



+ ICRC delegation   
 + ICRC sub-delegation   
 + ICRC office/presence   
 △ ICRC logistics centre  
+ ICRC supported prosthetic/orthotic project   
 + ICRC-supported hospital

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Newly displaced and other vulnerable people received timely assistance from the ICRC – despite serious security-related constraints – with help from the Mali Red Cross and State/local/community actors.
- ▶ People in northern Mali – including victims of sexual violence, the disabled and the weapon-wounded – had better access to good-quality health-care services from more facilities supported by the ICRC.
- ▶ During various clashes, weapon bearers – who were reminded to respect IHL principles – helped facilitate National Society/ICRC access to conflict-affected communities to deliver urgent aid/livelihood support.
- ▶ Households in the north worked to regain self-sufficiency with National Society/ICRC help. Notably, fishermen, using donated boats and other equipment, earned enough money to repay loans.
- ▶ The authorities continued to improve detainees' health and nutrition via projects with the ICRC. Malnourished inmates in Bamako benefited from therapeutic feeding administered by the prison medical team.
- ▶ Members of families dispersed by the armed conflict/other circumstances restored/maintained contact via Movement family-links services; 12 minors formerly associated with armed groups rejoined relatives.

## EXPENDITURE IN KCHF

Protection	4,050
Assistance	29,190
Prevention	2,496
Cooperation with National Societies	1,552
General	175
<b>Total</b>	<b>37,465</b>
<i>Of which: Overheads</i>	<b>2,287</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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## PERSONNEL

Mobile staff	67
Resident staff (daily workers not included)	320

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

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action MEDIUM

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	1,149
RCMs distributed	387
Phone calls facilitated between family members	5,114
People located (tracing cases closed positively)	53
People reunited with their families	12
<i>of whom unaccompanied minors/separated children</i>	12
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	3,970
Detainees visited and monitored individually	689
Number of visits carried out	161
Number of places of detention visited	35
<b>Restoring family links</b>	
RCMs collected	279
RCMs distributed	118
Phone calls made to families to inform them of the whereabouts of a detained relative	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	180,000 / 250,456
Essential household items	Beneficiaries	48,000 / 58,824
Productive inputs	Beneficiaries	297,000 / 122,587
Cash	Beneficiaries	30,720 / 8,550
Services and training	Beneficiaries	390,120 / 444,734
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Water and habitat activities	Beneficiaries	275,400 / 220,765
<b>Health</b>		
Health centres supported	Structures	9 / 10
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	2 / 2
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	161 / 156
<b>Physical rehabilitation</b>		
Projects supported	Structures	2 / 4
Patients receiving services	Patients	150 / 8,760

## CONTEXT

In northern Mali, people continued to feel the effects of widespread insecurity. Armed groups clashed with each other and with the Malian military and UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA); this caused civilian casualties, for example, in Léré in Tombouctou region, and in Ménaka and Tabankort in Gao region. Some people were reportedly arrested by Malian military, MINUSMA, or French forces stationed in Mali; others held by armed groups. A peace accord signed in June by the parties to the conflict, under the auspices of Algeria, was not immediately implemented; fighting continued for weeks afterwards. Towards year-end, these parties engaged in dialogue anew and agreed to honour the terms of the peace agreement.

Attacks also occurred in Bamako and in central Mali, where new armed groups had allegedly formed. Thousands of people remained displaced within the country and beyond. Migrants traveling through Mali sometimes were assaulted in conflict-affected areas. Many people were still dependent on humanitarian aid: communal violence and banditry hampered access to already limited basic services. Successive years of poor harvest added to difficulties in re-establishing livelihoods.

Humanitarian work was increasingly hindered by logistical/security constraints; in March, armed elements attacked an ICRC truck, killing the driver and wounding a Mali Red Cross volunteer.

