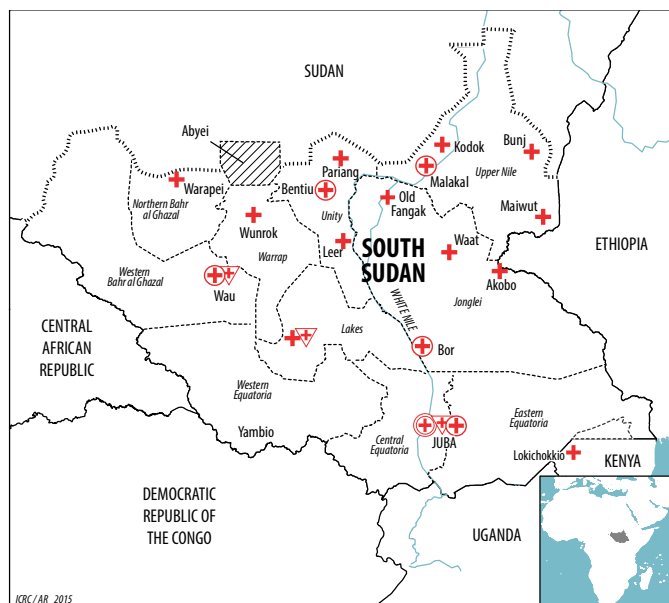


SOUTH SUDAN



+ ICRC delegation
 + ICRC sub-delegation
 + ICRC office/presence

+ ICRC-supported prosthetic/orthotic project

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Authorities and weapon bearers were reminded, through representations and dissemination sessions, of their obligations under IHL, notably to protect people who are not/no longer taking part in the hostilities.
- ▶ Dialogue with the parties concerned facilitated the ICRC's access to people in need. Air transport operations enabled it to bring food supplies and staff to isolated communities accessible to few/no other actors.
- ▶ IDPs and residents had food, potable water and essential supplies through ICRC food distributions and other emergency activities. Thousands pursued farming and other livelihood projects with ICRC support.
- ▶ Sick/injured people, including the weapon-wounded and victims of sexual violence, received treatment at hospitals/clinics provided with medical supplies, training, and on-site support from ICRC medical teams.
- ▶ People held by the government and by the opposition, and those temporarily in the custody of the UN Mission in South Sudan, had their treatment and living conditions monitored during ICRC visits.
- ▶ Members of dispersed families, including those who fled abroad, restored or maintained contact through Movement family-links services. Several unaccompanied minors were reunited with their families.

EXPENDITURE IN KCHF

Protection	11,440
Assistance	113,433
Prevention	6,478
Cooperation with National Societies	5,771
General	288
Total	137,411
<i>Of which: Overheads</i>	8,346

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	180
Resident staff (daily workers not included)	609

Present in Juba since 1980, the ICRC opened a delegation in newly independent South Sudan in mid-2011. It works to ensure that people affected by non-international and international armed conflicts are protected in accordance with IHL, have access to medical/surgical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits POWs and other detainees and seeks to increase knowledge of IHL among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross.

YEARLY RESULTS

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

CIVILIANS (residents, IDPs, returnees, etc.)

	Total
Restoring family links	
RCMs collected	4,383
RCMs distributed	1,341
Phone calls facilitated between family members	19,652
People located (tracing cases closed positively)	316
People reunited with their families	52
<i>of whom unaccompanied minors/separated children</i>	24

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

ICRC visits		
Detainees visited		4,624
Detainees visited and monitored individually		309
Number of visits carried out		82
Number of places of detention visited		27
Restoring family links		
RCMs collected		293
RCMs distributed		86
Phone calls made to families to inform them of the whereabouts of a detained relative		203

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)

Economic security (in some cases provided within a protection or cooperation programme)		2015 Targets (up to)	Achieved
Food commodities	Beneficiaries	340,200	410,795
Essential household items	Beneficiaries	120,000	119,440
Productive inputs	Beneficiaries	438,000	667,655
Cash	Beneficiaries		6,960
Services and training	Beneficiaries		282

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

Water and habitat activities	Beneficiaries	320,000	392,859
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Health

Health centres supported	Structures	5	8
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WOUNDED AND SICK

Hospitals

Hospitals supported	Structures	2	17
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Water and habitat

Water and habitat activities	Number of beds	500	1,378
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Physical rehabilitation

Projects supported	Structures	3	3
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Patients receiving services	Patients	2,500	2,409
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CONTEXT

Armed clashes and other situations of violence persisted throughout the year with varying intensity. Fighting continued even after the parties to the non-international armed conflict that began in December 2013 signed a peace agreement in August 2015. Ongoing political/administrative reforms contributed to communal tensions.

