

# DAKAR (regional)

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



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

## EXPENDITURE (IN KCHF)

Protection	1,190
Assistance	4,297
Prevention	1,889
Cooperation with National Societies	1,404
General	-

► **8,779**

of which: Overheads 536

## IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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## PERSONNEL

Expatriates	22
National staff (daily workers not included)	129

## KEY POINTS

### In 2011, the ICRC:

- following clashes or natural disaster in Gambia, Guinea-Bissau and Senegal, provided 727 vulnerable people with emergency food rations and 1,226 with essential household items, in cooperation with the National Societies
- with the National Societies, helped 23,261 farmers, stockbreeders and IDPs in north-west Guinea-Bissau and Casamance (Senegal) regain economic security, while improving access to clean water/sanitation for 37,010 people
- through support to the Guinea-Bissau authorities, enabled Bissau's physical rehabilitation centre to reopen for the first time since 1999
- improved primary health-care services for communities in Senegal's Casamance region through the provision of training, supervisory and logistical support, medical supplies and renovations to infrastructure
- visited detainees in Guinea-Bissau and Senegal, including military personnel detained by the Mouvement des forces démocratiques de la Casamance
- welcomed the ratification of the Rome Statute by Cape Verde, the African Union Convention on IDPs by Gambia and the Convention on Cluster Munitions by Senegal

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, Senegal, and in Guinea-Bissau, and visits detainees of ICRC concern, providing them with material aid where necessary.

## CONTEXT

In Senegal's southern Casamance region (hereafter Casamance), there was no end in sight to the longstanding confrontation between government forces and factions of the Mouvement des forces démocratiques de la Casamance (MFDC). Sporadic fighting continued, escalating towards year-end, with reported mine/explosive remnants of war (ERW) incidents on the increase. Clashes and banditry were concentrated in northern and south-eastern Casamance respectively, causing military and civilian casualties and displacement, including into Gambia. The MFDC captured, reportedly for the first time, several Senegalese soldiers. The insecurity restricted civilian/humanitarian movements and essential services, disrupted livelihoods and discouraged people previously displaced from returning to areas where fighting had abated.

Senegal's capital, Dakar, with a large international community, remained an important regional centre for humanitarian dialogue. Poverty and unemployment, combined with crippling power shortages, contributed to violent protests there in June as political circles began preparing for elections scheduled for 2012.

In Guinea-Bissau, the government initiated armed/security sector reform with support from Angolan forces, most international support having been withdrawn given national political/military instability. Little progress had been recorded by year-end. In December, an alleged coup attempt resulted in multiple arrests among the military. Northern regions continued to host refugees from Casamance, adding strain on communities struggling with poverty and limited State services and infrastructure.

In Gambia, the incumbent president was comfortably re-elected in November. Sessions of the Banjul-based African Commission on Human and Peoples' Rights (ACHPR) took place in May and November.

Illegal trafficking, cross-border activity by weapon bearers and natural disaster added to instability in the region, which remained a common migratory route. Armed conflict in Libya caused hundreds of West African migrants employed there to return home.

## ICRC ACTION AND RESULTS

The Dakar delegation consolidated its regional presence, opening a mission in Gambia and increasing its staff in Bissau. It reinforced its protection activities while pursuing its assistance to communities in conflict-affected areas, working wherever possible alongside

Main figures and indicators		PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>					
RCMs collected			22	UAMs/SCs*	
RCMs distributed			15		
Phone calls facilitated between family members			596		
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families			334		
<b>Tracing requests, including cases of missing persons</b>					
People for whom a tracing request was newly registered			10	Women	Minors
People located (tracing cases closed positively)			16		
Tracing cases still being handled at 31 December 2011 (people)			20		
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>					
UAMs/SCs newly registered by the ICRC/National Society			3	Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011			3		
<b>Documents</b>					
People to whom travel documents were issued			4		
Official documents relayed between family members across borders/front lines			1		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) <sup>1</sup></b>					
<b>ICRC visits</b>					
Detainees visited			2,768	Women	Minors
Detainees visited and monitored individually			95		
Detainees newly registered			76		
Number of visits carried out			24		
Number of places of detention visited			14		
<b>Restoring family links</b>					
RCMs collected			43		
RCMs distributed			4		
Phone calls made to families to inform them of the whereabouts of a detained relative			128		

