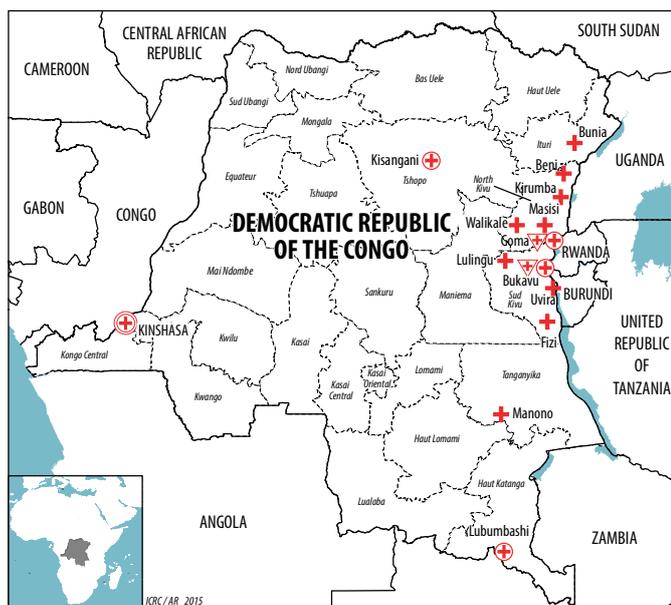


CONGO, DEMOCRATIC REPUBLIC OF THE



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

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ As allegations of abuse remained unabated, weapon bearers were reminded of the protection afforded to civilians, including people providing/seeking medical care, with a view to preventing further abuses.
- ▶ People obtained appropriate medical care as the ICRC supported the casualty care chain. Weapon-wounded patients received life-saving surgical treatment from ICRC/ICRC-supported teams in two hospitals.
- ▶ Victims of sexual violence and conflict-related trauma received psychosocial care. Some started small businesses with British Red Cross/ICRC financial assistance, which helped ease their social reintegration.
- ▶ Thousands of IDPs/returnees met their basic needs via distributions of food/household essentials. Others earned money through livelihood initiatives undertaken using ICRC-supplied seed, tools and fishing kits.
- ▶ Separated children, many formerly associated with weapon bearers, were reunited with their families in the country and abroad; they received material support to ease their return to their families/communities.
- ▶ Acutely malnourished detainees recovered their health through ICRC medical/nutritional support; discussions with the pertinent authorities on the timely release of prison food budgets continued.

EXPENDITURE IN KCHF

Protection	15,454
Assistance	38,203
Prevention	4,726
Cooperation with National Societies	2,168
General	215
Total	60,766
<i>Of which: Overheads</i>	3,658

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	109
Resident staff (daily workers not included)	739

Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It meets the emergency needs of conflict-affected people, assists them in becoming self-sufficient and helps those in need receive adequate health and medical care, including psychosocial support. It visits detainees, helps restore contact between separated relatives, reunites children with their families and supports the development of the Red Cross Society of the Democratic Republic of the Congo. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

YEARLY RESULTS

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

PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)

	Total
Restoring family links	
RCMs collected	50,939
RCMs distributed	41,178
Phone calls facilitated between family members	990
People located (tracing cases closed positively)	425
People reunited with their families	800
<i>of whom unaccompanied minors/separated children</i>	759

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)

ICRC visits		
Detainees visited		20,747
Detainees visited and monitored individually		2,001
Number of visits carried out		282
Number of places of detention visited		47
Restoring family links		
RCMs collected		2,097
RCMs distributed		1,236
Phone calls made to families to inform them of the whereabouts of a detained relative		33

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)

Economic security (in some cases provided within a protection or cooperation programme)		2015 Targets (up to)	Achieved
Food commodities	Beneficiaries	90,700	74,404
Essential household items	Beneficiaries	100,800	94,072
Productive inputs	Beneficiaries	120,000	218,305
Cash	Beneficiaries	25,100	15,840
Vouchers	Beneficiaries	40,000	8,920
Services and training	Beneficiaries		7,325

Water and habitat (in some cases provided within a protection or cooperation programme)

Water and habitat activities	Beneficiaries	870,000	223,318
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Health

Health centres supported	Structures	15	16
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WOUNDED AND SICK

Hospitals			
Hospitals supported	Structures	5	39

Water and habitat

Water and habitat activities	Number of beds	900	629
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Physical rehabilitation

Projects supported	Structures	3	5
Patients receiving services	Patients	1,000	1,055

CONTEXT

The armed forces of the Democratic Republic of the Congo (hereafter DRC), backed by the UN Organization Stabilization Mission in the DRC (MONUSCO), were engaged in military operations against several armed groups. The fragmentation and proliferation of armed groups, fighting among them, and ethnic violence continued, notably in the eastern provinces of North and South Kivu, and the former provinces of Katanga and Province Orientale (see below). This situation led to casualties, displacement, the destruction of livelihood/property and other abuses against civilians.

