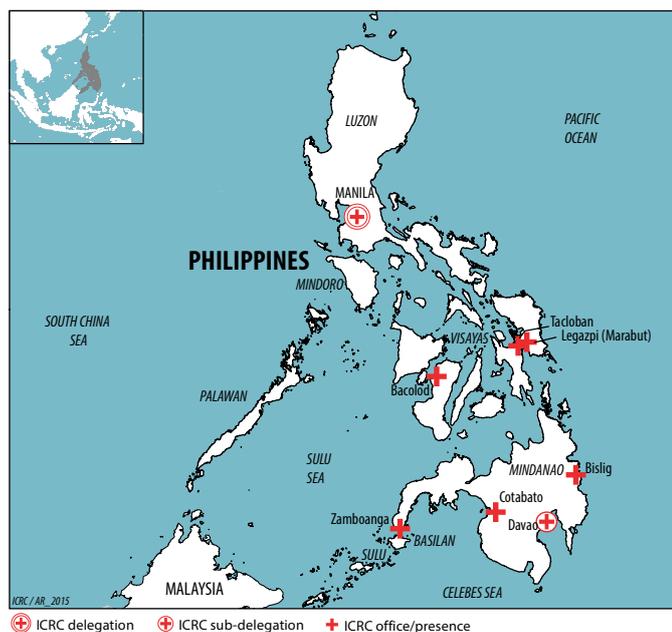


# PHILIPPINES



In the Philippines, where the ICRC has worked since 1982, the delegation seeks to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence. It reminds all actors with bearing on humanitarian matters of their obligations under IHL or other humanitarian norms. It visits people deprived of their freedom, particularly security detainees, and, with the authorities, aims to improve conditions in prisons through direct interventions and support for prison reform. It works with the Philippine Red Cross to assist displaced people and vulnerable communities and promotes national IHL compliance and implementation.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Nearly 98,000 people displaced by intensified fighting in central Mindanao dealt with their urgent needs using food, water and household items distributed by the Philippine Red Cross and the ICRC.
- ▶ The weapon-wounded received good-quality treatment at ICRC-supported hospitals in Mindanao. In Zamboanga, malnourished IDPs recovered their health via National Society/ICRC nutrition projects.
- ▶ Conflict-affected households and victims of past typhoons restored/reinforced their livelihoods with ICRC-provided agricultural supplies/equipment, training and cash grants.
- ▶ The authorities sought, with ICRC support, to address the effects of prison overcrowding, notably by introducing annual TB screening for all detainees. Taskforces began work to expedite detainees' cases.
- ▶ Weapon bearers learnt more about their responsibilities under IHL and other applicable bodies of law during dissemination sessions. The national police academy incorporated IHL training in its curriculum.
- ▶ With Movement support, the National Society trained and equipped members of 22 Red Cross Action Teams, boosting their capacities in areas such as restoring family links and first aid.

## EXPENDITURE IN KCHF

Protection	3,314
Assistance	13,005
Prevention	2,158
Cooperation with National Societies	1,496
General	135
<b>Total</b>	<b>20,107</b>
<i>Of which: Overheads</i>	<b>1,227</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	110%
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## PERSONNEL

Mobile staff	30
Resident staff (daily workers not included)	202

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	2
RCMs distributed	3
People located (tracing cases closed positively)	175
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	85,294
Detainees visited and monitored individually	1,021
Number of visits carried out	237
Number of places of detention visited	139
<b>Restoring family links</b>	
RCMs collected	2
RCMs distributed	1

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	42,000	209,328
Essential household items	Beneficiaries	172,000	130,911
Productive inputs	Beneficiaries	24,000	67,010
Cash	Beneficiaries	12,000	55,266
Services and training	Beneficiaries		457
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>			
Water and habitat activities	Beneficiaries	34,000	99,084
<b>Health</b>			
Health centres supported	Structures		14
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures	5	20
<b>Water and habitat</b>			
Water and habitat activities	Number of beds		25
<b>Physical rehabilitation</b>			
Projects supported	Structures	1	1
Patients receiving services	Patients	400	471

## CONTEXT

In central Mindanao, fighting between government forces and the Moro Islamic Liberation Front (MILF) and the Bangsamoro Islamic Freedom Fighters (BIFF) in January resulted in the armed forces intensifying their operations against the BIFF; about 120,000 people were displaced. The peace process involving the government and the MILF was disrupted by the clashes and by delays related to deliberations on a draft law on the creation of an autonomous Bangsamoro political entity.

