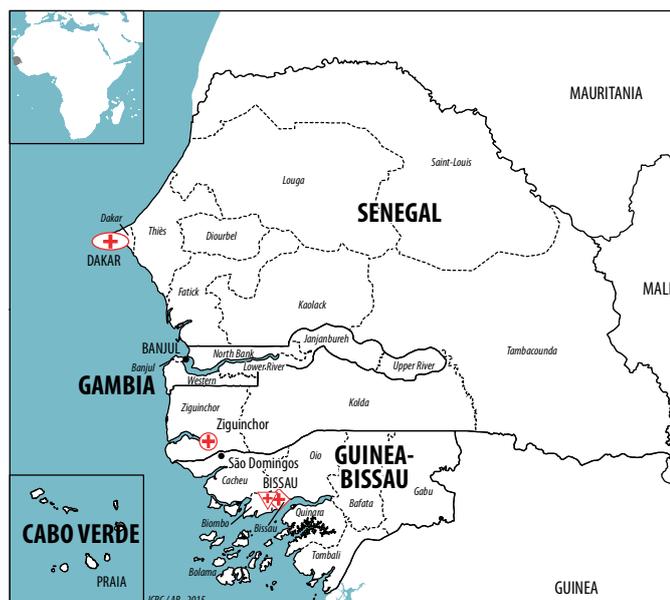


# DAKAR (regional)

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



+ ICRC regional delegation   
 + ICRC sub-delegation   
 + ICRC mission  
▽ ICRC-supported prosthetic/orthotic project

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ People in Casamance, Senegal reported IHL violations and mine-related incidents to the ICRC; these allegations were relayed to the pertinent parties, with a view to preventing their recurrence.
- ▶ With ICRC support, women in Casamance mitigated their risk of sexual violence via livelihood projects that reduced their need to leave their villages, and returnees rebuilt their homes and livelihoods.
- ▶ Relatives of missing Senegalese migrants filed tracing requests with the Movement's family-links network. Some of them coped with their situation via peer-support meetings and commemorative events.
- ▶ At events attended/held by the ICRC, representatives of governments and multilateral/international organizations learnt more about IHL and issues related to migration, sexual violence, and access to health care.

## EXPENDITURE IN KCHF

|                                     |              |
|-------------------------------------|--------------|
| Protection                          | 1,370        |
| Assistance                          | 2,990        |
| Prevention                          | 1,919        |
| Cooperation with National Societies | 990          |
| General                             | 128          |
| <b>Total</b>                        | <b>7,397</b> |

Of which: Overheads **451**

## IMPLEMENTATION RATE

|                           |     |
|---------------------------|-----|
| Expenditure/yearly budget | 83% |
|---------------------------|-----|

## PERSONNEL

|   |     |
|---|-----|
| Mobile staff                                | 17  |
| Resident staff (daily workers not included) | 130 |

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 |
|---|-------|
| <b>CIVILIANS (residents, IDPs, returnees, etc.)</b>                                   |       |
| <b>Restoring family links</b>   |       |
| RCMs collected  | 5     |
| RCMs distributed  | 18    |
| Phone calls facilitated between family members  | 1,478 |
| People located (tracing cases closed positively)                                      | 5     |
| People reunited with their families   | 1     |
| <i>of whom unaccompanied minors/separated children</i>                                | 1     |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>                 |       |
| <b>ICRC visits</b>  |       |
| Detainees visited   | 659   |
| Detainees visited and monitored individually  | 20    |
| Number of visits carried out  | 5     |
| Number of places of detention visited   | 4     |
| <b>Restoring family links</b>   |       |
| RCMs collected  | 29    |
| RCMs distributed  | 3     |
| Phone calls made to families to inform them of the whereabouts of a detained relative | 14    |