\* Unaccompanied minors/separated children      1. Guinea-Bissau, Senegal

Main figures and indicators		ASSISTANCE	Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Economic security, water and habitat</b>					
Food <sup>2</sup>		Beneficiaries	727	36%	50%
		<i>of whom IDPs</i>	485		
Essential household items <sup>3</sup>		Beneficiaries	1,226	26%	49%
		<i>of whom IDPs</i>	465		
Agricultural, veterinary and other micro-economic initiatives <sup>3</sup>		Beneficiaries	24,115	71%	1%
		<i>of whom IDPs</i>	33		
Water and habitat activities <sup>1</sup>		Beneficiaries	37,010	47%	38%
<b>Health<sup>4</sup></b>					
Health centres supported		Structures	10		
Average catchment population			13,625		
Consultations		Patients	10,599		
		<i>of which curative</i>		3,048	3,929
		<i>of which ante/post-natal</i>		783	
Immunizations		Doses	17,133		
		<i>of which for children aged five or under</i>	16,964		
		<i>of which for women of childbearing age</i>	169		
Referrals to a second level of care		Patients	74		
Health education		Sessions	126		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Economic security, water and habitat</b>					
Essential household items <sup>1</sup>		Beneficiaries	1,204		
Water and habitat activities <sup>4</sup>		Beneficiaries	357		
<b>WOUNDED AND SICK</b>					
<b>Hospitals<sup>4</sup></b>					
Patients whose hospital treatment has been paid for by the ICRC		Patients	20		
<b>Physical rehabilitation<sup>5</sup></b>					
Centres supported		Structures	1		
Patients receiving services		Patients	150	36	32
New patients fitted with prostheses		Patients	16	5	1
Prostheses delivered		Units	25	8	1
		<i>of which for victims of mines or explosive remnants of war</i>	17		
New patients fitted with orthoses		Patients	10	1	9
Orthoses delivered		Units	14	1	13
Crutches delivered		Units	44		
Wheelchairs delivered		Units	1		

1. Guinea-Bissau, Senegal

2. Gambia, Senegal

3. Gambia, Guinea-Bissau, Senegal

4. Senegal only

5. Guinea-Bissau only

the National Societies. Together they endeavoured to gain the support of authorities, weapon bearers and other influential actors for humanitarian principles and Movement operations.

Delegates documented abuses against civilians and, where necessary, made representations to the alleged perpetrators. Given the intensification of fighting in Casamance, delegates notified all parties involved of their obligations under IHL, particularly the respect due to civilians and others not/no longer participating in the fighting. Regular contact with local authorities and military and MFDC field commanders, particularly, helped ensure that IDPs, refugees and others affected by fighting/natural disaster in Casamance, Gambia and Guinea-Bissau received timely relief from the relevant National Societies/ICRC.

In Casamance and north-west Guinea-Bissau, ICRC/National Society teams assisted rural communities, including IDPs, refugees and returnees, in recovering/preserving their livelihoods and reducing their exposure to water-borne diseases. They helped stockbreeders to maintain healthy herds, crop farmers (particularly women) to enhance productivity and, in Ziguinchor town, struggling IDPs to launch small businesses. Alongside relevant water authorities and/or community members, they improved local water/sanitation facilities and hygiene awareness.

Efforts to improve access to quality health/medical care in Casamance and north-west Guinea-Bissau continued. To support primary health-care services, the ICRC renovated infrastructure and provided health workers with training, supervisory, logistical and material support, particularly to facilitate disease-prevention campaigns and improve conditions for child birth. It strengthened Senegalese Red Cross Society first-aid capacities, helping ensure people wounded during civil unrest received prompt treatment. In Guinea-Bissau, it embarked on comprehensive renovations to the main referral facility in São Domingos. With ICRC management, training and material support, Bissau's physical rehabilitation centre reopened to provide services to the disabled for the first time since 1999.

Relatives dispersed by conflict or other circumstances, particularly migrants and children, restored and/or maintained contact through the Movement family-links network.

