



+ ICRC delegation    + ICRC sub-delegation    + ICRC office/presence  
+ ICRC logistics centre    + ICRC-supported hospital

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ despite security incidents limiting the ICRC's movements in rural areas, more IDPs, returnees and residents than initially planned met their food needs with rations distributed with/through the Mali Red Cross
- ▶ following briefings and discussions on IHL, some armed groups, the Malian authorities and international forces facilitated access for the ICRC to people wounded or detained in relation to the armed conflict
- ▶ weapon-wounded people evacuated by international forces, armed groups and the ICRC, eased their recovery through care at the regional hospital in Gao, supported by an ICRC medical team
- ▶ vulnerable households, including some headed by women, strengthened their livelihoods and resilience to the effects of violence via farming/veterinary support activities, and upgrades to community infrastructure
- ▶ newly displaced people, minors formerly associated with armed groups and detainees stayed in touch with their relatives through family-links services offered by the National Society/ICRC
- ▶ detainees stood to benefit from steps taken by the Malian authorities to improve their health, for example, through the preparation of balanced meals according to a standardized menu drafted with ICRC help

### EXPENDITURE (in KCHF)

Protection	4,223
Assistance	33,695
Prevention	3,005
Cooperation with National Societies	1,747
General	-
<b>Total</b>	<b>42,670</b>

of which: Overheads 2,590

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>94%</b>
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### PERSONNEL

Mobile staff	51
Resident staff (daily workers not included)	275

Continually working in the country since 1982, the ICRC opened a delegation in Mali in 2013 in response to the consequences of fighting between government forces and armed groups and of other situations of violence in Mali. It seeks to protect and assist conflict/violence-affected people who also often struggle with adverse climatic conditions, and visits detainees, providing them with aid where necessary. It promotes IHL among armed and security forces and other armed groups and encourages its implementation by the authorities of the country. It works closely with the Mali Red Cross and helps it develop its operational capacities.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	666
RCMs distributed	244
Phone calls facilitated between family members	3,855
People located (tracing cases closed positively)	106
People reunited with their families	22
<i>of whom unaccompanied minors/separated children</i>	22
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	4,156
Detainees visited and monitored individually	432
Number of visits carried out	124
Number of places of detention visited	30
<b>Restoring family links</b>	
RCMs collected	131
RCMs distributed	46
Phone calls made to families to inform them of the whereabouts of a detained relative	353

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat</b> (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 240,000	355,994
Essential household items	Beneficiaries 60,000	28,912
Productive inputs	Beneficiaries 180,000	287,208
Cash	Beneficiaries 30,000	19,404
Work, services and training	Beneficiaries 420,000	493,915
Water and habitat activities	Beneficiaries 348,600	237,716
<b>Health</b>		
Health centres supported	Structures 2	6
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 2	1
<b>Water and habitat</b>		
Water and habitat activities	Number of beds 133	130
<b>Physical rehabilitation</b>		
Centres supported	Structures 1	1
Patients receiving services	Patients 50	52

## CONTEXT

In the north, interethnic violence fuelled by the ongoing armed conflict, attacks by armed groups, banditry and military/security operations put people at risk of injury or death. The UN Multidimensional Integrated Support Mission in Mali (MINUSMA) awaited reinforcements; France had already withdrawn many of its troops.

In May, hostilities resumed between Malian forces and armed groups; the Mouvement National de Libération de l'Azawad (MNLA) and the Haut Conseil pour l'Unité de l'Azawad (HCUA) retook the town of Kidal and parts of the region. Reportedly, some people were detained by armed groups; thousands of others fled to the Gao region, southern Mali and neighbouring countries. The parties involved agreed to a ceasefire, but peace negotiations, in Algeria, had not been concluded at year's end.

Many people in the north remained dependent on humanitarian aid in light of poor harvests in 2013 and erratic rainfall. These included conflict-affected people recovering from past drought, new and long-time IDPs, and destitute returnees. Humanitarian actors struggled with limited funding and occasional attacks by armed elements: in April, an ICRC team abducted by an armed group in February fortuitously regained their freedom.

