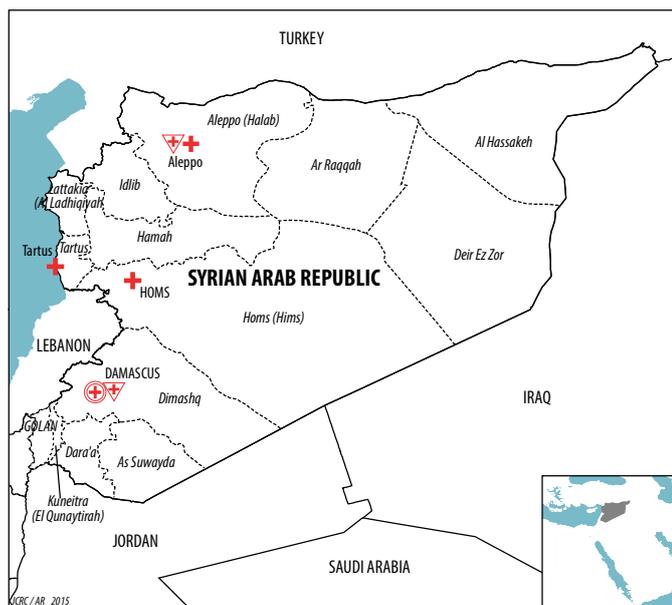


# SYRIAN ARAB REPUBLIC



ICRC/AR, 2015  
 ⊕ ICRC delegation   ⊕ ICRC office   ⊕ ICRC-supported prosthetic/orthotic project

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Millions of people met their emergency needs for water, food and essential household items (e.g. hygiene items and clothes for the winter season) through coordinated Syrian Arab Red Crescent and ICRC action.
- ▶ IDPs/residents obtained health care at mobile health units/clinics run by the National Society with ICRC support. Some hospitals received material assistance, but restrictions on surgical aid remained.
- ▶ Detainees in 9 prisons run by the interior ministry received visits to monitor their treatment and living conditions. Repairs on prison facilities and donations of household essentials helped ease their situation.
- ▶ Four forensic institutions had their infrastructure upgraded and received material support, in line with the ICRC's efforts to help the authorities develop their capacities to tackle the issue of missing persons.
- ▶ Parties to the conflict were reminded, through bilateral meetings and public statements, of their obligations under IHL and other applicable norms; dialogue with them on protection-related issues remained minimal.
- ▶ Widespread violence, government restrictions and lack of respect for humanitarian action continued to impede the delivery of impartial humanitarian assistance to people in certain parts of the country.

## EXPENDITURE IN KCHF

Protection	3,132
Assistance	126,647
Prevention	2,180
Cooperation with National Societies	5,325
General	171
<b>Total</b>	<b>137,454</b>
<i>Of which: Overheads</i>	<b>8,364</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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## PERSONNEL

Mobile staff	65
Resident staff (daily workers not included)	273

The ICRC has been present in the Syrian Arab Republic since the 1967 Arab-Israeli war. It works with the National Society to help people affected by armed conflict receive emergency relief and access safe water and medical care. It aims to visit all people held in relation to the conflict and to foster respect for IHL by all parties, notably in relation to sick and wounded patients and medical services. It acts as a neutral intermediary for issues of humanitarian concern between the Israeli-occupied Golan and the Syrian Arab Republic. It helps separated relatives maintain contact.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	16
RCMs distributed	7
People located (tracing cases closed positively)	230
People reunited with their families	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	15,297
Detainees visited and monitored individually	164
Number of visits carried out	10
Number of places of detention visited	10
<b>Restoring family links</b>	
RCMs collected	60
RCMs distributed	29
Phone calls made to families to inform them of the whereabouts of a detained relative	235

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	9,900,000	8,809,191
Essential household items	Beneficiaries	2,700,000	2,099,692
Cash	Beneficiaries	10,000	
Services and training	Beneficiaries	12,000	
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>			
Water and habitat activities	Beneficiaries	20,000,000	15,700,000
<b>Health</b>			
Health centres supported	Structures	16	16
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures		28
<b>Water and habitat</b>			
Water and habitat activities	Number of beds	600	3,307
<b>Physical rehabilitation</b>			
Projects supported	Structures	2	2
Patients receiving services	Patients	150	1,190

## CONTEXT

The armed conflict between government forces and numerous armed groups, which were also fighting among themselves, continued unabated across the Syrian Arab Republic (hereafter Syria). A US-led military coalition carried out air strikes against the Islamic State group; in September, the Russian Federation began separate air operations. Sustained fighting and the lack of dialogue between the opposing parties stymied efforts, such as UN-backed initiatives and UN Security Council resolutions, to find a political solution to the conflict and to facilitate the delivery of humanitarian aid.

