

AFGHANISTAN



+ ICRC delegation + ICRC sub-delegation + ICRC office/presence + ICRC-supported hospital
+ ICRC regional logistics centre + ICRC-supported prosthetic/orthotic centre
 * Hospital run fully by the ICRC ** Map shows structures supporting ICRC operations in Afghanistan

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ the weapon-wounded increased their chances of survival thanks to trained first-aiders and an ICRC-funded transport system for medical evacuation, while the disabled accessed rehabilitative care at ICRC-run centres
- ▶ the Interior Ministry contributed to promoting respect for medical services by issuing a correspondence to all checkpoints, urging them to facilitate the passage of vehicles carrying wounded or sick people
- ▶ more conflict/disaster-affected people than planned were able to ease their situation with household essentials/food rations provided by the Afghan Red Crescent Society/ICRC despite security issues
- ▶ detainees benefited from improved living conditions as a result of ICRC-supported efforts to enhance health-care services and rehabilitate infrastructure such as water and sanitation facilities
- ▶ the authorities supported IHL by integrating a subject on law of armed conflict into the military's training curriculum and submitting to the president a proposal to ratify the Hague Convention on Cultural Property
- ▶ the authorities, armed groups and members of civil society learnt more about IHL and the Movement at sessions held by local partners, as insecurity limited the ICRC's presence in some areas

EXPENDITURE (in KCHF)

Protection	10,868
Assistance	56,446
Prevention	4,307
Cooperation with National Societies	2,577
General	-

74,198

of which: Overheads 4,520

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	101
Resident staff (daily workers not included)	1,597

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. Its current operations aim at: visiting detainees, monitoring their treatment and living conditions, and helping them keep in contact with their families; monitoring the conduct of hostilities and working to prevent IHL violations; assisting the wounded and disabled; supporting health and hospital care; improving water and sanitation services; promoting accession to and national implementation of IHL treaties and compliance with IHL by military forces; and helping the Afghan Red Crescent Society strengthen its capacities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	612
RCMs distributed	754
Phone calls facilitated between family members	2,613
People located (tracing cases closed positively)	454
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	28,017
Detainees visited and monitored individually	1,896
Number of visits carried out	149
Number of places of detention visited	43
Restoring family links	
RCMs collected	2,823
RCMs distributed	2,771
Phone calls made to families to inform them of the whereabouts of a detained relative	335

ASSISTANCE	2014 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	90,090	133,070
Essential household items	Beneficiaries	71,680	127,608
Productive inputs	Beneficiaries	45,150	12,590
Cash	Beneficiaries	40,250	42,182
Work, services and training ¹	Beneficiaries	84,134	90,566
Water and habitat activities	Beneficiaries	300,000	353,760
Health			
Health centres supported	Structures	48	48
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	2	19
Water and habitat			
Water and habitat activities	Number of beds	562	599
Physical rehabilitation			
Centres supported	Structures	8	8
Patients receiving services	Patients	90,000	104,584

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

CONTEXT

Afghanistan's presidential elections and its campaigning period saw sporadic attacks by armed groups seeking to disrupt the process. The political deadlock after the elections ended in September with the signing of a power-sharing agreement between the winner, Ashraf Ghani, who became president, and the runner-up, Abdullah Abdullah, who was sworn in as chief executive; however, the government remained without an appointed cabinet by year-end.

President Ghani signed agreements with NATO and the United States of America, which officially marked the end of their combat missions in the country, as planned, and the beginning of their technical support for local troops who took over responsibility for Afghanistan's security. Detainees formerly under international forces' responsibility were transferred to their home countries or to Afghan custody, or released.

The conflict between the Afghan government and armed groups intensified, reportedly resulting in the highest number of casualties in years, as well as displacing people and hindering their access to basic services. Increasing needs severely strained the resources of medical facilities. Fighters and presumed supporters of armed groups continued to be arrested, adding pressure to already overcrowded detention infrastructures.

The fragmentation of the political/military landscape and the volatile situation disrupted communication and restricted humanitarian access. Attacks on humanitarian/medical workers continued.