A limited outbreak of Ebola was reported.

## ICRC ACTION AND RESULTS

The ICRC delegation in Mali and the Mali Red Cross worked to assist vulnerable people in northern Mali: accordingly, the National Society developed its capacities with ICRC help. Thus, although the ICRC had to limit its movements in rural areas because of security constraints, vulnerable people nevertheless obtained aid from/through the National Society. In addition, around 50% more people – displaced people, vulnerable residents and farmers affected by erratic rainfall – than initially planned received food aid. To meet the increased costs, resources were reallocated from other assistance projects and, in late 2014, smaller rations were distributed.

Conflict-affected people met their urgent needs thanks to the ICRC's and National Society's multidisciplinary emergency response. Owing to the influx of returnees at the beginning of the year and renewed violence in Kidal, twice as many displaced people than initially planned received food. People who had sustained weapon wounds during the violence in Kidal – including some evacuated by MINUSMA, the MNLA and the ICRC – recovered at the Gao regional hospital, which was supported by ICRC medical specialists. After fighting had disrupted water services in Kidal town, residents regained access to water within days as a result of ad hoc repairs to water infrastructure by the National Society/ICRC.

Vulnerable people in Gao, Kidal, Mopti and Tombouctou built their resilience to the effects of violence and harsh climate with help from the National Society and the ICRC. Farmers boosted their harvests with ICRC-provided seed and tools, and saw the hunger gap period through in part by consuming ICRC-distributed food rations. Herders increased the productivity/market value of their livestock through free veterinary services, donations of fodder to them and destocking activities for helping them cull their weaker animals. Women heads of households increased their income by selling handicrafts and soap produced with ICRC material support. These people, along with IDPs, returnees and other vulnerable individuals, had sufficient clean water for drinking or watering

crops/livestock owing to ICRC upgrades to infrastructure. This, together with preventive care at six ICRC-supported centres, also helped them mitigate hygiene-related health risks.

Weapon bearers, government officials, civil society leaders and others were encouraged to respect IHL and neutral, impartial and independent humanitarian action through information sessions, dialogue, media messages and other means. Information provided by these actors helped the ICRC adapt its activities/security measures to the prevailing situation. After the fighting in Kidal, armed groups/Malian troops/international forces notified the ICRC of people who had been wounded or arrested. Parties concerned were informed of IHL violations and other abuses, including sexual violence, with a view to preventing their recurrence; cases of people missing in relation to the conflict were also brought to their attention.

Families separated by armed conflict, detention or other circumstances restored/maintained contact through the National Society's family-links network, with assistance from the ICRC. Children previously associated with armed groups were reunited with their families after their home environment was assessed to ensure that it met the conditions for successful social reintegration. Detainees sent RCMs or had their families informed of their situation.

People held by the Malian authorities and armed groups received visits from the ICRC; those held in connection with the conflict were registered and monitored individually. Confidential feedback and material/technical support helped detaining authorities improve detainee treatment and living conditions. The Malian authorities agreed to use a standardized menu, drafted with the ICRC, at all prisons and to increase the prison food budget in 2015, after the menu had been tested in two prisons.

## CIVILIANS

To prevent the recurrence of IHL and human rights violations, including sexual violence, allegations of abuse and cases of people who went missing in connection with the conflict were documented and shared with the parties concerned. During the resumption of hostilities in Kidal, weapon bearers were reminded of their responsibilities to people not/no longer fighting, particularly to facilitate their access to health/medical care and humanitarian aid (see *Actors of influence*). Where applicable, victims of abuses were referred to medical services and/or enrolled in the ICRC's family-links or assistance programmes.

### Children previously associated with armed groups rejoin their families

Families separated by armed conflict, detention or migration restored/maintained contact via the family-links network established by the Mali Red Cross and the ICRC, with the assistance of National Societies in countries hosting Malian refugees (see, for example, *Mauritania and Niger*).