Sporadic clashes between government forces and other armed groups – such as the New People’s Army – and among local clans took place in remote areas in Mindanao and the Visayas, and in parts of Luzon. In Zamboanga City, around 17,000 people, uprooted by the 2013 clashes between the army and a faction of the Moro National Liberation Front, remained at transition sites/evacuation centres, where they experienced difficulty accessing essential services and livelihood opportunities.

These clashes, and natural disasters, caused casualties, displaced people and affected communities’ livelihoods. Efforts by the government/humanitarian organizations to relocate displaced people and assist communities recovering from past typhoons were ongoing.

Overcrowding levels in detention facilities continued to increase.

Regional tensions over disputed areas in the South China Sea persisted.

## ICRC ACTION AND RESULTS

The ICRC, together with the Philippine Red Cross, focused on assisting conflict/violence-affected communities. Thousands of IDPs maintained/improved their living conditions with National Society/ICRC emergency distributions of food, water and household essentials; more assistance was provided than planned, owing to the large number of people displaced by the fighting in central Mindanao. To strengthen the continuity of care for the wounded and sick, particularly in Mindanao, the National Society/ICRC conducted first-aid training for community members; hospitals received medical supplies. Weapon-wounded and disabled people were referred to an ICRC-supported physical rehabilitation centre in Davao.

In Zamboanga, the National Society/ICRC continued to address the effects of prolonged displacement on IDPs’ health and livelihoods. Supplementary feeding programmes helped to improve the health of malnourished children and pregnant/lactating women in two evacuation centres. The wider population benefited from various water, hygiene and sanitation projects, some connected to cash-for-work schemes. A newly built health centre made primary health care more accessible to both IDPs and residents.

Conflict-affected communities and typhoon victims strengthened their resilience by protecting/improving their livelihoods with ICRC material/financial/technical support. The ICRC completed projects in areas struck by typhoons, for instance, the installation of latrines for 2014 shelter beneficiaries and repairs to damaged health facilities.

To prepare for emergencies, the ICRC assisted forensic authorities in revising national guidelines concerning human-remains management and missing persons.

The ICRC worked in close partnership with the National Society, which enhanced its capacities through ICRC financial/technical support, to meet the needs of communities affected by conflict, other situations of violence and natural disasters. All Movement partners maintained close coordination between themselves, and with the authorities and other humanitarian actors.

Detainees were visited by delegates in accordance with standard ICRC procedures. The ICRC employed a multidisciplinary approach to address, together with the authorities, the consequences of overcrowding in places of detention. This approach involved dialogue, training, support for and, where necessary, direct participation in decongestion initiatives and health/infrastructure projects.

Cooperation with the Bureau of Jail Management and Penology (BJMP) continued, with the BJMP taking the lead through a strategic working committee. To reduce overcrowding at Manila City Jail, an ICRC-supported taskforce continued to mobilize courts and other parties concerned to expedite the cases of inmates held for more than three years; five other entities joined this effort. The BJMP distributed health cards for inmates to all jails under its purview; it was led to do so by the positive results of a recently concluded BJMP/ICRC project to strengthen the health-monitoring system in seven prisons. The renovation of prison infrastructure improved detainees’ living conditions and reduced the risk of cross-infection. TB-control programmes enabled timely detection and treatment of TB cases at two detention facilities; these results led to the Department of Health (DOH) calling for annual TB screenings for all detainees in the country. The BJMP then carried out a mass screening at one prison with minimal ICRC support.

In order to broaden acceptance for humanitarian principles, IHL and the ICRC, and to secure safe access to conflict-affected people, the ICRC maintained contact with the authorities, armed/police forces and other weapon bearers, and members of civil society; dissemination sessions were conducted periodically. With ICRC support, the national police academy incorporated IHL training in its curriculum. Members of the armed forces and the police, including instructors, participated in workshops and other events promoting the incorporation of IHL and/or internationally recognized policing standards in their operations and training.

