawi refugees in Tindouf, Algeria, regained some mobility through physical-rehabilitation services at ICRC-supported centres. The ICRC helped ensure the continuity of care for the wounded and sick through first-aid training for National Society volunteers and other potential first responders, and war-surgery courses for doctors/surgeons. Specialized training helped increase the pool of physiotherapists and prosthetic/orthotic specialists in Africa.

Family members separated by conflict, violence, migration and detention restored/maintained contact through National Society/ICRC family-links services; they included people who had fled Burundi, the CAR, the DRC, Mali, Nigeria, Somalia and South Sudan. Unaccompanied minors were assisted in seeking and/or rejoining their families; those in the CAR and the DRC, including children formerly associated with armed groups, journeyed home with ICRC assistance and had their reintegration followed up by ICRC delegates. In Libya, migrants held at a retention centre voluntarily returned home through the coordinated action of the Libyan Red Crescent, the authorities and embassies concerned, IOM and the ICRC. In Tunisia, migrants who had left Libya by boat and were rescued by the Tunisian coast guard made phone calls facilitated by the National Society/ICRC. Support for National Societies' family-links services along migration routes in Niger and Tunisia helped people reconnect with relatives.

Detainees in several countries were visited by ICRC delegates in accordance with ICRC standard procedures, amid some constraints. These visits helped ensure that the detainees' treatment met IHL and/or other internationally recognized standards. Among them were people held for security reasons or in relation to armed conflict, including those held by: international bodies, particularly the African Union (AU) and UN; the French army; and armed groups in the CAR, the DRC, Mali, Senegal and South Sudan. In Somalia, visits to detainees in Mogadishu central prison resumed after being suspended in 2014. For the first time, the African Union Mission in Somalia (AMISOM) notified the ICRC of persons they had arrested and detained. In the United Republic of Tanzania, detainees in Zanzibar received ICRC visits, which last took place in 2005. At the request of certain armed groups in Mali and in Sudan, the ICRC acted as a neutral intermediary in the release/handover of people in their custody.

Detaining authorities strove to improve the treatment and living conditions of detainees, drawing on ICRC confidential feedback and technical expertise. In Rwanda, various government bodies revised standards for prison health services, and the penitentiary authorities assessed the nutritional status of inmates, in view of future interventions. Algerian judicial officials and police/*gendarmérie* worked to update procedures for detainees on remand. The Burundian and Guinean authorities drew on ICRC input in reviewing their penitentiary policies.

Joint projects helped the authorities build their capacity to reform penitentiary services. For instance, the Chadian, Ivorian, Malagasy and Malian authorities continued pursuing efforts to standardize food provision in prisons. In some countries, the authorities received direct support – food, medicine, training and infrastructure upgrades – for improving detainees' well-being. In Guinea and Liberia, officials implemented measures that

contributed to preventing the incidence of Ebola in those countries' prisons. In Rwanda, the authorities were supported in installing equipment for producing soap and briquettes, to be used in prisons countrywide. Inmates in Zimbabwean prisons consumed produce from ICRC-supported prison farms. A few States also took steps to accelerate/update judicial processes: for example, the Malagasy authorities managed detainees' cases more effectively after receiving training and office equipment/supplies from the ICRC. Regionwide, security officers were briefed on international standards applicable to detention and law enforcement.

Armed/security forces, including troops deployed abroad or as part of AU and UN peacekeeping missions, reinforced their understanding of their responsibilities under IHL during information sessions held/supported by the ICRC. Where security conditions permitted, as in Mali and Senegal, members of armed groups received briefings encouraging them to observe IHL principles. Military commands, acting on ICRC technical advice, furthered the integration of IHL into their training and operations. Niger's army began integrating an IHL training manual – drafted with ICRC support in 2014 – into its curriculum. With ICRC encouragement, Cameroon's military integrated commanders' responsibilities and sanctions for war crimes in their justice code. In Liberia, the army incorporated operational practices related to facilitating safe access to health care for people into their training manual. The ICRC continued working with the AU to facilitate the incorporation of IHL and international human rights law in the policies of AU-led/authorized peace-support operations. For instance, the Multinational Joint Task Force in the Lake Chad region developed and adopted normative frameworks and mission documents, including rules of engagement and standard operational procedures, in consultation with the ICRC.