| ASSISTANCE  | 2015 Targets (up to) | Achieved |
|---|----------------------|----------|
| <b>CIVILIANS (residents, IDPs, returnees, etc.)</b>   |                      |          |
| <b>Economic security<sup>1</sup></b><br>(in some cases provided within a protection or cooperation programme) |                      |          |
| Food commodities  | Beneficiaries 700    | 3,300    |
| Essential household items   | Beneficiaries 700    | 15       |
| Productive inputs   | Beneficiaries 6,100  | 20,884   |
| Cash  | Beneficiaries 1,800  | 2,311    |
| Services and training   | Beneficiaries 49,500 | 9,297    |
| <b>Water and habitat</b><br>(in some cases provided within a protection or cooperation programme)             |                      |          |
| Water and habitat activities  | Beneficiaries 13,700 | 5,321    |
| <b>Health</b>   |                      |          |
| Health centres supported  | Structures 5         | 5        |
| <b>WOUNDED AND SICK</b>   |                      |          |
| <b>Physical rehabilitation</b>  |                      |          |
| Projects supported  | Structures 1         | 1        |
| Patients receiving services   | Patients 600         | 1,929    |

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

## CONTEXT

The situation in Casamance, Senegal remained relatively calm. However, little progress was made on peace talks between the Mouvement des forces démocratiques de Casamance (MFDC) and the government. Some IDPs and refugees returned to their homes, but certain areas remained inaccessible because of mines – some newly laid – and other security concerns; notably, a clash between an MFDC unit and Senegalese troops was reported in October. Limited humanitarian demining continued, but did not take place in heavily mined areas. Senegal contributed troops to peacekeeping missions abroad.

In Guinea-Bissau, political disputes stalled efforts to improve State services, which were particularly limited in the north-west; people there also felt the effects of the situation in Casamance. International troops in the country had their mandate extended until 2016.

Migrants headed for Europe or elsewhere, including asylum seekers and refugees, traveled through/from Senegal and the other countries covered.

## ICRC ACTION AND RESULTS

The regional delegation in Dakar sought to address the needs of conflict-afflicted people in Casamance and underserved communities in Guinea-Bissau. It documented abuses and shared these allegations with the pertinent parties to prevent their recurrence; employing a multidisciplinary approach, it also incorporated these concerns in its assistance activities, mitigating people's exposure to sexual violence, mines/explosive remnants of war (ERW) and other risks by reducing the need for people to leave their villages for livelihood activities. Dialogue with the Senegalese army and MFDC units facilitated access to conflict-affected communities for Senegalese Red Cross Society volunteers and State health workers.

Returnees, IDPs and other people in Casamance, and to a lesser extent, in Guinea-Bissau, met some of their needs through activities conducted with the pertinent National Societies; communities accessible only to the ICRC were prioritized. Returnees rebuilt their homes and livelihoods using ICRC-donated materials, and earned money through cash-for-work projects. With material/technical support from the ICRC, female heads of households cultivated market gardens; others were able to hull grain more easily or to farm rice using ICRC-donated cereal mills and seed, respectively. Free vaccination and deworming services enabled herders to improve the health and productivity/market value of their livestock. Support for constructing or upgrading wells, dikes and other structures helped ensure that people had enough water for personal consumption and agro-pastoral activities. People had access to preventive/curative care of government-approved standard at primary-health-care centres that received ICRC backing until the authorities completely took over by December.

Detainees in Casamance received ICRC visits to monitor their treatment and living conditions. After these visits, feedback was confidentially shared with the pertinent parties, particularly, regarding overcrowding and detainees' judicial guarantees. In Gambia, dialogue on resuming visits to detainees remained stalled.

In Guinea-Bissau, people received physical rehabilitation services at the ICRC-supported Centro de Reabilitação Motora (CRM). Specialized training for its staff enabled it to start treating children

with clubfoot. Following an agreement between the Senegalese national mine action centre and the ICRC, some patients from Casamance were also treated at the CRM.

