



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

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ The parties to the conflict were urged to fulfil their obligations, under IHL/other applicable norms, to respect/protect civilians, including patients/medical workers. Contact with certain armed groups was limited.
- ▶ Dialogue/networking with the authorities, weapon bearers and other actors, particularly in the field, helped facilitate ICRC access to people in need, but logistical/security constraints hampered some activities.
- ▶ IDPs, returnees and vulnerable residents met their urgent needs for food, household/hygiene essentials, water and health care partly through ICRC emergency aid, coordinated with the authorities/other actors.
- ▶ Ill/injured people, including those weapon-wounded and physically disabled, obtained treatment at hospitals and physical rehabilitation centres that maintained their services with ICRC material/technical support.
- ▶ Detainees, including those arrested in connection with the conflict, were visited by the ICRC. They reconnected with relatives and benefited from repaired/upgraded facilities and donated household/hygiene items.
- ▶ Relatives of people missing in relation to past conflict stood to benefit as joint Iraqi-Iranian efforts to clarify the fate of these people resulted in the recovery and transfer of sets of human remains, under ICRC auspices.

## EXPENDITURE IN KCHF

Protection	13,866
Assistance	84,186
Prevention	6,606
Cooperation with National Societies	1,704
General	231
<b>Total</b>	<b>106,594</b>
<i>Of which: Overheads</i>	<b>6,499</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	93%
---------------------------	-----

## PERSONNEL

Mobile staff	109
Resident staff (daily workers not included)	762

The ICRC has been present in Iraq since the outbreak of the Iran-Iraq war in 1980. Protection activities focus on monitoring the treatment and living conditions of detainees in the country and on helping clarify the fate/whereabouts of missing persons. Assistance activities involve: helping IDPs and residents meet their basic needs during emergencies and restore their livelihoods in remote and/or neglected, violence-prone areas; supporting physical rehabilitation, primary health care and hospital services; and repairing water, health and prison infrastructure. The ICRC promotes IHL knowledge and compliance among weapon bearers and coordinates its work with the Iraqi Red Crescent Society.

## YEARLY RESULT

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	1,735
RCMs distributed	3,188
People located (tracing cases closed positively)	152
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	37,053
Detainees visited and monitored individually	1,014
Number of visits carried out	241
Number of places of detention visited	87
<b>Restoring family links</b>	
RCMs collected	2,765
RCMs distributed	1,147
Phone calls made to families to inform them of the whereabouts of a detained relative	16,608

ASSISTANCE	2015 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 870,000	852,330
Essential household items	Beneficiaries 870,000	930,870
Productive inputs	Beneficiaries 62,004	34,175
Cash	Beneficiaries 107,700	175,335
Services and training	Beneficiaries 80	51,033
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Water and habitat activities	Beneficiaries 1,338,000	2,330,442
<b>Health</b>		
Health centres supported	Structures 9	10
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 3	16
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	200
<b>Physical rehabilitation</b>		
Projects supported	Structures 9	10
Patients receiving services	Patients 32,000	36,356

## CONTEXT

Characterized by intense clashes and constantly shifting front lines, the conflict between Iraqi forces and an array of armed groups continued unabated, amid the lingering effects of past violence and longstanding ethnic/sectarian tensions in Iraq and the wider region.

Forces of the central government, including armed groups known as popular mobilization units, and of the Iraqi Kurdistan region's (IKR) government sustained their campaign against the Islamic State (IS) group. An international coalition supported the campaign, mainly through airstrikes and advice/training. Although Iraqi troops regained key parts of the country, including large sections of Ramadi city, the IS group maintained its presence in other areas. Violations of IHL/other applicable norms by all weapon bearers were allegedly widespread.

Over 3 million people were reportedly displaced; many had to move repeatedly or were forced into protracted displacement. Tens of thousands were wounded/killed. Millions of IDPs, residents and returnees had limited, if any, access to essential services, given damage to/destruction of vital infrastructure.

Budgetary/other constraints hampered the government's ability to address the conflict's consequences. Most international humanitarian organizations encountered difficulties in reaching the hardest-hit communities.

Thousands of Syrian refugees remained in the IKR.

