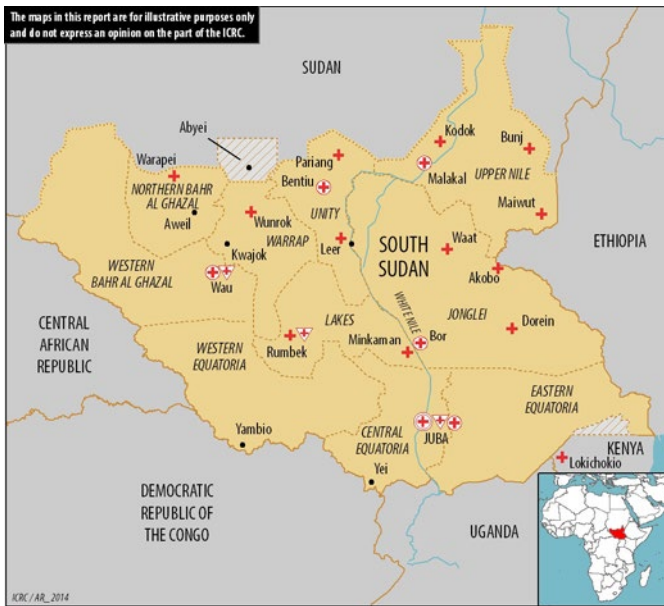


SOUTH SUDAN

The maps in this report are for illustrative purposes only and do not express an opinion on the part of the ICRC.



+ ICRC delegation
 + ICRC sub-delegation
 + ICRC office/presence
+ ICRC-supported prosthetic/orthotic centre

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ all parties to the conflict received confidential representations on reported abuses and were reminded of their obligation under IHL to protect people not/no longer fighting and to facilitate their access to aid
- ▶ health-care services were hampered by insecurity, but wounded and sick people in government/opposition-controlled areas received timely care from trained first-aiders/ICRC surgical teams
- ▶ thousands of people displaced or at risk of malnutrition received one-off or monthly food rations (up to 5 rounds) and, where possible, engaged in agricultural production with donated supplies/tools
- ▶ communities gained access to clean water and contained the spread of cholera through ICRC-installed emergency water treatment units and sanitation facilities
- ▶ people held by the government and by the opposition, and those temporarily in the custody of the UN Mission in South Sudan, had their treatment and living conditions monitored during ICRC visits
- ▶ logistical difficulties necessitated large-scale airdrops to bring food/other supplies to remote areas, where National Society/ICRC staff collected the goods before distributing them to communities

EXPENDITURE (in KCHF)

Protection	13,993
Assistance	92,311
Prevention	6,443
Cooperation with National Societies	6,247
General	-
Total	118,994

of which: Overheads 7,244

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	138
Resident staff (daily workers not included)	576

Present in Juba since 1980, the ICRC opened a delegation in newly independent South Sudan in mid-2011. It works to ensure that people affected by non-international and international armed conflicts, including between South Sudan and Sudan, are protected in accordance with IHL, have access to medical/surgical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits POWs and other detainees and seeks to increase knowledge of IHL among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross.

YEARLY RESULTS

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	870
RCMs distributed	243
Phone calls facilitated between family members	13,916
People located (tracing cases closed positively)	198
People reunited with their families	42
<i>of whom unaccompanied minors/separated children</i>	34
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	4,444
Detainees visited and monitored individually	130
Number of visits carried out	67
Number of places of detention visited	26
Restoring family links	
RCMs collected	62
RCMs distributed	16
Phone calls made to families to inform them of the whereabouts of a detained relative	38

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 540,000	884,017
Essential household items	Beneficiaries 512,000	528,658
Productive inputs	Beneficiaries 645,960	671,201
Cash	Beneficiaries	3
Work, services and training	Beneficiaries	317
Water and habitat activities	Beneficiaries 420,000	422,088
Health		
Health centres supported	Structures	4
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 5	46
Water and habitat		
Water and habitat activities	Number of beds 978	620
Physical rehabilitation		
Centres supported	Structures 3	3
Patients receiving services	Patients 1,800	1,937

CONTEXT

Despite the signing of ceasefire agreements, clashes between government and opposition forces, linked to the armed conflict that broke out in December 2013, continued. The armed conflict fuelled inter-communal tensions and spread rapidly from the capital, Juba, to other parts of the country. Fighting in the states of Upper Nile, Unity and Jonglei intensified again in the last quarter of 2014.

