

# DAKAR (regional)

**COVERING:** Cape Verde, Gambia, Guinea-Bissau, Senegal



⊕ ICRC regional delegation ⊕ ICRC sub-delegation + ICRC office

## EXPENDITURE (IN KCHF)

Protection	817
Assistance	4,282
Prevention	1,955
Cooperation with National Societies	1,676
General	-

▶ **8,731**

of which: Overheads 533

## IMPLEMENTATION RATE

Expenditure/yearly budget	106%
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## PERSONNEL

Expatriates	22
National staff (daily workers not included)	112

## KEY POINTS

**In 2010, the ICRC:**

- ▶ provided 752 people displaced by violence or natural disaster in Gambia and Senegal with food rations, and 808 with essential household items in joint operations with the National Societies
- ▶ in Casamance (Senegal), supported 11 primary health care facilities, including 4 newly constructed maternity centres, through staff training, logistical and structural support and the supply of essential medicines and equipment
- ▶ with the National Societies, boosted the economic security of 18,621 vulnerable people in Casamance and Guinea-Bissau through a variety of tailored agricultural, veterinary and micro-economic initiatives
- ▶ with the National Societies, improved access to clean water and sanitation for 46,341 vulnerable community members in Casamance and north-western Guinea-Bissau, while raising their awareness of good hygiene practices
- ▶ organized high-profile conferences on "Humanitarian Action in Africa" and "Women and War" at the ICRC's documentation centre in Dakar, stimulating humanitarian debate among a broad cross-section of society
- ▶ welcomed the ratification of the Convention on Cluster Munitions by Cape Verde and Guinea-Bissau

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 bearers of weapons and on encouraging implementation of that law by the authorities throughout the region. It also supports the activities of the National Societies, assists people affected by armed conflict and other situations of violence in Casamance and Guinea-Bissau, and visits detainees of ICRC concern, providing them with material aid where necessary.

## CONTEXT

In Senegal's southern Casamance region (hereafter Casamance), tensions escalated between government forces and the Mouvement des Forces Démocratiques de la Casamance (MFDC), with no end in sight to their longstanding confrontation. Following a lull in violence mid-year, the MFDC stepped up its operations against the military. Meanwhile, there were reports of friction within the MFDC and fighting between emerging factions. Members of one such faction were allegedly arrested in Gambia by the authorities there. Armed attacks against civilians were also reported. The insecurity, coupled with the presence of mines, caused people to abandon their homes and livelihoods, prevented those previously displaced from returning home, and hindered humanitarian access and the provision of health care and water.

Senegal's capital, Dakar, with a large international community, remained an important centre for humanitarian dialogue.

Political and military instability resurfaced in Guinea-Bissau. In a change of military command on 1 April, the chief of defence staff,

the head of military intelligence and, briefly, the prime minister were arrested. The ensuing suspension of the European Union's support to security sector reform prompted other actors to step into the breach. In November, the government entered a cooperation agreement with Angola in that regard. In December, amid international and domestic pressure, the military officials detained in April were released, together with four people detained for their alleged involvement in high-profile assassinations committed during 2009. Northern Guinea-Bissau continued to host refugees from Casamance, adding strain on communities already struggling with poverty and limited State infrastructure.

In Gambia, cabinet reshuffles and dismissals resulted in frequent changes to the administration. Several senior officials were arrested, reportedly for State security reasons.

Illegal trafficking, cross-border activity by weapon bearers, and natural disaster added to instability in the region, which remained a common migratory route.

MAIN FIGURES AND INDICATORS			
PROTECTION			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Red Cross messages</b>	Total	UAMs/SCs*	
RCMs collected	18		
RCMs distributed	22		
<b>Reunifications, transfers and repatriations</b>	Total		
People reunited with their families	2		
<b>Tracing requests, including cases of missing persons</b>	Total	Women	Minors
People for whom a tracing request was newly registered	18	3	2
People located (tracing cases closed positively)	13		
Tracing cases still being handled at 31 December 2010 (people)	35	3	2
<b>Documents</b>			
People to whom travel documents were issued	1		
Official documents relayed between family members across borders/front lines	2		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) <sup>1</sup></b>			
<b>ICRC visits</b>	Total	Women	Minors
Detainees visited	665		
Detainees visited and monitored individually	72	3	
Detainees newly registered	60	2	
Number of visits carried out	46		
Number of places of detention visited	10		
<b>Restoring family links</b>	Total		
RCMs collected	8		
Phone calls made to families to inform them of the whereabouts of a detained relative	47		