Serious and repeated breaches of IHL exacerbated a situation that was already dire. An estimated 260,000 people had been killed, and over 1.5 million injured, since March 2011. Some 6.5 million people were displaced internally; over 4.5 million people lived in hard-to-reach locations. People in areas besieged by government forces or by armed groups suffered from these parties' systematic denial of humanitarian access. As at December 2015, UNHCR had registered nearly 4.6 million refugees from Syria.

The conflict, and the economic sanctions imposed by other countries, seriously affected Syria's economy and public infrastructure/services. More and more people were driven into destitution by the widespread destruction, lack of jobs and progressive scarcity or costliness of food, water, health services and fuel.

## ICRC ACTION AND RESULTS

In partnership with the Syrian Arab Red Crescent, and in coordination with Movement partners and other organizations, the ICRC continued to develop, and adjust when necessary, its response to the immense humanitarian needs in Syria.

The security situation, government consent and acceptance by the parties involved in the conflict largely determined the ICRC's access to people in need. Impediments to impartial humanitarian action were most severe in areas held by armed groups and in besieged areas. Between March 2011 and December 2015, 50 Syrian Arab Red Crescent workers and 8 from the Palestine Red Crescent Society were killed. The case of the three ICRC staff members kidnapped in October 2013 remained unresolved.

In this complex and challenging environment, contact and coordination with government authorities, community leaders and members of armed groups helped facilitate humanitarian activities. The ICRC sought to develop its limited dialogue with the parties to the conflict; it emphasized their obligations under IHL and other applicable norms to respect and protect civilians/civilian objects and to ensure people's unimpeded access to health care and humanitarian aid. Discussions with government authorities also covered the reactivation of the national IHL committee, but direct interaction with the armed/security forces remained minimal. The ICRC discussed IHL with members of some armed groups.

National Society/ICRC teams managed to conduct more field visits and cross-line operations compared with previous years. They assisted millions of people, including those in besieged or otherwise hard-to-reach locations, but many more people in need of aid remained inaccessible.

Relief distributions were carried out mainly by National Society teams, with the ICRC facilitating their access to the field. Over

8.8 million people received food and some 1.57 million people, household essentials that helped cover their daily needs. Some 15.7 million people had clean water and a more sanitary environment through the ICRC's projects with the National Society and its large-scale support for local authorities. Such projects/support, which was coordinated with the government and other pertinent parties, included: emergency repairs to infrastructure; provision of spare parts/consumable chemicals; upgrades to facilities in IDP centres; water-trucking; distribution of bottled water; and waste-management projects.

Health needs continued to outweigh the services available, and the ICRC's ability to deliver medical assistance – especially surgical aid – across front lines remained limited. The ICRC was confined mainly to: supporting National Society-run facilities with supplies/training; helping manage the spread of communicable diseases; and organizing workshops/courses for health professionals. It repaired two clinics in Rural Damascus, thereby helping to increase the number of functioning facilities there.

The ICRC visited, according to its standard procedures, people held at nine central prisons and a juvenile rehabilitation centre run by the government. Donations of household essentials and infrastructural projects helped ease these detainees' living conditions. The ICRC continued to seek access to all places of detention, including those operated by armed groups.

Movement family-links services helped facilitate contact between members of dispersed families. However, many people remained without news of missing relatives, including those allegedly arrested/detained by the government or held by armed groups. Travel between Syria and the Israeli-occupied Golan was not facilitated owing to security constraints.

Based on past assessments, the development of activities specifically addressing sexual violence in armed conflict, particularly with regard to its prevention and the referral of victims, was ongoing.