ICRC ACTION AND RESULTS

The ICRC strove to address humanitarian needs arising from the conflict in Afghanistan despite constraints that affected the implementation of some of its planned objectives. These limitations included security-related issues, which led to the relocation of some ICRC staff to Tajikistan in 2013, and the protracted political transition that posed some difficulties in sustaining dialogue with the authorities concerned. Nevertheless, the delegation adapted to the situation by reorganizing its activities, because of the new staff set-up, and working closely with the Afghan Red Crescent Society and other local partners in providing assistance to vulnerable communities. It also supported the development of the National Society's institutional/branch-level capacities.

The delegation discussed alleged IHL violations and the need to protect civilians and medical services with all parties to the conflict, focusing particularly on local forces, as international troops withdrew. Dissemination sessions/informational materials furthered understanding among the authorities, security forces, civil society actors and beneficiaries of humanitarian principles, IHL and the National Society/ICRC's work, and helped improve humanitarian access to the people affected. Through ICRC training, Afghan security forces bolstered their instructors' IHL teaching capacities. Because of these efforts, a military academy included IHL in its curriculum and the parliament submitted to the president a proposal to ratify the Hague Convention on the Protection of Cultural Property.

A comprehensive approach to support the casualty care chain was taken to help address people's health needs. First-aid training enabled emergency responders to increase the weapon-wounded's chances of survival, while an ICRC-funded transport system helped patients reach hospitals. Regular support for two Health Ministry-run hospitals and ad hoc provisions of supplies to other hospitals helped improve

the quality of care. Services provided by ICRC-run physical rehabilitation centres helped the disabled regain their mobility and self-sufficiency. Providing supplies, equipment and training, Movement partners helped the National Society improve the services offered by its clinics, including a newly opened facility run by an all-female staff.

National Society/ICRC teams distributed food rations/household essentials to conflict/disaster-affected people – a larger number than planned – to help them meet their urgent needs. The ICRC enlisted community support for rehabilitating infrastructure in exchange for cash, enabling people to earn money while boosting productive capacities. Although the revision of National Society/ICRC guidelines for assistance activities delayed the implementation of some livelihood-support initiatives, the ICRC assisted communities in resuming/protecting income-generating/food-producing activities through animal health programmes and by providing agricultural supplies/equipment and training. It also supported repairs to/construction of water systems to improve water quality and sanitation in rural and peri-urban areas.

Delegates continued to visit, in accordance with standard ICRC procedures, detainees under Afghan, NATO/International Security Assistance Force (ISAF) and US authority; they communicated their findings and recommendations confidentially to the authorities concerned. Through briefings and dialogue, the ICRC supported all authorities concerned in safeguarding the rights of detainees transferred from British and US custody to the Parwan detention facility under Afghan responsibility. It enabled detainees/internees to contact their families and foreign detainees to get in touch with their consular officials. The ICRC also worked with the authorities to improve the health and living conditions of detainees in overcrowded centres by supporting the repairs to/renovation of essential facilities and by providing medical services.

The ICRC regularly met with other humanitarian organizations to ensure maximum coverage of needs and prevent duplication of efforts. It participated in a round-table with Movement partners to discuss evolving humanitarian needs and security constraints in the country and to clarify their roles in relation to these issues.

CIVILIANS

Parties to the conflict and the ICRC discussed the need to: protect people not/no longer participating in hostilities; enable civilians to have access to basic services, for example by protecting humanitarian/medical facilities/workers; and facilitate the Movement's neutral, impartial and independent activities. As international forces were withdrawing their personnel, the focus of ICRC dialogue, particularly on the conduct of hostilities and reported IHL violations, shifted to Afghan forces and armed groups in the country.

People separated by conflict restored/maintained contact with relatives using the Movement's family-links services (see also *People deprived of their freedom*). With the ICRC acting as a neutral intermediary, the remains of 1,372 fallen fighters and civilians were transferred to the parties concerned, enabling families to bury their deceased relatives. Forensic specialists and Afghan Red Crescent Society staff attended international conferences and/or training sessions; this helped develop national capacities to manage human remains.

Conflict-affected communities improve their income-generating/food-producing capacities

Poor security conditions continued to limit humanitarian access and disrupt ICRC supply lines. Nevertheless, more violence/

disaster-affected people than planned benefited from emergency relief following the National Society/ICRC's dialogue with these armed groups, the dissemination/implementation of modified guidelines for assistance activities countrywide and the opening of a second supply line in the southern regions. Nearly 111,700 persons (15,953 households) eased their situation with the help of four-week food rations; 95,179 received household essentials as well.