\* Unaccompanied minors/separated children

1. Guinea-Bissau and Senegal

## MAIN FIGURES AND INDICATORS

## ASSISTANCE

## CIVILIANS (residents, IDPs, returnees, etc.)

Economic security, water and habitat		Total	Women	Children
Food <sup>2</sup>	Beneficiaries	752	26%	49%
	<i>of whom IDPs</i>	677		
Essential household items <sup>2</sup>	Beneficiaries	808	25%	26%
	<i>of whom IDPs</i>	725		
Agricultural, veterinary and other micro-economic initiatives <sup>3</sup>	Beneficiaries	18,781	99%	1%
	<i>of whom IDPs</i>	166		
Water and habitat activities <sup>1</sup>	Beneficiaries	46,341	25%	50%
	<i>of whom IDPs</i>	1,245		
<b>Health<sup>4</sup></b>				
Health centres supported	Structures	11		
Average catchment population		14,813		
Consultations	Patients	11,553		
	<i>of which curative</i>		3,445	4,660
	<i>of which ante/post-natal</i>		453	
Immunizations	Doses	19,192		
	<i>of which for children aged five or under</i>	19,037		
	<i>of which for women of childbearing age</i>	155		
Referrals to a second level of care	Patients	88		
Health education	Sessions	1,180		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>				
<b>Economic security, water and habitat</b>				
Essential household items	Beneficiaries	350		
<b>WOUNDED AND SICK<sup>5</sup></b>				
<b>Physical rehabilitation</b>				
Centres supported	Structures	1		

1. Guinea-Bissau and Senegal

2. Gambia and Senegal

3. Gambia, Guinea-Bissau and Senegal

4. Senegal only

5. Guinea-Bissau only

## ICRC ACTION AND RESULTS

With the establishment of a separate delegation covering Mali and Niger (see *Niamey*), the restructured Dakar delegation consolidated its efforts to protect and assist civilians affected by violence or political instability in Gambia, Guinea-Bissau and Senegal, in cooperation with the National Societies.

Following violence in Casamance, the ICRC facilitated the treatment of wounded people and provided the displaced with food and household necessities. It documented allegations of abuses against civilians, making representations where necessary to the alleged perpetrators. Through presentations and bilateral contacts, it raised awareness of Movement operations, humanitarian principles and applicable law among authorities and weapon bearers. Their support helped Movement personnel safely access affected communities, although general insecurity delayed some planned initiatives.

In Casamance and north-western Guinea-Bissau, the ICRC pursued its multidisciplinary approach aimed at helping violence-affected communities access adequate water, sanitation and health care and to achieve food and economic security. Working regularly with the National Societies, it assisted vulnerable rural communities, IDPs, refugees and returnees through diverse agricultural and income-generating activities. These included new initiatives benefiting

stockbreeders and urban IDPs. The ICRC strengthened its support to health services. It provided specialist training to hospital personnel, helped prepare Bissau's physical rehabilitation centre to begin providing services and, in Casamance, provided comprehensive support to primary health care facilities, including by constructing four maternity centres. In parallel, ICRC-trained National Society personnel and community members improved local access to water and sanitation and conducted health-education sessions.

Delegates visited detainees in Senegal and in Guinea-Bissau, including those arrested on 1 April, to monitor their treatment and living conditions. Where necessary, they assisted inmates in receiving medical attention. To reduce health risks, the ICRC distributed hygiene items and, in Senegal, co-organized with the authorities a seminar for prison personnel aimed at enhancing detainees' living conditions.

The ICRC expanded its network of high-level contacts in Gambia during missions to Banjul, pursuing dialogue aimed at developing its activities there, including by resuming visits to detainees.