Indiscriminate attacks, destruction of property, sexual violence and other abuses were allegedly committed by weapon bearers on all sides. Tens of thousands of people were wounded/killed. As at December 2015, some 1.7 million people were reportedly displaced internally, and over 600,000 fled to neighbouring countries. Around 190,000 people stayed in camps and at “protection-of-civilians sites” of the UN Mission in South Sudan (UNMISS). Food shortages and inaccessibility of health care put people at risk of malnutrition and disease. Many households were unable to pursue their livelihoods.

Security and logistical constraints – including attacks on aid/medical workers and infrastructure – limited humanitarian agencies’ ability to assist vulnerable communities.

Tensions persisted between South Sudan and Sudan, notably in connection with the border region of Abyei.

ICRC ACTION AND RESULTS

The ICRC stepped up its response to humanitarian needs in South Sudan, supported by a budget extension appeal launched in June. Together with the South Sudan Red Cross, it employed a multi-disciplinary approach to help vulnerable people meet their basic needs and build their resilience to the effects of the conflict, and to promote respect for their protection under IHL.

Dialogue with all parties to the conflict, and contact with community/civil society leaders, enabled the ICRC to assist people accessible to few/no other humanitarian agencies. While maintaining its neutral, impartial and independent stance, the ICRC reminded all parties to the conflict of their responsibilities under IHL and other applicable norms to protect people who are not/no longer participating in the fighting, facilitate their safe access to essential services and humanitarian aid, and prevent abuses against them. Weapon bearers on all sides learnt more about IHL/the Movement’s work at dissemination sessions.

The ICRC ensured its proximity to vulnerable people by maintaining field sites in seven states. Owing to security/logistical constraints, it adjusted its working methods to be able to provide timely assistance while ensuring the safety of its staff. ICRC teams, for instance, were evacuated from places affected by intense fighting. The ICRC continued to use aircraft to bring staff and supplies to areas that were inaccessible by land because of the fighting and the rains/floods. Supplies that had been airdropped were collected by National Society/ICRC staff at designated places and then distributed; items that could not be airdropped were delivered by smaller aircraft able to land on difficult terrain. A logistics base in Kenya, which closed in November, and a new base in Uganda supported these operations.

Adapting to the situation and people’s needs, the ICRC carried out more one-off food distributions, while continuing to assist certain communities over a prolonged period. As a result, more people

than planned benefited from food assistance (around 410,000 in all) that enabled them to deal with food shortages. Children and pregnant/lactating mothers received nutritional supplements to help them avoid/recover from malnutrition. Distributions of household items helped ease the situation of thousands of people.

The ICRC helped households pursue their livelihoods by providing them with agricultural and fishing supplies/tools and by supporting local veterinary services. More people than planned were reached, as the ICRC extended assistance to more areas, based on needs assessments and changes in the security situation. Water and sanitation facilities installed/renovated with ICRC support ensured people’s access to water and helped prevent the spread of cholera, particularly in urban areas.

Ensuring that people in both government- and opposition-controlled areas could obtain/provide health care safely remained a priority. The ICRC worked with health personnel and local authorities to develop measures for increasing the safety of patients and medical staff; it also continued to support the casualty care chain. People injured during clashes received first aid from ICRC-trained emergency responders; hundreds were evacuated to medical facilities. Six ICRC surgical teams treated critically wounded/ill people at various facilities/areas. Hospitals and clinics provided surgical services and curative/preventive health care with ICRC assistance; some facilities received comprehensive support in the form of supplies, staff training and infrastructure upgrades. People with disabilities obtained services at three ICRC-supported physical rehabilitation centres.

Delegates monitored the treatment and living conditions of people held by the government and by the opposition forces, and of those in UNMISS custody, during visits conducted in accordance with standard ICRC procedures. Detainees benefited from repairs to prison facilities and donations of essential items and supplementary food supplies.

Members of dispersed families, including unaccompanied minors, restored/maintained contact using Movement family-links services.