People from 6,026 vulnerable households supported their families (42,182 people) through cash-for-work projects, for example repairing vital infrastructure such as irrigation canals and roads in 189 villages; these improvements enabled the wider community to boost their food production/income. Thousands of families in other areas did the same with the help of supplies/equipment and technical support from the ICRC, however, there were fewer beneficiaries than planned owing to the revision of the National Society/ICRC's assistance activities that delayed the provision of productive inputs. Some 240 heads of households tilled their almond nurseries with basic tools; 1,200 pastoral farmers in the central and southern regions better cared for their herds using fodder, basic farming tools and knowledge gained from training in animal husbandry; and 390 households sold the products of improved breeds of goats and sheep. Female heads of households who received poultry in 2013 reported a 42% increase in their income after nine months. With the help of deworming programmes facilitated by veterinary workers equipped by the ICRC, 39,695 households (around 277,800 people) in more regions benefited from healthier, more productive livestock.

Disabled people (see *Wounded and sick*) and their families regained a measure of self-sufficiency: over 150 breadwinners (1,106 beneficiaries) availed themselves of ICRC micro-loans to boost/start livelihood activities; 231 people attended vocational training; and 230 severely disabled children received home tuition. Some 1,600 homebound people with spinal-cord injuries and their families (totalling 9,600 people) received food rations and hygiene items.

Approximately 353,800 people in rural and peri-urban areas covered their household needs and stayed healthy thanks to safe drinking water from rehabilitated hand pumps and water supply systems maintained by trained management committees.

Women and children obtain primary health care at National Society clinic run by all-female staff

Various initiatives, in line with the government's Basic Package of Health Services, helped enhance health care for the conflict-affected. People benefited from preventive/curative care at 47 National Society clinics covering almost all provinces and at a community-run health centre in Korangal, near Jalalabad; the ICRC provided support for all these facilities. Among these clinics was a new facility in Mazar-i-Sharif run by an all-female staff, initiated by the National Society with Movement support, and specifically for women and children. Over 889,100 people attended consultations at these centres, and 77,198 women of child-bearing age were vaccinated against neonatal tetanus. About 31,000 women learnt more about family planning at the centres and 61,485 benefited from ante/post-natal care.

With Norwegian Red Cross/ICRC material and technical input, the National Society improved its health-care services by strengthening its clinic management and logistical capacities (see *Wounded and sick*). The refurbishment of two National Society medical warehouses started.

Health workers from the Public Health Ministry and other organizations conducted polio vaccinations in the south, with the ICRC facilitating their field access.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees maintain contact with relatives living in remote areas through ICRC phone system

Detainees/internees under Afghan, NATO/ISAF and US authority – including, for the first time, those held at Afghan army bases outside Kabul and at the Parwan detention facility – received ICRC visits conducted according to the organization's standard procedures. Particular attention was paid to vulnerable groups such as women, the elderly and minors. Delegates monitored detainees' treatment and living conditions, as well as officials' respect for judicial guarantees and the principle of *non-refoulement*; afterwards, they communicated their findings and recommendations confidentially to the authorities. The political situation in the country delayed the finalization of an agreement between the ICRC and the National Directorate of Security concerning cooperation in detention-related activities.

With ICRC input, the Afghan, British and US authorities and other stakeholders became more cognizant of the need to respect the rights of detainees/internees transferred from British or US custody to the Parwan facility. The detaining authorities tackled the legal and humanitarian implications of transfers and drew on ICRC assistance to enable inmates and their families to keep in touch.

Detainees/internees held in Afghanistan and at the US internment facility at Guantanamo Bay Naval Station in Cuba communicated with relatives through RCMs and phone/video services. Detainees at the Parwan and Pul-i-Charkhi prisons benefited from ICRC-organized family visits and a phone service that connected them with relatives living in remote areas. Foreign detainees in US custody benefited from ICRC-facilitated visits from their consular officials. One foreigner released from detention returned home with ICRC support.

Families ascertained the whereabouts of 339 detained relatives through notifications of arrest/transfer/release furnished by Afghan, NATO/ISAF and US authorities to the ICRC.

Inmates in overcrowded prisons reduce health risks thanks to improved living conditions

Efforts to mobilize international stakeholders to invest in prison infrastructure became difficult as many of them had left/were in the process of withdrawing. Resource constraints limited the authorities' capacity to address the consequences of overcrowding, particularly on detainees' health.

