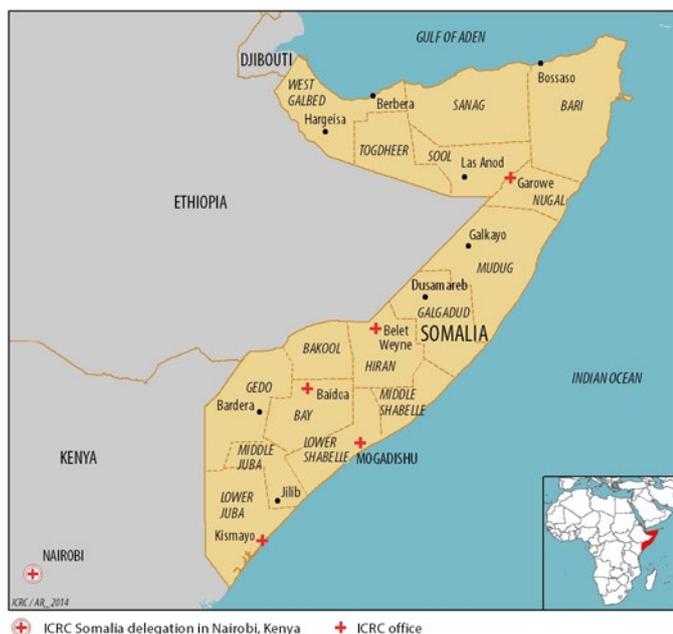


SOMALIA



The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it focuses on providing emergency aid to people directly affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It visits detainees and endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It supports the National Society's development.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ dialogue with the authorities and weapon bearers, and regular contact with community leaders, enabled the ICRC to assist people in areas to which few or no other actors had access
- ▶ people affected by fighting and/or climate shocks met their immediate needs with food and water rations, household/hygiene items and short-term income assistance
- ▶ communities worked towards self-sufficiency with the help of agricultural supplies and equipment, livestock, animal-health services, livelihood grants and water-infrastructure improvements
- ▶ amid restrictions on Somali Red Crescent Society health activities, vulnerable people, including the weapon-wounded, received medical care at ICRC-supported first-aid posts, clinics and hospitals
- ▶ detainees, including those in National Intelligence and Security Agency facilities, received ICRC visits, and ailing or malnourished detainees benefited from ICRC-supported prison health services
- ▶ with ICRC input, the African Union Peace and Security Council drafted and adopted a set of standard procedures for the treatment of detainees held by its peace-support troops in Somalia

EXPENDITURE (in KCHF)

Protection	3,586
Assistance	51,985
Prevention	3,854
Cooperation with National Societies	1,298
General	-

60,722

of which: Overheads 3,683

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	38
Resident staff (daily workers not included)	90

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	13,939
RCMs distributed	17,294
Phone calls facilitated between family members	26,973
People located (tracing cases closed positively)	176
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	4,636
Detainees visited and monitored individually	80
Number of visits carried out	66
Number of places of detention visited	26
Restoring family links	
RCMs collected	43
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	138

ASSISTANCE	2014 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security ¹ , water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 60,000	182,610
Essential household items	Beneficiaries 120,000	68,834
Productive inputs	Beneficiaries 312,000	941,214
Cash	Beneficiaries 3,000	56,383
Vouchers	Beneficiaries 60,000	
Work, services and training	Beneficiaries 45,000	272,034
Water and habitat activities	Beneficiaries 320,100	297,620
Health		
Health centres supported	Structures 40	46
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 3	12
Water and habitat		
Water and habitat activities	Number of beds 514	240

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

CONTEXT

Fighting intensified between military forces supporting the Somali authorities and the Harakat al-Shabaab al-Mujahideen, better known as al-Shabaab. While the African Union (AU) Mission in Somalia (AMISOM) seized control of several strategic towns, al-Shabaab continued to control parts of southern and central Somalia. Intercommunal violence, mainly over land/political control, also persisted in these areas. In the north, lingering tensions in the disputed areas between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland frequently led to clashes between forces.

The escalation of hostilities caused displacement, disrupted livelihoods already affected by climate shocks and below-average harvests, and exacerbated chronic food insecurity. Thousands of civilians and weapon bearers injured in the fighting had limited access to treatment; the general population continued to suffer from the scarcity of primary health care. The number of persons arrested and detained rose significantly, putting further strain on judicial and custodial services.