People received news of relatives who went missing following the resolution of over 100 tracing requests. Some got back in touch with relatives in detention (see *People deprived of freedom*); and 16 children previously associated with armed groups were reunited with relatives after their communities were assessed for the risk of re-recruitment/other dangers, and their families briefed on their vulnerabilities.

Pending the resumption of the deportation of migrants from Algeria, related activities remained on hold.

## **IDPs and residents affected by violence in Kidal meet their needs with timely aid**

The National Society strengthened its operational capacity in the north with ICRC support, which included renovations to its Mopti office. Close coordination between the National Society and the ICRC helped ensure that vulnerable people received aid promptly during periods when the ICRC had to limit its movements.

Over 126,300 IDPs, returnees and vulnerable residents (20,860 households) in rural and urban areas in Gao, Kidal, Mopti and Tombouctou met their urgent needs following timely distributions of three-month food rations. Around 6,000 IDPs (1,000 households) who had fled Kidal after the violence in May received rations within days of their arrival in Gao. Some 28,900 destitute returnees (4,830 households) eased their resettlement with household essentials provided by the National Society/ICRC. Owing to an increase in the number of returnees in early 2014, twice as many conflict/violence-affected people as initially planned received food. Accordingly, resources were reallocated from assistance projects that had been delayed/reduced owing to security constraints, and, in late 2014, smaller rations were distributed.

During fighting in Kidal town, water infrastructure was damaged/stolen and maintenance personnel fled, causing the daily supply of water to fall sharply and sometimes stop completely. The supply of water was stabilized within a few days, though not fully restored, as a result of ad hoc repairs to pumps and generators by National Society volunteers and the ICRC. This helped ensure that the 25,000 townspeople could meet most of their daily water needs, and that the Kidal referral centre had enough clean water to maintain its activities, until water authorities were able to restore services.

People injured during the violence in Kidal were evacuated to the Gao hospital (see *Wounded and sick*).

## **Conflict/violence-affected people see the hunger gap period through**

Conflict-affected people in Gao, Kidal, Mopti and Tombouctou strengthened their resilience to the effects of violence and harsh climate through long-term assistance activities conducted by the National Society, local actors and the ICRC. Some activities were delayed or reduced because of security constraints; however, because of the erratic rainfall, more vulnerable farmers than originally foreseen were provided by the ICRC with food assistance.

Around 37,700 farming households (229,400 people), including those managing cereal and fodder banks, consumed/sold more produce after they had boosted their harvests, in part by using ICRC-provided seed and other agricultural supplies/equipment. Monthly distributions of food rations also helped ensure that they could keep planting and did not have to consume seed stock. Over 140 women's associations (6,560 people) reported having harvested twice as much vegetables from their market gardens. Some 2,900 vulnerable breadwinners (19,400 people) supplemented their income through cash-for-work projects to upgrade community infrastructure or small businesses set up with ICRC help. Among them, 84 heads of households, including women, sold handicrafts and soap in Gao and Kidal.

About 82,500 herding households (494,000 people) improved/maintained the health – and therefore the market value and productivity – of around 1,411,000 of their animals through free vaccinations/deworming carried out by local veterinary services; the ICRC

supported these services by providing storage equipment, such as freezers, and specialized training for 18 animal health workers, and by constructing 12 permanent vaccination parks. Among these herders, some 8,600 herding households (51,800 people) culled their herds by selling weaker animals to the ICRC at competitive prices, which supplemented their income and left them with more manageable herds. Around 167,100 vulnerable people (27,850 households) varied their diet with meat from the animals and some people made handicrafts out of the hides. Roughly 4,600 herding households (30,700 people) used ICRC-provided fodder to feed their livestock during the hunger gap period; afterwards, 26 herders' associations reported obtaining twice as much milk from their animals.