Tens of thousands of people were killed or injured. Targeted killings, sexual violence and the destruction/looting of property were reportedly widespread. Victims were allegedly targeted because of their ethnicity.

Around 1.5 million people were reportedly displaced, in addition to roughly 500,000 people who fled to neighbouring countries. About 100,000 IDPs stayed in camps and at “protection-of-civilians sites” of the UN Mission in South Sudan (UNMISS), whose mandate was renewed in November. Food shortages, harsh living conditions and the inaccessibility of health care put many IDPs at risk of malnutrition and diseases such as cholera.

Insecurity and logistical constraints limited humanitarian agencies’ access to vulnerable people. Attacks against aid/medical workers and infrastructure were reported.

Relations between South Sudan and Sudan were relatively stable despite unresolved points of contention, such as the dispute over the Abyei region.

ICRC ACTION AND RESULTS

The ICRC scaled up its activities in response to the drastic increase in humanitarian needs since the outbreak of armed conflict in December 2013. The budget extensions launched in May and September enabled the ICRC to overcome logistical hurdles and address the needs of IDPs, especially in remote areas. Together with the South Sudan Red Cross, it employed a multidisciplinary approach to help vulnerable people meet urgent needs and build their resilience to the effects of the conflict, and to promote respect for their protection under IHL.

The ICRC’s dialogue with all parties to the conflict enabled it to assist people accessible to few/no other agencies. Maintaining its neutral, impartial and independent stance, the ICRC reminded them of their responsibilities under IHL and other relevant norms to respect and protect those not/no longer involved in the fighting and to facilitate their access to basic services, including medical care. Through dissemination sessions, weapon bearers on both sides learnt more about IHL and the Movement’s work.

The ICRC increased its proximity to conflict-affected people by setting up bases in Akobo, Kodok, Leer, Maiwut, Minkaman, Rumbek, Waat, Warapei and Wunrok; in Bunj, Dorein and Pariang, offices were established in 2013. As it shifted its focus towards populations in other areas, the ICRC eventually closed its bases in Dorein and Minkaman.

Amid security and logistical difficulties, the ICRC adjusted its working methods so that it could ensure staff safety while also providing timely humanitarian response. As the fighting spread, ICRC staff were temporarily evacuated from three (out of four) sub-delegations, which were subsequently looted. When roads became impassable because of the fighting and the rains, food/

household items were airdropped in isolated regions, with National Society/ICRC staff collecting the supplies at drop-off points before distributing them to communities. A temporary logistics hub in Lokichokio, Kenya, contributed to the efficiency of these operations.

As malnutrition levels among vulnerable people increased, one-off or monthly (up to five rounds) food rations were distributed to around 884,000 people. Communities further strengthened their food security through agricultural production, using ICRC-provided agricultural/fishing supplies and tools. The installation/renovation of water and sanitation infrastructure ensured IDPs’/residents’ access to water and helped prevent the spread of cholera. Members of dispersed families re-established contact through National Society/ICRC-facilitated phone services and RCMs.

As attacks on medical personnel/facilities reduced people’s access to health care, the ICRC increased its support for the delivery of life-saving care to the wounded/sick, and developed measures to promote the safety of patients/staff in cooperation with health-care workers and local authorities. National Society volunteers administered first aid and brought casualties to hospitals. Four ICRC surgical teams and doctors/staff at 46 ICRC-supported medical facilities treated wounded/sick people in both government- and opposition-controlled areas. The ICRC began providing support for several clinics to fill gaps left by the closure of other medical facilities; these clinics provided primary health care services such as immunization and therapeutic feeding. People with disabilities accessed good-quality services at physical rehabilitation centres.

The ICRC sought access to all detainees within its purview to monitor their treatment and living conditions. It visited, in accordance with its standard procedures, people held in government-run prisons and military facilities. Some people held by the opposition were also visited, as were people temporarily in UNMISS custody. Detainees benefited from donations of hygiene/household items and used family-links services to reconnect with relatives.

As the ICRC’s main partner, the National Society received financial, material and technical support to strengthen its capacities. The ICRC coordinated its activities with those of Movement partners, UN agencies and other humanitarian actors to maximize efforts and avoid duplication.