The implementation of two demobilization processes – a national process for members of armed groups, and another, managed by MONUSCO, for foreign combatants – continued at a slow pace.

Congolese migrants continued to return from neighbouring countries. People fleeing Burundi, the Central African Republic (hereafter CAR) and South Sudan continued to arrive, reportedly bringing the number of refugees in the DRC to almost 250,000 people. This influx of people put already-scarce local resources under further strain.

Political unrest linked to the upcoming elections was a source of sporadic instability – for example, following the redrawing of provincial boundaries in June.

ICRC ACTION AND RESULTS

In 2015, the ICRC pursued efforts to ensure protection for civilians and medical personnel/facilities, and to secure access to conflict-affected people, through regular dialogue at all levels with parties to the conflict. Dissemination sessions/workshops, sometimes combined with first-aid training, reinforced respect for IHL and humanitarian principles among weapon bearers. The ICRC increased contact with other influential groups – including religious/traditional leaders, members of the academe and the media – and the general public, in order to broaden acceptance for neutral, impartial and independent humanitarian action.

Conflict-affected people in North and South Kivu received suitable medical treatment as the ICRC supported the casualty care chain with medicines, equipment and staff training. Civilians obtained good-quality services at ICRC-supported primary health-care facilities; those in need of further treatment were referred to higher-level care. People also received improved services at ICRC-constructed/repared health facilities, including counselling centres where victims of sexual violence and other conflict-related trauma received psychosocial care and medical treatment. The ICRC also evacuated weapon-wounded people. Some of them were treated by the ICRC surgical team at the hospital in Goma, and others by an ICRC-supported team of local surgeons who, starting in July, took charge of surgical care for the weapon-wounded in Bukavu. At ICRC-supported physical rehabilitation centres, people disabled as a result of armed conflict were fitted with prosthetic/orthotic devices and underwent physiotherapy, thus restoring/improving their mobility. Training/on-the-job coaching for local specialists, and other ICRC-organized/co-organized events, sought to ensure the sustainability of the physical rehabilitation sector in the DRC.

Some IDPs and returnees affected by the ongoing violence coped with their situation with the help of emergency relief items provided by the Red Cross Society of the DRC/ICRC; others benefited from the installation of sanitation facilities, including showers and

latrines. Farming and fishing households earned money by participating in community-based, livelihood-support projects. In South Kivu, destitute victims of sexual violence and other vulnerable people benefited from British Red Cross/ICRC financial assistance, which helped increase their economic security and facilitated their social reintegration. The construction/repair of local water systems in the Kivu provinces and the former province of Katanga improved access to clean water for both residents and IDPs.

ICRC delegates visited detainees to monitor their treatment and living conditions, and confidentially shared their findings and recommendations with the authorities. Discussions on the timely release of money allocated for prison food budgets continued; prison authorities took or began to take greater responsibility for ensuring that inmates received adequate sustenance. Acutely malnourished detainees were given ready-to-eat therapeutic food to help them recover their health. In a number of prisons, detainees' living conditions, including their access to basic health care, improved following ICRC-material/technical support for dispensaries, distributions of hygiene items and the construction/repair of prison infrastructure.

Detainees, CAR and Burundian refugees, and others separated from their families by armed conflict, re-established/maintained contact with their relatives through National Society/ICRC family-links services. Separated children, including some formerly associated with weapon bearers, rejoined their families in the DRC or abroad; they received support for settling back into their communities and participated in recreational/vocational activities aimed at preventing future recruitment.

The National Society, a key ICRC partner, received ICRC support to better assist conflict/violence-affected people, including those affected by electoral tensions. Notably, it received financial, material and technical support to help enhance its first-aid/emergency response, family-links, human remains management and communication capacities. Regular contact with Movement partners, the authorities and humanitarian organizations ensured coordination of activities.