Nearly 240,000 IDPs and residents, including the farmers and herders mentioned above, obtained clean water for personal consumption and for livelihood purposes from water supply systems upgraded by the ICRC and maintained by 26 ICRC-trained technicians. Farmers/market gardeners sustained their crops through upgraded irrigation systems and newly constructed dikes; herders watered their livestock at ICRC-upgraded wells along herding routes, which spared them the effort of searching for watering holes.

## **Thousands of people have better access to health care and maintain their health**

Nearly 74,000 people in communities in Gao and Tombouctou, including children and pregnant women, had access to good-quality preventive/curative care at the Bourem referral centre and five other community facilities. These centres were supported by the ICRC with medical supplies, salary incentives for staff and technical advice; infrastructural upgrades helped three of them to increase – to 37 – the maximum number of patients they could treat per day.

By November, other aid agencies had taken over the task of assisting three centres; ICRC support was reduced gradually to ease the transition.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **In Kidal, people held by armed groups receive ICRC visits within days of being captured**

Nearly 4,160 detainees held by the Malian authorities and armed groups had their treatment and living conditions monitored by the ICRC during visits conducted according to its standard procedures. Some persons arrested were monitored while being transferred from international forces to Malian authorities, or, in the case of minors, to a special transit centre. Over 430 detainees held in connection with the conflict, and other vulnerable inmates, were registered and followed up individually. Within days of being captured – during the fighting in Kidal in May – 13 people held by the MNLA and 33 by the HCUA were visited; they supplemented their meals with ICRC-provided rations.

Detainees contacted their families through National Society/ICRC family-links services, including detainees whose families approached the ICRC directly (see *Civilians*). Foreign detainees had their consular representatives notified of their situation. Upon their release, some registered detainees travelled home with ICRC assistance.

### **Detainees at two prisons consume balanced meals prepared according to a standardized menu**

The Malian authorities took steps to improve detainees' treatment and living conditions, drawing on the ICRC's confidential feedback and technical input, and insights from joint projects with the ICRC at

the Bamako, Kati and Sikasso prisons, which housed half of the total prison population. At the Kati and Sikasso prisons, inmates had more balanced meals after prison management standardized the menu and used ICRC-provided kitchen equipment to prepare the food; after a three-month test period, the authorities agreed to extend the standardized menu to all prisons and increase the food budget in 2015.

Limited progress was made in incorporating health care for detainees in national programmes owing to administrative constraints. In the meantime, health/penitentiary authorities drew on ICRC support to ensure detainees' health. At the Bamako prison, inmates underwent systematic medical screening on arrival, with the sick among them being treated by health services supported by the ICRC with supplies, technical input and staff. Detainees and prison staff also reduced their risk of contracting contagious diseases, including Ebola: roughly 2,300 detainees at the Bamako, Kati and Sikasso prisons had more hygienic living conditions after water/sanitation infrastructure was upgraded and fumigation campaigns carried out. Some 100 detainees hastened their recovery from illness, injuries or severe malnourishment following treatment funded or provided by the ICRC.

Over 5,100 detainees at seven prisons and one temporary place of detention, including those mentioned above, eased their living conditions with ICRC-provided household items. Detainees at the re-opened Gao and Tombouctou prisons also benefited from such items, while the authorities were completing renovations at these prisons with technical advice from the ICRC.

## WOUNDED AND SICK

### People wounded during fighting in Kidal hasten their recovery from weapon wounds

Following the fighting in Kidal, fighters and other weapon-wounded people recovered at the Gao regional hospital. Some of them were evacuated by weapon bearers (see *Actors of influence*), and 78 were evacuated by the ICRC. Uninterrupted good-quality services at the hospital were made possible by infrastructural upgrades and ICRC-provided supplies and generator fuel; hospital staff worked and trained with 12 ICRC medical specialists.

From October, victims of sexual violence were able to receive psychosocial support from trained midwives at the same hospital; several people eased their emotional trauma through these services. At the Centre Père Bernard Verspieren in Bamako, over 50 disabled people, some because of punitive amputations, regained a measure of mobility through ICRC-funded physiotherapy and by using assistive devices made specifically to fit them.

