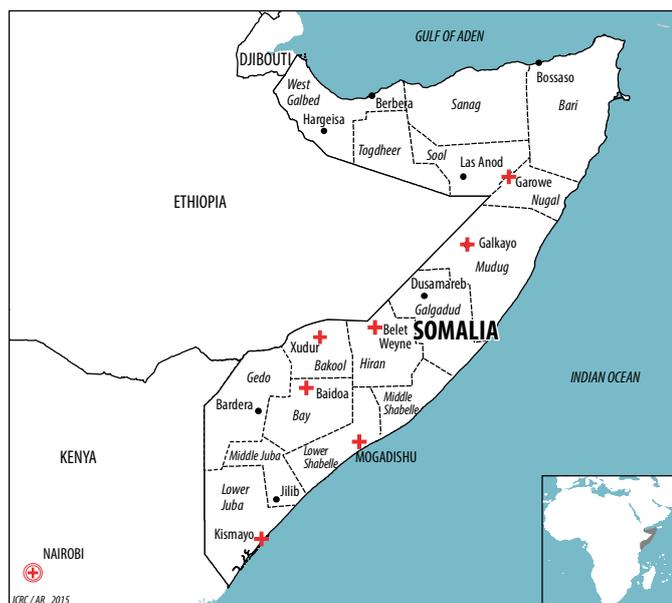


SOMALIA



ICRC Somalia delegation in Nairobi, Kenya + ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Dialogue with the authorities, weapon bearers and community leaders enabled the ICRC to assist people in areas to which few or no other actors had access.
- ▶ People coped with the immediate effects of conflict/other violence and/or floods with ICRC-provided food, cash, household/hygiene items and medical care, particularly for malnourished children and women.
- ▶ Communities boosted their resilience to the effects of conflict: they established more reliable access to water, protected farmland from flooding, and started small enterprises – all with ICRC support.
- ▶ Detainees benefited from ICRC-supported efforts by penitentiary authorities to improve treatment (timely notification of arrests) and living conditions (cooperation with a hospital to enhance health services).
- ▶ The Somali Red Crescent Society continued, with comprehensive ICRC support, to add to its capacity to assist people affected by conflict/violence.
- ▶ Somalia ratified the Convention on Cluster Munitions and the UN Convention on the Rights of the Child.

EXPENDITURE IN KCHF

| | |
|-------------------------------------|---------------|
| Protection | 4,073 |
| Assistance | 53,381 |
| Prevention | 3,368 |
| Cooperation with National Societies | 2,143 |
| General | 213 |
| Total | 63,179 |
| <i>Of which: Overheads</i> | 3,817 |

IMPLEMENTATION RATE

| | |
|---------------------------|-----|
| Expenditure/yearly budget | 86% |
|---------------------------|-----|

PERSONNEL

| | |
|---|-----|
| Mobile staff | 44 |
| Resident staff (daily workers not included) | 107 |

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it focuses on providing emergency aid to people affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It visits detainees and endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It supports the National Society's development.

YEARLY RESULTS

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

| PROTECTION | Total |
|---|--------|
| CIVILIANS (residents, IDPs, returnees, etc.) | |
| Restoring family links | |
| RCMs collected | 10,170 |
| RCMs distributed | 13,347 |
| Phone calls facilitated between family members | 38,594 |
| People located (tracing cases closed positively) | 243 |
| PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) | |
| ICRC visits | |
| Detainees visited | 4,275 |
| Detainees visited and monitored individually | 48 |
| Number of visits carried out | 39 |
| Number of places of detention visited | 20 |
| Restoring family links | |
| RCMs collected | 14 |
| RCMs distributed | 7 |
| Phone calls made to families to inform them of the whereabouts of a detained relative | 158 |