The ICRC visited detainees in Guinea-Bissau and Senegal, stepping in to support the authorities in addressing urgent health risks posed by dysfunctional water/sanitation infrastructure. By year-end the organization had not succeeded in regaining access to detainees in Gambia, despite dialogue with the authorities to that end.

The delegation maintained close contact with journalists, diplomats, community/religious leaders and other civil society actors in fields of common interest to stimulate humanitarian dialogue, coordinate activities and build support for IHL and Movement operations, hosting numerous events at its Dakar documentation

centre. To stimulate academic interest in IHL, it supported related research, conducted presentations and developed contacts among university circles. It contributed legal expertise, training support, briefings and documentation to advance the ratification/implementation of IHL treaties and to better integrate IHL/international human rights law into the training, doctrine and operations of armed/security forces in Gambia, Guinea-Bissau and Senegal.

In parallel, the ICRC helped strengthen the National Societies' governance and management, while enhancing their capacities to respond to national and cross-border emergencies, deliver family-links services, conduct health initiatives and promote humanitarian principles. Regular meetings of Movement partners encouraged effective coordination.

## CIVILIANS

Activity by weapon bearers in Casamance and on its borders restricted civilian/humanitarian movements. Where possible, ICRC delegates visited affected areas, talked to victims and documented allegations of security threats/abuses. These formed the basis of representations to the alleged perpetrators aimed at preventing further such incidents.

Given the intensification of armed confrontations, all parties involved were briefed on their obligation to comply with IHL (see *Authorities and Armed forces and other bearers of weapons*), highlighting the respect due to those not/no longer participating in the fighting. On ICRC request, relevant parties agreed to suspend fighting on certain days to allow besieged villagers to receive aid (see below).

### Refugees, IDPs and vulnerable residents receive relief

People uprooted or otherwise affected by fighting, flooding or fire in Gambia, Guinea-Bissau and Senegal received relief from their National Society working with the ICRC. Thirty-five National Society personnel underwent needs assessment training in preparation for such emergencies.

In total, 727 people (87 households) received food, and 1,226 (167 households) essential household items, to help cover immediate needs. Among them were 232 Senegalese villagers (26 households) trapped with scarce access to fields/markets owing to fighting on all sides. A temporary ceasefire on distribution days, negotiated by the ICRC (see above), enabled these villagers to receive four one-month food/soap rations.

### Conflict-affected communities' economic security boosted

Where security permitted, conflict-affected communities in rural Casamance and north-west Guinea-Bissau, including long-term IDPs, refugees and returnees, had help to recover/preserve their livelihoods. In total, 24,115 people, including people repatriated from Libya (see below), benefited from National Society/ICRC agricultural, veterinary or micro-economic initiatives.

CIVILIANS		GAMBIA	GUINEA-BISSAU	SENEGAL
<b>Economic security, water and habitat</b>				
Food	Beneficiaries	465		262
	<i>of whom IDPs</i>	465		20
Essential household items	Beneficiaries	465	456	305
	<i>of whom IDPs</i>	465	456	
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	845	16,672	6,598
	<i>of whom IDPs</i>			33
Water and habitat activities	Beneficiaries		19,163	17,847

Members of 51 women's associations (42 in Casamance and 9 in Guinea-Bissau) received cash-crop seed and equipment to launch or, for previously supported farmers, pursue market gardening activities, backed by ongoing training/supervision. Combined with improvements to irrigation (see below), this boosted their yields, diversified their sources of income and enhanced their nutritional intake, benefiting 3,980 people (585 households).

Farming communities in Casamance continued to benefit from ICRC-donated cereal mills and ox-carts, with eight village associations receiving new mills/carts to hire out at affordable rates. The mills reduced farmers' workload, while the carts facilitated access to markets/health facilities.

Through initiatives developed together with local agricultural/veterinary authorities, animal health workers made veterinary services available to stockbreeders in remote areas, backed by training, vehicles and/or veterinary products. This allowed 3,110 herding families (19,269 people) to vaccinate/treat their animals against disease, preserving their health and market value.