## ICRC ACTION AND RESULTS

The ICRC and Mali Red Cross continued to help people, primarily in northern Mali, cope with the effects of armed conflict/violence. After one of its trucks was attacked in March (see *Context*), the ICRC suspended all staff movements outside towns in the north for three months; this led to some activities being delayed or scaled back. However, with the help of National Society volunteers and State/local/community actors, the National Society/ICRC was able to assist vulnerable communities in areas less accessible to others. Thus, people newly displaced by fighting received emergency relief with the least possible delay and vulnerable agro-pastoral households received food and other assistance before the hunger gap period. The ICRC also engaged a wider network of contacts among influential actors, particularly among armed groups, in dialogue to emphasize the need to ensure: access to humanitarian assistance; the safety of humanitarian personnel; and respect for other tenets of IHL. This helped facilitate and/or maintain the National Society/ICRC's access to conflict-affected communities.

In 2015, the ICRC supported more health facilities than in previous years, improving northern communities' access to good-quality care. Victims of sexual violence could obtain appropriate treatment at Gao regional hospital and, additionally, at three health centres; counselling and other psychosocial support services offered at these facilities and at Tombouctou regional hospital helped victims recover. More disabled people availed themselves of physical rehabilitation services at newly supported centres. People requiring emergency surgery, including for weapon wounds, were treated by ICRC teams in Gao hospital and the Kidal referral centre. Ad hoc assistance to other facilities helped staff cope with influxes of people wounded during clashes.

Activities to help people restore self-sufficiency continued. Farming households used donated seed and equipment to increase crop yield; vaccination campaigns helped preserve the health of

livestock. Vulnerable households, including those of victims of sexual violence, supplemented their income by upgrading water systems through a cash-for-work scheme or by starting small businesses. In Ansongo, fishermen who resumed their livelihoods with donated equipment earned enough money to repay loans.

The National Society helped maintain the Movement family-links network that enabled people dispersed by armed conflict/violence, detention or other circumstances to restore/maintain contact with relatives; it also helped minors formerly associated with armed groups rejoin their families. ICRC training helped the National Society to strengthen its ability to provide first aid, material assistance and family-links services to vulnerable people – in line with the Safer Access Framework – and to foster support for the Movement.

The ICRC continued to visit detainees in accordance with its standard procedures, individually monitoring particularly vulnerable inmates – including those serving sentences handed down by the Mechanism for International Criminal Tribunals (MICT). People held in connection with the armed conflict were visited soon after their arrest. Findings from these visits provided confidentially to the authorities contributed to improvements: for example, several detainees' pending cases were resolved. Pilot projects in health and nutrition helped the authorities sustain improvements in providing health services and food.

Where the ICRC had access, people held by armed groups received visits within days of being captured. At the request of certain armed groups, the ICRC served as neutral intermediary in the release of people in their custody.

The authorities continued, with the ICRC's support, to advance IHL implementation. Parliamentarians drafted a three-year plan to incorporate IHL treaties in domestic law. Military officers continued drafting an IHL training manual; troops learnt more about IHL at ICRC briefings. The military and the ICRC formalized an agreement to train troops in the issues covered by the Health Care in Danger project and international norms governing arrests.

## CIVILIANS

### Weapon bearers vacate a health centre in Tabankort

People reported abuses to the ICRC; documented allegations were shared with the parties concerned to help prevent their recurrence. Weapon bearers were reminded to respect IHL principles, particularly the need to protect those not/no longer fighting and ensure their access to medical/humanitarian assistance. Such reminders helped persuade weapon bearers to leave a health centre they had occupied in Tabankort, allowing staff to resume operations.

Dialogue with parties to the conflict and other influential actors also helped facilitate the National Society/ICRC's delivery of urgent humanitarian aid to vulnerable communities in conflict-affected areas (see *Actors of influence*).