| ASSISTANCE | 2015 Targets (up to) | Achieved |
|---|----------------------|-----------------|
| CIVILIANS (residents, IDPs, returnees, etc.) | | |
| Economic security¹ (in some cases provided within a protection or cooperation programme) | | |
| Food commodities | Beneficiaries | 90,000 247,445 |
| Essential household items | Beneficiaries | 120,000 187,156 |
| Productive inputs | Beneficiaries | 120,000 836,842 |
| Cash | Beneficiaries | 90,000 38,237 |
| Services and training | Beneficiaries | 13,800 |
| Water and habitat (in some cases provided within a protection or cooperation programme) | | |
| Water and habitat activities | Beneficiaries | 300,000 240,170 |
| Health | | |
| Health centres supported | Structures | 40 32 |
| WOUNDED AND SICK | | |
| Hospitals | | |
| Hospitals supported | Structures | 4 14 |
| Water and habitat | | |
| Water and habitat activities | Number of beds | 440 439 |

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The process of creating a federal State continued. Communal violence persisted in parts of southern and central Somalia; as did hostilities between military forces supporting the Somali government – the African Union Mission in Somalia (AMISOM) and defence forces from neighbouring countries – and armed groups, in particular the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). In the north, lingering tensions in the semi-autonomous region of Puntland and the self-declared Republic of Somaliland resulted in clashes.

Owing to the prevailing situation, the number of persons arrested and detained remained high, putting additional pressure on already-strained judicial and penitentiary services.

The humanitarian situation remained serious. Precarious security conditions, blurring of front lines and the inability of most international humanitarian agencies to operate in the prevailing circumstances: all these continued to hamper the delivery of aid. Food insecurity, owing to climate shocks and competition over scarce resources, was a source of major concern. El Niño-related flash floods destroyed thousands of homes.

The thousands of civilians and weapon bearers who were wounded or injured during conflict/other violence and/or natural disasters had limited access to specialized care; and the general population continued to struggle with inadequate health services and public infrastructure. The arrival in Puntland and Somaliland of people fleeing the conflict in Yemen (see *Yemen*), both Somali returnees and Yemeni refugees, exacerbated the situation.

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Somali Red Crescent Society, continued to address the humanitarian needs of people affected by armed conflict and other situations of violence throughout Somalia. As the ICRC's main partner, the National Society received comprehensive support for strengthening its ability to assist vulnerable communities and promote the Movement's work.

The ICRC made representations to the parties to the conflict, reminding them of their obligations under IHL to protect people not/no longer taking part in the fighting, including those providing or seeking health care. Dissemination sessions for armed/security forces, including AMISOM troops, sought to strengthen compliance with IHL and other relevant norms.

Dialogue with the authorities and weapon bearers, and regular contact with community leaders and with other humanitarian agencies working in Somalia, furthered understanding of and acceptance for the ICRC's mandate and work. This enabled the ICRC, in tandem with the National Society, to assist communities accessible to few/no other organizations. However, restrictions on certain activities, including provision of health care, and security/access constraints (see *Context*) remained in place. National Society/ICRC staff adapted themselves to these constraints: they worked with community leaders to implement assistance activities, and strengthened monitoring procedures to ensure accountability.

People affected by emergencies, such as flood victims, received ICRC aid: food supplies, basic household items or – for households who still had access to markets – cash assistance with which to purchase essentials.

With ICRC support, the National Society continued to run clinics for vulnerable people, such as victims of sexual violence, severely malnourished children and pregnant/lactating women. The ICRC supported nutrition stabilization centres in Baidoa and Kismayo and four hospitals in Baidoa, Kismayo and Mogadishu, where weapon-wounded people and other patients received treatment. Treatment at National Society/ICRC-supported facilities and hygiene-promotion activities protected people's health during outbreaks of cholera and diarrhoea.

The ICRC helped communities affected by conflict/other violence, throughout Somalia, to work towards self-sufficiency, but some initiatives had to be postponed in favour of the emergency response to floods (see *Context*). Long-term measures were taken to improve water supply. Farmers benefited from cash-for-work projects to repair irrigation and flood-protection facilities, initiatives to treat/prevent animal diseases and donations of tractors, good-quality seed/seedlings and tools. Households headed by women began income-generating activities with ICRC cash grants.