The Public Health Ministry enhanced its services for inmates, such as those in Herat and Sarpoza prisons, using ICRC-provided medical supplies, equipment, technical advice and/or financial support for staff salaries. A week-long training course helped raise awareness among prison health staff of detainees' health-care needs. Ailing inmates, including the mentally ill, at the Pul-i-Charkhi prison received treatment from prison health staff or at hospitals following referrals.

Various initiatives promoted health, hygiene and a cleaner environment, thus helping limit disease outbreaks. With ICRC support, the authorities/staff and detainees at two prisons established maintenance and hygiene committees tasked to identify and tackle hygiene and infrastructure problems. Nearly 40,000 detainees had

improved living conditions following upgrades to infrastructure; rehabilitated water and sanitation facilities, kitchens and courtyards in five provincial prisons benefited 5,679 inmates.

Some 36,000 vulnerable detainees, including those held by armed groups, and guards improved their living conditions and/or maintained their health with ICRC-delivered hygiene kits during hygiene-promotion sessions and other essential items, such as winter clothing and blankets; they were also given books for recreation.

WOUNDED AND SICK

Much of the population continued to struggle to obtain timely and appropriate treatment, as attacks on medical staff/facilities impeded the provision of health care. Nevertheless, the wounded and the sick benefited from various levels of treatment provided by the ICRC and its partners.

Weapon-wounded people are stabilized by emergency responders before reaching hospital

Injured people received life-saving care from National Society/ICRC-trained/equipped emergency responders, including male and female community-based National Society volunteers, as well as from security forces, other weapon bearers, ambulance drivers and hospital staff; training for these responders incorporated learning from the Health Care in Danger project. About 1,560 weapon-wounded people in southern Afghanistan reached hospital through an ICRC-funded transport system; over 92% of them benefited from first aid before they reached hospitals, increasing their chances of survival. The demand for an evacuation scheme amid complex security situations led the ICRC to test several ways to better meet needs.

Violence-affected people benefit from health care at ICRC-supported hospitals

Around 63,000 inpatients and 367,470 outpatients received treatment at the Health Ministry's Mirwais (Kandahar) and Sheberghan (Jowzjan) hospitals. They included 1,827 weapon-wounded people and 24,391 women admitted for gynaecological/obstetric care. Both hospitals benefited from comprehensive ICRC support for implementing the ministry's Essential Package of Hospital Services.

Through training sessions, hospital managers/staff at the Mirwais hospital bolstered their practical and theoretical knowledge, including of a revised plan for managing mass casualties.

Seventeen other hospitals received emergency supplies to help them prepare for or cope with mass casualties. Planned war-surgery courses did not take place because of election-related insecurity or because other actors were already addressing this need.

Disabled people improve their mobility

Over 104,000 disabled Afghans benefited from physiotherapy and prosthetic/orthotic devices manufactured and/or provided by one component factory and seven physical rehabilitation centres run by the ICRC. These facilities were managed by disabled employees, trained with the ICRC's assistance. Disabled people from remote areas were referred to the centres and given transportation support to travel to them; people with spinal-cord injuries received about 7,000 home visits. To help ensure the sustainability of these centres' services, local staff attended specialized training courses and progressively took over the management of operations. Patients enhanced their well-being and/or regained self-sufficiency by taking part in sports, including national wheelchair basketball tournaments, and through other initiatives (see *Civilians*).

Renovations were carried out at health facilities, with a view to improving services for patients. A new operating theatre at the Mirwais hospital went into use; other facilities at the hospital continued to be upgraded, in accordance with a 2014–17 infrastructural plan that was finalized with the authorities concerned. Construction of the new Faizabad rehabilitation centre resumed and work on three other rehabilitation facilities progressed, for instance, the installation of a new central heating system at a centre in Kabul.