CIVILIANS

Conflict-affected civilians approached the ICRC with reports of abuses committed by weapon bearers, including sexual violence, child recruitment and attacks against medical staff/facilities, which impeded access to health care. These allegations formed the basis of written and oral representations to weapon bearers and other parties to the conflict, reminding them of the protection afforded by IHL to civilians, including those seeking/providing medical care, with a view to preventing further abuses.

Separated children, including those formerly associated with weapon bearers, rejoin their families

People dispersed by conflict/other violence, including CAR and Burundian refugees, restored/maintained contact with their relatives through National Society/ICRC family-links services. National Society volunteers received training in the provision of family-links services during emergencies, which helped them assist Burundian refugees in Uvira, South Kivu. Five provincial tracing coordinators participated in a National Society/ICRC training course, supplemented by on-the-job coaching.

In total, 759 separated children, of whom 439 were formerly associated with weapon bearers, rejoined their families within the country or abroad. To help them readjust to civilian life: some

700 children who returned to their homes in the DRC received food; over 300 received hygiene kits; and over 340 undertook vocational activities, using ICRC-provided materials. The families concerned also received follow-up visits to monitor the children's welfare.

ICRC-registered children waiting to rejoin their families were cared for by foster families or staff at transitional centres, who were briefed on the children's background/specific needs. Regular ICRC visits, along with repairs to facilities at four transitional centres, helped ensure the children's well-being. Over 1,100 children participated in National Society/ICRC awareness-raising sessions, during which they and other community members discussed the possible risks they faced upon returning home. In 10 villages in the Kivu provinces, community-based initiatives fostered the children's reintegration in their families/communities and helped prevent re-recruitment; these initiatives included recreational activities for thousands of children and local apprenticeship programmes, which helped some children acquire employable skills.

Victims of sexual violence receive psychosocial support

On average, some 150,000 people had access to primary health care at 16 centres regularly supported by the ICRC with drugs/medical supplies, staff training and infrastructural upgrades. At these centres: over 38,100 vaccinations were performed – most of which were for children – as part of an ICRC-supported national immunization programme; around 12,000 women had ante/post-natal consultations; 2,160 patients in need of further treatment were referred to higher-level care; and destitute patients were treated free of charge. Donations of medical supplies helped 16 other primary health centres meet emergency needs, such as during influxes of IDPs or instances of looting. The ICRC also provided support for vaccination campaigns, for example against a polio outbreak in North Kivu.

Some 3,100 victims of sexual violence, and 1,000 other people suffering from conflict-related trauma, received psychosocial care at 26 ICRC-supported counselling centres, six of which had been newly constructed/repared by the ICRC. Those in need of medical treatment were referred to ICRC-supported health facilities nearby. Community members learnt about the centres and the need for prompt post-exposure prophylactic treatment within 72 hours of being raped through awareness-raising sessions that also aimed to prevent stigmatization linked to sexual abuse; some victims of sexual violence received financial assistance (see below).

IDPs/returnees cover their needs with emergency assistance

More than 74,400 civilians (some 14,600 households), including IDPs and returnees, affected by clashes in the Kivu provinces met their emergency needs through food assistance; some 20,300 households (benefiting nearly 102,600 people) in the Kivu provinces, and in the former province of Katanga, received household essentials, in kind or through vouchers, distributed by National Society/ICRC teams in coordination with authorities/other organizations.

Some 218,300 IDPs, returnees, members of host families and economically vulnerable residents (some 43,600 households) generated income through agricultural or fish-farming activities with the help of ICRC-provided disease-resistant cassava cuttings, improved staple crop/vegetable seed, tools or fishing kits. Support for the daily follow-up and training of some 1,460 heads of households (benefiting some 7,300 people) by local workers, and the involvement of 132 local associations/State agencies, helped ensure the sustainability of these activities.

One hundred victims of sexual violence and other economically vulnerable people in South Kivu received financial assistance in the form of vouchers from the British Red Cross/ICRC. Many of them used these to generate income, notably by investing in small businesses – for example, the wholesale purchase and sale of goods or livestock – which also facilitated their reintegration into society.

Communities have better access to water and help maintain the new infrastructure

Over 223,000 people, including IDPs, had better access to safe drinking water after water-supply systems were constructed/repared in rural areas of the Kivu provinces and former Katanga. Beneficiary communities identified their water needs and formed committees for maintaining the infrastructure, thus increasing local ownership. Some 10,600 other people in North Kivu and 1,000 people in former Province Orientale benefited from water projects (spring catchments) completed by the National Society with ICRC support. Other projects, including the installation of hand-pumps in rural areas, continued; in urban areas, plans for constructing/repairing water systems were delayed or cancelled after their feasibility was evaluated. In the ex-province of Katanga, people had better access to basic services after the ICRC constructed two bridges.