Families dispersed by conflict, detention or migration reconnected through Movement family-links services; National Societies received support in this regard, and the Senegalese Red Cross continued to assume full responsibility for some activities. In Senegal, families of missing migrants also sought their relatives through tracing requests. In the meantime, they received psychosocial support through ICRC-supported associations of such families, and learnt about ways to deal with legal challenges through ICRC information sessions/material.

With ICRC support, the region's National Societies strengthened their ability to respond to emergencies in line with the Safer Access Framework; their organizational development; and their coordination with other Movement components.

Senegalese armed/security forces and some MFDC units reinforced their knowledge of IHL and human rights principles through information sessions; most sessions for Senegalese officers were led by ICRC-trained military instructors. The Senegalese army also began revising its IHL manual, though progress was slow.

In Casamance, radio programmes helped raise awareness of National Society/ICRC activities and proper use of the red cross emblem, and encouraged weapon bearers to facilitate access to health care and humanitarian aid.

At events that the ICRC participated in or held – such as an international forum in Gambia for governments and multi-lateral/international organizations, and an ICRC workshop for journalists – stakeholders from the region furthered their understanding of IHL; the ICRC and its work; and humanitarian concerns, such as issues related to access to health care, migration and sexual violence. The ICRC's IHL documentation centre in Dakar was closed, owing to limited use by the public. Senegalese students continued to learn about IHL through ICRC events and publications.

Regionwide, the authorities worked on ratifying/implementing IHL treaties with ICRC support; officials in Senegal also reviewed domestic legislation governing the use of arms. The creation of an IHL sub-committee within Senegal's national human rights committee awaited government approval.

The regional training unit and regional production centre in Dakar provided ICRC delegations with training and communication support, respectively.

## CIVILIANS

People in Casamance reported IHL violations, sexual violence and mine/ERW-related incidents to the ICRC. These allegations were documented and shared with the parties concerned, with a view to preventing their recurrence. In line with the ICRC's multidisciplinary approach, these protection concerns were integrated in the ICRC's assistance activities (see below).

### Contact with weapon bearers facilitates health workers' access to conflict-affected communities

Dialogue with all MFDC factions and other pertinent parties facilitated access to some conflict-affected communities for Senegalese Red Cross/ICRC teams, and State health workers accompanied

by ICRC staff. Health workers also continued to receive logistical support for reaching these communities, which helped them conduct immunization campaigns and other activities.

Over 18,000 people in Casamance had access to preventive/curative care of government-approved standard and to family-planning services at five centres that received ICRC support, such as repairs to the solar panels of two facilities. Backing for these centres was gradually reduced, with the authorities taking over by December.

### **Women in Casamance reduce their exposure to sexual violence and other risks**

Returnees, IDPs and other conflict-affected people in Casamance, and to a lesser extent, in north-western Guinea-Bissau, met some of their needs through assistance activities conducted by the National Societies/ICRC; communities that were accessible only to the ICRC were prioritized. In some cases, these activities mitigated people's exposure to sexual violence, mines/ERW and other risks by reducing the need for them to leave their villages for livelihood activities. Many of them benefited from multiple forms of support.

Over 8,100 people in Casamance benefited from cereal mills donated to three villages, which enabled them to hull grain more easily. With ICRC training and other support, some 280 female heads of households started market gardens and cultivated crops for consumption/sale, which benefited 2,520 people overall. About 200 women that had started such gardens in 2014 were able to continue supporting their households (1,800 people in all) after the ICRC repaired a fence and installed two solar pumps. These women also received technical advice during regular ICRC visits.

Over 200 households (some 1,800 people) resumed their livelihoods using seed, agricultural equipment, goats/sheep, and training from the ICRC; they also received three months' worth of food from an organization mobilized by the ICRC. Three villages (total population: 2,315) that had been affected by illegal logging were given support for replanting two hectares of forest and starting three tree nurseries, with a view to helping them restore their livelihoods. However, plans to provide them with cash/food for working on the project did not push through, as the ICRC's prospective partner for this had other priorities.