Dialogue with representatives of governments and multilateral/international organizations covered issues of humanitarian concern, including those related to migration, sexual violence, the protection due to those seeking/providing health care, the recruitment of children into fighting forces and weapon contamination. Such discussions took place during meetings and events organized by the ICRC and/or other stakeholders, including regional conferences on: best practices for ensuring access to health care during peace-support operations (held in South Africa and Zimbabwe); IHL implementation (Kenya, Nigeria and South Africa); international rules governing military operations (Algeria); and the similarities between Islamic law and IHL (Niger). With encouragement and technical support from the ICRC – directly or under the auspices of regional bodies – States worked on implementing IHL; the CAR, Chad, Côte d'Ivoire, Ghana, Liberia, Mauritania, Mauritius, Niger, Seychelles and Togo ratified the Arms Trade Treaty. Following discussions with other humanitarian actors, the AU developed a three-year plan to incorporate the protection of children into its peace and security policies.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION															
	CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors	Detainees visited and monitored individually
Algeria	1	37	17									14,944	121	81	122
Burundi	1,922	1,862	162			1	1	8	1	82	29	9,901	421	425	1,145
Central African Republic	554	341	1,036			29	23	88	6	125		1,055	38	47	105
Chad	677	389	15,200			21	21	267		38		6,295	123	161	314
Congo, Democratic Republic of the	50,939	41,178	990	14		783	745	429	1	287		20,747	549	697	2,001
Ethiopia	3,602	2,783	14,633	1,117	307	1		56		174	2	41,309	1,612	924	323
Eritrea	608	800								21	127				
Guinea	48	79	212			1	1	1		4		4,033	187	274	25
Liberia	184	80	1,028			1	1	20		8		3,317	339	54	28
Libya	4	48	27					1		1	2				
Mali	1,149	387	5,114			11	11	4	2	37		3,970	184	201	689
Mauritania	142	76	12					1		13		1,900	35	202	45
Niger	12	5	2,459			4	4	25	10	110		4,329	120	212	1,354
Nigeria	150	62	2,796			12	12	264		79		13,000	401	172	2,302
Rwanda	4,443	2,914	63,726	212		116	104	1,131	12	97		56,300	3,738	360	314
Somalia	10,170	13,347	38,594	7,351	32,696					220		4,275	77	213	48
South Sudan	4,383	1,341	19,652	1,129	1,129	44	16	26	21	162		4,624	281	273	309
Sudan	370	26				1	1	5		128					
Uganda	1,843	1,558	9,398			18	18	182		108	10	15,141	694	33	224
Antananarivo (regional)	62	143										17,013	756	629	131
Abidjan (regional)	388	355	1,104					20		30		16,848	434	394	247
Dakar (regional)	5	18	1,478					1		5		659	26	13	20
Harare (regional)	570	327						112		14	6	18,944	383	120	173
Nairobi (regional)	13,724	12,748	232,137			1	1	162		114		985	50	34	50
Pretoria (regional)	282	277	5,991	20						44	94	7,557	84	351	19
Tunis (regional)	27	55	783							3		17,145	675	37	305
Yaoundé (regional)	1,052	334	42			5	5	392		369		8,987	167	146	395
Total	97,311	81,570	416,591	9,843	34,132	1,049	964	3,195	53	2,273	270	293,278	11,495	6,053	10,688

*Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
3		1	90				40	32	8	22	150	1		1	Algeria
16	3	80	1,040	14	3	80	116	25	128	77	14			29	Burundi
3		16	75	3		15	50	16	33	6	48				Central African Republic
8	2	11	264	8	2	7	67	14	309	201	735			1	Chad
21	11	116	1,127	17	9	91	282	47	2,097	1,236	33			72	Congo, Democratic Republic of the
24	4	14	222	18	3	12	49	25	582	587	533			64	Ethiopia
														8	Eritrea
1		1	5			1	175	66	127	41	25				Guinea
			20				123	16	77	39	40				Liberia
										3				1	Libya
10	2	32	547	10	2	26	161	35	279	118	608		14	5	Mali
		3	30			3	21	9	9	12	16				Mauritania
17	3	66	1,307	17	3	65	81	15	166	64	1,635				Niger
74	14	124	1,593	68	13	113	40	22	5		33				Nigeria
27		3	45	1		1	69	22	253	152	40			17	Rwanda
4	1	3	28	5	1	1	39	20	14	7	158		3		Somalia
30	2	11	262	28	2	9	82	27	293	86	203				South Sudan
										1			18	24	Sudan
7	3	6	148	7	3	6	71	30	146	166	109	55	16	23	Uganda
6	2	9	99	6	2	6	64	28	218	41	270				Antananarivo (regional)
5		3	126	2		2	127	48	116	42	329	1		1	Abidjan (regional)
1			18	1			5	4	29	3	14				Dakar (regional)
	2	59	99		2	59	46	28	24	2	218	72			Harare (regional)
2			6	2			17	6	50	55	1				Nairobi (regional)
			5				14	9	7	2	18				Pretoria (regional)
19	1	7	167	9	1	7	48	15	133	69	323				Tunis (regional)
9	2	14	348	9	2	13	52	24	27	5	6				Yaoundé (regional)
287	52	579	7,671	225	48	517	1,839	583	5,130	3,037	5,559	129	51	246	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE

	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM							
	CIVILIANS - BENEFICIARIES							HEALTH CENTRES				Food commodities	Essential household items	Water and habitat activities					
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Catchment population (monthly average)	Consultations (patients)	Immunizations (doses)								
Burundi																	5,294		
Central African Republic	60,379	11,880	73,956	10,932			708,369	6	27,959	35,789	27,449	1,021	650				854		
Chad		16,092															7,397	2,814	
Congo, Democratic Republic of the	74,404	94,072	218,305	15,840	8,920	7,325	223,318	16	146,645	84,689	38,122	4,090	21,418				5,094		
Eritrea			475,192	4,420			67,837												
Ethiopia	789	47,496	47,664	1,554			153,774										29,998	23,220	
Guinea							42,000										5,066	2,570	
Liberia	25,945	9,275		108,466			261,100	3	103,900	16,290	5,532	7,241					1,538		
Libya	32,734	48,979															330		
Mali	250,456	58,824	122,587	8,550		444,734	220,765	10	34,909	28,023	34,450						3,555		
Mauritania							30,000											1,609	
Niger	162,109	37,524	147,858	900		817,511	143,164	5	64,370	45,366	18,648	1,541	1,710				2,938		
Nigeria	536,044	375,754	68,626	32,118	49,068		179,033	12	225,144	74,612	147,779	594	9,901				12,810		
Rwanda	180	421		57		2												51,500	
Somalia	247,445	187,156	836,842	38,237			240,170	32	532,000	473,185	193,521	5,115	4,838				4,000		
South Sudan	410,795	119,440	667,595	6,960		282	392,859	8	189,884	83,730	11,498	4,823	11,248				2,814		
Sudan	289,031	87,600	359,197	300			106,597												
Uganda	18	18															19	14,416	
Abidjan (regional)	1,710	1,741		456		6,000	80,194	8	245,306	70,930	42,509						5,130	14,723	
Antananarivo (regional)																	1,212	2,655	9,030
Dakar (regional)	3,300	15	20,884	2,311		9,297	5,321	5	19,182	17,716	9,630						375		
Harare (regional)																	17,452	15,118	7,226
Nairobi (regional)							30,000												6,200
Pretoria (regional)																	8	906	
Tunis (regional)																			3,165
Yaoundé (regional)	104,959	57,281	39,881				2,000										10,448	1,704	2,200
Total	2,200,298	1,153,568	3,078,587	231,101	57,988	1,285,151	2,886,501	105	1,589,299	930,330	529,138	53,564	132,860				163,154		
of whom women	26%	25%	32%	34%	38%	31%	35%												
of whom children	49%	47%	44%	29%	58%	40%	42%												
of whom IDPs	62%	77%	18%	22%		1%	10%												

WOUNDED AND SICK														
FIRST AID			HOSPITALS				PHYSICAL REHABILITATION							
First-aid posts supported	of which provided data	Wounded patients treated	Hospitals supported	of which provided data	Admissions (patients)	of which weapon-wounded	Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
							1	2,920	10	261	19	474	1,022	Burundi
			2	2	3,401	395	1							Central African Republic
							2	5,224	112	203	349	453	4,007	Chad
10	9	35	39	36	16,577	920	5	1,055	258	84	493	114	458	Congo, Democratic Republic of the
														Eritrea
			2	1			10	6,334	692	699	1,695	2,026	3,152	Ethiopia
														Guinea
			1	1	1,241									Liberia
20		2,367	21		14,255	2,555	1							Libya
			2	2	4,524	238	4	8,760	149	347	288	452	7,593	Mali
														Mauritania
			2	1	754	551	3	543	126	191	116	166	183	Niger
			21	1	600	600								Nigeria
														Rwanda
12	4	161	14	12	17,749	4,507								Somalia
			17	8	4,132	1,135	3	2,409	176	183	476	202	388	South Sudan
			6	4	11,192	422	9	2,908	221	441	588	920	979	Sudan
														Uganda
														Abidjan (regional)
														Antananarivo (regional)
							1	1,929	54	83	54	117	1,834	Dakar (regional)
														Harare (regional)
														Nairobi (regional)
														Pretoria (regional)
							1	733	9	49	25	94	728	Tunis (regional)
														Yaoundé (regional)
42	13	2,563	127	68	74,425	11,323	41	32,815	1,807	2,541	4,103	5,018	20,344	Total
					46%	12%		20%	19%	18%	19%	18%		of whom women
					26%	6%		37%	8%	35%	8%	57%		of whom children
											12%	1%		of whom IDPs