People held in detention facilities across Somalia, including Puntland and Somaliland, continued to receive visits conducted in accordance with the ICRC's standard procedures. Visits to detainees in the Mogadishu central prison resumed after being suspended in June 2014. The Somali federal authorities signed an agreement formalizing the ICRC's access to detainees. After these visits, the ICRC submitted its findings – and when necessary, recommendations for improving detention conditions – confidentially to the authorities. Detainees availed themselves of ICRC family-links services during visits.

Detainees in several prisons benefited from ICRC-supported outpatient consultations and treatment for malnutrition. The ICRC continued to help the penitentiary authorities strengthen their ability to provide health care for detainees; it also urged them to work in coordination with other agencies. In the Mogadishu central prison, health staff added to their capacities through training/technical support provided jointly by the justice ministry and Keysaney Hospital. Prison clinics received supplies and equipment.

At the ICRC's urging, and aided by its expertise, Somalia ratified the Convention on Cluster Munitions and the UN Convention on the Rights of the Child.

The delegation was based in Nairobi, Kenya and had several offices in Somalia.

CIVILIANS

Dialogue helps extend National Society/ICRC access to people in need

Security/access constraints continued to limit the ICRC's ability to monitor the situation of civilians in certain areas (see *Context*). On the basis of allegations of abuses, the ICRC made representations to the parties to the conflict, reminding them of their obligations under IHL to protect people not/no longer taking part in the fighting, including those providing or seeking health care.

Dialogue with the authorities and all weapon bearers, including foreign troops deployed in Somalia, enabled the National Society/ICRC to assist isolated communities. People in one town received ICRC assistance for the first time since al-Shabaab took control of the town in 2012; this was possible because the ICRC had secured the group's agreement to grant humanitarian access. The National

Society/ICRC engaged local authorities in dialogue to extend humanitarian access in southern and central Somalia; however, restrictions on certain activities, including provision of health care, remained in place.

Vulnerable people obtain health care

With ICRC support, the National Society continued to run clinics providing primary health care. It opened new clinics in Galgaduud and Lower Shabelle, and upgraded infrastructure at a clinic in Hiran. Other clinics, however, were closed owing to the prevailing situation. In all, 25 fixed and 7 mobile National Society clinics, serving 532,000 people on average, were functioning.

Vulnerable people – such as women, children and victims of sexual violence – benefited from consultations (including ante/post-natal care) at these clinics; where needed and/or possible, they also received referrals for follow-up care and immunization.

Therapeutic feeding improved the nutrition of over 20,530 severely malnourished children and 5,250 pregnant/lactating women. At ICRC-supported nutrition stabilization centres in Baidoa (opened in May) and Kismayo, some 3,080 children were treated for complicated severe malnutrition.

Victims of a cholera outbreak in Baidoa and Kismayo were treated at ICRC-supported hospitals there (see *Wounded and sick*). The National Society/ICRC also tackled a diarrhoea outbreak in Lower Juba; community members adopted better sanitation practices following hygiene-promotion activities.

Latrines were constructed at an IDP camp in Lower Shabelle, creating a more sanitary environment for around 940 people.

Emergency-affected people cope with difficult conditions

People affected by conflict/other violence, and sometimes by natural disasters as well, met their urgent needs with National Society/ICRC assistance: some 190,000 individuals (31,670 households) received emergency food and basic items; and over 96,000 people (16,000 households) who still had access to functioning markets received cash assistance to purchase food. Among those assisted were: some 54,000 people (9,131 households) who had fled armed violence in Galkayo; 22,700 people (3,000 households) who had fled Guriel; 14,950 vulnerable persons (2,490 households) in a town controlled by al-Shabaab (see above); and 28,000 flood-affected people (4,670 households) in Hiran and Middle Shabelle.

Some 200 vulnerable people (30 families) from Yemen received a one-time distribution of food and hygiene items.