The National Society received support for strengthening its operational and managerial capacities. The ICRC coordinated its activities with those of Movement partners, UN agencies and other humanitarian actors to maximize effort and avoid duplication.

CIVILIANS

The government issues formal directives enjoining troops to comply with IHL

Civilians reported instances of unlawful conduct by weapon bearers on all sides. Based on documented allegations, and on the observations of its staff, the ICRC reminded the parties to the conflict of their obligations under IHL and other relevant norms. Oral/written representations urged them to: respect and protect people not/no longer participating in the fighting; prevent sexual violence, recruitment of children into fighting forces and other abuses; facilitate access to essential services and humanitarian aid; and protect civilian infrastructure from looting/destruction. In response to concerns raised by the ICRC, the Ministry of Defence and Veterans Affairs and the Sudan People’s Liberation Army (SPLA) issued directives enjoining all troops to conduct their operations in compliance with IHL.

Several people were able to move to safer areas after the ICRC obtained security guarantees for them from the parties concerned.

Residents and displaced people have essential supplies and water amid continued fighting

Because many vulnerable communities were inaccessible by land owing to the fighting/floods/rains, the ICRC transported supplies and staff members by air. It prioritized the delivery of food to isolated areas through airdrops; National Society/ICRC staff members collected the supplies at drop-off points and then distributed them. Supplies that could not be airdropped were delivered by smaller aircraft that could land on difficult terrain. Implementation of a mobile computer-based system for registering beneficiaries was hampered by security constraints.

Over 410,000 people (68,400 households) – mostly IDPs in Jonglei, Northern Bahr al Ghazal, Unity, Upper Nile and Western Equatoria – dealt with food shortages with the help of ICRC food rations. Among them, some 159,200 IDPs (26,500 households) in Leer county and the Waat locality in Nyirol county received rations at least thrice; plans to assist them every four to six weeks were disrupted by logistical/other constraints. Donations of food supplies helped farming households avoid having to consume seed meant for planting. Children and pregnant/lactating mothers avoided/recovered from malnutrition with the help of nutritional supplements. More beneficiaries than planned were reached, as the ICRC carried out more one-off food distributions.

Over 93,000 people (15,500 households) were able to cook food, build shelters and maintain personal hygiene with household essentials from the ICRC. Some 26,000 people similarly benefited from supplies donated by the ICRC to the National Society.

More than 390,000 people had access to clean water following the construction/repair of water and sanitation facilities; this also mitigated the risk to communities of water-borne diseases. Some 47,000 people in Juba, for example, were protected from cholera after the ICRC put up a temporary water-treatment plant that was managed partly by the National Society.

Communities take steps to regain self-sufficiency

Vulnerable households augmented their food supply and recovered/maintained some degree of self-sufficiency by pursuing agricultural activities with ICRC support. More people than planned benefited after the ICRC extended assistance to more locations.

In seven states, and in the contested area of Abyei, some 49,000 households (294,000 people) planted staple and vegetable crops using ICRC-donated seed/tools; ICRC-supported ploughing helped open more land for cultivation. Over 16,200 households (97,300 people) supplemented their diet with fish they had caught using ICRC-provided kits, which they could carry with them if they had to flee for their safety.

Pastoralists (45,000 households; 271,000 people) preserved the quality of their livestock – for consumption or for trade – through animal vaccination/treatment campaigns organized by the agriculture ministry/ICRC. At training sessions, animal health workers learnt more about preventing/treating livestock disease; they received supplies and bicycles to help them reach communities in remote areas.

Some 1,160 people (supporting 6,960 individuals in all) earned cash by building/repairing community infrastructure. Members of over 700 households (some 4,600 people) took part in ICRC-facilitated group discussions to identify/develop means to protect their

livelihoods and themselves; they received supplies to pursue the projects they had identified. During information sessions, beneficiaries shared their concerns and learnt how to make the best use of the assistance they received (see *Actors of influence*).

Victims of sexual violence and other conflict-affected people receive health services

Five clinics in Jonglei and Upper Nile sustained their services with material/technical/financial support from the ICRC, provided per agreements with county health departments. On average, some 2,400 people benefited each week from medical consultations, immunization, obstetric care and other services provided by these clinics. Three other clinics received ad hoc support. Nearly 400 people who required further treatment were referred to suitable facilities.