CIVILIANS

Dialogue with the authorities and weapon bearers seeks to increase respect for IHL

Displaced people and residents reported abuses committed by weapon bearers from all parties to the conflict, such as direct attacks against civilians and their property, sexual violence and the recruitment of minors into fighting forces. On the basis of documented allegations and its delegates’ observations, the ICRC made confidential representations to the parties concerned, making recommendations on promoting respect for IHL among their troops. The authorities, military forces and armed groups received reminders – through phone calls, meetings and written communication – of their obligation to respect and protect people not/no longer participating in hostilities and to facilitate their access to medical and other humanitarian assistance.

A multidisciplinary assessment conducted in April confirmed the need to address the medical, psychological and economic consequences of sexual violence for its victims. Women’s groups

and local committees helped the ICRC identify victims of sexual violence and other abuses and refer them to the appropriate facilities/organizations for medical/psychological care and/or other assistance. Some of the victims received financial assistance for meeting their needs. Following the distribution of essential supplies and the installation of water points, vulnerable people reduced their need to walk long distances to find food or water, thereby lessening their exposure to risks.

In February, the National Mine Action Authority allowed the ICRC to survey weapon contamination until 31 May. ICRC experts visited hospitals in Bor and Malakal, where they found neither mines nor explosive remnants of war.

IDPs and residents receive emergency aid despite security and logistical difficulties

As fighting and the rains made roads and airstrips impassable, goods and staff were transported by boat, cargo planes equipped for airdrops, and smaller aircraft that could land on difficult terrain. Food assistance reached people in remote areas through airdrops, with ICRC staff (often aided by National Society volunteers) conducting assessments and collecting supplies at designated locations before distributing them to communities. A temporary logistics hub in Lokichokio helped transport goods/staff efficiently.

Over 884,000 vulnerable people in eight states (Central and Eastern Equatoria, Jonglei, Lakes, Northern Bahr al-Ghazal, Unity, Upper Nile and Warrap) received food supplies. Among them, some 145,500 people in Leer (Unity) and Waat (Jonglei) received up to five rounds of monthly rations, and over 93,600 in Minkaman (Lakes) received rations twice. Because of the rise in the number of IDPs, and the need to help farming households (119,200 people) avoid having to consume seed meant for planting, food supplies were distributed to more people than initially planned.

Over 528,600 people (88,100 households) built temporary shelters and/or improved their living conditions with the help of household items distributed in cooperation with the National Society and other organizations.

Better access to water and sanitation facilities helps communities contain the spread of cholera

Over 422,000 people, including some 33,000 IDPs in two UNMISS camps, had better access to water after water systems were installed/ repaired in towns and remote areas hosting IDPs. Local committees, with ICRC technical/material support, strengthened their capacities to maintain these systems. The installation of emergency water and sanitation facilities in response to a cholera outbreak increased the availability of clean water and helped prevent further contamination of water sources. National Society volunteers promoted good sanitation practices; community members treated their drinking water and built latrines with ICRC-provided supplies.

Families boost their resilience to the effects of conflict

Insecurity prevented many families from resuming livelihood activities, but some produced/increased their own food supply or generated income with ICRC assistance.

Over 22,000 households (137,000 people) supplemented their diet with fish caught using National Society/ICRC-distributed fishing kits, which they could easily carry if they had to flee for their safety. In light of assessments, some resources intended for

fishing kit distributions were reallocated to support communities' farming activities.

About 63,000 households (378,200 people) with access to land harvested staple and/or vegetable crops and increased their food supply with the help of ICRC-donated seed/tools. Farmers confirmed in post-harvest interviews that the provision of seed helped them improve their food security; in some areas, however, floods/pests damaged crops.

Pastoralists (34,300 households/205,000 people) preserved the quality of their livestock (some 442,000 animals) through animal vaccination campaigns organized with the Ministry of Animal Resources and Fisheries. Some 200 animal health workers were trained to prevent and treat livestock disease; 106 of them received veterinary drugs/equipment.

Community members (354 people) earned cash by building vital infrastructure, such as flood-control structures and livestock ponds.

Through group discussions, community representatives kept the ICRC abreast of their situation and identified ways of improving their livelihoods and their safety. People learnt how to cope with the cholera outbreak and other emergencies through National Society/ICRC radio programmes; in remote areas, these were broadcast via portable sound systems.