### In Gao and Tombouctou, people access quality care at more ICRC-supported health facilities

Around 35,000 people in Gao and Tombouctou, including children and pregnant women, could obtain good-quality preventive/curative care from three health centres, supported year-round by the ICRC with infrastructure upgrades, medical supplies and, for staff, incentives and technical advice; five more centres began receiving support in December 2015. Some 5,400 people newly

displaced by clashes in Tabankort received basic care and over 2,000 people were treated during a malaria outbreak at health centres provided with ad hoc support. At the Bourem referral centre, 54 people needing secondary care, some for weapon wounds, were evacuated to Gao regional hospital with ICRC financial support (see *Wounded and sick*). People were also immunized against measles, polio and tetanus during national vaccination campaigns conducted with ICRC logistical support.

Victims of sexual violence benefited from more accurate diagnosis and suitable treatment after some 40 staff – doctors, nurses and midwives – of the Gao hospital, two supported health centres in Gao and one in Tombouctou were trained to provide basic psychological and psychosocial care. Four auxiliary staff also assisted people suffering from other conflict-related trauma. At Tombouctou regional hospital, victims of violence, including sexual violence, had access to psychosocial support after the ICRC, in cooperation with another organization, began offering these services. Thus, around 180 people in Gao and Tombouctou, including 35 victims of sexual violence, were helped to recover from their ordeal. Community information sessions were conducted in both towns, to encourage referrals to the above-mentioned services and prevent stigmatization of victims; about 70 people were trained to conduct such sessions in their own communities.

#### **Households in northern Mali work to restore their livelihoods with National Society/ICRC assistance**

More than 1,000 conflict-affected people in the north upgraded water systems for farming and livestock (see below), which helped them provide for their families (around 6,200 people) through a cash-for-work scheme. In Gao and Tombouctou, some 200 households (2,300 people, including around 20 victims of sexual violence) received cash grants and training to start small businesses or handicraft projects to supplement their income.

Approximately 20,600 farming households (122,500 people) used donated seed and agricultural supplies/equipment to increase their crop yield; some 17,900 of them (105,900 people) also received three-month food rations, helping them conserve planting stock during the hunger gap period. Around 74,000 pastoralist households (444,700 people) maintained healthier, and therefore more profitable herds, with the help of donated fodder and livestock vaccination campaigns; vaccines were preserved in ICRC-provided cold boxes and solar-powered freezers. Some 20 animal health workers, trained and equipped by the ICRC, provided basic veterinary services in their communities.

In Ansongo, about 100 households – including those headed by women – who had resumed their livelihoods after the ICRC, in 2014, replaced boats/fishing equipment destroyed in clashes, earned enough money to repay past loans.

#### **People newly displaced by clashes receive emergency food assistance with the least possible delay**

Over 220,000 people, including IDPs, in the north and in Mopti had access to enough water for their daily needs, including for their crops and livestock, from upgraded water systems. Herders watered their livestock at wells dug along herding routes, saving them the trouble of searching for watering holes. In Kidal town, the water network stayed operational as technicians used ICRC-provided fuel to run the pumping station and drew on ICRC technical advice to maintain equipment.

Approximately 149,200 IDPs, returnees and vulnerable residents covered urgent food requirements through National Society/ICRC-distributed rations; people newly displaced by clashes – for example, some 400 families from Tabankort – received emergency food assistance with the least possible delay. Around 6,300 households among them, and 1,600 others affected by floods in Gao (approximately 48,600 people in all), set up temporary shelters with tarpaulins and other household essentials.

Some activities could not be carried out to the extent planned, owing to security and other constraints. National Society volunteers, community representatives, local service providers and State actors, however, enabled the health, livelihood and emergency relief activities mentioned above to continue, even when the ICRC had to limit its movements.

#### **Minors formerly associated with armed groups rejoin their families**

Families dispersed by armed conflict/violence, detention or other circumstances reconnected through the family-links network maintained by the Mali Red Cross, National Societies in countries hosting Malian refugees and the ICRC. Unaccompanied/separated children were among those who made phone calls or used RCMs to inform their families of their whereabouts. Twelve minors formerly associated with armed groups rejoined their families after their communities were assessed for risks, particularly the risk of re-recruitment.