Victims of sexual violence availed themselves of specialized services at the ICRC-supported clinics, including prophylactic treatment within 72 hours of the incident and psychosocial support; some were referred to other facilities when necessary. At courses/dissemination sessions, midwives showed traditional birth attendants how to assist victims of sexual violence, and clinic staff learnt more about the victims' needs.

Unaccompanied minors are reunited with their families

Members of dispersed families restored/maintained contact through Movement family-links services. People in remote areas and those at “protection-of-civilians sites” sent/received family news via phone calls or RCMs. Some of them searched for and found their relatives through ICRC-produced booklets of photos of people who had become separated from their families. Two of these booklets – with 1,100 pictures published with the consent of the people concerned – were made available throughout South Sudan. Similar efforts were carried out in countries hosting South Sudanese refugees (see *Ethiopia* and *Nairobi*). A new South Sudan page on the ICRC's family-links website (familylinks.icrc.org) also helped relatives reconnect.

Fifty-two people – including 24 unaccompanied minors, some of whom were formerly associated with/held by armed groups – were reunited with their families. Children staying at a transit centre, while waiting to rejoin their families, had better living conditions after the ICRC repaired some of the facilities at the centre.

PEOPLE DEPRIVED OF THEIR FREEDOM

Dialogue with the authorities and weapon bearers continued to focus on explaining the ICRC's mandate and working procedures and on following up allegations of arrest, with a view to gaining access to all persons held in connection with the conflict.

People held by government forces and others receive ICRC visits

Some 4,600 detainees received visits conducted according to the ICRC's standard procedures; 309 of them were met individually. The people visited included: detainees in civilian prisons and military facilities; people held by opposition forces; and people in UNMISS custody or transferred by UNMISS to the South Sudanese authorities. In March, people held by the National Security Service at its headquarters in Juba, and whose whereabouts the ICRC had enquired about, received visits. One of the two POWs monitored individually by the ICRC was released during the year.

During the visits mentioned, ICRC delegates monitored the treatment and living conditions of detainees. Afterwards, they confidentially shared their findings – and where necessary,

recommendations – with the authorities concerned; they drew particular attention to detainees’ access to health care and to the need to respect the principle of *non-refoulement*.

Detainees restored/maintained contact with their relatives through RCMs, short oral messages relayed by ICRC delegates and phone calls facilitated by the ICRC with the authorities’ consent. Thirty-two foreign detainees had their embassies informed of their situation.

Detainees see some improvements in their living conditions

Over 2,800 detainees had better living conditions after the authorities and the ICRC repaired/upgraded facilities in government-run prisons. Detainees at the Juba central prison had a more sanitary environment following the construction of a septic tank and the establishment, with ICRC support, of a maintenance team. In the Aweil central prison, detainees began to use the health services provided by an ICRC-built/equipped clinic. These projects were complemented by donations of medical supplies and household items.

Detainees and staff in four prisons prevented the spread of cholera through hygiene-promotion sessions and other ICRC-supported measures. Disinfection campaigns helped curb the outbreak of scabies at two prisons; at the Wau prison, detainees affected received emergency care, clothes and bedding/cleaning materials.

Monitoring the nutrition of detainees in four prisons helped the ICRC address the consequences of food shortages, particularly acute malnutrition. Detainees in two prisons received supplementary food supplies for two months; pregnant/lactating women at the Aweil prison received similar assistance, as well as infant formula.

People held by opposition forces benefited from donations of food and household/medical supplies.

WOUNDED AND SICK

Practical measures mitigate the risk of attacks on patients and medical facilities

Local health workers and the ICRC took steps to ensure the safety of patients and medical personnel/facilities. Parties to the conflict were informed of the coordinates of medical facilities and requested to ensure their protection; large red cross emblems helped identify hospitals more clearly. Solar-powered lighting systems installed at two hospitals in Wau and one in Maiwut helped people to find these facilities more easily after dark, and staff members to identify visitors. ICRC-supported facilities enforced a strict “no-weapons” policy. First responders discussed these and other measures during briefings/training sessions conducted by the National Society/ICRC. Patients and their visitors learnt about ways for self-protection from posters distributed by the ICRC.

Casualties from all sides receive treatment

Wounded civilians and fighters received life-saving care from first responders trained by the National Society/ICRC. In some areas, first-aiders included weapon bearers trained and equipped by the ICRC. Over 540 people were evacuated to medical facilities – by air and other means – after the ICRC obtained security guarantees from the parties concerned.