Over 31,200 IDPs affected by violence in Galkayo had safe water, trucked in by the ICRC.

Communities work to become more resilient to the effects of conflict/other violence

People suffering the effects of conflict/other violence sought, with ICRC support, to regain their self-sufficiency. Some 207,900 people and their livestock benefited from long-term measures to improve their access to safe water. This included around 114,700 people who had more water for their needs after repairs to boreholes and community wells, and about 93,200 people who could harvest rainwater more efficiently after improvements to infrastructure. Farmers had increased protection against drought and flooding after irrigation canals and river embankments were repaired

through cash-for-work projects. Nearly 26,000 breadwinners contributed to these projects, benefiting almost 155,900 people. In Mudug and Puntland, ICRC-trained community technicians carried out repairs on a smaller scale.

Some 11,300 households (68,000 people) produced food more efficiently and/or earned an income with the help of supplies/equipment from the ICRC. Communities of farmers stood to improve their yield with ICRC-donated good-quality seed/seedlings and tools. Agricultural cooperatives in southern and central Somalia increased the area of land they could cultivate after receiving tractors. Pastoralists in six regions there (estimated population: 100,000) were better placed to maintain healthy herds after a treatment campaign to cure the diseased livestock of 14,330 families and the training of over 180 community-based animal-health workers, who learnt how to protect livestock from parasite infestations. Around 1,900 female heads of households started small businesses using ICRC cash grants, benefiting approximately 11,000 people.

Members of dispersed families restore contact with each other

Thousands of people communicated with their relatives in Somalia and abroad through Movement family-links services, including mobile phone calls offered at one IDP camp. Among them were people in Puntland and Somaliland who had fled the conflict in Yemen, and displaced persons in Mogadishu.

Families seeking news of missing relatives had some 7,350 names read out on the “Missing Persons” radio programme on the BBC Somali service, and/or consulted the list of missing persons registered by the Movement’s family-links network on the ICRC’s family-links website (familylinks.icrc.org).

The National Society continued to develop its tracing capacities with comprehensive support from the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and restore contact with their families

Detainees in Puntland, Somaliland and southern and central Somalia received visits from ICRC delegates, conducted according to the ICRC’s standard procedures, to monitor their treatment and living conditions. Among them were people held in central prisons under the jurisdiction of the justice ministry, in Criminal Investigation Department facilities in Bossaso, Hargeisa and Mogadishu, and in National Intelligence and Security Agency facilities. Visits to detainees in the Mogadishu central prison resumed after discussions with the authorities; the visits had been suspended in June 2014. The Somali federal authorities signed an agreement formalizing the ICRC’s access to detainees. AMISOM informed the ICRC of individuals in their custody (see *Actors of influence*).

After the visits, detaining authorities received confidential feedback and, where necessary, recommendations for improvement, including on the treatment of detainees.

Detainees got in touch with their families through RCMs or short oral messages relayed by ICRC delegates. At their request, two foreign detainees had their embassies/consulates notified of their detention. Three Zanzibaris released from the Mogadishu central prison were repatriated by the ICRC in coordination with the pertinent authorities (see *Nairobi*). Their families were kept informed throughout the process.

More than 90 detainees in three prisons acquired vocational skills through ICRC-facilitated courses in carpentry, sewing and masonry. Some 5,000 detainees' observance of Ramadan was aided by ICRC-donated food/essential items.

Inmates receive suitable health care

Detainees at the Baidoa and Mogadishu central prisons continued to benefit from ICRC-supported outpatient consultations. Health staff at both prisons developed their capacities through training (for instance, in treating malnutrition and pharmacy management); Mogadishu central prison infirmary staff received technical support from Keysaney Hospital (see below). The prison clinics received supplies and equipment. Prisons in Bossaso and Galkayo received ad hoc donations of supplies.

Severely malnourished detainees at the Baidoa and Mogadishu prisons, and at the Mandera central prison in Somaliland, were given therapeutic food to improve their nutrition.