Increasing difficulty in maintaining humanitarian supply lines, and the limited capacity of most humanitarian actors to operate in the prevailing environment, severely hampered the delivery of assistance to vulnerable communities.

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Somali Red Crescent Society, continued to address the humanitarian needs of conflict-affected people across Somalia, adapting to security and access constraints (see *Context*) and working with community leaders to implement assistance activities. As the ICRC's main partner, the National Society received support for strengthening its capacities to assist vulnerable communities and promote the Movement's work.

Dialogue with the authorities and weapon bearers, and regular contact with community leaders and other humanitarian agencies, promoted better understanding of and acceptance for the ICRC's mandate and work. This enabled it to assist, together with the National Society, communities accessible to few or no other organizations. While maintaining a base in Nairobi, Kenya, the ICRC increased its staff presence in Somalia, allowing it to extend its reach in the southern and central regions, with the agreement of the local authorities.

The ICRC reminded the authorities and weapon bearers of their responsibility to protect those not or no longer taking part in hostilities and to facilitate their access to essential services. Dissemination sessions for military and police forces sought to strengthen compliance with IHL and other relevant norms.

To monitor their treatment and living conditions, the ICRC visited detainees across Somalia, including, for the first time, people held in National Intelligence and Security Agency (NISA) facilities and in Galkayo South and Kismayo prisons. It shared its findings confidentially with the authorities and, where necessary, helped them improve detainees' living conditions and health through infrastructure upgrades and capacity-building support for prison health staff. With ICRC input, the AU Peace and Security Council drafted and adopted a set of standard procedures for the treatment of detainees held by AMISOM.

The ICRC focused on building people's resilience to the effects of conflict and climate shocks by providing households with seed and tools, livestock, vocational training and animal-health services. With ICRC support, local cooperatives produced most of the seed distributed to flood-affected farmers. Through cash-for-work initiatives, community members supplemented their income by helping local authorities improve water infrastructure. Fishing communities improved their techniques through training, increasing their food supply and income.

The ICRC continued to assist emergency-affected communities. People displaced by fighting and climate shocks received food and water rations and household/shelter items. Drought-affected pastoralists covered their basic expenses after selling animals to the ICRC at prices above market rates; the meat from these animals helped vulnerable households cope with food shortages. Families restored contact through National Society/ICRC family-links services, including RCMs, phone/video calls and tracing.

Of the 46 ICRC-supported clinics run by the National Society during the year, some facilities were closed and others scaled down their operations owing to security and access constraints. While the ICRC supported the construction of new clinics, only 31 were operational by end-2014. With ICRC financial, material and technical support, these clinics delivered primary health care to conflict-affected people, including victims of mines or other explosive remnants of war (ERW) and of sexual violence. Malnourished children and pregnant/lactating women received treatment. The National Society/ICRC conducted immunizations, but many children remained at risk of communicable diseases owing to the difficulty of delivering supplies and obtaining the local authorities' consent for vaccination campaigns.

The ICRC maintained comprehensive support to three hospitals in Lower Juba and Mogadishu, and began similar support to another in Bay, thereby enabling them to treat the wounded and sick. Medical supplies were delivered as needed to other facilities in southern and central Somalia.

To maximize their effectiveness, the National Society and the ICRC coordinated their activities with other humanitarian and international organizations in Kenya and Somalia.

CIVILIANS

Dialogue facilitates humanitarian access

Security and access constraints continued to limit the ICRC's ability to monitor the situation of civilians first hand. On the basis of allegations of abuses, the ICRC made representations to the parties to the conflict, including foreign troops deployed in Somalia, reminding them of their obligations under IHL to protect people not or no longer taking part in hostilities and to facilitate their access to medical or other humanitarian aid.

Dialogue with the authorities and all weapon bearers enabled the National Society/ICRC to assist communities accessible to few or no other organizations. With the agreement of the local authorities, and having increased its staff presence in Mogadishu, the ICRC extended its reach in southern and central Somalia. However, restrictions on assistance activities, including health care, persisted in many areas. In February, five National Society health personnel held by an armed group since December 2013 were released.