ICRC operational updates and multimedia releases enabled people in Syria and abroad to keep abreast of the humanitarian situation in the country and of the Movement's response.

Under a 2014–16 agreement, the Syrian Arab Red Crescent developed its operational and institutional capacities, at headquarters and branch levels, with extensive and diverse forms of ICRC support.

## CIVILIANS

### Impediments to principled humanitarian action remain

The large number of actors involved in the conflict, limited recognition/acceptance of ICRC activities and politicization of humanitarian aid continued to challenge the security of field teams and hamper networking efforts. These factors, as well as government consent, largely determined the ICRC's access to people in need. Syrian Arab Red Crescent/ICRC teams saw modest improvement in their proximity to beneficiaries: they were able to carry out more field visits and cross-line operations compared with previous years. The operational environment, however, remained extremely difficult and risky. Local ceasefires provided some relief to people in besieged/hard-to-reach areas, but these were often too fragile for principled humanitarian action to take place safely. Overall, fewer people than planned benefited from National Society/ICRC action.

## Millions of destitute people cope with the help of emergency aid

Over 8.8 million people (some 1.76 million households) supplemented their daily diet with ICRC food assistance, mainly in the form of parcels provided directly to beneficiaries or meals prepared by collective kitchens that received bulk rations every month. Some 190,500 people in Aleppo, Damascus and Homs received bread packs daily through a project begun in May. Over 1.57 million people (more than 300,000 households) eased their living conditions using ICRC-donated hygiene items and other household essentials; some 120,000 people received school kits and 410,000 people, clothes for enduring the winter.

Relief distributions covered both government-controlled areas and those held by armed groups. These were carried out mainly by Syrian Arab Red Crescent teams; as necessary, the ICRC facilitated access for them by obtaining the required permits and talking to the pertinent parties. To overcome security/access-related constraints, supplies were airlifted to certain hard-to-reach areas, with the agreement of all parties concerned.

Projects to help people regain some self-sufficiency were developed with National Society branches in three governorates; these included income-generating activities for households who had returned to Homs Old City.

## People have potable water despite widespread destruction

Coordination with the Ministry of Water Resources, the pertinent local authorities and representatives of armed groups enabled National Society/ICRC teams to undertake projects that improved the drinking-water supply and sanitation for some 15.7 million IDPs/residents.

Millions of people regained their access to water following emergency repairs to damaged infrastructure. Hundreds of thousands of IDPs and residents benefited from activities carried out with the National Society: nearly 830,000 people received water delivered by trucks in eight governorates; 309,092 people at 217 IDP centres had housing and water/sanitation facilities renovated/upgraded; and 280,000 IDPs benefited from over 1.2 million litres of bottled water distributed as an emergency measure. National Society staff/volunteers involved in these projects enhanced their capacities with ICRC support.

In cities/towns with functioning infrastructure, millions of IDPs/residents were assured of their water supply through ICRC donations of electrical power generators, spare parts and water-treatment chemicals to local water boards.

Health risks for people in 12 governorates were mitigated through sanitation projects. Some 10.8 million people benefited from a pest-control campaign carried out with ICRC-donated pesticides; around 110,000 people, from solid-waste management projects in Damascus, Dara, Homs, Idlib, and Kuneitra; and around 2 million people, from the installation of medical-waste treatment plants in Lattakia and Tartus.

## Some IDPs/residents receive basic health care from National Society facilities

People in Aleppo, Deir Ez Zor, Hama, Homs, Idlib, Rural Damascus, Sweida and Tartus obtained curative/preventive health-care services, including for scabies, at facilities run by the National Society with ICRC financial/training/material support. These facilities included nine mobile health units and seven polyclinics.

Local authorities and health professionals worked to curb certain communicable diseases with ICRC support, which included medicines for treatment centres. At health ministry/ICRC workshops, 29 Syrian Arab Red Crescent doctors, and 2 from the Palestine Red Crescent, learnt more about preventing/treating leishmaniasis, enabling them to care for people without access to treatment facilities. People's risk of contracting the disease was mitigated through donations of bed nets. Some 122,000 people benefited from lice-treatment supplies distributed by National Society/ICRC teams.