In Ziguinchor, 55 households (511 people in all) earned money via small businesses that they had set up with the help of ICRC grants and guidance/training. As they were unable to return to their homes, this helped them cope with their prolonged displacement.

Fifteen people that had been affected by a fire in one village received household essentials from the National Society/ICRC.

### **Herders and farmers in Casamance and Guinea-Bissau resume or continue their livelihoods**

Some 3,600 households (32,400 people) in Casamance and 800 households in underserved areas of northern Guinea-Bissau (5,600 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, equipment and training.

Over 1,575 people in Casamance and 800 in northern Guinea-Bissau had more water for personal consumption and for agro-pastoral activities after wells, dikes and other structures were constructed/improved with ICRC support. Among them were

people who cultivated rice or other crops with help from the ICRC (see above). For working on these projects, some 700 people in Senegal received cash, and 1,400 people in Guinea-Bissau received food. Local committees and technicians were also trained to maintain water facilities.

Around 2,900 returnees (264 households) in Casamance improved their shelters using ICRC-donated materials.

### **Relatives of missing Senegalese migrants receive help for coping with their situation**

With a view to obtaining news of their kin, relatives of missing Senegalese migrants made 93 tracing requests, via the National Society/ICRC; 72 of these were forwarded to other countries through the Movement's worldwide family-links network (see *Paris*), and previous requests were followed up on.

Minimal progress was made regarding the creation of a national support mechanism for families of the missing. In the meantime, the families were aided in coping with their situation through peer-support meetings and commemorative events organized by ICRC-supported associations of such families. Community leaders and the families of missing persons learnt about the legal aspects of disappearance through ICRC dissemination sessions and leaflets, which aimed to help the families deal with/avoid legal obstacles. Following an assessment in 2014, 12 families were selected to receive National Society/ICRC support for starting small businesses.

Members of families dispersed by conflict, detention, migration or other circumstances reconnected with each other through Movement family-links services. A few students at Senegalese religious schools phoned their families via the National Society/ICRC.

The region's National Societies also received support (see *Red Cross and Red Crescent Movement*) to strengthen their family-links capacities; the Senegalese Red Cross continued to gradually assume full responsibility for some activities. For example, they helped several hundred children and vulnerable people contact relatives separated from them during crowded festivals in Senegal; during pilgrimages, thousands of children wore National Society-issued wristbands with their contact details, which helped prevent separation and facilitated/expedited reunification where necessary.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

Detainees in Casamance were visited by the ICRC according to the organization's standard procedures. A detainee in Guinea-Bissau – who was released by year-end – also received an ICRC visit. Dialogue on resuming visits to detainees in Gambia remained stalled.

After these visits, the pertinent parties were provided with confidential feedback to help them improve detainees' treatment and living conditions. Personnel from a national mechanism for monitoring inmates' well-being received advice for drafting/planning their strategy and their activities. A workshop was organized with the justice ministry, the national monitoring mechanism and other stakeholders, to follow up on recommendations made at a 2013 round-table regarding issues related to judicial guarantees and overcrowding in prisons; existing legal provisions were discussed, and suggestions from the workshop were published in a report for submission to the National Assembly.

In one of two prisons that had attempted to start a market garden in 2014 with ICRC support, detainees were advised on ways to

increase their crop yields. The other prison was unsuccessful; security-related concerns were reported.

Detainees in one prison coped with their living conditions using household essentials donated on an ad hoc basis. The authorities received concrete recommendations to help remedy the situation, and other actors were mobilized to assist them in case of future emergencies.

Through family-links services, detainees informed their families of their situation, and the consular representatives of foreign detainees were notified of their detention. Plans for the Senegalese Red Cross to take over these activities encountered administrative delays.