Separated family members make phone calls to restore contact

The National Society responded to mass displacement by strengthening, with ICRC support, its capacity to deliver family-links services. In early 2014, these services were limited by security and logistical constraints; the National Society/ICRC eventually resumed their activities in both government- and opposition-controlled areas.

Family members separated by conflict – including those who fled to neighbouring countries such as Ethiopia, Kenya and Uganda – reconnected with relatives, mainly through phone services. A limited number of RCMs were collected/distributed. In coordination with UNICEF and other organizations, 89 unaccompanied minors in South Sudan were registered and monitored. Thanks to tracing services, 42 people, including 34 minors/children, rejoined their families within South Sudan or elsewhere.

Local authorities and National Society teams, trained and equipped by the ICRC, managed human remains in a manner that could facilitate future identification.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held by the government and by the opposition receive ICRC visits

The ICRC engaged the authorities and weapon bearers in dialogue; it followed up documented allegations of arrest with the relevant parties, and sought access to all persons held in relation to the ongoing conflict.

Prisons in Bentiu, Bor and Malakal were closed because of heavy fighting in these areas. The National Prisons Service allowed the ICRC to visit inmates in prisons that were still functioning or had resumed operations, such as those in Aweil, Bor, Juba, Rumbek, Torit, Wau and Yambio. ICRC delegates also visited people held in three military facilities, those temporarily in UNMISS custody, and those transferred by the UNMISS to the South Sudanese authorities.

Some people held in four facilities – one in Unity and three in Jonglei – by the armed opposition also received ICRC visits. Upon his release and with his consent, a minor was handed over to national authorities under ICRC auspices.

After being released, three Sudanese POWs returned to their families by their own means. Two remaining POWs continued to receive ICRC visits; at their request, their embassy was notified of their detention.

During the visits mentioned above, which were conducted in accordance with the ICRC's standard procedures, delegates checked detainees' treatment and living conditions; afterwards, they reported their findings confidentially to the authorities concerned. The nutritional status of detainees in prisons in Aweil, Juba and Rumbek was assessed, and officials of the National Prisons Service were apprised of the results.

Through meetings and workshops, detaining authorities were reminded of their responsibilities under IHL and other internationally recognized standards, particularly with regard to the principle of *non-refoulement*, and enhanced their understanding of the ICRC's standard procedures. Drawing on IHL-related input from the ICRC, the UNMISS issued guidelines on the treatment of people temporarily within its custody.

Detainees re-established contact with relatives through oral messages and RCMs, while 24 foreign inmates informed their embassies of their situation through the ICRC.

Detainees benefit from emergency assistance

Penitentiary authorities received support to maintain humane conditions for detainees. Over 2,800 detainees regained access to clean water following infrastructure repairs, and over 2,400 improved their living conditions with ICRC-provided household/hygiene products.

Detainees and staff in two prisons contained the spread of cholera through ICRC-supported measures, such as hygiene-promotion sessions, installation of hand-washing points, distribution of cleaning/hygiene products and water chlorination.

WOUNDED AND SICK

Attacks lead to the closure of medical facilities

Widespread insecurity owing to the armed conflict and intercommunal tensions prevented many wounded and sick people from accessing treatment. Patients and medical personnel/infrastructure reportedly suffered deliberate attacks. During clashes in Malakal in February, several patients at the Malakal Teaching Hospital (MTH) were killed, supplies were stolen and a therapeutic feeding centre was burnt. Before the attack, the MTH had served a catchment population of 3 million people with ICRC support. At year-end, only a small outpatient unit at MTH, run by the Health Ministry, had resumed its operations.

Through confidential dialogue and public communication, the ICRC urged all parties concerned to facilitate the safe delivery of health services. Measures to promote the safety of patients and staff were developed in cooperation with health-care workers and local authorities. For example, staff and patients at two hospitals in Wau stood to benefit from plans to install solar-powered lighting systems that would help people identify the hospitals more easily at night.

Wounded and sick people evacuated safely to medical facilities

Where security conditions allowed, casualties received first aid from ICRC-trained National Society teams. Volunteers helped transport casualties to hospitals and assisted in dressing injuries. The ICRC facilitated the evacuation of some casualties after obtaining security guarantees from all parties concerned. Equipped with ICRC materials/training, weapon bearers administered emergency care.