Vulnerable Somalis receive health care

Owing to the prevailing situation, some of the fixed and mobile clinics run by the National Society were closed; others scaled down their operations. With ICRC support, the National Society opened new clinics in Middle Shabelle and Mogadishu, and upgraded the facilities of existing clinics in Lower and Middle Shabelle. The ICRC supported a total of 46 clinics providing free health care to some 557,900 residents and IDPs on average during the year; owing to security and access constraints, only 31 clinics were operational by end-2014.

Vulnerable women and victims of sexual violence availed themselves of specialized care from midwives who had received training in counselling them and addressing their health concerns. At National Society clinics, nearly 31,000 severely malnourished children and 8,700 pregnant/lactating women improved their nutritional status through therapeutic feeding, which included high-energy biscuits. At an ICRC-supported nutrition stabilization centre in Kismayo, some 1,800 children received treatment for complicated severe malnutrition; their caregivers also received food. The recruitment and training of staff for a second centre in Baidoa, scheduled to open in 2015, were completed in December.

Where possible, National Society clinics administered immunizations to children and pregnant women, but many children remained at risk of vaccine-preventable diseases because of restrictions imposed by local authorities and the difficulty of delivering supplies. Children affected by a measles outbreak, many of them from Middle Juba, received treatment in Kismayo.

With ICRC support, the National Society responded to an outbreak of acute diarrhoea in IDP camps in Kismayo; it tackled a similar outbreak in Mandheere in coordination with an international NGO. The National Society, the International Federation and the ICRC also began to draft Ebola-preparedness plans. ICRC-supported National Society health centres documented injuries related to mines/ERW.

Communities work towards self-sufficiency

People suffering the effects of armed conflict, compounded in some cases by climate shocks, worked, with ICRC support, to regain/maintain economic self-sufficiency.

Across Somalia, nearly 256,800 people and their livestock benefited from long-term measures to improve their access to water. Among them were around 186,700 people who had more water after boreholes and wells in their communities were repaired, and some 70,100 people in various regions who harvested rainwater more efficiently following improvements to their infrastructure. Community technicians received training in operating and maintaining water points.

Around 12,700 flood-affected households (76,300 people) in Middle Shabelle resumed farming with donated seed and tools. Nearly 51,700 households (310,000 people) protected their farmland from floods using ICRC-supplied sandbags. Some 20,100 households (120,700 people) irrigated their land more efficiently with ICRC-provided pumps. With ICRC support, communities established or restarted their own agricultural cooperatives, helping around 10,300 households (61,900 people) boost their agricultural productivity with donated tractors and irrigation systems. Four cooperatives produced good-quality seed and increased their maize yield per hectare to five times higher than

average production; they produced most of the seed distributed by the ICRC to Middle Shabelle farmers.

Some 42,500 pastoralist/agro-pastoralist households (255,000 people) maintained the health of their herds through ICRC-supported animal-health services, including 8 government veterinary clinics and 13 veterinary pharmacies. Around 22,800 households (136,900 people) had their diseased livestock treated with ICRC-provided medicine and supplies.

In Lower Shabelle, nearly 3,200 households (19,000 people) returning from IDP camps to their home villages resumed their livelihoods following the provision of 10 goats per household; this activity was scaled down to enable the ICRC to assist displaced, drought-affected pastoralists in Galgaduud and Gedo (see below). In Sanag, some 1,100 pastoralist households (6,600 people) started an alternative means of livelihood using ICRC-provided date-palm seedlings.

Vulnerable households started small businesses with ICRC vocational training (around 1,080 households; 6,480 people) and cash grants (some 300 households; 1,800 people). Around 27,100 pastoralist and agro-pastoralist households (162,900 people) had more water for their farming activities after their irrigation canals and rainwater harvesting systems were repaired. Some 11,500 breadwinners contributed to these projects by participating in cash-for-work initiatives, earning enough money to cover their families' needs for two months and benefiting around 31,000 people.

After receiving training, some 1,500 men and women in Lower Juba and Lower Shabelle learnt fishing techniques, repaired fishing boats and/or made fishnets; around 9,000 people benefited from the resulting increase in food supply or income.