At the ICRC's urging, the justice ministry engaged Keysaney Hospital in providing training for Mogadishu central prison infirmary staff. Penitentiary authorities in Puntland sought the ICRC's advice for setting up mechanisms to detect illnesses among detainees more promptly. In Somaliland, penitentiary authorities and the health/justice ministries strengthened their coordination, notably during ICRC-facilitated meetings.

Detainees enjoy more hygienic/sanitary conditions

More than 4,000 detainees in 18 places of detention across Somalia, including Puntland and Somaliland, were less at risk of disease owing to hygiene-promotion activities and distribution of hygiene items. Inmates had better living conditions after detention authorities, with ICRC support, rehabilitated water/sanitation facilities in three places of detention (two in Mogadishu and one police station in Puntland) and trained maintenance staff.

WOUNDED AND SICK

Weapon-wounded people and other patients obtain medical care

Over 17,700 patients, around 4,500 of them weapon-wounded, received ICRC-supported treatment, mainly at four hospitals – two in Mogadishu (Keysaney and Medina) and one each in Baidoa and

Kismayo – which received comprehensive ICRC support, including for training medical staff.

Through ICRC training, surgical teams at the Baidoa and Kismayo hospitals became more capable of controlling and preventing infections; they also familiarized themselves with the use of their operating theatres, which had been newly renovated by the ICRC. As assistance provided by other organizations to the maternity and paediatric services at both hospitals drew to an end, the ICRC held meetings with other humanitarian agencies to mobilize actors to fill the gaps; it provided ad hoc support pending a long-term solution. Maintenance teams at the Baidoa hospital rehabilitated lavatories, with tools and guidance from the ICRC.

The Somali Red Crescent, the Norwegian Red Cross and the ICRC discussed the provision of support for expanding surgical services at Keysaney Hospital; the Norwegian Red Cross began rehabilitation/extension work there.

Other medical facilities – in Galgadud, Hiran and Lower Shabelle – treated people wounded in the conflict with the help of ad hoc donations of medical supplies from the ICRC.

With ICRC support, the National Society conducted first-aid training for 20 community volunteers. It worked with the ICRC to develop a training curriculum for first aid and the management of human remains, in preparation for implementing its national strategy in these two areas.

ACTORS OF INFLUENCE

Aided by the ICRC's expertise, Somalia ratified the Convention on Cluster Munitions and the UN Convention on the Rights of the Child. Somali government officials and ICRC delegates discussed the importance of ratifying the Arms Trade Treaty.

Weapon bearers learn more about their responsibilities under IHL

Dissemination sessions for and meetings with the authorities, the Somali armed forces, AMISOM troops and other weapon bearers focused on their obligations under IHL to safeguard people not or no longer taking part in hostilities and to facilitate their access to medical or other humanitarian aid. Regular dialogue with all

| PEOPLE DEPRIVED OF THEIR FREEDOM | Puntland | Somaliland | Southern and Central Somalia |
|---|----------|------------|------------------------------|
| ICRC visits | | | |
| Detainees visited | 978 | 1,408 | 1,889 |
| <i>of whom women</i> | 35 | 10 | 32 |
| <i>of whom minors</i> | 2 | 209 | 2 |
| Detainees visited and monitored individually | | | 48 |
| <i>of whom women</i> | | | 4 |
| <i>of whom girls</i> | | | 1 |
| <i>of whom boys</i> | | | 3 |
| Detainees newly registered | 12 | 11 | 5 |
| <i>of whom women</i> | 4 | | 1 |
| <i>of whom girls</i> | | 1 | |
| <i>of whom boys</i> | | | 1 |
| Number of visits carried out | 14 | 10 | 15 |
| Number of places of detention visited | 8 | 5 | 7 |
| Restoring family links | | | |
| RCMs collected | 8 | 2 | 4 |
| RCMs distributed | 3 | 3 | 1 |
| Phone calls made to families to inform them of the whereabouts of a detained relative | 80 | 9 | 69 |
| Detainees released and transferred/repatriated by/via the ICRC | | | 3 |

parties to the conflict helped generate further support for the ICRC's neutral, impartial and independent humanitarian action, including its work on behalf of detainees (see *People deprived of their freedom*). Coordination with other actors also helped to make assistance efforts more broadly effective. For example, other organizations aided people who remained in Guriel during tensions there, while the ICRC focused on providing emergency relief for those forced to flee (see *Civilians*).