## ACTORS OF INFLUENCE

### Armed groups facilitate ICRC access to detainees and wounded weapon bearers

Through dialogue and information sessions, weapon bearers learnt more about IHL and the need to facilitate access for conflict-affected people to health care and humanitarian aid. Some 850 MINUSMA soldiers and 3,350 Malian military/security personnel deployed in the north, including those training under a European Union programme or in the Bamako Peacekeeping School, furthered their understanding of their responsibilities under IHL. Around 430 members of various armed groups were also reminded, through similar sessions, of their obligation to respect IHL.

During the fighting in Kidal, troops and armed groups were reminded of these responsibilities and the ICRC's mandate through oral messages. Afterwards, the MNLA and the HCUA allowed the ICRC to visit people in their custody (see *People deprived of their freedom*); MINUSMA and the MNLA informed the ICRC of wounded soldiers' whereabouts and condition and/or evacuated the wounded themselves.

### Civil society actors help the ICRC adapt its security measures after the abduction of its staff members

Influential actors were urged to facilitate humanitarian action or to persuade others to do so, through briefings/discussions on IHL, the humanitarian needs arising from the conflict and the Movement's neutral, impartial and independent approach.

Community/religious leaders, and heads of youth groups in Kidal, learnt more about the use of the emblem. At a conference organized by the Mali Red Cross with support from the Qatar Red Crescent Society, religious scholars and Koranic teachers furthered their understanding of the common ground between Islam and IHL. Interaction with these actors helped the ICRC understand how it was perceived by communities, and adapt its activities and security measures accordingly. The media were kept abreast of Movement activities through press releases, interviews, workshops and public events. With their help, more people understood the ICRC's mandate and the circumstances surrounding the release of abducted ICRC staff, and were encouraged to report missing relatives to the ICRC.

Government officials, representatives of aid agencies, National Societies working in Mali and the ICRC met regularly to coordinate their activities. Participants discussed the implementation of measures to ensure the safety of humanitarian/health workers and Movement's components addressed neutrality/impartiality issues, for example in the delivery of aid to people in military camps.

PEOPLE DEPRIVED OF THEIR FREEDOM	FRENCH FORCES	MALI ARMED GROUPS	MALI AUTHORITIES
<b>ICRC visits</b>			
Detainees visited	29	80	4,047
			<i>of whom women</i>
			<i>of whom minors</i>
Detainees visited and monitored individually	29	80	323
			<i>of whom boys</i>
Detainees newly registered	29	79	193
			<i>of whom boys</i>
Number of visits carried out	23	17	84
Number of places of detention visited	2	2	26
<b>Restoring family links</b>			
RCMs collected			131
RCMs distributed			46
Phone calls made to families to inform them of the whereabouts of a detained relative			353



## State officials, military officers and teachers add to their IHL knowledge

The authorities drew on ICRC expertise to increase the knowledge of IHL among officials involved in ratifying and implementing IHL-related treaties. At workshops abroad (see, for example, *African Union, Dakar and Nigeria*), five Malian officials learnt more about the Arms Trade Treaty, the assistance due to victims of cluster munitions and good practices with regard to private military/security companies. One Malian official contributed to an experts' meeting in Montreux, Switzerland, and learnt more about the "Strengthening IHL" process, particularly the legal protection afforded to detainees during armed conflict. The authorities and the ICRC continued to discuss the subject of amending the penal code to include abuses committed during non-international armed conflict in the definition of war crimes.

Teachers of IHL honed their skills and developed teaching materials with ICRC help and technical advice. During their reorganization, Malian military forces strove to incorporate IHL in military doctrine and training; officers continued to work on a basic training manual, and two military instructors attended a teaching course in San Remo, Italy. At an advanced workshop in China (see *International law and policy*), two senior military officers learnt best practices in incorporating IHL in military operations. One instructor at a university, and another at a religious institution, were better equipped to teach IHL after attending courses abroad (see *Dakar and Lebanon*).