## CIVILIANS

The ICRC monitored the humanitarian situation through its field presence and contact with communities; it responded to various concerns raised by the population, such as requests for information on relatives possibly arrested. The need to protect and respect civilians was discussed with the authorities and weapon bearers. Oral and written representations were made to the parties concerned about alleged IHL violations and other abuses, so that they could take corrective action. The ICRC received feedback from the police on preventive measures they had taken in response to allegations concerning the 2013 events in Zamboanga (see *Context*).

The ICRC provided ad hoc financial assistance and other services for six female-headed families that had lost their breadwinners.

### **New IDPs reduce their expenses with provisions of food and essential items**

Over 102,000 IDPs (some 20,000 households) in Mindanao maintained their nutrition and basic living conditions through

food and household essentials distributed by the National Society/ICRC. These included over 98,600 people (some 18,800 households) displaced by the intensified fighting in central Mindanao (see *Context*); the provisions enabled them to cut their related expenses by 50%. A pilot electronic registration system made the prompt and accurate collection of beneficiaries' data, and efficient relief distributions, possible. Some 34,000 people had a daily supply of potable water from tanks installed at 27 evacuation centres; newly constructed water and sanitation facilities in those areas served over 16,000 residents and stood to benefit IDPs in the future.

Food distributions benefited around 102,000 people (some 20,000 households) living in conflict/violence-prone areas that were affected by typhoons.

Over 9,000 migrants returning from Malaysia, and passing through government processing centres, received hygiene kits provided through the National Society or the migrants centre in Zamboanga.

### **Malnutrition rates among IDPs in Zamboanga decline**

Local authorities, the National Society and the ICRC focused on improving the health of and livelihood opportunities among IDPs in Zamboanga suffering the consequences of protracted displacement. Nearly 700 moderately malnourished children under the age of five and pregnant/lactating women in two evacuation centres benefited from a supplementary feeding programme; their families (3,620 people) received cash incentives and food packages. People beyond the reach of the centres or who were severely malnourished were referred to other treatment providers; the City Health Office (CHO) treated 420 malnourished children using ICRC-supplied nutritional supplements. National Society/ICRC teams offered advice on nutrition and health/hygiene, such as information for mothers on how to improve breastfeeding practices. Data collected during monitoring, and confirmed by other treatment providers, verified that IDP malnutrition rates had declined.

IDPs obtained primary health care at seven ICRC-supported centres or from CHO mobile teams. For instance, over 6,000 people at the Masepla transition site accessed a newly constructed health centre; previously, the nearest centre was several kilometres away. Through National Society/ICRC-supported training, 40 IDPs became CHO community-health workers, extending services to people at 11 sites.

Over 14,100 people at various sites had potable water daily and were less exposed to health hazards owing to National Society/ICRC water-trucking and hygiene/sanitation initiatives. The construction of a permanent water point in Taluksangay village, which served more than 6,500 IDPs and residents, ended the need for emergency services. Some 810 IDP households (4,800 people) supplemented their income by as much as 50% by participating in such projects.

### **Conflict/typhoon-affected communities maintain their livelihoods**

Conflict-affected communities in Mindanao and the Visayas, including IDPs in Zamboanga and communities recovering from past typhoons, strengthened their resilience and improved their living conditions by restoring/reinforcing their livelihoods through National Society/ICRC assistance. With provisions of seed, tools and equipment, 13,402 households (67,010 people) increased their food production; 7,807 other households (42,012 people)

who received cash/took part in cash-for-work projects purchased livestock, started microeconomic ventures, repaired their homes or generated income (see above). Around 85 households (457 people) with livestock benefited from veterinary services and training.

### **Activities for typhoon-affected communities wrap up**

Some 6,000 people affected by Typhoon Hagupit in 2014 rebuilt their homes with help from the National Society, backed by ICRC financial/material support.

In areas affected by Typhoon Haiyan, over 6,300 people – beneficiaries of the 2014 shelter-construction project – lived in more sanitary conditions, owing to the installation of 1,273 latrines in their homes, and learnt from hygiene-promotion sessions. Seven community health centres and two hospitals destroyed by the typhoon were reconstructed (see *Wounded and sick*); six previously renovated health centres provided preventive and curative services, with ad hoc ICRC support.