## WOUNDED AND SICK

At the CRM, Guinea-Bissau's only physical rehabilitation centre, over 1,900 people benefited from various services. They included people fitted with customized assistive devices, and about 40 children with clubfoot, who received specialized treatment at a weekly clinic that was started by CRM staff after undergoing ICRC training.

The physical rehabilitation centre in Ziguinchor had difficulty in meeting the demand for orthotic devices. Thus, the ICRC signed an agreement with the Senegalese national mine-action authority regarding treatment for people from Senegal. The first five patients were sent to Guinea-Bissau in December.

To ensure the quality of its services, the CRM continued to draw on ICRC financial/technical/material support. Notably, the cost of devices was reimbursed, and two ICRC technicians provided on-the-job training and technical/management advice to CRM staff. By the end of 2015, all four technicians who had pursued ICRC-financed training abroad were working at the CRM, which allowed the centre to significantly increase its production of orthoses. Physiotherapy professionals, including from other institutions, practised working with polypropylene technology at the centre in Guinea-Bissau.

Field visits coordinated with the Guinea-Bissau Red Cross, associations of disabled persons and other stakeholders raised awareness of disabled people's needs and helped ensure that as many people as possible benefited from physiotherapy services; potential patients were referred to the CRM, and others received crutches and wheelchairs.

## ACTORS OF INFLUENCE

Dialogue with the pertinent parties tackled the situation in Casamance – including the ICRC's role as a neutral intermediary and the possible expansion of ICRC access in areas under MFDC control – and the needs of families of missing migrants (see *Civilians*). In Casamance, radio programmes helped inform people about Senegalese Red Cross/ICRC activities for them; raised awareness of proper use of the emblem; and encouraged weapon bearers to facilitate people's access to health care and humanitarian aid. During information sessions, local officials and community leaders were briefed on the Movement's work.

### Senegalese troops learn more about IHL from ICRC-trained army instructors

At workshops in Senegal, over 5,700 weapon bearers – including military troops to be deployed abroad or stationed in Casamance, and 16 people from an MFDC unit – learnt more about IHL, particularly the need to respect and protect people seeking/

providing health care; most sessions were led by army instructors who had attended train-the-trainer courses in 2014.

Military officers from various departments worked on developing an IHL instruction manual for the army, though progress was slow. Two senior officers attended specialized IHL training in Algeria (see *International law and policy*) and San Remo, Italy.

During ICRC information sessions and National Society/ICRC first-aid training, nearly 400 police/*gendarmerie* personnel – half of whom were posted in Casamance – improved their knowledge of internationally recognized standards for the use of force, especially during arrests.

### Representatives of governments and international organizations further their understanding of IHL

At events attended/held by the ICRC, stakeholders from the region furthered their understanding of IHL; the ICRC and its work in Casamance and elsewhere; and humanitarian concerns, such as issues related to access to health care, migration and sexual violence.

For instance, representatives of governments and multilateral/international organizations furthered their understanding of the distinction and complementarity between IHL and international human rights law – particularly, in connection with displacement and sexual violence – through an ICRC presentation at the 57th session of the African Commission on Human and Peoples' Rights, held in Gambia. At an ICRC-organized regional seminar, experts discussed IHL in relation to the proliferation of small arms and light weapons in West Africa, while a conference on the humanitarian consequences of anti-vehicle mines was postponed to 2016. Through a workshop on conflict reporting, journalists from West and Central Africa strengthened their ability to relay key humanitarian messages.

The ICRC's IHL documentation centre in Dakar was closed, owing to limited use by the public; online IHL resources were promoted instead. Photos of Casamance were also publicized online to encourage other organizations to begin activities in remote/underserved communities. Meanwhile, Senegalese students continued to learn more about IHL and the ICRC through seminars at universities, ICRC-donated publications, and participation in national and regional (see *Niger*) moot court competitions. In Casamance, religious leaders and academics learnt of ICRC action through briefings held for them.