Migrants traveling through Mali eased their situation with family-links services and/or other assistance provided, as needed, by the National Society/ICRC.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

#### **Armed groups request the ICRC to serve as neutral intermediary in the release of people in their custody**

Detainees in 35 places of detention received ICRC visits conducted in accordance with the organization's standard procedures; security detainees and people serving sentences handed down by the MICT were among vulnerable detainees monitored individually. They stayed in touch with their families through Movement family-links services; several foreigners in detention had the ICRC notify their consular representatives of their situation.

People held in connection with the armed conflict were visited shortly after their arrest and followed up, particularly during transfers. Some registered detainees, upon release, expedited their return home with ICRC financial assistance. Where the ICRC had access, people held by armed groups were visited within days of being captured. At the request of three armed groups, the ICRC served as neutral intermediary in the release of 11 people in Gao and three in Kidal; some were treated by the ICRC team at Gao hospital (see below). The ICRC also followed closely the release of other people held by parties to the conflict and provided some ad hoc assistance.

#### **Penitentiary authorities sustain improvements in the provision of health services and food**

The authorities continued to make improvements in detainees' treatment and living conditions, drawing partly on the findings of the above-mentioned visits. Notably, people in temporary detention saw improvements in the handling of their cases: judicial authorities resolved several cases that the ICRC had brought to their attention. A legal NGO also agreed to assist vulnerable detainees referred to them.

Inmates in eight prisons housing more than half of Mali's total detainee population were better able to maintain or recover their health, following improvements implemented by the authorities through joint health and/or nutrition programmes with the ICRC. In Bamako prison, sick/injured detainees, including new arrivals, recovered at the prison clinic stocked with ICRC-donated supplies; malnourished detainees received therapeutic feeding from the in-house medical team that had taken over from the ICRC. Prison administrators drew on ICRC input, including during training and follow-up visits, to improve food supply management in 20 prisons and to evaluate the results of the nutrition programme. The penitentiary authorities also promoted usage in all prisons of the standardized menu designed with ICRC help.

In 10 prisons, fumigation campaigns and/or infrastructure upgrades carried out with the authorities, and regular distribution of hygiene items, helped detainees reduce health hazards.

In places of temporary detention, newly arrested detainees lacking personal belongings were provided with clothes, bedding and hygiene items; some people held by armed groups received similar items. Detaining authorities were also urged to refer injured detainees to medical facilities.

## WOUNDED AND SICK

### People injured in clashes, and others, have broader access to specialized care

People recovering from injuries, including 172 from weapon wounds, at Gao hospital had their treatment costs covered by the ICRC. Hospital staff were reinforced by an ICRC medical team that helped treat patients requiring emergency surgery. Other support – for example, upgrades to hospital equipment and construction of a unit for screening possible Ebola cases – continued even after security concerns delayed the delivery of resources. Thus, children and pregnant women received specialized treatment; victims of sexual violence obtained psychosocial support (see *Civilians*).

In May, the Kidal referral centre hired additional nurses and replenished supplies with ICRC assistance, helping staff cope with an influx of wounded people, including 66 due to weapons; regular full support to the centre began in June, with the completion of

the ICRC medical team stationed there. People injured in clashes in Ménaka received adequate care after a one-off donation of bandaging materials to the town's referral centre. A few weapon bearers wounded in Léré received treatment abroad, after the ICRC, with the authorities' consent, helped facilitate their medical evacuation (see *Mauritania*).

### Disabled people avail themselves of physical rehabilitation services at three newly supported centres

At the Centre Père Bernard Verspieren in Bamako and three other facilities supported in 2015, including one in Tombouctou, more disabled people had access to physical rehabilitation services. One workshop boosted production of assistive devices; two technicians underwent training abroad, with support from the higher education ministry and the ICRC. The authorities continued to draw on ICRC technical advice for making these services more accessible throughout the country and for fostering acceptance, through sporting events for instance, for disabled people in their communities.