Nearly 15,500 people – Burundian refugees in Uvira and people affected by clashes in former Katanga and North Kivu – maintained sanitary living conditions through the installation of latrines and showers, and other emergency assistance.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 20,700 detainees received ICRC visits, conducted according to the organization's standard procedures, to monitor their treatment and living conditions. Security detainees and other vulnerable inmates were monitored individually. After these visits, the authorities concerned received confidential feedback and recommendations. The judicial authorities acted on individual cases brought up by the ICRC, contributing to the release of 358 inmates, including those whose pre-trial detention had exceeded the legal limit. The authorities concerned received input from ICRC experts in drafting a law on prison reform that complied with international standards while taking into account the realities of the country's prison infrastructure.

Detainees communicated with their relatives using RCMs. Following their release, 36 former inmates returned home with ICRC financial assistance.

Detainees reduce their exposure to health hazards thanks to upgraded prison facilities

The working group in charge of implementing the legal framework for a national policy of incorporating prison health care in civilian health services was reactivated; with ICRC support, it organized a workshop that aimed to define prison health standards nationwide.

Some 16,000 inmates in 10 prisons had access to good-quality health care thanks to regular ICRC material/technical support for health services/facilities, including dispensaries. The ICRC provided ad hoc support during emergencies: for example, after a prison riot, injured inmates were taken to a civilian hospital, where they were treated using ICRC-donated medical supplies (see *Wounded and sick*).

Over 21,000 detainees improved their hygiene thanks to ICRC donations of soap/cleaning items, often distributed after health/

hygiene-awareness sessions. Some 5,100 inmates in 11 prisons had better access to clean water and/or were less exposed to health hazards, including cholera, after repairs to kitchen, sanitation and water infrastructure. Detained minors benefited from ICRC-donated recreational materials.

Malnourished detainees recover their health with therapeutic food/supplementary rations

Dialogue with prison authorities on ensuring the timely release of money allocated for prison food budgets continued. The ICRC supported detainees' access to sufficient quantities of food. When necessary, it initiated emergency assistance: thus over 4,000 detainees received daily rations to meet their nutritional needs.

Over 1,780 acutely malnourished inmates in 10 facilities received ready-to-eat therapeutic food and supplementary rations. Through close and regular monitoring of these detainees' nutrition, and better supervision of the food chain, the ICRC was able to track their progress; it also increased its understanding of the nutritional situation in places of detention and the effectiveness of its nutrition programme. These efforts contributed to reducing the overall acute malnutrition rate in most prisons receiving ICRC support.

WOUNDED AND SICK

Weapon-wounded patients receive treatment from ICRC/ICRC-supported surgical teams

Owing to internal administrative constraints, the planned reinforcement of ICRC activities at pre-hospital level to improve overall care for the weapon-wounded, including the development of community first-aid activities, was postponed to 2016. Nevertheless, National Society teams continued to receive support for their first-aid services; some volunteers received training in human remains management. Weapon bearers also acquired first-aid skills through National Society/ICRC-organized training sessions, which enabled them to treat their peers during clashes. Nearly 360 sick/wounded patients were evacuated by the ICRC to health facilities.

In the Kivu provinces, nearly 920 weapon-wounded people received medical/surgical care at 39 hospitals and 10 first-aid posts supported by the ICRC. Six of the hospitals were regularly provided with medicines, supplies, equipment and staff training, including two – the general hospital in Bukavu and Bethesda/Ndosho hospital in Goma – hosting ICRC/ICRC-supported surgical teams. Other facilities received ad hoc support. The ICRC surgical team at Bethesda/Ndosho hospital continued to operate on weapon-wounded patients and train local specialists in contextualized war-surgery techniques to improve patients' chances of survival. In Bukavu, a team of local surgeons took over from the ICRC team in July; the ICRC continued to provide technical oversight and material/financial support. Over 700 patients received surgical care from these two teams; their treatment costs were covered by the ICRC.

Patients received improved services at 11 health facilities, including physical rehabilitation centres, following construction/repair work, particularly on sanitation, electrical and water-supply systems.