ACTORS OF INFLUENCE

Interior Ministry takes steps to promote respect for medical services at checkpoints

Parties to the conflict and the ICRC discussed IHL-related issues and the need to facilitate National Society/ICRC access and assistance to victims of conflict (see *Civilians*); however, the political transition (see *Context*) posed some difficulties in sustaining such

PEOPLE DEPRIVED OF THEIR FREEDOM	TOTAL	AFGHAN GOVERNMENT	US FORCES	IN NATO/ISAF CUSTODY PRIOR TO THEIR TRANSFER TO AFGHAN CUSTODY
ICRC visits				
Detainees visited	28,017	27,941	54	22
<i>of whom women</i>	789	789		
<i>of whom minors</i>	394	394		
Detainees visited and monitored individually	1,896	1,841	53	2
<i>of whom women</i>	10	10		
<i>of whom girls</i>	4	4		
<i>of whom boys</i>	51	51		
Detainees newly registered	887	881	5	1
<i>of whom women</i>	7	7		
<i>of whom girls</i>	3	3		
<i>of whom boys</i>	38	38		
Number of visits carried out	149	135	8	6
Number of places of detention visited	43	39	2	2
Restoring family links				
RCMs collected	2,823	2,821	2	
RCMs distributed	2,771	2,704	67	
Phone calls made to families to inform them of the whereabouts of a detained relative	335	332	3	
Detainees visited by their relatives with ICRC/National Society support	991	985	6	
Detainees released and transferred/repatriated by/via the ICRC	1	1		
People to whom a detention attestation was issued	31	31		

dialogue. Discussions with international forces in Afghanistan and abroad shifted to other subjects: the ongoing withdrawal of international troops and their responsibilities with regard to reducing weapon contamination, and the transition to non-combat roles of the remaining personnel (see *Brussels, London and Washington*).

Parliamentarians, government officials and Movement partners convened to discuss how to protect the safety of medical services. This led to the Interior Ministry sending all checkpoints a notice urging them to ensure that vehicles carrying wounded or sick people were not delayed. Journalists participated in a session on the same subject.

Community and religious leaders further their understanding of IHL and the Movement

Some 20,000 influential community/religious leaders, academic scholars, male and female ICRC beneficiaries, and members of the media/the general public deepened their understanding of IHL and the Movement through dissemination sessions/presentations by the ICRC or, when insecurity restricted the organization's access, by the National Society and other local partners. During national/international round-tables/courses, religious scholars, university professors and students refined their knowledge of contemporary IHL-related challenges and of the similarities between Islam and IHL (see *New Delhi and Lebanon*). Local and international media used ICRC news releases/operational updates, and information collected during ICRC-organized field trips, to draw attention to humanitarian issues and help promote support for Movement activities. Publications in Dari and Pashto, and features on the ICRC's website, supplemented these efforts.

Military academy integrates topic on law of armed conflict into curriculum

Almost 9,800 Afghan National Security Forces personnel, as well as members of armed groups, learnt more about IHL during dissemination sessions. Some 280 army and police personnel sharpened their IHL teaching skills at ICRC courses; army legal officers and ICRC-trained IHL instructors were in charge of some of these courses. With British government/ICRC support, the newly established Afghan National Army Officer Academy integrated the topic on law of armed conflict into its training curriculum. A military officer participated in a workshop abroad on rules governing military operations (see *International law and policy*). While planning and conducting operations, leaders of armed groups consulted the ICRC on issues related to compliance with IHL.

The parliament submitted a proposal to the president to ratify the Hague Convention on the Protection of Cultural Property. Government officials participated in various IHL training sessions abroad, including a legislative drafting workshop on IHL (see *Sri Lanka and Nepal*). Dari and Pashto versions of the Geneva Conventions, submitted by the ICRC to the Justice Ministry, boosted efforts to incorporate these Conventions' provisions in domestic law. The authorities and the ICRC continued to discuss Afghanistan's accession to the Convention on Certain Conventional Weapons, domestic IHL implementation and the creation of a national IHL committee; progress was stalled, however, because the authorities were busy with the presidential elections and had other priorities as well.

RED CROSS AND RED CRESCENT MOVEMENT

National Society improves its volunteer management capacities

The Afghan Red Crescent Society remained the ICRC's main partner in providing relief and medical care to victims (see *Civilians and Wounded and sick*), many of whom were beyond the reach of overstretched/unreliable government services/other humanitarian actors. It signed a partnership framework agreement with the ICRC for the period of 2015–17.

With Movement support and cooperation, the National Society developed its institutional and branch-level capacities, through workshops on strategic leadership and the Safer Access Framework, for instance. It improved its ability to mobilize and manage volunteers by setting up a database for most of its regional offices and registering some 25,000 volunteers from its 34 branches. The National Society also strengthened coordination of the Health Care in Danger project in Afghanistan by creating a committee made up of focal points from various Movement partners. Movement partners signed two memoranda of understanding aimed at helping the organization strengthen its logistics and delivery of services.