## RED CROSS AND RED CRESCENT MOVEMENT

As the organization's main partner in the country, the Mali Red Cross provided family-links services, first aid and material assistance to vulnerable people jointly with the ICRC, and developed its capacities accordingly. Trained volunteers monitored the availability and prices of basic goods, helping ensure that aid delivered by the National Society/ICRC met beneficiaries' needs. At workshops, National Society/ICRC staff/volunteers developed their ability to teach first aid to their colleagues in the north, conduct activities in violence-prone areas in line with the Safer Access Framework and foster support for Movement action and volunteerism among the public. The National Society also extended the reach of its operations and coordinated its activities more effectively in the field, using ICRC-provided communication equipment.

Movement components in Mali continued to coordinate their activities through the tripartite agreement between the National Society, the International Federation and the ICRC, thereby avoiding duplication of effort and maximizing impact.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		666	28		
RCMs distributed		244	10		
Phone calls facilitated between family members		3,855			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		22			
	<i>including people registered by another delegation</i>	3			
People transferred/repatriated		1			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		121	12	13	16
	<i>including people for whom tracing requests were registered by another delegation</i>	9			
People located (tracing cases closed positively)		106			
	<i>including people for whom tracing requests were registered by another delegation</i>	63			
Tracing cases still being handled at the end of the reporting period (people)		252	28	19	27
	<i>including people for whom tracing requests were registered by another delegation</i>	87			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		15			6
UAMs/SCs reunited with their families by the ICRC/National Society		22	1		16
	<i>including UAMs/SCs registered by another delegation</i>	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		7			2
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		4,156	52	203	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		432			11
Detainees newly registered		301			9
Number of visits carried out		124			
Number of places of detention visited		30			
<b>Restoring family links</b>					
RCMs collected		131			
RCMs distributed		46			
Phone calls made to families to inform them of the whereabouts of a detained relative		353			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	355,994	33%	40%
	<i>of whom IDPs</i>	11,437		
Essential household items	Beneficiaries	28,912	26%	35%
	<i>of whom IDPs</i>	9,455		
Productive inputs	Beneficiaries	287,208	37%	31%
	<i>of whom IDPs</i>	839		
Cash	Beneficiaries	19,404	25%	22%
Work, services and training	Beneficiaries	493,915	28%	41%
Water and habitat activities	Beneficiaries	237,716	25%	50%
	<i>of whom IDPs</i>	59,462		
<b>Health</b>				
Health centres supported	Structures	6		
Average catchment population		73,738		
Consultations	Patients	32,703		
	<i>of which curative</i>		8,963	12,788
	<i>of which ante/post-natal</i>		2,858	
Immunizations	Doses	44,801		
	<i>of which for children aged five or under</i>	43,404		
Referrals to a second level of care	Patients	108		
Health education	Sessions	108		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	90		
Essential household items	Beneficiaries	5,164		
Water and habitat activities	Beneficiaries	5,375		
<b>Health</b>				
Number of visits carried out by health staff		107		
Number of places of detention visited by health staff		5		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	1		
Patients whose hospital treatment has been paid for by the ICRC	Patients	4		
Admissions	Patients	3,881	1,366	1,555
	<i>of whom weapon-wounded</i>	126	8	9
	<i>(including by mines or explosive remnants of war)</i>	13		
	<i>of whom other surgical cases</i>	511		
	<i>of whom medical cases</i>	2,638		
	<i>of whom gynaecological/obstetric cases</i>	606		
Operations performed		953		
Outpatient consultations	Patients	42,578		
	<i>of which surgical</i>	1,984		
	<i>of which medical</i>	32,201		
	<i>of which gynaecological/obstetric</i>	8,393		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	130		
<b>Physical rehabilitation</b>				
Centres supported	Structures	1		
Patients receiving services	Patients	52	2	6
Prostheses delivered	Units	44	4	2
	<i>of which for victims of mines or explosive remnants of war</i>	13		
Orthoses delivered	Units	2		
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Patients receiving physiotherapy	Patients	17	2	1
Crutches delivered	Units	2		