## ACTORS OF INFLUENCE

### Weapon bearers facilitate National Society/ICRC access to conflict-affected communities

While taking logistical and security constraints into consideration, dialogue was pursued with a wider network of contacts among weapon bearers, particularly among armed groups, to underscore the need to spare the civilian population and ensure the safety of health and humanitarian workers; these efforts facilitated and/or helped maintain the National Society/ICRC's access to communities affected by the conflict (see *Civilians*). Hundreds of members of armed groups involved in various clashes were urged to respect IHL principles and the ICRC's mandate. Malian military/security personnel deployed in the north were also reminded of their obligations under IHL.

### Community leaders and journalists help to further the public's understanding of humanitarian issues

Interaction with influential members of civil society helped the ICRC adapt its activities in order to reinforce its acceptance among communities. During informal meetings, community/religious leaders shared their views on how the ICRC was perceived. At other events, members of NGOs in the north, including leaders

PEOPLE DEPRIVED OF THEIR FREEDOM	French Forces	Mali Armed Groups	Mali Authorities	MICT
<b>ICRC visits</b>				
Detainees visited	59	47	3,848	16
<i>of whom women</i>			184	
<i>of whom minors</i>	4	6	191	
Detainees visited and monitored individually	30	42	601	16
<i>of whom women</i>			10	
<i>of whom girls</i>			2	
<i>of whom boys</i>			32	
Detainees newly registered	59	42	446	
<i>of whom women</i>			10	
<i>of whom girls</i>			2	
<i>of whom boys</i>	6	2	18	
Number of visits carried out	31	17	111	2
Number of places of detention visited	2	8	24	1
<b>Restoring family links</b>				
RCMs collected			279	
RCMs distributed			118	
Phone calls made to families to inform them of the whereabouts of a detained relative			608	
Detainees released and transferred/repatriated by/via the ICRC			14	
People to whom a detention attestation was issued			5	

of youth associations and women's groups, learnt more about the red cross emblem and the Movement's neutral, impartial and independent approach.

Members of the media kept abreast of Movement activities in the country through press releases, newsletters and various activities; an ICRC-organized field trip helped five journalists report accurately on the humanitarian situation in Gao and the ICRC's activities for people there. Articles and radio broadcasts on the launch of the Gao hospital's psychosocial-support programme contributed to the general public's understanding of the consequences of sexual violence and the importance of prompt treatment for victims. Radio campaigns encouraged people to report missing relatives to the ICRC and, especially in remote communities in the north, helped raise awareness of IHL and the Movement.

Competitions in Mali and abroad (see *Niger*) helped further understanding of IHL among participating students and teachers. At international conferences or courses (see, for example, *Lebanon*), university instructors strengthened their ability to teach IHL.

### **State authorities advance incorporation of IHL in domestic legislation and military training**

The authorities drew on the ICRC's recommendations to advance and develop local expertise in IHL implementation. At ICRC-organized workshops: parliamentarians drafted a three-year plan to further incorporate IHL in domestic law; and a committee worked on the implementation of the African Union Convention on IDPs. Discussions continued between the authorities and the ICRC on reforming the penal code to include abuses committed during non-international armed conflict in the definition of war crimes. Two Malian officials involved in the implementation of IHL treaties attended workshops and a conference abroad (see *Lebanon*).

Troops in training, including at the Bamako Peacekeeping School, added to their knowledge of IHL at briefings. Military officers continued drafting a basic IHL training manual, in consultation with the ICRC; senior officers furthered their understanding of IHL through advanced courses in San Remo and elsewhere (see *International law and policy*). Some units learnt more about the issues covered by the Health Care in Danger project and international norms governing arrests at workshops, organized as part of a formalized agreement between the military and the ICRC to train troops on these themes.