To accelerate national IHL implementation, the region's governments benefited from ICRC advice and encouragement. Cape Verde and Guinea-Bissau subsequently ratified the Convention on

Cluster Munitions. To encourage the integration of IHL into their doctrine, training and operations, the ICRC strengthened cooperation with armed and security forces in Gambia, Guinea-Bissau and Senegal. Besides conducting troop briefings, it supported the training of IHL instructors in Gambia and Senegal and helped revise Guinea-Bissau's military IHL manual.

Dakar being a hub for humanitarian diplomacy, the delegation developed numerous initiatives to promote IHL and the Movement among the media, academic circles, the international community and the wider public. The ICRC's documentation centre, in particular, began establishing itself as a reference for IHL, attracting researchers and hosting events on humanitarian themes.

The ICRC provided training, financial, logistical and material support to the region's National Societies, better preparing them to respond to emergencies, pursue communication activities and deliver family-links services, including for migrants. They regularly partnered the ICRC in the field, developing their operational experience.

Coordination with Movement partners and other relevant actors ensured humanitarian needs were met while avoiding duplication.

## CIVILIANS

Given the insecurity in Casamance and northern Guinea-Bissau, the ICRC maintained regular contact with authorities and weapon bearers, reminding them of their responsibilities to protect civilians at all times (see *Armed forces and other bearers of weapons*). Delegates documented alleged violations of civilians' rights and, where necessary, raised these with the alleged perpetrators to prevent further abuses.

### IDPs receive vital relief

People displaced by violence in Casamance struggled to support themselves. They and other families displaced by flooding or wildfires in Gambia and Senegal received relief goods from the National Societies/ICRC to help them cope: 752 IDPs (108 households) were given food, and 808 (103 households) received essential household items. Twenty-four Gambian farming households (160 people) received seed to help them revive agricultural activities.

### Violence-affected communities improve their economic security

Where the security situation permitted, violence-affected communities in Casamance and north-western Guinea-Bissau, including refugees and returnees, received help to rebuild their livelihoods. In total, 18,621 people benefited from tailored ICRC agricultural, veterinary and micro-economic initiatives.

Members of 50 women's associations, including 42 which had previously relaunched market gardens with ICRC support, honed their farming techniques with guidance from ICRC experts and benefited from improvements to irrigation (see below), boosting their yields and income. After learning to plant and irrigate

their crops more effectively, 11 such associations began producing vegetables year-round. A further eight associations received seed, tools and fencing to establish new market gardens.

In parallel, farming communities, including women's associations, received cereal mills to facilitate production and, in remote areas, bicycles and carts for transporting produce to market. This reduced their workload and gave them more time to pursue income-generating activities.

Many IDPs seeking to rebuild their lives in Ziguinchor town had difficulty finding work. Based on their skills, with ICRC supervision and funds, 21 people launched small businesses to better support themselves. Among them, several people farmed chickens, one established a tailoring service, while one mine victim upgraded his bicycle-repair shop. Fewer businesses were launched than planned owing to the time required to identify those households most likely to benefit from such support.

Through a new ICRC-financed initiative to support stockbreeders, five animal-health workers in Casamance received veterinary materials and motorcycles, alongside driving lessons, to facilitate vaccination campaigns. Better able to access remote areas, they treated three times as many animals in 2010 as in 2009. In Guinea-Bissau, district agricultural authorities and the National Society/ICRC launched a livestock de-worming programme, through which pig farmers enhanced their animals' health and market value, while obtaining veterinary advice via radio spots and village briefings.

### Rural communities benefit from improved water and sanitation

Water authorities and rural communities in Casamance and north-western Guinea-Bissau worked with the National Societies/ICRC to improve local water and sanitation infrastructure, much of which had fallen into disrepair owing to longstanding insecurity and rain damage. Together they constructed/repaired 37 water points and 21 rainwater reservoirs, providing nearly 5,900 people with readier access to drinking water. To help ensure long-term benefits, 15 mechanics in Casamance received maintenance training. With ICRC technical back-up, the water authorities improved the management of water networks in the towns of Djibidjione, Casamance, and São Domingos, Guinea-Bissau. In the latter, new ICRC-constructed premises enabled water-board staff to work more efficiently.