Disabled people regain their mobility and receive psychosocial support

Over 1,050 people, most disabled due to conflict, obtained good-quality services free of charge at four physical rehabilitation centres and one workshop – located in Bukavu, Goma and Kinshasa – receiving technical support, equipment and prosthetic/orthotic materials from the ICRC. Patients were fitted

with prostheses/orthoses, learnt to walk again and participated in sports and other activities that promoted their social inclusion. They also enhanced their mental well-being via psychosocial care provided at two of the centres, and at other ICRC-supported facilities (see *Civilians*). Twelve disabled people, most of them children, returned to school, with ICRC financial support.

Ten staff members from ICRC-supported centres attended specialized training/on-the-job coaching in physiotherapy. Key technicians/specialists, including members of organizations/institutions and government staff, attended conferences or workshops, some co-organized by the ICRC with other organizations/academic institutions, in the country and abroad. Such programmes aimed to build the capacities of the country's physical rehabilitation sector.

ACTORS OF INFLUENCE

All parties to the conflict furthered their understanding of IHL and the Movement through events held/organized by the ICRC that sought to address issues of humanitarian concern, including: sexual violence; child recruitment; the treatment of detainees; and – in line with the goals of the Health Care in Danger project – the protection of health-care personnel/facilities.

DRC police include human rights norms on the use of force in their training curriculum

In Kinshasa, North and South Kivu and the provinces formerly known as Katanga and Province Orientale, over 4,000 weapon bearers – security personnel, Congolese armed forces and peacekeepers bound for overseas deployment, MONUSCO troops and members of armed groups – attended training sessions geared toward enhancing respect for IHL/humanitarian principles and securing the Movement's access to people in need. These were sometimes combined with first-aid training (see *Wounded and sick*).

Particular efforts were made to reach military officers in charge of operational decision-making in conflict-affected provinces and at headquarters level. Dialogue with the armed forces on incorporating IHL in military planning and operations was reinforced with ICRC workshops on the subject; over 260 staff officers attended these workshops, and responded positively to them. The workshops also reviewed mechanisms for investigating and suppressing violations of IHL. Over 35 military academy trainers bolstered their ability to teach IHL, while some 240 officers-in-training learnt more about IHL, at ICRC-organized courses.

Some 1,580 senior police officers attended dissemination sessions in Kinshasa, the Kivu provinces and the former Province Orientale, where they learnt about international rules governing the use of force and maintenance of public order. Roughly 110 officers, from the police and from a rapid deployment unit, furthered their understanding of these matters during a four-day session organized by the ICRC; these sessions were integrated into the police training curriculum.

The ICRC maintained contact with stakeholders involved in security sector reform, including the DRC authorities, the European Union, MONUSCO and various embassies.

The general public increases its understanding of humanitarian principles

Increased contact with local authorities, traditional/religious leaders and youth/civil society representatives helped them learn more

about the Movement and its work. About 11,000 people in various provinces gained a better understanding of humanitarian principles after ICRC presentations, which promoted acceptance for the National Society/ICRC, broadening their access to people in need.

Over 580 university students participated in IHL conferences at two universities; 1,300 others attended dissemination sessions on IHL and the ICRC in Bukavu, Goma and Lubumbashi. Such events boosted the academe's interest in, and encouraged their discussion of, IHL.

Local and foreign journalists reported on the humanitarian issues in the country with the help of news releases, operational updates and other ICRC informational materials; they covered topics such as access to water, family reunification, assistance for displaced communities and the challenges faced by medical personnel working in remote areas.

Authorities receive encouragement to ratify IHL treaties

Dialogue with authorities on the importance of ratifying/acceding to IHL treaties/IHL-related instruments – such as the law implementing the African Union Convention on IDPs and a bill authorizing the ratification of the Central African Convention for the Control of Small Arms and Light Weapons – continued. The bill on the Rome Statute was adopted by the parliament; the bill on the emblems protected under IHL remained on the National Assembly's agenda.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society helps ensure staff/volunteers' safety

The National Society and the ICRC strengthened their partnership by establishing plans for their joint activities and incorporating the Safer Access Framework in these. To assist conflict/violence-affected people, and in view of election-related unrest, the National Society reinforced its communication, family-links, first-aid and other emergency-response capacities at ICRC-organized workshops and/or with the help of ICRC-donated materials (see *Civilians* and *Wounded and Sick*). It also received financial support for paying the salaries of key staff and for covering the costs of equipping/running four of its branches in eastern DRC. Some 1,500 staff/volunteers made themselves safer with the help of ICRC-supplied flags and other articles bearing the red cross emblem, which made it easier for weapon bearers to identify them; 3,000 volunteers received insurance through the ICRC.