Displaced people meet their immediate needs

People coped with the immediate effects of conflict/violence and climate shocks with ICRC assistance. In Puntland, nearly 2,000 pastoralist households (11,800 people) affected by a cyclone in November 2013 received food rations, allowing them to keep their livestock instead of selling them to buy food. Some 27,800 households (166,000 people) across Somalia, most of them displaced by conflict and/or drought, also met their basic needs with food rations.

Nearly 4,600 displaced pastoralist households (27,300 people) in drought-affected parts of Galgaduud and Gedo covered their basic expenses and saved on the costs of maintaining their herds after the ICRC purchased their livestock at prices higher than the depressed market rates. The meat from these animals helped alleviate food shortages for around 28,000 vulnerable households (168,000 people), many of them displaced.

In Gedo and Lower Juba, some 19,800 people affected by delayed rains stored water using jerrycans and tanks. Around 11,250 people displaced by floods or violence in Middle Shabelle benefited from water rations and the construction of latrines. In Kismayo, some 9,500 people had access to clean water after their water sources, contaminated by flooding, underwent chlorination treatment.

In Lower Juba and Middle Shabelle, around 8,400 households (50,400 people) rebuilt their flood-damaged houses using donated materials; some 2,500 households (15,000 people) in Lower Shabelle improved their living conditions following the provision of essential household items.

Separated family members restore contact

Thousands of people exchanged news with their relatives in Somalia and abroad, including those detained, through family-links services run by the National Society/ICRC. They included IDPs at a camp in Mogadishu who used ICRC-facilitated telephone services to speak with their relatives.

Ten people resettled in third countries using ICRC travel documents issued in coordination with the relevant embassies and UNHCR.

Families seeking news of missing relatives had 8,635 names read out on the BBC Somali service's "Missing Persons" radio programme, and/or consulted the list of missing persons registered by the Movement's Family Links Network on the ICRC's family-links website (familylinks.icrc.org).

The National Society continued to build its tracing capacities with financial/material/training support from the ICRC; however, Movement coordination meetings were hampered by security and access constraints.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held in NISA facilities receive ICRC visits for the first time

Dialogue with the authorities expanded the ICRC's access to people held in detention facilities across Somalia, and led to first visits to people held in NISA facilities in Belet Weyne and Mogadishu and in prisons in Galkayo South and Kismayo. Detainees in central prisons under the jurisdiction of the Ministry of Justice, and in Criminal Investigation Department facilities in Bossaso, Hargeisa and Mogadishu, continued to receive visits. Detainees in Puntland and Somaliland were visited as well. The Puntland authorities signed an agreement formalizing the ICRC's access to detainees. The ICRC pursued dialogue with the Somali authorities on a similar agreement.

Some 4,600 detainees received visits, carried out according to the ICRC's standard procedures, during which delegates monitored detainees' treatment and living conditions. The authorities received confidential feedback and, where necessary, recommendations for improvement.

At their request, 22 foreign detainees had their embassies/consulates notified of their detention; some detainees restored contact with their relatives through RCMs or short oral messages relayed by ICRC delegates.

African Union adopts standard operating procedures for handling of AMISOM detainees

Through bilateral talks and an ICRC presentation at a conference in Addis Ababa, Ethiopia, AMISOM officials learnt more about the obligations of peacekeeping troops regarding the treatment of detainees and armed-group defectors under IHL and other applicable law. In June, the AU Peace and Security Council adopted a set of standard procedures to align the treatment of people held by AMISOM with IHL and international human rights law (see *African Union*); the procedures had been drafted with ICRC input. These procedures were introduced to troops at a workshop in July, organized jointly by AMISOM and the ICRC.

Detainees receive appropriate health care

Prison authorities in Mogadishu contained an outbreak of acute diarrhoea with ICRC-supported measures, including technical assistance and training, water trucking for 1,300 detainees, installation of hand-washing points and a hygiene campaign; 33 affected detainees received medicines and rehydration salts. Over 2,800 detainees received visits from ICRC health staff. Following meetings with ICRC delegates, Ministry of Health officials strengthened their involvement in the care of detainees with TB, providing them with diagnostic services and medicines.

In Baidoa and Mogadishu central prisons, infirmary staff underwent training in outpatient consultations, pharmacy management and treatment of malnourished detainees; the prison clinics received supplies and equipment. Detainees availed themselves of nearly 2,700 outpatient consultations; malnourished detainees improved their nutritional status through a therapeutic feeding programme.