The National Society draft law that defined its role/status was merged with the emblem law. This new draft remained under review at the Ministry of Justice.

Movement partners met regularly to strengthen their security and access framework and to coordinate activities. A round-table in Switzerland convened Movement components working in Afghanistan, with a view to developing a common understanding of the evolving humanitarian needs and security constraints in the country, and clarifying and reinforcing their roles in relation to these issues.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		612			
RCMs distributed		754			
Phone calls facilitated between family members		2,613			
Reunifications, transfers and repatriations					
People transferred/repatriated		33			
Human remains transferred/repatriated		1,372			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		894	92	111	88
<i>including people for whom tracing requests were registered by another delegation</i>		23			
People located (tracing cases closed positively)		454			
Tracing cases still being handled at the end of the reporting period (people)		392	56	88	50
<i>including people for whom tracing requests were registered by another delegation</i>		28			
Documents					
Official documents relayed between family members across borders/front lines		104			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		28,017	789	394	
			Women	Girls	Boys
Detainees visited and monitored individually		1,896	10	4	51
Detainees newly registered		887	7	3	38
Number of visits carried out		149			
Number of places of detention visited		43			
Restoring family links					
RCMs collected		2,823			
RCMs distributed		2,271			
Phone calls made to families to inform them of the whereabouts of a detained relative		335			
Detainees visited by their relatives with ICRC/National Society support		991			
Detainees released and transferred/repatriated by/via the ICRC		1			
People to whom a detention attestation was issued		31			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	133,070	26%	20%
	<i>of whom IDPs</i>	Beneficiaries		
		66,121		
Essential household items	Beneficiaries	127,608	20%	15%
	<i>of whom IDPs</i>	Beneficiaries		
		59,621		
Productive inputs	Beneficiaries	12,590	29%	30%
Cash	Beneficiaries	42,182	32%	34%
	<i>of whom IDPs</i>	Beneficiaries		
		2,390		
Work, services and training ¹	Beneficiaries	90,566	30%	40%
Water and habitat activities	Beneficiaries	353,760	30%	40%
Health				
Health centres supported	Structures	48		
Average catchment population		1,002,659		
Consultations	Patients	889,162		
	<i>of which curative</i>	Patients	257,561	382,962
	<i>of which ante/post-natal</i>	Patients	61,485	
Immunizations	Doses	498,113		
	<i>of which for children aged five or under</i>	Doses	413,453	
Referrals to a second level of care	Patients	7,138		
Health education	Sessions	8,761		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	36,453		
Work, services and training	Beneficiaries	2		
Water and habitat activities	Beneficiaries	39,098		
Health				
Number of visits carried out by health staff		279		
Number of places of detention visited by health staff		25		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	19		
	<i>of which provided data</i>	Structures	2	
Patients whose hospital treatment has been paid for by the ICRC	Patients	126		
Admissions	Patients	63,093	33,252	16,148
	<i>of whom weapon-wounded</i>	Patients	97	240
	<i>(including by mines or explosive remnants of war)</i>	Patients		
	<i>of whom other surgical cases</i>	Patients		
	<i>of whom medical cases</i>	Patients		
	<i>of whom gynaecological/obstetric cases</i>	Patients		
Operations performed		17,865		
Outpatient consultations	Patients	367,470		
	<i>of which surgical</i>	Patients	157,543	
	<i>of which medical</i>	Patients	122,854	
	<i>of which gynaecological/obstetric</i>	Patients	87,073	
Water and habitat				
Water and habitat activities	Number of beds	599		
Physical rehabilitation				
Centres supported	Structures	8		
Patients receiving services	Patients	104,584	16,227	34,509
New patients fitted with prostheses	Patients	1,106	120	114
Prostheses delivered	Units	4,148	405	311
	<i>of which for victims of mines or explosive remnants of war</i>	Units	2,412	
New patients fitted with orthoses	Patients	5,564	1,133	2,501
Orthoses delivered	Units	13,177	2,260	6,566
	<i>of which for victims of mines or explosive remnants of war</i>	Units	54	
Patients receiving physiotherapy	Patients	69,769	12,359	29,560
Crutches delivered	Units	14,269		
Wheelchairs delivered	Units	1,246		

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