Weapon bearers learnt more about IHL and other relevant norms during training sessions. A workshop enabled 50 senior military officers to strengthen their grasp of IHL.

AMISOM troops add to their knowledge of IHL and of norms applicable during arrests

Over 780 officers and non-commissioned officers from Somalia and countries contributing troops to AMISOM learnt more about IHL during ICRC training in Somalia or their country of origin (see, for example, *Ethiopia* and *Nairobi*). More than 2,120 booklets on proper conduct were distributed to troops.

Two workshops enabled 70 civil-military relations officers to familiarize themselves with the ICRC's work. At one seminar, AMISOM police officials and the ICRC discussed the need for training in IHL and international human rights law.

Some 30 participants from AMISOM military/police bodies took part in a workshop on the implementation of their standard procedures for handling detainees during military operations; these procedures had been drafted in 2014 with the ICRC's help. After the workshop, they notified the ICRC, for the first time, of persons arrested and detained by AMISOM.

Through ICRC training, 20 senior officials working at detention facilities in Somaliland added to their knowledge of IHL and of international human rights standards for the treatment of detainees.

Local leaders familiarize themselves with the ICRC's mandate and work

Local authorities, community leaders and civil society representatives in southern and central Somalia learnt more about the ICRC's mandate and work, as well as about the Movement, through dissemination sessions and briefings, and in some cases, during the implementation of assistance activities. The general public had access to information about ICRC activities through the ICRC's website, an online photo library and social-media posts.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent Society remained the ICRC's primary partner in delivering humanitarian services to people affected by conflict/other violence (see *Civilians*). It continued to develop its capacities with the ICRC's assistance, such as for building/refurbishing offices and acquiring additional equipment, and for improving the internet connection in its branches in southern and central Somalia. With ICRC support, the National Society completed a risk analysis, as part of its plan of action for safer access to beneficiaries. The National Society's new leadership – with advice and other assistance from Movement partners – pursued internal reforms, particularly with regard to human resources, financial management and resource mobilization.

Monthly meetings in Nairobi promoted coordination between the National Society and the ICRC, and aligned activities to strategies more closely, particularly in connection with primary health care and disaster management. The National Society and the ICRC continued to discuss, with other Movement partners, operational partnerships in first aid, health and organizational development. Interaction with Movement partners based in Mogadishu continued to be limited by security constraints, but information, as in the past, was exchanged regularly.

| MAIN FIGURES AND INDICATORS: PROTECTION | | Total | | | |
|---|--|--------------|-----------------|---------------|-------------|
| CIVILIANS (residents, IDPs, returnees, etc.) | | | | | |
| Red Cross messages (RCMs) | | | UAMs/SC* | | |
| RCMs collected | | 10,170 | | | |
| RCMs distributed | | 13,347 | | | |
| Phone calls facilitated between family members | | 38,594 | | | |
| Names published in the media | | 7,351 | | | |
| Names published on the ICRC family-links website | | 32,696 | | | |
| Tracing requests, including cases of missing persons | | | Women | Girls | Boys |
| People for whom a tracing request was newly registered | | 1,115 | 221 | 349 | 287 |
| <i>including people for whom tracing requests were registered by another delegation</i> | | 102 | | | |
| People located (tracing cases closed positively) | | 243 | | | |
| <i>including people for whom tracing requests were registered by another delegation</i> | | 23 | | | |
| Tracing cases still being handled at the end of the reporting period (people) | | 1,603 | 334 | 468 | 352 |
| <i>including people for whom tracing requests were registered by another delegation</i> | | 162 | | | |
| PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) | | | | | |
| ICRC visits | | | Women | Minors | |
| Detainees visited | | 4,275 | 77 | 213 | |
| | | | Women | Girls | Boys |
| Detainees visited and monitored individually | | 48 | 4 | 1 | 3 |
| Detainees newly registered | | 28 | 5 | 1 | 1 |
| Number of visits carried out | | 39 | | | |
| Number of places of detention visited | | 20 | | | |
| Restoring family links | | | | | |
| RCMs collected | | 14 | | | |
| RCMs distributed | | 7 | | | |
| Phone calls made to families to inform them of the whereabouts of a detained relative | | 158 | | | |
| Detainees released and transferred/repatriated by/via the ICRC | | 3 | | | |