## ICRC ACTION AND RESULTS

The ICRC continued to adapt its response to growing humanitarian needs in Iraq. It prioritized contributing to the protection of civilians and helping address their immediate needs. Building on its countrywide presence and its increased capacity to follow the evolution of the situation, the ICRC scaled up its emergency response. This was supported by a budget extension appeal launched in May. Towards maximizing its reach to conflict-affected people, it opened an office in Zummar, Ninewa, in September.

Amid intensified fighting, the ICRC reinforced its dialogue with most of the parties to the conflict, reminding them of their obligations under IHL/other pertinent norms to respect civilians, including patients/medical workers, and sharing with them confidential representations based on documented allegations of abuse, whenever possible. The ICRC spread knowledge of IHL through: dissemination sessions for front-line military/security personnel; and support to the central/IKR armed forces' IHL-training initiatives and to the national IHL committee's efforts. Messages on humanitarian principles were relayed through networking with some armed groups and traditional/religious leaders. These efforts helped facilitate the organization's ability to assist people in need. Access to some of the hardest-hit communities remained restricted, however, owing to limited contact with certain armed groups, the central/IKR authorities' security regulations and logistical challenges.

The ICRC increased its emergency distributions of food, household essentials and cash to conflict-affected people, particularly for people in areas accessible to few/no other humanitarian organizations and/or where needs were most acute, enabling them to ease their situation. Water-trucking, repairs to dilapidated/damaged

systems and donated water-storage/sanitation supplies increased the availability of water for IDPs and residents/returnees.

Towards ensuring people's health-care access, the ICRC provided medical/surgical materials, staff training and other support to primary-health-care centres and hospitals in violence-prone/affected areas, bolstering their capacities to manage mass-casualty influxes and critical injuries. Mobile-clinic team members, deployed to treat IDPs living outside camps, later transferred to fixed health facilities. The ICRC continued to manage a physical rehabilitation centre and support State-run facilities; disabled people, including IDPs and refugees, thus obtained suitable treatment.

Where security conditions permitted, the ICRC assisted vulnerable households – for instance, those headed by women, some related to missing persons, or by disabled people – towards recovering their livelihoods through the provision of cash grants or productive inputs. Female breadwinners pursuing registration for State benefits obtained financial support.

The ICRC monitored the situation of detainees during visits conducted according to its standard procedures. It provided the authorities concerned with confidential feedback to help them ensure that detainees' treatment and living conditions were in line with applicable norms/standards. The ICRC backed the authorities in repairing prison infrastructure and helped ease the confinement of particularly vulnerable detainees through material assistance. It continued working with the authorities towards meeting detainees' health needs. The ICRC sustained efforts to secure access to all detainees.

People across Iraq, including IDPs, Syrian refugees and detainees, contacted their relatives using ICRC family-links services; some reported kin missing or allegedly arrested in connection with the current conflict. With the ICRC as a neutral intermediary, the parties concerned continued their efforts to clarify the fate of people missing in relation to past international armed conflicts involving Iraq. Training/technical support enabled a local forensic institute to enhance its capacities; it processed an increased caseload, linked to the prevailing situation. Although a completed 2014 needs assessment of the families of missing persons was shared with the authorities, some activities to support these families were postponed, given prevailing constraints.

Backed by Movement partners, the ICRC maintained dialogue with the Iraqi Red Crescent Society, aimed at resuming direct support to it. In line with existing coordination mechanisms, the ICRC helped ensure a cohesive Movement response to humanitarian needs.

## CIVILIANS

Contributing to the protection of civilians and helping address their urgent needs remained the ICRC's priorities. The parties to the conflict were urged to fulfil their obligations under IHL/other applicable norms, especially to respect civilians, including patients/medical workers, and ensure their access to essential services/humanitarian aid. Whenever possible, these parties received confidential representations on systematically documented allegations of abuse, based on the ICRC's monitoring of the situation of IDPs, returnees, migrants/foreigners and other vulnerable people. Contact with certain armed groups was limited.