Complementing agricultural inputs (see above), eight market-gardening associations benefited from new/repaired wells, while, through an ICRC pilot initiative, six associations installed new irrigation systems, reducing the time required to water their crops.

As part of efforts to improve public health (see below), Movement personnel renovated water and sanitation infrastructure, including latrines, in health facilities and schools, benefiting some 19,600 people. To maximize impact, National Society-trained teachers in 70 schools promoted good hygiene practices among their pupils. A further 20,200 people in cholera-prone parts of Guinea-Bissau similarly reduced their exposure to the disease after ICRC-trained National

Society volunteers trained and equipped village health committees to disinfect wells and raise hygiene awareness locally.

### Civilians in violence-affected areas gain better access to primary health care

In Casamance, health structures experienced difficulties delivering quality services owing to limited resources and security constraints.

In 2010, 11 health facilities benefited from ICRC support, including structural renovations, staff training and materials, enabling them to provide services to government-recommended standards. Among these were four maternity centres newly constructed by the ICRC, providing new and expectant mothers with easier access to treatment in hygienic conditions. To help ensure patients received adequate care, staff underwent regular supervision and were given essential drugs and equipment as needed. After adopting ICRC-recommended stock-management procedures, fewer health structures ran out of medical supplies. With ICRC back-up, senior health professionals organized refresher training for female health workers in rural areas, enhancing their capacities to provide quality ante- and post-natal care.

To facilitate government disease-prevention and family-planning campaigns, health workers had access to ICRC logistical support. Where insecurity prevented them from reaching targeted communities, they called on the ICRC, as a neutral, impartial and independent humanitarian organization, to conduct such campaigns on their behalf. These joint efforts allowed 19,037 children to receive polio/measles immunizations. In parallel, 78 ICRC-trained community health promoters conducted education sessions, giving out condoms and advising over 28,000 community members on ways of reducing their vulnerability to HIV, sexually transmitted infections and water-borne diseases. Schoolteachers subsequently reported a clear drop in unplanned pregnancies among pupils.

With the aim of improving the care of people uprooted by the fighting in Casamance, the ICRC submitted a proposal to the Guinea-Bissau authorities to rehabilitate the regional health centre in São Domingos (see *Wounded and sick*). Plans to support a further health centre in Casamance to the same end were put on standby due to security constraints.

### Family members regain contact

Regionwide, family members dispersed by violence, migration or natural disaster regained contact thanks to Movement family-

links services. Two migrants rejoined their families after obtaining documents required for their repatriation.

With ICRC/International Federation support (see *Red Cross and Red Crescent Movement*), the region's National Societies worked to enhance such services. After meeting in 2009 to examine the challenges faced by migrants in northern and western Africa, relevant National Societies built on their understanding at a second Movement workshop in Dakar. In Senegal, the National Society subsequently assessed the needs of foreign nationals and street children.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Guinea-Bissau and Senegal received visits from the ICRC, according to its standard procedures, to monitor their treatment and living conditions. Special attention was paid to security detainees, including those arrested on 1 April in Bissau. Following visits, the ICRC shared feedback confidentially with the authorities.

During visits, detainees were able to contact relatives or their consular representatives using Movement family-links services. They had their health monitored by ICRC delegates and, where necessary, received hygiene items or underwent treatment financed by the ICRC. Prison infirmaries in Guinea-Bissau received ICRC drugs to bolster their medical supplies.

In Senegal, the authorities and the ICRC worked to tackle overcrowding and improve inmates' health and general well-being. Together they examined the cases of individuals held in lengthy pre-trial detention, leading to the release of 11 such detainees. At a seminar co-organized by the penitentiary administration/ICRC, 40 prison personnel, including health workers, from 20 facilities explored their responsibilities in protecting detainees' rights and ways of addressing common health and hygiene problems.

In Gambia, the ICRC pursued dialogue with the authorities aimed at resuming its visits to detainees, suspended since 2006.