Inmates improve their hygiene practices

Some 4,000 detainees in 16 facilities across Somalia, including Puntland and Somaliland, protected themselves better from health risks following vector-control and hygiene-promotion activities, the distribution of hygiene kits, and maintenance training for prison staff. Among them were 1,000 detainees who also benefited from structural improvements to prison facilities, including kitchen and sanitation upgrades in Baidoa and Belet Weyne, the drilling of a new borehole in Garowe and the building of a new outdoor recreation area in Galkayo North.

Around 3,000 detainees observed Ramadan with ICRC-donated traditional foods; some 5,000 detainees received essential household items.

PEOPLE DEPRIVED OF THEIR FREEDOM	PUNTLAND	SOMALILAND	SOUTHERN AND CENTRAL SOMALIA
ICRC visits			
Detainees visited	1,129	1,153	2,354
<i>of whom women</i>			95
<i>of whom minors</i>			106
Detainees visited and monitored individually	9	40	31
<i>of whom women</i>		1	
<i>of whom girls</i>		1	
<i>of whom boys</i>			15
Detainees newly registered	3	21	34
<i>of whom women</i>			1
<i>of whom boys</i>			14
Number of visits carried out	19	25	22
Number of places of detention visited	9	7	10
Restoring family links			
RCMs collected			43
RCMs distributed			6
Phone calls made to families to inform them of the whereabouts of a detained relative			138

In Bossaso, Puntland, 120 detainees prepared for life after prison through vocational training; access constraints prevented the ICRC from offering the programme to detainees in other facilities. The Somaliland authorities signed an agreement to establish a similar programme in two of their prisons.

WOUNDED AND SICK

Weapon-wounded people receive treatment

Over 15,500 people, including those injured in the fighting, received life-saving care at ICRC-supported hospitals, including four that benefited from regular assistance. Keysaney and Medina hospitals in Mogadishu, and Kismayo hospital in Lower Juba, continued to operate with comprehensive ICRC support, including infrastructure improvements, staff training, funds and equipment. Kismayo hospital, in particular, benefited from extensive structural upgrades, including the provision of two new generators, the repair of a well and the construction of sanitation facilities. Staff from all three hospitals strengthened their capacities through training in various areas, including emergency-room and surgical training with an ICRC mobile surgical team. Similar comprehensive support to Baidoa hospital in Bay began in March. Badhan hospital in Sanag received supplies and equipment on an ad hoc basis to augment its existing capacities.

In Mogadishu, a facility previously supported by an international NGO remained operational, as the ICRC provided it with supplies until a new organization could take over. Other hospitals in southern and central Somalia also received medical materials.

National Society boosts emergency preparedness

National Society-run clinics and first-aid posts strengthened their ability to respond to upsurges of violence with ICRC-donated supplies. The National Society established, with ICRC guidance, a task force to improve coordination with its different branches and strengthen its first-aid response across Somalia.

With support from the Danish Red Cross and the ICRC, the National Society drafted a national strategy for first aid and the management of human remains.

ACTORS OF INFLUENCE

Weapon bearers learn more about their responsibilities under IHL

Meetings with and dissemination sessions for the authorities and weapon bearers emphasized their obligations under IHL (see *Civilians*). Regular dialogue with all parties to the conflict also helped generate further support for the ICRC's neutral, impartial and independent humanitarian action.

During training sessions, troops supporting the Somali military learnt more about IHL and other relevant norms. During a training exercise, 50 senior officers from AMISOM and the US armed forces increased their familiarity with IHL and the ICRC's work in Somalia. Fifteen Kenya Defence Force (KDF) officers qualified as IHL trainers, focusing on teaching KDF troops deployed with AMISOM. Twelve AMISOM officers strengthened their ability to teach IHL to Somali troops following the provision of teaching materials. Predeployment IHL training continued in the countries contributing troops to AMISOM (see, for example, *Ethiopia* and *Nairobi*).

The ICRC developed a training package for senior officials working in places of detention in Somaliland.

During bilateral meetings, Somali government officials and ICRC delegates discussed the importance of ratifying the Arms Trade Treaty.