### **Conflict-affected people address their urgent needs**

People in areas accessible to few/no other humanitarian organizations and/or where needs were most acute, notably those near/along front lines or recently regained by Iraqi forces – such as Anbar, Baghdad, Kirkuk and Ninewa – were the focus of the ICRC's stepped-up emergency relief distributions. Interaction with key parties, especially in the field, helped facilitate these (see *Actors of influence*). Nevertheless, access to some of the hardest-hit communities was restricted by limited contact with some armed groups, the central/IKR authorities' security regulations and logistical challenges.

About 852,300 people (142,050 households), mostly IDPs staying in informal shelters, eased their initial weeks of displacement with food rations. Over 930,800 people (155,140 households) improved their living conditions with household essentials/shelter materials; beneficiaries in northern Iraq and parts of Anbar better endured winter with heating stoves/other supplies. Some 141,280 people (23,540 households) received repeat distributions and/or more than one form of aid.

Around 138,650 people (23,100 households), grappling with protracted displacement or with access to functioning markets, covered their basic needs, including shelter, using cash grants; some received three rounds of these.

Local partners could better assess the needs of/assist conflict-affected people following ICRC workshops (see also *Red Cross and Red Crescent Movement*).

### **IDPs and residents gain increased access to water**

Some 1,525,700 people, including around 218,700 IDPs, had improved access to water through ICRC-conducted emergency measures, such as urgent repairs to dilapidated/damaged facilities, as did roughly 479,100 people, including some 58,200 IDPs, following water-infrastructure renovations. About 69,900 IDPs in camps benefited from ICRC-provided/installed trucked-in water, water-storage/sanitation supplies and latrines. Following irrigation-canal cleaning/rehabilitation (see below), some 68,400 people had more water for livelihood/household use.

Around 810 local technicians trained in operating/maintaining water facilities autonomously or consulted ICRC-donated references at a training centre in Kirkuk.

### **IDPs and residents receive basic health care**

Fifty-nine primary-health-care centres across Iraq, including some in areas hosting IDPs and four in IDP camps, cared for vulnerable people using ICRC-provided medical supplies, donated on an ad hoc basis; such increased support was provided in coordination with the central authorities. Given security/access constraints, only six health centres slated for ICRC technical/material/on-site support, based on a 2012 agreement with the health ministry, were reached regularly; three underwent renovation.

In Dohuk, between January and June, about 11,400 IDPs living outside camps and without access to health centres, including malnutrition-prone children, received treatment from two mobile-clinic teams backed by the Canadian Red Cross Society, the Icelandic Red Cross and the ICRC. When the need for the clinics decreased, local team members, among them IDPs, supported two fixed health facilities covering approximately 120,000 people.

People, notably children, pregnant women and women of child-bearing age, lowered their health risks through: vaccination programmes by four health centres in Najaf; fumigation campaigns by health authorities in Wassit; and training for traditional birth attendants/midwives in Diyala – all with ICRC support. In southern Iraq, health authorities managed cholera outbreaks with ICRC-donated sanitation/medical supplies and informational leaflets; water systems were repaired.

People learnt more about safe behaviour in mine/ERW-contaminated areas through ICRC educational sessions/materials.

### **Vulnerable households begin livelihood recovery**

Where security conditions permitted, destitute IDP/returnee households endeavored to increase their income/agricultural production. About 9,720 farmers in Babil, Baghdad, Diyala and Kirkuk (supporting some 51,000 people) used land ploughed and irrigation canals cleaned/upgraded with ICRC assistance; 4,430 others (supporting around 22,810 people) earned money by cleaning/repairing canals in Dohuk and Khanaqin. Around 5,430 households (roughly 34,170 people) planted/cultivated crops with ICRC-provided seed/tools.

Some 1,240 households (approximately 6,500 people) headed by women – some related to missing persons – or by disabled people earned from small businesses, started with cash grants. About 40 Syrian refugee households (around 230 people), whose needs were not covered by other organizations' programmes, received similar assistance.

Over 1,780 female breadwinners (supporting some 7,130 people) pursuing registration for State benefits, helped by local NGOs, covered their basic needs/registration-related expenses with cash assistance. They included women previously unreachable because of the prevailing situation.

### **Iraqi authorities transfer remains of over 600 people to the Iranian government**

Relatives separated by conflict in Iraq and the wider region restored/maintained contact using ICRC family-links services. Some reported family members missing in relation to the current conflict; confidential representations on their behalf were addressed to the authorities. Hundreds obtained travel documents, facilitating their resettlement abroad.