### Authorities in the region take steps to regulate arms

Regional efforts to ratify/implement arms-related treaties and the African Union Convention on IDPs continued, with ICRC technical support. Notably, the Senegalese arms regulation commission reviewed domestic legislation pertaining to the use of biological weapons, and began drafting legislation to implement the Arms Trade Treaty. A decree for the creation of an IHL sub-committee within Senegal's national human rights committee awaited government approval.

At a conference abroad (see *Nigeria*), representatives from Cabo Verde, Guinea-Bissau and Senegal discussed obstacles to IHL implementation. Members of Cabo Verde's national human rights commission learnt about IHL and issues covered by the Health Care in Danger project at a workshop organized with the Red Cross of Cape Verde, with a view to helping the commission fulfil its role in implementing IHL. A Senegalese official contributed to the Strengthening IHL process (see *International law and policy*).

## RED CROSS AND RED CRESCENT MOVEMENT

The Senegalese and Bissau-Guinean National Societies undertook activities with the ICRC (see *Civilians*). All the National Societies in the countries covered bolstered their operational capacities with ICRC support. For instance, in Cabo Verde, Guinea-Bissau and Senegal, National Society first-aid instructors were trained in incorporating elements of the Safer Access Framework in their work. National Societies also enhanced people's knowledge of first aid through radio programmes in Casamance and Guinea-Bissau, and training for security forces in Cabo Verde, Gambia and Senegal.

With Movement support, the four National Societies strengthened their ability to promote IHL and their organizational development. Their representatives participated in statutory meetings and other events abroad, and National Society personnel from Cabo Verde, Gambia and Senegal received training on governance and management. Furthermore, the Bissau-Guinean and Gambian National Societies drew on ICRC support for financial reviews by external auditors, and the Cabo Verdean and Gambian National Societies, for revising their legal bases and national laws on the use of the red cross emblem.

Movement components met regularly to coordinate their activities; notably, the Senegalese and Bissau-Guinean National Societies took part in a cross-border simulation exercise with the Senegalese civilian and military authorities.

Ahead of the 32nd International Conference, the Senegalese Red Cross and the ICRC organized two workshops in Dakar, where Movement components from the region discussed the strengthening of coordination and cooperation within the Movement, and ways to overcome challenges in implementing the Fundamental Principles during field activities. During a Movement seminar on family-links services (see *Abidjan*), the Senegalese Red Cross provided its input on, *inter alia*, the needs of people separated by migration.

| MAIN FIGURES AND INDICATORS: PROTECTION  |   | Total |          |        |                      |
|--|---|-------|----------|--------|----------------------|
| <b>CIVILIANS (residents, IDPs, returnees, etc.)</b>  |   |       |          |        |                      |
| <b>Red Cross messages (RCMs)</b>   |   |       | UAMs/SC* |        |                      |
| RCMs collected   |   | 5     |          |        |                      |
| RCMs distributed   |   | 18    |          |        |                      |
| Phone calls facilitated between family members   |   | 1,478 |          |        |                      |
| <b>Reunifications, transfers and repatriations</b>   |   |       |          |        |                      |
| People reunited with their families  |   | 1     |          |        |                      |
|  | <i>including people registered by another delegation</i>                                | 1     |          |        |                      |
| <b>Tracing requests, including cases of missing persons</b>                                      |   |       | Women    | Girls  | Boys                 |
| People for whom a tracing request was newly registered   |   | 111   | 4        | 2      | 5                    |
| People located (tracing cases closed positively)   |   | 5     |          |        |                      |
| Tracing cases still being handled at the end of the reporting period (people)                    |   | 343   | 8        | 2      | 15                   |
|  | <i>including people for whom tracing requests were registered by another delegation</i> | 1     |          |        |                      |
| <b>UAMs/SC*, including demobilized child soldiers</b>  |   |       | Girls    |        | Demobilized children |
| UAMs/SC reunited with their families by the ICRC/National Society                                |   | 1     |          |        |                      |
|  | <i>including UAMs/SC registered by another delegation</i>                               | 1     |          |        |                      |
| UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period |   | 1     |          |        |                      |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>                            |   |       |          |        |                      |
| <b>ICRC visits</b>   |   |       | Women    | Minors |                      |
| Detainees visited  |   | 659   | 26       | 13     |                      |
|  |   |       | Women    | Girls  | Boys                 |
| Detainees visited and monitored individually   |   | 20    | 1        |        |                      |
| Detainees newly registered   |   | 18    | 1        |        |                      |
| Number of visits carried out   |   | 5     |          |        |                      |
| Number of places of detention visited  |   | 4     |          |        |                      |
| <b>Restoring family links</b>  |   |       |          |        |                      |
| RCMs collected   |   | 29    |          |        |                      |
| RCMs distributed   |   | 3     |          |        |                      |
| Phone calls made to families to inform them of the whereabouts of a detained relative            |   | 14    |          |        |                      |