*Unaccompanied minors/separated children

| MAIN FIGURES AND INDICATORS: ASSISTANCE | | Total | Women | Children |
|--|--|---------|---------|----------|
| CIVILIANS (residents, IDPs, returnees, etc.) | | | | |
| Economic security¹ (in some cases provided within a protection or cooperation programme) | | | | |
| Food commodities | Beneficiaries | 247,445 | 17% | 65% |
| | <i>of whom IDPs</i> | 83,112 | | |
| Essential household items | Beneficiaries | 187,156 | 17% | 64% |
| | <i>of whom IDPs</i> | 109,815 | | |
| Productive inputs | Beneficiaries | 836,842 | 17% | 66% |
| | <i>of whom IDPs</i> | 93,358 | | |
| Cash | Beneficiaries | 38,237 | 17% | 66% |
| | <i>of whom IDPs</i> | 12,048 | | |
| Water and habitat (in some cases provided within a protection or cooperation programme) | | | | |
| Water and habitat activities | Beneficiaries | 240,170 | 25% | 60% |
| Health | | | | |
| Health centres supported | Structures | 32 | | |
| Average catchment population | | 532,000 | | |
| Consultations | Patients | 473,185 | | |
| | <i>of which curative</i> | | 182,522 | 199,465 |
| | <i>of which ante/post-natal</i> | | 61,450 | |
| Immunizations | Doses | 193,521 | | |
| Referrals to a second level of care | Patients | 4,113 | | |
| PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) | | | | |
| Economic security (in some cases provided within a protection programme) | | | | |
| Food commodities | Beneficiaries | 5,115 | | |
| Essential household items | Beneficiaries | 4,838 | | |
| Services and training | Beneficiaries | 92 | | |
| Water and habitat (in some cases provided within a protection or cooperation programme) | | | | |
| Water and habitat activities | Beneficiaries | 4,000 | | |
| Health | | | | |
| Number of visits carried out by health staff | | 136 | | |
| Number of places of detention visited by health staff | | 3 | | |
| WOUNDED AND SICK | | | | |
| Hospitals | | | | |
| Hospitals supported | Structures | 14 | | |
| | <i>of which provided data</i> | 12 | | |
| Admissions | Patients | 17,749 | 7,717 | 2,664 |
| | <i>of which weapon-wounded</i> | 4,507 | 851 | 361 |
| | <i>(including by mines or explosive remnants of war)</i> | 220 | | |
| | <i>of which other surgical cases</i> | 5,933 | | |
| | <i>of which internal medicine and paediatric cases</i> | 2,615 | | |
| | <i>of which gynaecological/obstetric cases</i> | 4,694 | | |
| Operations performed | | 24,038 | | |
| Outpatient consultations | Patients | 53,728 | | |
| | <i>of which surgical</i> | 24,256 | | |
| | <i>of which internal medicine and paediatric</i> | 20,752 | | |
| | <i>of which gynaecological/obstetric</i> | 8,720 | | |
| First aid | | | | |
| First-aid posts supported | Structures | 12 | | |
| | <i>of which provided data</i> | 4 | | |
| Wounded patients treated | Patients | 161 | | |
| Water and habitat | | | | |
| Water and habitat activities | Number of beds | 439 | | |

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.