With its activities for typhoon-affected communities ending, the ICRC closed its Legaspi and Samar offices.

Some 840 families (3,742 people) affected by Typhoon Bopha in 2012, who had been unable to finish constructing their shelters owing to the slow recovery of their livelihoods, received cash to purchase materials necessary to complete their homes.

To prepare for emergencies, forensic authorities revised national guidelines on the management of human remains and missing persons, with ICRC technical advice. Stakeholders, including the National Society and the ICRC, explored possibilities for improving coordination.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

Detainees in facilities run by the BJMP, the Bureau of Corrections, the army, the police and provincial authorities were visited in accordance with standard ICRC procedures. Their treatment and living conditions were monitored, with particular attention paid to security detainees and vulnerable people. Following these visits, delegates shared their findings and recommendations confidentially with the authorities concerned. Ad hoc representations to the BJMP and the Supreme Court, on the effects of a sudden increase in overcrowding at one jail, resulted in the transfer of 66 detainees.

Over 440 detainees received family visits facilitated by the National Society/ICRC. Nine released detainees, two with their families (five people), returned home with ICRC financial assistance.

### **Supreme Court issues circulars to enhance coordination between courts and detention authorities**

Multidisciplinary assessments were prioritized and, where necessary, activities were undertaken in the most overcrowded places of detention. For example, the ICRC provided the authorities with medicines, blankets, mats and two large tents to temporarily shelter detainees at a fire-ravaged regional prison.

Issues concerning detainees' judicial guarantees, health and living conditions were addressed jointly by the BJMP and the ICRC through the BJMP-led strategic working committee, which was set up to strengthen the BJMP's capacity and involved its most senior officials; the creation of the committee was one of the outcomes of the Call for Action process. Three technical working groups met to review projects and improve joint planning.

To boost their capabilities, BJMP and/or Bureau of Corrections managers and engineers, with ICRC support, attended local courses and regional conferences on prison management and overcrowding (see *Kuala Lumpur* and *Myanmar*). The Jail National Training Institute and the ICRC worked together to incorporate an international prison-management course in the institute's curriculum. The BJMP expanded its project-management capacities, particularly in developing tools for training paralegals and software for prison decongestion; it conducted a workshop for paralegals, with ICRC technical advice.

The Supreme Court issued circulars that advocated enhanced coordination between courts and the BJMP, and the transfer of critically ill detainees to external health facilities.

### **Additional taskforces begin work to expedite detainees' cases**

The ICRC-backed Taskforce Katarungan at Kalayaan (Justice and Freedom) continued to ensure that Manila City Jail detainees benefited from the judicial guarantees to which they were entitled. It reviewed 904 cases of inmates who had been awaiting trial for excessive periods, and mobilized prosecutors and courts to take appropriate action, which led to certain cases being expedited and some detainees being released or sentenced. Four new taskforces in Manila and a prison decongestion committee in Cebu began doing similar work, aided by ICRC technical support for data management and coordination, and for the drafting of procedural guidelines.

The BJMP launched a national inmate monitoring system to address delays in releasing people due to lost or misplaced records.

### **Health authorities introduce countrywide annual TB screenings for detainees**

Health-monitoring visits, material/technical assistance and mobilization of the authorities helped improve access to health care for detainees in selected facilities; with ICRC emergency support, six critically ill detainees were immediately referred to hospitals for treatment.

Some 12,000 detainees received timely health care following a BJMP/ICRC project aimed at strengthening the health-monitoring system in seven prisons; the project ended in December. Health cards were used regularly to help prison staff keep track of detainees' health-care needs, check-ups and referrals; owing to the positive results observed, the BJMP distributed these cards to 461 jails under its jurisdiction.

Inmates at New Bilibid Prison and Quezon City Jail benefited from ICRC-supported TB-control programmes. Routine TB screenings of all detainees enabled the timely detection of 851 cases; 509 detainees completed their treatment, while transferred/released patients continued their treatment with civilian health-care providers and ICRC support. The DOH issued a revised administrative order calling for annual mass TB screenings throughout the country; it also improved diagnostic systems in places of detention. Subsequently, the BJMP, with minimal ICRC support, tested over 3,200 inmates in Manila City Jail for TB.