\*Unaccompanied minors/separated children

| MAIN FIGURES AND INDICATORS: ASSISTANCE  |   | Total  | Women | Children |
|--|---|--------|-------|----------|
| <b>CIVILIANS (residents, IDPs, returnees, etc.)</b>  |   |        |       |          |
| <b>Economic security<sup>1</sup> (in some cases provided within a protection or cooperation programme)</b> |   |        |       |          |
| Food commodities   | Beneficiaries   | 3,300  | 35%   | 37%      |
| Essential household items  | Beneficiaries   | 15     | 6%    | 6%       |
| Productive inputs  | Beneficiaries   | 20,884 | 35%   | 38%      |
|  | <i>of whom IDPs</i>   | 462    |       |          |
| Cash   | Beneficiaries   | 2,311  | 33%   | 36%      |
|  | <i>of whom IDPs</i>   | 55     |       |          |
| Services and training  | Beneficiaries   | 9,297  | 39%   | 33%      |
|  | <i>of whom IDPs</i>   | 55     |       |          |
| <b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>             |   |        |       |          |
| Water and habitat activities   | Beneficiaries   | 5,321  | 30%   | 30%      |
| <b>Health</b>  |   |        |       |          |
| Health centres supported   | Structures  | 5      |       |          |
| Average catchment population   |   | 19,182 |       |          |
| Consultations  | Patients  | 17,716 |       |          |
|  | <i>of which curative</i>  |        | 4,527 | 7,712    |
|  | <i>of which ante/post-natal</i>                                   |        | 1,545 |          |
| Immunizations  | Doses   | 9,630  |       |          |
| Referrals to a second level of care  | Patients  | 103    |       |          |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>                                      |   |        |       |          |
| <b>Economic security (in some cases provided within a protection programme)</b>                            |   |        |       |          |
| Essential household items  | Beneficiaries   | 375    |       |          |
| <b>WOUNDED AND SICK</b>  |   |        |       |          |
| <b>Physical rehabilitation</b>   |   |        |       |          |
| Projects supported   | Structures  | 1      |       |          |
| Patients receiving services  | Patients  | 1,929  | 675   | 379      |
| New patients fitted with prostheses  | Patients  | 54     | 9     | 7        |
| Prostheses delivered   | Units   | 54     | 8     | 9        |
|  | <i>of which for victims of mines or explosive remnants of war</i> | 6      |       |          |
| New patients fitted with orthoses  | Patients  | 83     | 13    | 57       |
| Orthoses delivered   | Units   | 117    | 18    | 85       |
| Patients receiving physiotherapy   | Patients  | 1,834  | 635   | 368      |
| Crutches delivered   | Units   | 157    |       |          |
| Wheelchairs delivered  | Units   | 27     |       |          |

1. Owing to operational and management constraints, the figures presented in this report may not be the extent of activities carried out during the reporting period.