Efforts to help unemployed IDPs in Ziguinchor recover economic security continued, although identifying suitable candidates remained difficult. With financial/material input, one individual launched a chair-rental service, and one women's association a suburban market garden. Businesses started in 2010 benefited from ongoing supervision.

### Rural communities gain healthier living conditions

In rural Casamance and north-west Guinea-Bissau, community members, cooperatives and water authorities worked alongside the National Societies/ICRC to improve access to clean water for some 6,000 people and to sanitation/hygiene for nearly 23,000. Together they constructed/repaired water points and/or latrines in villages, schools and market gardens (see above), improving public health, boosting crop production and encouraging IDPs/refugees to return home. To maximize impact, ICRC-trained National Society volunteers promoted good hygiene among community members. Residents in cholera-prone areas learnt ways of minimizing contagion, including when handling human remains.

Both countries' water authorities, helped by relevant NGOs and the ICRC, established management mechanisms through which to share/address maintenance concerns. ICRC-trained National Society technicians were appointed to support community-based facility maintenance.

Although insecurity impeded work in places, these activities, combined with renovations to health infrastructure (see below), assured some 37,000 people of healthier living conditions.

### Conflict-affected communities get improved primary health care

Security/resource constraints hampered the delivery of quality services by health authorities in Casamance and Guinea-Bissau. Ten primary health-care facilities in Senegal thus benefited from ICRC support in providing government-approved standards of preventive, curative and ante/post-natal care, including vaccinations and family-planning guidance. Discussions began with a view to extending such support to similar facilities in northern Guinea-Bissau.

Staff received medicines, equipment and training while undergoing supervision, helping ensure they adhered to recommended care/administrative procedures. In particular, nurses/midwives consolidated their skills in preventing/treating hygiene-related health risks and birthing complications and in observing prescription and record-keeping guidelines. Women gained easier access to safe treatment with the construction/renovation of six maternity/health facilities.

Efforts continued to reinforce national disease-prevention campaigns in Casamance. Where insecurity restricted movement, the Health Ministry requested that the ICRC, as a neutral intermediary, escort health workers, enabling them to administer important immunizations (17,133 doses), mainly to children. ICRC-trained/equipped community health workers advised over 29,000 people on ways of reducing their vulnerability to HIV/AIDS and sexually transmitted infections during education sessions, promoting screenings and distributing condoms. A national forum allowed health practitioners, along with the ICRC, to explore improvements to medical supervision of HIV/AIDS patients.

Through a pilot ICRC-supported Senegalese Red Cross initiative to combat HIV/AIDS among Dakar's migrants (see *Red Cross and Red Crescent Movement*), 200 women attended screenings and, as necessary, obtained nutritional/psychological support.

In north-west Guinea-Bissau, where hospital infrastructure was lacking, the Health Ministry and the ICRC embarked on comprehensive renovations to the regional health centre in São Domingos together with various NGOs. Preliminary works, such as site preparation and the transfer of patient services to

PEOPLE DEPRIVED OF THEIR FREEDOM		GUINEA-BISSAU	SENEGAL
<b>ICRC visits</b>			
Detainees visited		223	2545
Detainees visited and monitored individually		40	55
	<i>of whom women</i>		3
Detainees newly registered		40	36
	<i>of whom women</i>		1
Number of visits carried out		15	9
Number of places of detention visited		7	7
<b>Restoring family links</b>			
RCMs collected			43
RCMs distributed			4
Phone calls made to families to inform them of the whereabouts of a detained relative			128

PEOPLE DEPRIVED OF THEIR FREEDOM		GUINEA-BISSAU	SENEGAL
<b>Economic security, water and habitat</b>			
Essential household items	Beneficiaries	259	945
Water and habitat activities	Beneficiaries		357

temporary accommodation, absorbed much of the year. Major construction work began in December, while stakeholders met regularly to develop procedures on patient/pharmacy management and hygiene control.

### **Dispersed relatives brought together**

Regionwide, relatives dispersed by conflict, migration or other circumstances received help from the National Societies/ICRC to restore/maintain contact, reunite or obtain identity papers. Some 330 children rejoined family after becoming separated during crowded religious/festive events. Following the onset of armed conflict in Libya (see *Libya*), over 850 people repatriated to Gambia/Guinea-Bissau received welcome packs on arrival, with 560 Gambian returnees using National Society services to telephone family.