CIVILIANS		GAMBIA	GUINEA-BISSAU	SENEGAL
Economic security, water and habitat				
Food	Beneficiaries	320		432
	<i>of whom IDPs</i>	288		389
Essential household items	Beneficiaries	160		648
	<i>of whom IDPs</i>	144		581
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	160	11,766	6,855
	<i>of whom IDPs</i>	144		22
Water and habitat activities	Beneficiaries		33,892	12,449
	<i>of whom IDPs</i>			1,245

## WOUNDED AND SICK

Given insecurity in Casamance and Guinea-Bissau, efforts focused on preparing hospitals there to handle the wounded. Hospitals in Ziguinchor and Bissau each received sufficient medical supplies to treat 100 weapon-wounded patients. Owing partly to these preparations, people injured by mines or other violence in Casamance obtained adequate care after the ICRC evacuated them to Ziguinchor and paid for their treatment.

To enhance regional surgical capacities, 24 French-speaking military surgeons and doctors from Mali, Niger and Senegal built on their expertise in treating weapon wounds at an ICRC seminar in Dakar.

In Guinea-Bissau, planned refresher war-surgery courses for previously trained personnel were postponed to 2011. However, 24 National Society volunteers and 6 nurses working in Bissau hospital's emergency unit improved their first-aid techniques at an advanced ICRC course. The Health Ministry welcomed an ICRC proposal to boost health care capacities in the country's north-west, where refugees from Casamance regularly sought treatment, by rehabilitating the São Domingos regional health centre.

In preparation for the inauguration of the ICRC-supported physical rehabilitation centre in Bissau, the authorities met regularly with delegates, who advised on renovations and staff recruitment. After overcoming resource constraints, the authorities completed construction works, enabling ICRC technicians to begin installing equipment. The centre, intended to provide victims of mines/explosive remnants of war with quality limb-fitting and physiotherapy services, expected to admit its first patients in 2011.

## AUTHORITIES

National and local authorities, diplomats and international and humanitarian actors regularly discussed humanitarian concerns with the National Societies/ICRC, deepening their understanding of IHL and the Movement through bilateral contacts, presentations and seminars (see *Civil society*). More particularly, Senegalese ministers and local authorities exchanged views on

the humanitarian consequences of the situation in Casamance, helping obtain their backing for Movement operations there (see *Civilians*). Dialogue with Guinea-Bissau's prime minister advanced the development of the ICRC-supported physical rehabilitation centre in Bissau (see *Wounded and sick*).

During ICRC missions to Banjul, Gambian ministers learnt more about the organization's role in promoting IHL and protecting civilians and detainees, with a view to strengthening cooperation in these areas (see *People deprived of their freedom*).

To accelerate national IHL implementation, representatives of Gambia, Guinea-Bissau and Senegal shared experiences with peers at an Economic Community of West African States/ICRC meeting in Abuja (see *Nigeria*), with ICRC sponsorship. Rather than organizing an additional IHL regional workshop as foreseen, the ICRC developed bilateral contacts aimed at encouraging individual States to make progress on priority instruments and, where necessary, to adopt legislation protecting the Movement's emblems. Guinea-Bissau's new human rights committee welcomed ICRC support to that end. By year-end, Cape Verde and Guinea-Bissau had ratified the Convention on Cluster Munitions, while the Senegalese National Assembly had recommended its ratification.

## ARMED FORCES AND OTHER BEARERS OF WEAPONS

Heightened insecurity in Casamance and Guinea-Bissau reinforced the need to familiarize all weapon bearers with IHL, international human rights law and the ICRC's neutral, impartial and independent humanitarian role. Military and security units operating in volatile areas, as well as MFDC members, increased their understanding of these topics at ICRC briefings, helping ensure safe Movement access to violence-affected people. These were also an opportunity to remind participants of their responsibilities to protect civilians' rights (see *Civilians*). Briefings for Gambian and Senegalese peacekeepers preparing for deployment abroad, and for trainee *gendarmes* from seven African countries, helped promote such messages elsewhere in the continent.