The parties concerned sustained efforts to clarify the fate of persons missing in connection with the 1980–88 Iran-Iraq war (see *Iran, Islamic Republic of*) and the 1990–91 Gulf War (see *Kuwait*), with the ICRC as a neutral intermediary. Under ICRC auspices, the Iraqi authorities transferred the remains of 684 people to, and received the remains of 37 people from, the Iranian authorities.

Institutions involved in recovering/identifying human remains continued to enhance their services, with ICRC input. Notably, Baghdad's Medico-Legal Institute processed an increased caseload, linked to the ongoing fighting, with strengthened forensic and data-management capacities, including injury analysis/documentation.

A 2014 needs assessment of families of missing persons was shared with the authorities to encourage them to address these needs. Some families obtained cash assistance (see above); other activities for them were postponed, given logistical/security constraints.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Over 37,000 detainees held by the central/IKR governments received ICRC visits, conducted according to the organization's standard procedures; 1,014 particularly vulnerable inmates, such as security detainees, were followed up individually. The authorities received confidential feedback afterwards.

Dialogue and training initiatives with the authorities and security personnel (see also *Actors of influence*) encompassed the need to ensure that detainees' treatment/living conditions conformed to applicable norms/standards, and sought to foster respect for judicial guarantees and the principle of *non-refoulement*. The ICRC continued to urge the authorities to facilitate its access to all detainees.

### Detainees reconnect with relatives

Detainees, especially those moved to other detention centres by the authorities because of the security situation, contacted their relatives using ICRC family-links services; the authorities were reminded of the importance of detaining people in places close to their families. Some informed their kin of their whereabouts through ICRC delegates' phone calls on their behalf. Family visits, cancelled in 2014 given security constraints, resumed in some prisons; owing to the ongoing fighting, none were organized by the ICRC.

Allegations of arrest, especially in connection with the current hostilities, were followed up with the authorities. Over 500 former detainees received attestations of detention, helping them advance legal/administrative proceedings.

### Authorities improve detainees' living conditions with ICRC support

Several thousand detainees had better access to clean water following water-system repairs in detention centres holding people arrested in connection with the conflict or those with specific vulnerabilities, notably minors and women. Upgrades to ventilation/sanitation systems benefited around 1,600 detainees. Thousands – including foreigners, minors and women – eased their confinement with clothing, hygiene/educational/recreational items and winter supplies.

The ICRC continued to encourage central health and justice ministries to jointly provide detainees with health care; with the ICRC, they developed a pilot project for two prisons for 2016, following up on their 2014 assessment. The IKR authorities conducted a similar assessment. At a workshop, central/IKR penitentiary/medical staff learnt more about providing health care in detention. A local medical association sent a representative to a conference on the subject (see *Jordan*).

## WOUNDED AND SICK

With the conflict further disrupting civilians' already-limited access to medical services, the parties involved were reminded of the need to respect people seeking/providing such services (see *Civilians* and *Actors of influence*).

### Weapon-wounded people receive emergency care

People in violence-prone/affected areas, such as Kirkuk and around Mosul, received life-saving treatment at facilities that, with ICRC backing, could better manage mass-casualty influxes and critical injuries. Doctors from seven hospitals trained to boost their trauma-management skills. Sixteen hospitals received medical/surgical supplies for treating over 500,000 weapon-wounded

patients; those in Anbar obtained, additionally, 120 tons of such supplies in total from the central health ministry, with ICRC logistical support. In Fallujah city, controlled by armed groups, repairs to one hospital (200 beds) helped restore its water/electricity supplies.

Planned training was cancelled for State ambulance staff, following the health ministry's re-organization, and others (see *Red Cross and Red Crescent Movement*). Instead, first-aid workshops were held for health workers and armed/security personnel.