Meanwhile, National Society personnel benefited from ICRC training/equipment to enhance such services. A workshop in Banjul improved coordination among Movement components from across North/West Africa.

In Senegal, efforts were made to gather information from families seeking news of relatives missing from the 1990s Casamance conflict, with a view to encouraging the authorities to clarify the fate of such people. An association of families of the missing received computer equipment to facilitate their research.

### **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. They included 40 individuals arrested following an alleged coup attempt in Bissau and 5 Senegalese officers held by an MFDC faction (see *Context*). Feedback was shared with the authorities confidentially.

During visits, detainees contacted their families/consular representatives using Movement family-links services. As necessary, they received hygiene items, blankets and/or mattresses for their general health and comfort. In Guinea-Bissau, several detainees requiring urgent medical attention were referred for ICRC-funded treatment. Others faced fewer health risks after the ICRC chlorinated contaminated water tanks while advising the authorities on long-term solutions. In Senegal, 357 inmates benefited similarly following upgrades to water/waste-disposal infrastructure in three facilities. Meanwhile, the Health Ministry, the ICRC and other health practitioners discussed ways of extending national initiatives to combat HIV/AIDS (see *Civilians*) to inmates. With priority given to these issues, it was agreed to postpone a planned roundtable in Senegal on improving respect for judicial guarantees.

In Gambia, the ICRC pursued dialogue with the authorities aimed at resuming visits to detainees, suspended since 2006. These efforts had met with no success at year-end.

### **WOUNDED AND SICK**

People injured by fighting/mines sometimes lacked the means to obtain timely medical/surgical care. In Casamance, 20 weapon-wounded civilians had hospital treatment paid for by the ICRC, which also donated medical/surgical materials as needed. Weapon bearers in conflict zones received similar supplies to facilitate first-level care. War-surgery training in Bissau was postponed as the available staff did not have the appropriate knowledge level for the planned course.

To better prepare the region's National Societies to respond to violence, 245 volunteers in volatile areas upgraded their first-aid skills/equipment during ICRC courses. When violent demonstrations erupted in Dakar, around 180 people received prompt attention from Senegalese Red Cross first-aiders.

In March, with construction completed by the Guinea-Bissau Health Ministry and ICRC equipment installed, Bissau's physical rehabilitation centre reopened, having been closed since the 1998–99 conflict. Operating with ICRC technical, management and financial back-up, the centre/workshop produced prostheses/orthoses and offered quality limb-fitting and physiotherapy services. ICRC radio spots raised awareness of the new services. By year-end, 150 disabled persons had benefited. To enhance national prosthetic/orthotic capacities, two ICRC-sponsored technicians began a three-year course in Togo.

### **AUTHORITIES**

During briefings and in various fora, ICRC delegates, national/local authorities and international community members, including diplomats and representatives of UN and regional bodies, discussed humanitarian/security concerns, particularly in relation to fighting in Casamance and socio-political tensions affecting Senegal more generally. Such contacts helped increase support for IHL and the Movement's neutral, impartial and independent approach, facilitating its access to conflict-affected people.

With the establishment of an ICRC office in Banjul, delegates intensified their dialogue with the Gambian authorities, seeking particularly to resume visits to detainees (see *People deprived of their freedom*). Meetings of the ACHPR there provided an opportunity to promote the Movement more widely.

The region's governments all made advances in the ratification/implementation of IHL treaties, benefiting from ICRC presentations and legal expertise to support their efforts. Cape Verde ratified the Rome Statute, Senegal the Convention on Cluster Munitions, and Gambia the African Union (AU) Convention on IDPs. Guinea-Bissau, meanwhile, acceded to the AU Convention on IDPs and prepared to deposit the instrument of ratification. The country's human rights committee requested that the ICRC train its members. Plans to sponsor officials to attend an IHL seminar in Abuja, Nigeria, fell through following the event's cancellation (see *Nigeria*).