BJMP and Bureau of Corrections managers and senior health staff attended training courses to strengthen the health-monitoring system and TB prevention/treatment, with ICRC support.

### **Energy-saving project in one jail frees up funds for meeting urgent needs**

Living conditions improved for almost 10,000 inmates in 11 prisons after the renovation/construction of water-supply,

sanitation, cooking and other facilities. Construction of a new TB-isolation ward and improvements to the ventilation system reduced the risk of cross-infection for 780 inmates in one prison. Over 1,800 inmates benefited from the installation of a solar water-heating system at Davao City Jail, which lessened the health risks associated with the use of firewood for cooking, and also reduced fuel expenses, allowing funds to be reallocated for other purposes.

BJMP engineers/technicians monitored the infrastructure and services in all BJMP jails with a web-based tool; this enabled them to address critical needs and plan projects accordingly. Some 30 BJMP engineers trained in the use of software for designing infrastructure.

Over 16,000 inmates received hygiene and/or recreational items.

## **WOUNDED AND SICK**

### **People wounded in hostilities receive life-saving care**

More than 1,000 community members in conflict-affected areas of Mindanao, including IDPs and health-centre staff, took part in first-aid and/or trauma-care training sessions. The number of sessions, increased owing to the escalation of hostilities, was coordinated by local authorities and the National Society/ICRC.

Over 400 weapon-wounded people received good-quality care at ICRC-supported hospitals in Mindanao; 230 of them received direct financial assistance, follow-up visits and referrals to physical rehabilitation services. Five hospitals received medical supplies regularly; ad hoc provisions, such as tetanus vaccines, helped 15 hospitals and 38 other health facilities to cope with influxes of patients during emergencies. Two emergency-room nurses from one hospital received specialized training.

Two rehabilitated ICRC-supported hospitals, in eastern Samar and Samar, treated around 15,700 patients.

Over 400 disabled people benefited from good-quality services at the Davao Jubilee Foundation physical rehabilitation centre; among them were 61 amputees who received prostheses and physiotherapy. The centre received various forms of ICRC support, such as salaries for key staff. ICRC sponsorship of two prosthetic/orthotic technicians for training abroad, joint activities to strengthen referral networks, and technical advice helped the centre become more self-sufficient. Owing to delays in the construction process, work on the centre's new dormitory was postponed to 2016.

## **ACTORS OF INFLUENCE**

Regular contact was maintained with the authorities, security forces and other weapon bearers and civil society and community members, to further understanding of and acceptance for both IHL and the ICRC, facilitating the organization's safe access to conflict-affected people.

Through dissemination sessions, over 2,600 weapon bearers, including armed forces personnel, familiarized themselves with IHL, human rights norms, humanitarian principles and the ICRC's activities. During meetings and other events, representatives of religious institutions and the ICRC discussed the similarities between Islamic law and IHL. Beneficiaries learnt about the humanitarian assistance provided by the ICRC and how they could avail themselves of it; they expressed their needs through feedback mechanisms, which enabled the ICRC to adjust its response as needed.

### The police include IHL training in their curriculum

With ICRC support, the national police academy integrated IHL into its training curriculum; all 40 professors at the academy honed their IHL-instruction skills through lectures. Instructors of police forces involved in counter-insurgency measures participated in a course on IHL and human rights norms.

After attending train-the-trainer courses, 30 military personnel joined the army's mobile training teams in promoting IHL among civilian auxiliary forces in Mindanao, and 30 other officers became IHL instructors.

Military, naval and police officials participated in local and regional IHL/law enforcement-related events on subjects such as the applicability of IHL at sea and the incorporation of humanitarian considerations in decision-making processes (see *Bangkok*).

Dissemination sessions were conducted for 80 military officers bound for a peacekeeping mission.

### Two universities in Zamboanga include IHL in their curricula

Movement partners worked together to raise public awareness of humanitarian issues and Movement activities, through a video on the proper use of the emblem, for instance. Through its expanded network of media contacts, stronger online presence, and distribution of communication materials such as operational updates, the ICRC encouraged media coverage of humanitarian issues, particularly with regard to conflict-affected communities and detainees. At various workshops, foreign and local journalists furthered their understanding of the Movement, the ICRC's mandate and the media's role in raising awareness of humanitarian concerns and IHL among a wider audience.