### Disabled IDPs, refugees and mine victims regain some mobility

Over 36,350 people with disabilities, including 12,340 amputees and 798 mine victims, received physiotherapy/other services at nine State-run and one ICRC-managed physical rehabilitation centres. Patients of the ICRC-managed centre in Erbil included 881 IDPs and 487 Syrian refugees; 1,104 and 348 had their lodging and transport costs covered, respectively. The State-run centres maintained/enhanced their services with ICRC-provided advice, raw materials and assistive devices – for instance, three facilities in Baghdad replenished their wheelchair stocks.

Towards boosting local capacities, 56 physical rehabilitation professionals honed their skills during a series of workshops; 44 students trained at the Erbil centre. Two universities enhanced their physiotherapy and prosthetics/orthotics programmes with ICRC input. The authorities received continued encouragement to develop long-term strategies for ensuring the welfare of disabled people.

Selected patients of the centres obtained livelihood support, thus promoting the social inclusion of people with disabilities (see *Civilians*). Awareness-raising/sports events were organized with local partners; the central and IKR Paralympic committees received sports wheelchairs.

## ACTORS OF INFLUENCE

### Dialogue with key actors, notably weapon bearers, helps facilitate the ICRC's access

Sustained dialogue/networking with the authorities, members of the international coalition (see *Context*), armed/security forces and civil society representatives – for instance, during the ICRC president's visit – underscored the need to uphold humanitarian principles and IHL/other applicable norms. Such efforts, supported by training initiatives, public events and media/online resources, also helped build understanding of humanitarian issues, including the goals of the Health Care in Danger project, and of the Movement among the above-mentioned parties and the wider public.

Regular meetings with heads of popular mobilization units and resumed discussions with representatives of the domestic counter-terrorism body, notably, resulted from the ICRC's steps to broaden engagement with Iraqi security personnel. Interaction with other key security actors continued to be sought.

Opportunities to convey messages about humanitarian principles and the ICRC to armed groups were pursued; contact with certain groups, however, was limited. Thus, meetings and joint initiatives with traditional/religious leaders and other actors with influence over these groups, such as journalists, likewise contributed to spreading awareness of the said topics.

All these helped facilitate the ICRC's ability to assist people in need (see *Civilians*).

### **Iraqi forces train in IHL with ICRC support**

During dissemination sessions and meetings (see above), front-line military commanders/troops and members of popular mobilization units furthered their understanding of IHL/other pertinent norms. Together with the authorities and health professionals, they familiarized themselves with the protection IHL affords to patients/medical staff at workshops.

The central armed forces conducted IHL training courses in/around Baghdad with renewed ICRC support, which was suspended in 2014, owing to the security situation. A senior officer joined an IHL workshop on military operations (see *International law and policy*). The IKR military continued to teach its personnel IHL and boost its training capacities.

Security/law enforcement personnel increased their knowledge of norms/standards applicable to such matters as the use of force and detention. During workshops, over 730 senior law enforcement officers and human-rights instructors furthered their understanding of IHL and international human rights law; police-academy students learnt more about the latter, at seminars. The interior ministry requested increased ICRC involvement in such training in 2016.

### **National IHL committee members strengthen their grasp of their roles**

Actors involved in promoting/advancing domestic IHL incorporation drew on ICRC backing. During a seminar to support them in enhancing their skills, members of the national IHL committee, established in 2014, sharpened their insight into their roles/responsibilities, including how to formalize these through legislation, and into developing an action plan. They continued deliberations on facilitating the expansion of doctors' legal protection and the adoption of a law on the emblems protected under IHL. Committee members, alongside central/IKR government representatives and academics, advanced their IHL proficiency during courses abroad (see, for example, *Lebanon*). Sixty government officials, including parliamentarians and judges, and armed/security personnel increased their IHL knowledge at information sessions co-organized with the authorities, in line with a 2014 memorandum of understanding. Lawmakers continued to be encouraged to formalize the ICRC's legal status in Iraq.

At two round-tables held by the authorities, legal/judicial experts discussed ways to strengthen the legal framework on detention so as to ensure its conformity with norms and standards relevant to Iraq's international commitments.

The higher-education ministry adopted a standard IHL curriculum for law colleges – the outcome of a workshop it held, with ICRC input, with representatives from the national IHL committee and eight universities. The ministry also formally agreed to ICRC backing for its IHL research centre. A judicial institute incorporated a course on IHL and international human rights law into its curriculum; discussions on prospective ICRC support were ongoing.