### **ARMED FORCES AND OTHER BEARERS OF WEAPONS**

Familiarizing all weapon bearers with IHL, international human rights law and the Movement's distinctive humanitarian role remained an ICRC priority, particularly given the intensification of fighting in Casamance.

Senegal's military command and representatives of MFDC factions were informed of their obligations under IHL (see *Civilians*). In the field, military and MFDC commanders strengthened their dialogue with the ICRC, acknowledging the impact of the fighting on local communities. Their cooperation resulted in several ICRC briefings for field units and a more reliable system for notifying such units of National Society/ICRC field presence, facilitating safe Movement access to vulnerable communities.

More widely, briefings at training institutions, backed by ICRC publications, helped broaden respect for applicable humanitarian law among police officers (including some working in

custody facilities) and trainee *gendarmes* in Senegal, Gambian and Senegalese peacekeepers scheduled for deployment and, in the framework of security sector reform, military troops in Guinea-Bissau.

Acting on a new directive on integrating IHL into curricula, Senegal's military training command appointed an IHL liaison officer and welcomed ICRC input in reviewing/revising the soldiers' handbook, tactical instruction and field exercises to that end. The country's *gendarmerie* schools benefited from similar support in reviewing teaching standards.

In Gambia, support to the military IHL committee was postponed until its coordinator returned from sabbatical. However, police officers improved their international human rights law/first-aid skills during National Society training sessions incorporating ICRC presentations.

Senior officers from both Senegal and Gambia enhanced their IHL expertise at courses abroad.

### CIVIL SOCIETY

National and international media in Dakar, a hub for humanitarian diplomacy, contributed to awareness of humanitarian concerns and the Movement by reporting on National Society/ICRC activities locally and in the wider region. ICRC field trips, workshops, press conferences and online/printed materials gave journalists the tools to produce accurate coverage. Local radio stations, especially, played a valuable role in promoting Movement messages among remote communities in Casamance, in cooperation with community leaders.

The ICRC documentation centre in Dakar attracted an increasing number of organizations and academic/military institutions seeking to organize fora or launch publications on humanitarian themes. Researchers/students preparing IHL-related theses visited its library to support their research. Complementing bilateral meetings with community/religious leaders and NGOs working in fields of common interest, the centre served to stimulate dialogue on, for example, weapon control and the challenges faced by IDPs, children and women in war, while strengthening support for Movement activities and humanitarian values.

In addition, law faculties in Dakar and Ziguinchor continued to work alongside the ICRC to foster student interest in IHL and the Movement by conducting discussion groups/presentations. Contact initiated with universities in Gambia, Guinea-Bissau and northern Senegal aimed to extend such cooperation outside Dakar. The University of the Gambia invited the ICRC to help judge its first moot court competition, at which students practised applying IHL drawing on ICRC-donated resources.

### RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies benefited from a combination of ICRC financial, logistical, material and training support to strengthen their organizational development and communication and humanitarian response capacities.

After mobilizing first-aid cover during protests in Dakar (see *Wounded and sick*), the Senegalese Red Cross developed a contingency plan with ICRC delegates, in discussion with authorities/political parties, in case of further disturbances in the run-up to elections in 2012. To enhance coordination during cross-border

emergencies, branches in neighbouring regions of Casamance, Gambia and north-west Guinea-Bissau practised tackling a cholera epidemic within a conflict scenario during a simulation exercise. Applying specialist training, personnel in these regions also contributed to ICRC assistance initiatives (see *Civilians*).

All four National Societies received funds, materials and advice to assist them in conducting public health initiatives, restoring family links and enhancing materials with which to promote the Movement, its emblems and IHL among a cross-section of society. With ICRC-funded training from Dakar health professionals, 20 volunteers launched a health initiative for migrant women (see *Civilians*).

With International Federation/ICRC guidance and funds, relevant personnel attended various meetings/workshops, locally and abroad, to strengthen their governance, financial management and IHL expertise and reinforce Movement cooperation. The Red Cross Society of Guinea-Bissau adopted a new four-year strategy, with personnel in Bissau and São Domingos acquiring better working conditions thanks to office renovations. Renovations to National Society premises in Banjul (funded by Movement partners) progressed slowly, delaying the establishment of an IHL documentation centre there.