Dialogue with civil society members strengthens acceptance for humanitarian work

Briefings with community leaders, academics and representatives of embassies and international organizations present in Somalia fostered their acceptance for the ICRC's mandate and work. Regular contact with beneficiary communities, for example, through mobile devices, helped the ICRC assess their needs.

Somali academics discussed developments in IHL teaching with their peers from four other African countries at a regional round-table (see *Nairobi*). Students had better access to IHL-related information at universities in Mogadishu, Puntland and Somaliland, which received publications in Arabic, English and Somali.

On the basis of ICRC media releases, local/regional/international media reported on Movement activities. Communication materials produced in Arabic, English and Somali raised public awareness of humanitarian concerns. Nine radio stations in Mogadishu and Mudug aired programmes on the respect due to civilians during armed conflict; some broadcasts drew parallels with traditional Somali rules of warfare to increase acceptance for IHL among weapon bearers.

RED CROSS AND RED CRESCENT MOVEMENT

National Society teams strengthen their capacities

The Somali Red Crescent remained the ICRC's primary partner in delivering humanitarian services to people affected (see *Civilians*), and in promoting IHL (see above). It continued to enhance its capacities with support from the ICRC, such as training for key personnel, assistance in covering their salaries, and infrastructure upgrades for branch offices.

The National Society pursued institutional reforms and developed a strategic plan for 2015–19. Efforts to improve transparency and accountability continued with the hiring of new finance personnel.

Interaction with Movement partners based in Mogadishu was limited by security constraints, but regular information sharing continued.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		13,939			
RCMs distributed		17,294			
Phone calls facilitated between family members		26,973			
Names published in the media		8,635			
Names published on the ICRC family-links website		25,347			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		672	152	215	160
<i>including people for whom tracing requests were registered by another delegation</i>		59			
People located (tracing cases closed positively)		176			
<i>including people for whom tracing requests were registered by another delegation</i>		11			
Tracing cases still being handled at the end of the reporting period (people)		1,156	255	340	226
<i>including people for whom tracing requests were registered by another delegation</i>		129			
Documents					
People to whom travel documents were issued		10			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		4,636	95	106	
			Women	Girls	Boys
Detainees visited and monitored individually		80	1	1	15
Detainees newly registered		58	1		14
Number of visits carried out		66			
Number of places of detention visited		26			
Restoring family links					
RCMs collected		43			
RCMs distributed		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		138			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security¹, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	182,610	17%	64%
	<i>of whom IDPs</i>	29,522		
Essential household items	Beneficiaries	68,834	16%	61%
	<i>of whom IDPs</i>	50,400		
Productive inputs	Beneficiaries	941,214	17%	66%
Cash	Beneficiaries	56,383	17%	66%
Work, services and training	Beneficiaries	272,034	17%	65%
Water and habitat activities	Beneficiaries	297,620	20%	60%
	<i>of whom IDPs</i>	11,607		
Health				
Health centres supported	Structures	46		
Average catchment population		557,917		
Consultations	Patients	404,879		
	<i>of which curative</i>		120,821	170,890
	<i>of which ante/post-natal</i>		51,015	
Immunizations	Doses	183,068		
	<i>of which for children aged five or under</i>	170,672		
Referrals to a second level of care	Patients	3,003		
Health education	Sessions	2,791		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	3,200		
Essential household items	Beneficiaries	5,770		
Work, services and training	Beneficiaries	120		
Water and habitat activities	Beneficiaries	4,000		
Health				
Number of visits carried out by health staff		75		
Number of places of detention visited by health staff		7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	12		
	<i>of which provided data</i>	9		
Admissions	Patients	15,529	6,394	2,027
	<i>of whom weapon-wounded</i>	3,689	872	239
	<i>(including by mines or explosive remnants of war)</i>	390		
	<i>of whom other surgical cases</i>	6,178		
	<i>of whom medical cases</i>	2,117		
	<i>of whom gynaecological/obstetric cases</i>	3,545		
Operations performed		21,791		
Outpatient consultations	Patients	45,904		
	<i>of which surgical</i>	18,683		
	<i>of which medical</i>	18,726		
	<i>of which gynaecological/obstetric</i>	8,495		
First aid				
First-aid posts supported	Structures	9		
	<i>of which provided data</i>	5		
Wounded patients treated	Patients	120		
Water and habitat				
Water and habitat activities	Number of beds	240		

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