PEOPLE DEPRIVED OF THEIR FREEDOM		GUINEA-BISSAU	SENEGAL
<b>ICRC visits</b>			
Detainees visited		72	593
Detainees visited and monitored individually		10	62
	<i>of whom women</i>	1	2
Detainees newly registered		3	57
	<i>of whom women</i>		2
Number of visits carried out		34	12
Number of places of detention visited		5	5
<b>Restoring family links</b>			
RCMs collected		1	7
Phone calls made to families to inform them of the whereabouts of a detained relative			47

PEOPLE DEPRIVED OF THEIR FREEDOM		GUINEA-BISSAU	SENEGAL
<b>Economic security, water and habitat</b>			
Essential household items	Beneficiaries	120	230

The general staffs of Gambia, Guinea-Bissau and Senegal welcomed ICRC expertise and encouragement in integrating IHL into their forces' doctrine, training and operations, with Gambia establishing a military IHL committee to support the process. IHL instructors from the Senegalese *gendarmerie* and, for the first time, the Gambian army enhanced their teaching skills at train-the-trainer courses organized with ICRC support. Senegalese officers also benefited from ICRC sponsorship to boost their IHL knowledge at courses abroad.

Gambian police officers received training in international human rights law and first aid at Gambia Red Cross Society courses organized with ICRC input.

Despite changes within Guinea-Bissau's military hierarchy, the IHL liaison officer there continued to work closely with the ICRC, facilitating troop briefings and publishing a revised IHL manual. This, alongside contacts with UN and other foreign military representatives in Bissau, enabled the ICRC to track progress on security sector reform, with a view to offering training support in due course.

## CIVIL SOCIETY

In Dakar, a hub for humanitarian diplomacy, the ICRC concentrated on establishing its documentation centre as a reference for IHL, widely promoting the facility and developing its website and reference library. Consequently, law lecturers and students, UN agencies and NGOs approached the ICRC to use the centre for research purposes or to co-organize events. In particular, diplomats, humanitarian actors and civil and military authorities exchanged views at high-profile conferences on "Humanitarian Action in Africa" and "Women and War".

To stimulate interest in IHL among academic circles, Dakar University strengthened its cooperation with the ICRC, co-organizing a student moot court competition, as well as the fourth advanced French-language pan-African course on IHL in Saly, Senegal. The latter brought together 17 lecturers and legal professionals from 12 countries, who studied mechanisms for enforcing IHL and shared best practices regarding IHL teaching methodology.

Teachers in 33 Senegalese secondary schools completed ICRC teacher-training courses and received teaching aids, preparing them to pursue implementation of the Exploring Humanitarian Law programme independently. The Education Ministry benefited from ICRC guidance to ensure the sustainability of the programme.

These activities generated considerable media coverage, contributing to public awareness of humanitarian issues. To encourage accurate reporting, journalists attended National Society/ICRC workshops and learnt first-hand about Movement assistance operations during field trips to Casamance. The resulting publicity, combined with dialogue with community and religious leaders in violence-affected areas, helped build support for Movement activities.

## RED CROSS AND RED CRESCENT MOVEMENT

In accordance with cooperation agreements, the region's National Societies received ICRC financial, logistical, material and training support to strengthen their legal foundations and capacities to respond to humanitarian needs. They also gained field experience through involvement in ICRC activities. Regular meetings with Movement partners facilitated coordination.

To boost their emergency response capacities, 180 volunteers in violence-prone areas upgraded their first-aid skills and equipment at ICRC courses, while 28 undertook needs-assessment training. Volunteers effectively assessed the needs of thousands of wildfire/flood victims with ICRC guidance and logistical support, subsequently assisting the most vulnerable (see *Civilians*).

With training from an expert tracing delegate, family-links personnel improved their information-gathering techniques, enabling them to advance outstanding cases and, in Senegal, to assess family-links needs. All four National Societies participated in an ICRC/International Federation-organized workshop on migration (see *Civilians*).

The National Societies received ICRC training and advice to improve their communication skills, better preparing them to conduct public health initiatives (see *Civilians*) or to promote Movement activities and IHL, for example during media workshops (see *Civil society*). With delegates' help, the Red Cross Society of Guinea-Bissau recruited a communication coordinator and developed new information materials. National Society legal advisers received ICRC sponsorship, enabling them to build on their IHL knowledge at an international conference.

Working with the International Federation/ICRC, the National Societies in Gambia and Senegal revised their statutes, enhancing governance and management procedures.