Casualties from both sides receive treatment

Staff at 23 hospitals, 23 clinics and 6 first-aid posts treated wounded/sick people with ICRC support in the form of supplies, deployment of surgical staff and/or infrastructural improvements. At the 14 hospitals that provided data, 2,575 weapon-wounded people received care.

Four ICRC surgical teams worked, under difficult conditions, in both government- and opposition-controlled areas, including remote locations. Wounded/sick people in Waat had access to surgical treatment after a new emergency inpatient facility (80 beds) was set up; with financial assistance from the ICRC, a women's association helped maintain the facility. A new surgical unit was established at Maiwut County Hospital (66 beds), part of a four-year plan to strengthen its capacities. A 500-bed hospital in Juba was better placed to handle the large influx of casualties after its facilities were renovated; doctors from the hospital honed their war-surgery skills at training sessions. Support for these facilities also included food for patients and staff incentives.

Local clinics boost their capacity to curb epidemics and treat malnutrition

Increased support for primary health care services, including obstetric care and immunization, aimed to fill gaps left by the closure of health-care facilities and to contain outbreaks of diseases such as cholera. People who had fled from Malakal to nearby Kodok obtained these services at a health-care centre (40 beds) that began to receive ICRC material/technical assistance. Every week, up to 500 children at the centre received care from an ICRC pediatric team. Malnourished patients benefited from therapeutic feeding. Three clinics improved their services with ICRC-provided furnishings/equipment.

People with disabilities undergo physical rehabilitation

A total of 1,938 people with disabilities availed themselves of services at ICRC-supported physical rehabilitation centres in Juba and Rumbek, and at a prosthetic/orthotic workshop in Wau. Over 3,000 crutches were delivered to people without access to physical rehabilitation services due to insecurity.

The Ministry of Gender, Child and Social Welfare worked with the ICRC towards enhancing the quality of physical rehabilitation services at the centres in Juba and Rumbek. Out of four prosthetic/orthotic students trained abroad, one began working at the centre in Juba.

Plans to support the development of a policy for assisting people with disabilities and activities to promote their reintegration into society were put on hold because of constraints faced by the authorities.

ACTORS OF INFLUENCE

Dialogue with all sides facilitate access to people in need

Regular dialogue with the authorities and weapon bearers on both sides, combined with interaction with community, religious and other civil society leaders, enabled National Society/ICRC teams

to deliver assistance to vulnerable populations, including those accessible to few/no other aid agencies. Such interaction, as well as media coverage of National Society/ICRC activities and dissemination sessions for community members, fostered awareness of humanitarian concerns (including those covered by the Health Care in Danger project) and acceptance of the ICRC's mandate and work among all relevant stakeholders. Meetings with other humanitarian actors in South Sudan facilitated better understanding of the population's needs and the organizations' respective capacities, resulting in effective coordination.

Military instructors prepare to teach IHL norms to front-line troops

Although limits in access initially posed difficulties in providing IHL and first-aid training for armed groups, over 1,900 members, including high-ranking commanders, of government and opposition forces learnt more about IHL and the Movement's work through dissemination sessions, often combined with first-aid training. The need to prevent sexual violence and ensure safe access to health care was highlighted during these sessions. With ICRC support, the South Sudan's armed forces, Sudan People's Liberation Army (SPLA), organized a workshop for 25 instructors assigned to teach IHL to front-line troops, while four military officers attended an IHL course in San Remo, Italy.

Regular ICRC contact with UNMISS provided opportunities for discussing humanitarian concerns and organizing assistance activities for IDPs hosted in UNMISS compounds (see *Civilians*).

A military officer assigned as the national focal point on small arms and light weapons participated in a seminar promoting the ratification of the Arms Trade Treaty (see *Nairobi*). In view of the rapidly evolving situation, other activities aimed at encouraging the ratification and implementation of IHL-related instruments were put on hold.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society boosts its ability to respond to emergencies safely

The South Sudan Red Cross remained the ICRC's main partner in assisting conflict-affected people (see above). It enhanced its managerial and operational capacities with ICRC support, which included donations of vehicles, protective gear and materials to facilitate better identification of structures/staff. Work began on establishing a countrywide radio network to improve internal communication. Twelve new emergency action teams were trained in conducting emergency response/family-links/communication activities and in applying the Safer Access Framework; 22 teams took refresher courses. With ICRC funds, the Kenya Red Cross Society lent peer-to-peer support to the South Sudan Red Cross.