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

The Mali Red Cross provided, jointly with the ICRC, family-links services, first aid and material assistance to vulnerable people. In addition, volunteers in the north had household essentials for over 10,000 people readily available, which helped to ensure prompt assistance for households displaced during clashes and other people in need. Through local and regional workshops/training, staff and volunteers strengthened their ability to foster support for the Movement and conduct their activities in line with the Safer Access Framework. The National Society extended the reach of its operations and organized its field activities more effectively with the help of ICRC-provided communications equipment.

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

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SC*		
RCMs collected		1,149	14		
RCMs distributed		387	14		
Phone calls facilitated between family members		5,114			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		12			
	<i>including people registered by another delegation</i>	1			
People transferred/repatriated		2			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		100	7	5	14
	<i>including people for whom tracing requests were registered by another delegation</i>	17			
People located (tracing cases closed positively)		53			
	<i>including people for whom tracing requests were registered by another delegation</i>	16			
Tracing cases still being handled at the end of the reporting period (people)		263	24	19	26
	<i>including people for whom tracing requests were registered by another delegation</i>	67			
<b>UAMs/SC*, including demobilized child soldiers</b>			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		12	1		11
UAMs/SC reunited with their families by the ICRC/National Society		12			12
	<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		4	1		2
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		6			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		3,970	184	201	
			Women	Girls	Boys
Detainees visited and monitored individually		689	10	2	32
Detainees newly registered		547	10	2	26
Number of visits carried out		161			
Number of places of detention visited		35			
<b>Restoring family links</b>					
RCMs collected		279			
RCMs distributed		118			
Phone calls made to families to inform them of the whereabouts of a detained relative		608			
Detainees released and transferred/repatriated by/via the ICRC		14			
People to whom a detention attestation was issued		5			

\*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	250,456	39%	28%
	<i>of whom IDPs</i>	25,029		
Essential household items	Beneficiaries	58,824	38%	31%
	<i>of whom IDPs</i>	15,645		
Productive inputs	Beneficiaries	122,587	40%	23%
Cash	Beneficiaries	8,550	38%	12%
Services and training	Beneficiaries	444,734	41%	22%
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	220,765	25%	50%
	<i>of whom IDPs</i>	6,628		
<b>Health</b>				
Health centres supported	Structures	10		
Average catchment population		34,909		
Consultations	Patients	28,023		
	<i>of which curative</i>		10,202	12,097
	<i>of which ante/post-natal</i>		3,100	
Immunizations	Doses	34,450		
Referrals to a second level of care	Patients	75		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	3,555		
<b>Health</b>				
Number of visits carried out by health staff		66		
Number of places of detention visited by health staff		12		
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	2		
	<i>of which provided data</i>	2		
Patients whose hospital treatment has been paid for by the ICRC	Patients	4		
Admissions	Patients	4,524	1,473	1,572
	<i>of which weapon-wounded</i>	238	6	11
	<i>(including by mines or explosive remnants of war)</i>	38		
	<i>of which other surgical cases</i>	686		
	<i>of which internal medicine and paediatric cases</i>	2,852		
	<i>of which gynaecological/obstetric cases</i>	748		
Operations performed		1,528		
Outpatient consultations	Patients	59,051		
	<i>of which surgical</i>	2,794		
	<i>of which internal medicine and paediatric</i>	46,137		
	<i>of which gynaecological/obstetric</i>	10,120		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	156		
<b>Physical rehabilitation</b>				
Projects supported	Structures	4		
Patients receiving services	Patients	8,760	1,903	4,644
New patients fitted with prostheses	Patients	149	35	16
Prostheses delivered	Units	288	69	22
	<i>of which for victims of mines or explosive remnants of war</i>	15		
New patients fitted with orthoses	Patients	347	82	167
Orthoses delivered	Units	452	117	188
	<i>of which for victims of mines or explosive remnants of war</i>	7		
Patients receiving physiotherapy	Patients	7,593	1,596	4,347
Crutches delivered	Units	90		
Wheelchairs delivered	Units	28		