In Zamboanga, forty professors received training in IHL, preparatory to the subject's inclusion in their universities' curricula; two universities included IHL in their curricula. Over 200 judges and prosecutors attended courses/lectures on IHL and/or the ICRC.

Government officials and the National Society's IHL office, with ICRC support, finalized the implementing rules and regulations of the law on the emblem. Other IHL-related legislation remained under consideration.

### RED CROSS AND RED CRESCENT MOVEMENT

The Philippine Red Cross worked alongside the ICRC in carrying out activities for conflict- and typhoon-affected communities (see *Civilians and Wounded and sick*). With support from Movement partners, it trained and equipped members of Red Cross Action Teams from 22 chapters in violence-prone areas, boosting their capacities in restoring family links, disseminating humanitarian principles (see *Actors of influence*), providing first aid and managing disasters, in line with the Safer Access Framework.

With ICRC financial/technical support, National Society representatives attended regional/international meetings (see, for example, *Kuala Lumpur*) on restoring family links, Movement coordination and the Health Care in Danger project.

Movement partners in the country met regularly to coordinate their activities, including post-typhoon operations and National Society capacity building, and to discuss security-related matters.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		2			
RCMs distributed		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		175	23	1	2
People located (tracing cases closed positively)		175			
Tracing cases still being handled at the end of the reporting period (people)		3			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
ICRC visits			Women	Minors	
Detainees visited		85,294	5,169	607	
			Women	Girls	Boys
Detainees visited and monitored individually		1,021	61		5
Detainees newly registered		212	28		3
Number of visits carried out		237			
Number of places of detention visited		139			
Restoring family links					
RCMs collected		2			
RCMs distributed		1			
Detainees visited by their relatives with ICRC/National Society support		442			

\*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	209,328	30%	40%
	<i>of whom IDPs</i>	109,538		
Essential household items	Beneficiaries	130,911	28%	33%
	<i>of whom IDPs</i>	112,931		
Productive inputs	Beneficiaries	67,010	30%	40%
Cash	Beneficiaries	55,266	30%	40%
	<i>of whom IDPs</i>	16,497		
Services and training	Beneficiaries	457	30%	40%
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	99,084	46%	36%
	<i>of whom IDPs</i>	58,474		
<b>Health</b>				
Health centres supported	Structures	14		
Average catchment population		80,070		
Consultations	Patients	30,207		
	<i>of which curative</i>		7,442	13,011
	<i>of which ante/post-natal</i>		4,550	
Immunizations	Doses	14,028		
Referrals to a second level of care	Patients	563		
<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	18,204		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	9,745		
<b>Health</b>				
Number of visits carried out by health staff		129		
Number of places of detention visited by health staff		10		
Number of health facilities supported in places of detention visited by health staff		3		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	20		
	<i>of which provided data</i>	12		
Patients whose hospital treatment has been paid for by the ICRC	Patients	230		
Admissions	Patients	105,366	45,415	27,455
	<i>of which weapon-wounded</i>	414	62	37
	<i>(including by mines or explosive remnants of war)</i>	203		
	<i>of which other surgical cases</i>	17,323		
	<i>of which internal medicine and paediatric cases</i>	70,050		
	<i>of which gynaecological/obstetric cases</i>	17,579		
Operations performed		18,493		
Outpatient consultations	Patients	203,382		
	<i>of which surgical</i>	43,536		
	<i>of which internal medicine and paediatric</i>	135,100		
	<i>of which gynaecological/obstetric</i>	24,746		
<b>First aid</b>				
First-aid posts supported	Structures	38		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	25		
<b>Physical rehabilitation</b>				
Projects supported	Structures	1		
Patients receiving services	Patients	471	79	174
New patients fitted with prostheses	Patients	151	28	16
Prostheses delivered	Units	133	25	25
	<i>of which for victims of mines or explosive remnants of war</i>	6		
New patients fitted with orthoses	Patients	24	6	9
Orthoses delivered	Units	20	4	13
Patients receiving physiotherapy	Patients	297	56	104
Crutches delivered	Units	82		
Wheelchairs delivered	Units	36		