Staff at 17 hospitals in both government- and opposition-controlled areas treated wounded/sick people with various forms of ICRC support. Two of the hospitals – one each in Kodok and Maiwut – strengthened their ability to provide surgical, obstetric, paediatric and other services with comprehensive ICRC support: supplies, staff supervision,

training and on-site assistance from a surgical team assigned to each hospital. Infrastructure at both hospitals, and at two other facilities, was improved. Twelve other hospitals and clinics coped with supply shortages using ICRC-donated medical supplies.

Five ICRC surgical teams helped treat critically wounded/ill patients during the year: two worked at the hospitals in Kodok and Maiwut, one in a major hospital in Juba and two others in various locations, including areas where there were no other medical services. The fifth team was sent out in January, in response to the rising needs. In all, over 1,000 weapon-wounded people benefited from some 5,000 operations performed by these teams. A sixth team was assigned for three months to a hospital in Maridi, Western Equatoria, where it helped treat the casualties of an explosion of a fuel tanker in September.

Persons with disabilities enhance their mobility and independence

Over 2,400 people with physical disabilities received free services at ICRC-supported physical rehabilitation centres in Juba and Rumbek, and at a prosthetic/orthotic clinic in Wau. Their food/accommodation/transportation costs were also covered during their treatment.

The two centres developed their capacities with ICRC material/technical support; staff members received financial incentives. To further improve the quality of rehabilitation services available, the Ministry of Gender, Child and Social Welfare and the ICRC signed an agreement allowing the ICRC to increase its support for optimizing the performance of the centres’ staff. Discussions with the authorities also covered the creation of a national board for physical rehabilitation and of a national policy. With ICRC help, three students pursued prosthetics/orthotics courses abroad.

People who had undergone physical rehabilitation worked towards self-sufficiency with ICRC support. One group established a small business at the centre in Rumbek; others were referred to NGOs offering vocational training. A wheelchair-basketball team promoted, with ICRC support, the rights of people with physical disabilities and the services available to them.

ACTORS OF INFLUENCE

Dialogue with all sides facilitates access to people in need

Interaction – through meetings, dissemination sessions and other means – with the authorities, weapon bearers and community/religious/civil society leaders helped foster acceptance for the Movement’s work, enabling National Society/ICRC teams to assist vulnerable people accessible to few/no other organizations. Dialogue with weapon bearers promoted compliance with IHL (see *Civilians*) and facilitated medical evacuations (see *Wounded and sick*).

Weapon bearers further their understanding of the basic principles of IHL

Some 2,300 weapon bearers on all sides learnt more about IHL and the ICRC through dissemination sessions that were often combined with first-aid training. These sessions emphasized compliance with IHL and the need to ensure safe access to medical care and to prevent sexual violence and the recruitment of children into fighting forces. Two SPLA officers attended an advanced IHL course in San Remo.

South Sudan acceded to the Convention on the Rights of the Child, and to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol.

Meetings/discussions with UNMISS on issues of pressing humanitarian concern enabled the ICRC to organize assistance activities for people staying in UNMISS compounds. Interaction with members of the humanitarian and diplomatic communities helped further the ICRC's understanding of people's needs and of the various organizations' capacities, which resulted in effective coordination.

Violence-affected people share their concerns and learn more about ICRC activities

At around 1,000 information sessions conducted in connection with livestock vaccinations and food/seed distributions, some 60,000 beneficiaries shared their concerns and learnt how to make the best use of the aid provided to them. For example, families learnt how to prepare the nutritional supplements distributed by the ICRC.

The general public learnt more about the ICRC and the Movement through radio programmes, printed materials in local languages, interviews with ICRC officials and updates on online/social media platforms, and from over 140 information sessions that reached some 43,000 people. These and other public communication initiatives drew attention to various issues of humanitarian concern, such as sexual violence, the challenges faced by humanitarian organizations, and the violence affecting the provision of health care. The National Society backed these efforts and developed its communication capacities with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society encourages community participation in assistance activities

The South Sudanese Red Cross remained the ICRC's main partner in assisting conflict-affected people (see above). With financial/material/logistical/technical ICRC support, it strengthened its ability to: carry out humanitarian activities, such as responding to emergencies and restoring family links; and promote IHL and the Movement. It bolstered its first-aid capacities by training new instructors and, with support from the Norwegian Red Cross, conducting refresher courses for trainers.