Based on past assessments, development of activities addressing sexual violence in armed conflict was ongoing, particularly with regard to its prevention and the referral of victims.

## Parties to the conflict are urged to respect IHL

Given the developments in the situation and the gravity of their consequences for civilians (see *Context*), the ICRC pursued efforts to develop its limited dialogue with the parties to the conflict (see *Actors of influence*). Through bilateral meetings, confidential reports and public statements, it emphasized all parties' obligations under IHL and other applicable norms to: spare people not/no longer participating in hostilities and protect them from abuse; respect the prohibition against indiscriminate attacks; avoid using explosive weapons in densely populated areas; protect civilian objects; ensure safe access to essential goods/services and aid; respect wounded fighters' right to health care; and respect/protect medical/humanitarian workers and persons/objects lawfully displaying the red cross/red crescent emblems. ICRC representations were based on documented allegations and on first-hand observations; for the first time since March 2011, the ICRC gained direct access to some areas besieged by government forces, enabling it to assess the protection-related needs of people there.

## Many families remain without news of their relatives

People in Syria and those who had sought refuge abroad opened tracing requests for their relatives in Syria. In all, 230 tracing cases were closed positively, but thousands of families remained without news of the whereabouts of their relatives, including those allegedly arrested/detained (see *People deprived of their freedom*).

Families in Syria sent RCMs and/or oral messages to their relatives within the country or elsewhere. Fifteen people resettled abroad using ICRC-issued travel documents. People in the Israeli-occupied Golan exchanged official documents with their relatives in Syria via the ICRC, but travel for humanitarian reasons between the Golan and Syria could not be facilitated owing to tensions/clashes along the demarcation line.

## Forensic specialists discuss cooperation with the ICRC on the issue of missing persons

Efforts to help build local capacity to address the issue of missing persons continued. Sixteen forensic professionals furthered their capabilities in data management by participating in workshops in Damascus; five attended courses abroad (see *Iran, Islamic Republic of and Lebanon*). Four facilities in Aleppo and Damascus benefited from infrastructural upgrades and received material support. Forensic specialists expressed interest in developing protocols/guidelines in cooperation with the ICRC. A memorandum of understanding between the newly created National Commission on Forensic Medicine and the ICRC was drafted, with a view to facilitating future projects.

National Society volunteers received training and supplies for managing human remains; a framework for cooperation in this area was established.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Thousands of detainees receive ICRC visits

Detainees at nine central prisons under the interior ministry received visits conducted according to the ICRC's standard procedures; three of the prisons had been previously visited, while six were visited for the first time. People held at a juvenile rehabilitation centre run by the social affairs and labour ministry received ICRC visits for the first time.

During these visits, ICRC delegates monitored the treatment and living conditions of detainees; 164 detainees were met individually. Findings/recommendations were taken up confidentially – during meetings and through reports – with the authorities concerned. Particular attention was given to the importance of respecting judicial guarantees, the consequences of overcrowding and the specific needs of women and minors.

The ICRC continued to seek regular access to all places of detention in Syria, including facilities run by security forces and places operated by armed groups. Meetings held at the request of local authorities and armed groups in northern Syria helped familiarize them with the ICRC's activities for detainees and its working methods. Some armed groups had given the ICRC permission to visit people in their custody, but security constraints made it unfeasible to carry out such visits.

Phone booths and other means of contacting relatives were available at the central prisons visited by the ICRC, but particularly vulnerable detainees – minors, foreigners and those unable to afford phone calls – still made use of ICRC family-links services to get in touch with their families.

On behalf of the families concerned, enquiries about 2,274 people allegedly arrested/detained were submitted to the parties to the conflict, including armed groups. Complete/partial answers to some 1,100 enquiries were received during the year.

### Detainees see some improvements in their living conditions

Some 17,000 detainees received hygiene items, clothes and other essential supplies that helped ease their circumstances. Building on the ICRC's developing dialogue with the Syrian authorities regarding detention, projects aimed at longer-term results for alleviating the living conditions of detainees were launched. As a result, 10,100 detainees benefited from ICRC-led repairs to water-supply, heating, lighting and ventilation systems and other infrastructure in various prisons. These projects were complemented with donations of medicines, spare parts and other supplies.