Religious leaders/scholars engaged with the ICRC on the values shared between Islam and IHL, and on its work in Iraq.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **The National Society and the ICRC maintain dialogue, towards formal partnership**

The Iraqi Red Crescent responded to humanitarian needs in Iraq and sought to implement its five-year strategic plan, backed by Movement partners. The National Society remained without a formal partnership agreement with the ICRC; needs-assessment/response and first-aid workshops for its staff/volunteers were postponed. Nevertheless, the two organizations jointly undertook some activities, including the distribution of attestations of detention (see *People deprived of their freedom*), and exchanged information, facilitating their respective initiatives.

With the help of Movement partners, notably the Red Crescent Society of the Islamic Republic of Iran, the ICRC maintained dialogue with the Iraqi Red Crescent, aimed at formally resuming direct support to it. The National Society signed an agreement, with the Norwegian Red Cross and the ICRC, on developing its financial software, towards increasing its administrative capacities.

In line with existing coordination mechanisms to help ensure a coherent response, Movement components in Iraq drew on ICRC security advice and logistical/administrative services; the pertinent agreements were renewed.

<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>		<b>Total</b>			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SC*</b>		
RCMs collected		1,735			
RCMs distributed		3,188			
<b>Reunifications, transfers and repatriations</b>					
People transferred/repatriated		5			
Human remains transferred/repatriated		684			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		2,811	452	167	142
<i>including people for whom tracing requests were registered by another delegation</i>		5			
People located (tracing cases closed positively)		152			
Tracing cases still being handled at the end of the reporting period (people)		4,089	127	71	127
<i>including people for whom tracing requests were registered by another delegation</i>		13			
<b>UAMs/SC*, including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
<b>Documents</b>					
People to whom travel documents were issued		608			
Official documents relayed between family members across borders/front lines		4			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		37,053	1,225	341	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		1,014	11		30
Detainees newly registered		617	6		29
Number of visits carried out		241			
Number of places of detention visited		87			
<b>Restoring family links</b>					
RCMs collected		2,765			
RCMs distributed		1,147			
Phone calls made to families to inform them of the whereabouts of a detained relative		16,608			
People to whom a detention attestation was issued		511			

\*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	852,330	33%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		836,006		
Essential household items	Beneficiaries	930,870	32%	39%
	<i>of whom IDPs</i>	Beneficiaries		
		913,831		
Productive inputs	Beneficiaries	34,175	34%	41%
	<i>of whom IDPs</i>	Beneficiaries		
		3,849		
Cash	Beneficiaries	175,335	35%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		147,806		
Services and training	Beneficiaries	51,033	32%	38%
	<i>of whom IDPs</i>	Beneficiaries		
		6,649		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	2,330,442		
	<i>of whom IDPs</i>	Beneficiaries		
		295,975		
<b>Health</b>				
Health centres supported	Structures	10		
Average catchment population		88,448		
Consultations	Patients	117,183		
	<i>of which curative</i>	Patients	33,908	50'002
	<i>of which ante/post-natal</i>	Patients	2,464	
Immunizations	Doses	26,030		
Referrals to a second level of care	Patients	5,007		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	34,844		
<b>Water and habitat (in some cases provided within a protection programme)</b>				
Water and habitat activities	Beneficiaries	9,750		
<b>Health</b>				
Number of visits carried out by health staff		38		
Number of places of detention visited by health staff		25		
Number of health facilities supported in places of detention visited by health staff		2		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	16		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	200		
<b>Physical rehabilitation</b>				
Projects supported	Structures	10		
Patients receiving services	Patients	36,356	3,994	15,460
New patients fitted with prostheses	Patients	1,050	167	53
Prostheses delivered	Units	3,197	414	175
	<i>of which for victims of mines or explosive remnants of war</i>	Units	744	
New patients fitted with orthoses	Patients	11,377	979	8,951
Orthoses delivered	Units	22,720	1,636	18,744
	<i>of which for victims of mines or explosive remnants of war</i>	Units	18	
Patients receiving physiotherapy	Patients	10,442	1,744	2,201
Crutches delivered	Units	1,659		
Wheelchairs delivered	Units	492		