Regular meetings with Movement partners in South Sudan ensured proper coordination of activities. To maximize the Movement's overall impact, National Societies working in South Sudan contributed staff and other resources to support the activities of the ICRC, which, in turn, shared its expertise in assessment, communication, logistics and security management.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		870	25		
RCMs distributed		243	40		
Phone calls facilitated between family members		13,916			
Reunifications, transfers and repatriations					
People reunited with their families		42			
	<i>including people registered by another delegation</i>	17			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		663	198	110	36
	<i>including people for whom tracing requests were registered by another delegation</i>	300			
People located (tracing cases closed positively)		198			
	<i>including people for whom tracing requests were registered by another delegation</i>	65			
Tracing cases still being handled at the end of the reporting period (people)		579	102	100	29
	<i>including people for whom tracing requests were registered by another delegation</i>	146			
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		89	38		8
UAMs/SCs reunited with their families by the ICRC/National Society		34	6		6
	<i>including UAMs/SCs registered by another delegation</i>	17			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		67	27		3
Documents					
Official documents relayed between family members across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		4,444	359	267	
			Women	Girls	Boys
Detainees visited and monitored individually		130	1	1	15
Detainees newly registered		126	1	1	15
Number of visits carried out		67			
Number of places of detention visited		26			
Restoring family links					
RCMs collected		62			
RCMs distributed		16			
Phone calls made to families to inform them of the whereabouts of a detained relative		38			
Detainees released and transferred/repatriated by/via the ICRC		1			

* 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	884,017	34%	42%
	<i>of whom IDPs</i>	Beneficiaries		
		871,174		
Essential household items	Beneficiaries	528,658	32%	47%
	<i>of whom IDPs</i>	Beneficiaries		
		496,175		
Productive inputs	Beneficiaries	671,201	32%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		338,569		
Cash	Beneficiaries	3	40%	20%
	<i>of whom IDPs</i>	Beneficiaries		
		3		
Work, services and training	Beneficiaries	317	26%	7%
	<i>of whom IDPs</i>	Beneficiaries		
		11		
Water and habitat activities	Beneficiaries	422,088	48%	50%
	<i>of whom IDPs</i>	Beneficiaries		
		164,614		
Health				
Health centres supported	Structures	4		
Average catchment population		226,298		
Consultations	Patients	17,713		
	<i>of which curative</i>	Patients	4,003	6,523
	<i>of which ante/post-natal</i>	Patients	2,202	
Immunizations	Doses	34,352		
	<i>of which for children aged five or under</i>	Doses	30,519	
Referrals to a second level of care	Patients	91		
Health education	Sessions	39		
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	2,446		
Productive inputs	Beneficiaries	1,256		
Cash	Beneficiaries	2		
Water and habitat activities	Beneficiaries	2,814		
Health				
Number of visits carried out by health staff		63		
Number of places of detention visited by health staff		10		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	46		
	<i>of which provided data</i>	Structures	14	
Admissions	Patients	5,059	880	1,395
	<i>of whom weapon-wounded</i>	Patients	2,575	148
	<i>(including by mines or explosive remnants of war)</i>	Patients	28	61
	<i>of whom other surgical cases</i>	Patients	504	
	<i>of whom medical cases</i>	Patients	1,849	
	<i>of whom gynaecological/obstetric cases</i>	Patients	131	
Operations performed		3,899		
Outpatient consultations	Patients	37,491		
	<i>of which surgical</i>	Patients	13,230	
	<i>of which medical</i>	Patients	23,309	
	<i>of which gynaecological/obstetric</i>	Patients	952	
First aid				
First-aid posts supported	Structures	6		
Water and habitat				
Water and habitat activities	Number of beds	620		
Physical rehabilitation				
Centres supported	Structures	3		
Patients receiving services	Patients	1,937	399	115
New patients fitted with prostheses	Patients	140	28	4
Prostheses delivered	Units	324	55	9
	<i>of which for victims of mines or explosive remnants of war</i>	Units	25	
New patients fitted with orthoses	Patients	60	13	23
Orthoses delivered	Units	118	32	46
	<i>of which for victims of mines or explosive remnants of war</i>	Units	1	
Patients receiving physiotherapy	Patients	556	128	46
Crutches delivered	Units	3,034		
Wheelchairs delivered	Units	159		