Over 90 staff sharpened their leadership skills at National Society/ICRC workshops in North Kivu and the former Province Orientale; others underwent specialized training to strengthen their managerial capacities. Discussions also tackled the National Society's legal status, its strategic plan for 2014–18 and its partnership agreement with the ICRC.

Regular meetings were held between National Society branches in Kinshasa and in the eastern provinces; these were attended by an ICRC representative. Bilateral meetings with Movement components took place regularly. All this helped maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		50,939	2,407		
RCMs distributed		41,178	1,527		
Phone calls facilitated between family members		990			
Names published in the media		14			
Reunifications, transfers and repatriations					
People reunited with their families		800			
	<i>including people registered by another delegation</i>	17			
People transferred/repatriated		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		906	151	274	139
	<i>including people for whom tracing requests were registered by another delegation</i>	376			
People located (tracing cases closed positively)		425			
	<i>including people for whom tracing requests were registered by another delegation</i>	138			
Tracing cases still being handled at the end of the reporting period (people)		681	87	204	120
	<i>including people for whom tracing requests were registered by another delegation</i>	302			
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		922	286		367
UAMs/SC reunited with their families by the ICRC/National Society		759	179		439
	<i>including UAMs/SC registered by another delegation</i>	14			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		429	161		71
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		20,747	549	697	
			Women	Girls	Boys
Detainees visited and monitored individually		2,001	21	11	116
Detainees newly registered		1,127	17	9	91
Number of visits carried out		282			
Number of places of detention visited		47			
Restoring family links					
RCMs collected		2,097			
RCMs distributed		1,236			
Phone calls made to families to inform them of the whereabouts of a detained relative		33			
People to whom a detention attestation was issued		72			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	74,404	30%	44%
	<i>of whom IDPs</i>	Beneficiaries		
		32,426		
Essential household items	Beneficiaries	94,072	26%	38%
	<i>of whom IDPs</i>	Beneficiaries		
		39,130		
Productive inputs	Beneficiaries	218,305	39%	36%
	<i>of whom IDPs</i>	Beneficiaries		
		22,144		
Cash	Beneficiaries	15,840	36%	39%
Vouchers	Beneficiaries	8,920	30%	50%
Services and training	Beneficiaries	7,325	39%	35%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	223,318	30%	30%
Health				
Health centres supported	Structures	16		
Average catchment population		146,645		
Consultations	Patients	84,689		
	<i>of which curative</i>	Patients	18,987	34,559
	<i>of which ante/post-natal</i>	Patients	12,069	
Immunizations	Doses	38,122		
Referrals to a second level of care	Patients	2,164		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	4,090		
Essential household items	Beneficiaries	21,418		
Cash	Beneficiaries	3		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	5,094		
Health				
Number of visits carried out by health staff		58		
Number of places of detention visited by health staff		10		
Number of health facilities supported in places of detention visited by health staff		10		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	39		
	<i>of which provided data</i>	Structures	36	
Patients whose hospital treatment has been paid for by the ICRC	Patients	715		
Admissions	Patients	16,577	5,698	8,421
	<i>of which weapon-wounded</i>	Patients	141	115
	<i>(including by mines or explosive remnants of war)</i>	Patients		
	<i>of which other surgical cases</i>	Patients		
	<i>of which internal medicine and paediatric cases</i>	Patients		
	<i>of which gynaecological/obstetric cases</i>	Patients		
Operations performed		3,774		
Outpatient consultations	Patients	11,507		
	<i>of which surgical</i>	Patients	167	
	<i>of which internal medicine and paediatric</i>	Patients	9,849	
	<i>of which gynaecological/obstetric</i>	Patients	1,491	
First aid				
First-aid posts supported	Structures	10		
	<i>of which provided data</i>	Structures	9	
Wounded patients treated	Patients	35		
Water and habitat				
Water and habitat activities	Number of beds	629		
Physical rehabilitation				
Projects supported	Structures	5		
Patients receiving services	Patients	1,055	186	91
New patients fitted with prostheses	Patients	258	57	22
Prostheses delivered	Units	493	98	56
	<i>of which for victims of mines or explosive remnants of war</i>	Units	27	
New patients fitted with orthoses	Patients	84	17	11
Orthoses delivered	Units	114	20	22
Patients receiving physiotherapy	Patients	458	96	52
Crutches delivered	Units	887		
Wheelchairs delivered	Units	34		