## WOUNDED AND SICK

### Disregard for the safety of medical services persists

Attacks on patients and health workers/facilities continued to be rampant. Between March 2011 and December 2015, 50 staff members/volunteers from the Syrian Arab Red Crescent and 8 from the Palestine Red Crescent were killed while carrying out their duties. The case of three ICRC staff kidnapped in 2013 remained unresolved. These abuses against medical workers/facilities and other violations (e.g. targeted obstructions) were monitored and documented, in line with the Health Care in Danger project. On

this basis, all parties concerned were reminded – through bilateral dialogue, reports and public statements – of the protection afforded by IHL and other applicable norms to wounded/sick people and to medical workers/facilities, regardless of their affiliations.

### Despite some deliveries, people continue to suffer from restrictions on impartial medical assistance

Health needs continued to outstrip available services, especially in besieged locations and in areas controlled by armed groups. Opportunities for delivering medical supplies/equipment, especially surgical materials, to these areas remained limited. For instance, ICRC deliveries across front lines were rarely permitted and, if allowed, it was in small quantities only. In October, people in four besieged areas received medical supplies from the ICRC; hundreds of wounded people from these areas were evacuated in December through the coordinated efforts of the Syrian Arab Red Crescent, the UN and the ICRC.

Several hospitals sustained their services with ad hoc ICRC support. Three hospitals each in Aleppo and Deir Ez Zor received medicines, obstetric kits and other supplies; residents/IDPs in parts of Rural Damascus controlled by armed groups benefited from similar supplies. A hospital in Hassakeh and two in Tartus received surgical sets.

Ten facilities received supplies for 7,450 haemodialysis sessions; some of them had clean water following ICRC-backed infrastructure improvements. Fifteen hospitals/clinics in Aleppo, Damascus, Hama and Homs – including two Palestine Red Crescent hospitals – continued to function despite power shortages, thanks to generators from the ICRC. Five hospitals in Aleppo received material/maintenance support for their biomedical equipment.

Two clinics in Barzeh and Midan were renovated, thereby helping to increase the number of functional facilities in Rural Damascus.

Over 570 Syrian Arab Red Crescent staff/volunteers honed their first-aid skills at ICRC-supported courses; they also received supplies and uniforms. Twenty-six health professionals learnt more about pre-hospital care at a seminar abroad (see *Jordan*), and 39 surgeons added to their knowledge of weapon-wound management at a seminar in Damascus.

### People with physical disabilities receive specialized services

In Damascus, 945 people availed themselves of services at a physical rehabilitation centre run by the Syrian Arab Red Crescent with ICRC support, which included technical guidance and on-site assistance from ICRC specialists. In Aleppo, 245 people with physical disabilities received treatment at an ICRC-managed rehabilitation centre that opened in June.

People with physical disabilities also benefited from the distribution, through the National Society, of 1,094 wheelchairs and 2,373 pairs of crutches.

## ACTORS OF INFLUENCE

### Developing IHL-focused dialogue with parties to the conflict remains a challenge

Contact and coordination with the Syrian authorities at central and local levels, and with community leaders and armed groups, helped facilitate Syrian Arab Red Crescent/ICRC activities, but impediments to impartial humanitarian action remained (see *Civilians* and *Wounded and sick*).

Meetings with Syrian government officials emphasized the right, under IHL/other applicable norms, of all wounded people to receive medical treatment and of civilians to receive humanitarian assistance. Based on a 2014 agreement, the Syrian government reactivated the national IHL committee and, with ICRC guidance, appointed members from pertinent ministries. However, broader and systematic dialogue on protection issues was not established, and direct contact with the armed/security forces remained minimal.

Interaction, in Syria and abroad, with representatives of some armed groups helped familiarize them with IHL, humanitarian principles, the ICRC's exclusively humanitarian mission and the Movement's activities.

### **Various audiences learn more about principled humanitarian action and the ICRC**

Public communication efforts sought to enlist support for ICRC field operations from civil society members and the wider public, including among people who had direct influence on the parties to the conflict. People in Syria and abroad kept abreast of developments in the country through ICRC operational updates, multimedia releases, interviews and opinion pieces. These drew attention to the adverse consequences of the conflict, the ICRC's neutral, impartial and independent humanitarian action, and the organization's position on such issues as the protection of medical services and the use of water as a means/method of warfare.