The National Society played a key role in mobilizing community members to participate in resilience-building efforts; for example, ICRC-trained volunteers taught residents how to repair water pumps that were used by some 18,500 people on the outskirts of Juba. National Society volunteers helped in addressing the cholera outbreak in Juba; treating the casualties of an explosion of a fuel tanker in Western Equatoria; and managing human remains after a plane crash in November.

The National Society drew on ICRC expertise to strengthen its managerial capacities, and to develop and implement a plan of action for applying the Safer Access Framework, to ensure the safety of its personnel.

Regularly held meetings among Movement partners in South Sudan ensured effective coordination of activities. National Societies working in South Sudan contributed staff and other resources to support the activities of the ICRC, which, in turn, shared its expertise in assessment, communication, logistics and security management. Coordination with UN agencies and other humanitarian actors continued.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		4,383	25		
RCMs distributed		1,341	36		
Phone calls facilitated between family members		19,652			
Names published in the media		1,129			
Names published on the ICRC family-links website		1,129			
Reunifications, transfers and repatriations					
People reunited with their families		52			
	<i>including people registered by another delegation</i>	8			
People transferred/repatriated		21			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		699	185	132	96
	<i>including people for whom tracing requests were registered by another delegation</i>	310			
People located (tracing cases closed positively)		316			
	<i>including people for whom tracing requests were registered by another delegation</i>	154			
Tracing cases still being handled at the end of the reporting period (people)		788	157	132	75
	<i>including people for whom tracing requests were registered by another delegation</i>	372			
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		31	20		3
UAMs/SC reunited with their families by the ICRC/National Society		24	12		2
	<i>including UAMs/SC registered by another delegation</i>	8			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		26	15		3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		4,624	281	273	
			Women	Girls	Boys
Detainees visited and monitored individually		309	30	2	11
Detainees newly registered		262	28	2	9
Number of visits carried out		82			
Number of places of detention visited		27			
Restoring family links					
RCMs collected		293			
RCMs distributed		86			
Phone calls made to families to inform them of the whereabouts of a detained relative		203			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	410,795	31%	43%
	<i>of whom IDPs</i>	360,969		
Essential household items	Beneficiaries	119,440	29%	47%
	<i>of whom IDPs</i>	90,308		
Productive inputs	Beneficiaries	667,595	27%	49%
	<i>of whom IDPs</i>	211,838		
Cash	Beneficiaries	6,960	21%	62%
	<i>of whom IDPs</i>	6,845		
Services and training	Beneficiaries	282	21%	47%
	<i>of whom IDPs</i>	33		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	392,859	48%	51%
	<i>of whom IDPs</i>	86,502		
Health				
Health centres supported	Structures	8		
Average catchment population		189,884		
Consultations	Patients	83,730		
	<i>of which curative</i>		21,927	36,560
	<i>of which ante/post-natal</i>		6,590	
Immunizations	Doses	11,498		
Referrals to a second level of care	Patients	394		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	4,823		
Essential household items	Beneficiaries	11,248		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,814		
Health				
Number of visits carried out by health staff		40		
Number of places of detention visited by health staff		9		
Number of health facilities supported in places of detention visited by health staff		7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	17		
	<i>of which provided data</i>	8		
Admissions	Patients	4,132	1,082	1,243
	<i>of which weapon-wounded</i>	1,135	42	22
	<i>(including by mines or explosive remnants of war)</i>	9		
	<i>of which other surgical cases</i>	664		
	<i>of which internal medicine and paediatric cases</i>	1,864		
	<i>of which gynaecological/obstetric cases</i>	469		
Operations performed		4,928		
Outpatient consultations	Patients	67,956		
	<i>of which surgical</i>	9,098		
	<i>of which internal medicine and paediatric</i>	54,545		
	<i>of which gynaecological/obstetric</i>	4,313		
Water and habitat				
Water and habitat activities	Number of beds	1,378		
Physical rehabilitation				
Projects supported	Structures	3		
Patients receiving services	Patients	2,409	468	165
New patients fitted with prostheses	Patients	176	33	10
Prostheses delivered	Units	476	94	16
	<i>of which for victims of mines or explosive remnants of war</i>	17		
New patients fitted with orthoses	Patients	183	41	48
Orthoses delivered	Units	202	42	92
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	388	87	63
Crutches delivered	Units	1,651		
Wheelchairs delivered	Units	290		