Videos and other material disseminated on ICRC social networking platforms highlighted key provisions of IHL and the activities of the National Society/ICRC. Interaction with members of local/international media, regardless of their affiliation in relation to the conflict, continued. Thirty-five Syrian media professionals learnt more about IHL and the ICRC during workshops co-organized with the information ministry.

Meetings with academic circles were pursued, with a view to stimulating interest in IHL instruction. Two academics attended an advanced IHL course, and 70 instructors from a government training institute improved their understanding of IHL and the ICRC at a seminar. Students from a Damascus university benefited from ICRC-supported courses/dissemination sessions; several universities in Aleppo received reference materials.

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

The Syrian Arab Red Crescent responded to humanitarian needs with extensive financial/material/technical support from the ICRC, provided within the framework of a 2014–16 agreement. This support helped cover operating/administrative costs at the National Society's headquarters, 12 branches, 11 response centres and first-aid posts.

The National Society strengthened its internal/external communication capacities and its risk-management measures, to improve the safety of its staff in the field. It upgraded its radio communication system with ICRC-provided training/equipment. Its drivers learnt more about the risks associated with weapon contamination at ICRC-organized information sessions. Donations of vehicles helped bolster its logistical capacities.

During training courses conducted under an ICRC-supported pilot project, 20 volunteers from four branches learnt how to provide psychological support to their peers.

The National Society also took steps to raise awareness of IHL among its staff/volunteers, notably by establishing a specific unit for this purpose.

Coordination with the Palestine Red Crescent Society continued, including by providing equipment/furniture for its offices.

Movement components coordinated their activities, capitalizing on their complementary approaches and thereby increasing the impact of the Movement's response.

<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>		<b>Total</b>			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SC*</b>		
RCMs collected		16			
RCMs distributed		7			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		3			
People transferred/repatriated		126			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		1,921	145	72	91
<i>including people for whom tracing requests were registered by another delegation</i>		1,187			
People located (tracing cases closed positively)		230			
<i>including people for whom tracing requests were registered by another delegation</i>		78			
Tracing cases still being handled at the end of the reporting period (people)		5,720	349	185	328
<i>including people for whom tracing requests were registered by another delegation</i>		3,872			
<b>Documents</b>					
People to whom travel documents were issued		15			
Official documents relayed between family members across borders/front lines		20			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		15,297	778	414	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		164	31	3	22
Detainees newly registered		118	16	1	20
Number of visits carried out		10			
Number of places of detention visited		10			
<b>Restoring family links</b>					
RCMs collected		60			
RCMs distributed		29			
Phone calls made to families to inform them of the whereabouts of a detained relative		235			
People to whom a detention attestation was issued		4			

\*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	8,809,191	30%	40%
	<i>of whom IDPs</i>	8,809,191		
Essential household items	Beneficiaries	2,099,692	30%	40%
	<i>of whom IDPs</i>	2,099,692		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	15,700,000	30%	40%
	<i>of whom IDPs</i>	1,256,000		
<b>Health</b>				
Health centres supported	Structures	16		
Average catchment population		500,000		
Consultations	Patients	172,331		
	<i>of which curative</i>		53,894	72,195
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	25,518		
Essential household items	Beneficiaries	17,008		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	10,100		
<b>Health</b>				
Number of visits carried out by health staff		4		
Number of places of detention visited by health staff		5		
Number of health facilities supported in places of detention visited by health staff		1		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	28		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	3,307		
<b>Physical rehabilitation</b>				
Projects supported	Structures	2		
Patients receiving services	Patients	1,190	265	198
New patients fitted with prostheses	Patients	99	20	17
Prostheses delivered	Units	278	53	36
	<i>of which for victims of mines or explosive remnants of war</i>	12		
New patients fitted with orthoses	Patients	14	6	2
Orthoses delivered	Units	45	13	16
Patients receiving physiotherapy	Patients	648	143	116
Crutches delivered	Units	84		
Wheelchairs delivered	Units	8		