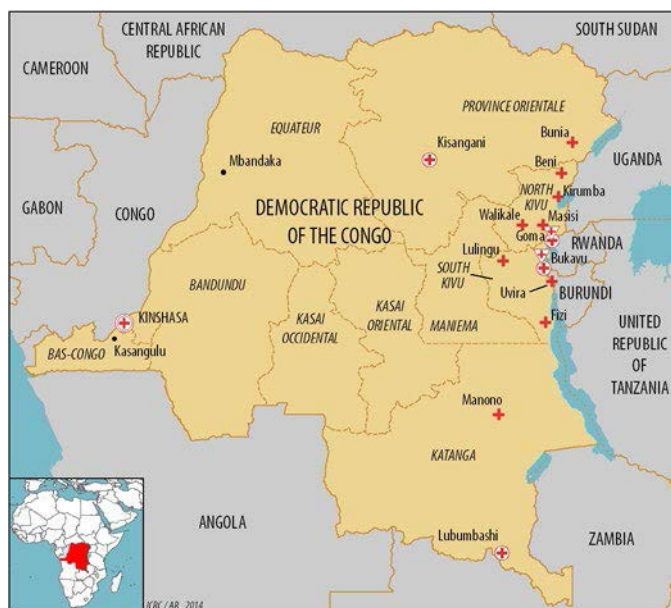


CONGO, DEMOCRATIC REPUBLIC OF THE



ICRC delegation ICRC sub-delegation ICRC office/presence
ICRC-supported prosthetic/orthotic centre

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ weapon bearers were reminded of the protection afforded by IHL to civilians, through 250 oral and written representations based on violations reported to the ICRC
- ▶ over 700 unaccompanied children, including those formerly associated with armed forces or groups, rejoined their families within or across national borders, as a result of Movement efforts
- ▶ over 1,000 weapon-wounded people received medical care thanks to the deployment of 2 ICRC surgical teams in Bukavu and Goma, regular support to 7 hospitals and ad hoc support to 32 other health facilities
- ▶ while the lower intensity of conflict led to reduced needs, thousands of IDPs/returnees continued to meet their emergency needs through food rations and essential household items
- ▶ rural water projects ensured access to safe water for thousands of people, but operational/logistical issues postponed the completion of other projects, such as a water reservoir in Goma and wells in Katanga
- ▶ acutely malnourished detainees in ICRC-supported prisons recovered their health by means of therapeutic feeding and daily rations

EXPENDITURE (in KCHF)	
Protection	15,480
Assistance	39,349
Prevention	5,312
Cooperation with National Societies	2,309
General	-
	62,450

of which: Overheads 3,751

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%

PERSONNEL	
Mobile staff	105
Resident staff (daily workers not included)	764

Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It meets the emergency needs of conflict-affected IDPs and residents, assists them in becoming self-sufficient and helps the wounded and sick receive adequate medical/surgical care, including psychological support. It visits detainees, helps restore contact between separated relatives, reunites children with their families and supports the development of the Red Cross Society of the Democratic Republic of the Congo. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

YEARLY RESULTS

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	44,263
RCMs distributed	36,850
Phone calls facilitated between family members	270
People located (tracing cases closed positively)	551
People reunited with their families	854
<i>of whom unaccompanied minors/separated children</i>	785
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	19,222
Detainees visited and monitored individually	1,891
Number of visits carried out	270
Number of places of detention visited	74
Restoring family links	
RCMs collected	2,203
RCMs distributed	1,725
Phone calls made to families to inform them of the whereabouts of a detained relative	45

ASSISTANCE	2014 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	180,000	100,877
Essential household items	Beneficiaries	145,000	193,525
Productive inputs	Beneficiaries	120,000	249,553
Cash	Beneficiaries		13,307
Vouchers	Beneficiaries	65,000	34,814
Work, services and training	Beneficiaries		7,220
Water and habitat activities	Beneficiaries	840,500	509,748
Health			
Health centres supported	Structures	12	11
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	5	41
Water and habitat			
Water and habitat activities	Number of beds	600	2,000
Physical rehabilitation			
Centres supported	Structures	3	4
Patients receiving services	Patients	700	915

CONTEXT

The end of the active conflict between the armed forces of the Democratic Republic of the Congo (hereafter DRC) and the M23 in December 2013 contributed to decreased levels of confrontations in North Kivu. Still, fighting and interethnic tensions continued, causing casualties, destruction of livelihood and property, and other abuses against civilians; tens of thousands of people were uprooted and often prevented from returning to their homes, notably in Katanga, North and South Kivu and Province Orientale.

The UN Security Council extended – until 2015 – the mandate of the UN Stabilization Mission in the DRC (MONUSCO) and its ‘intervention brigade’. MONUSCO, along with the armed forces, launched military operations against certain armed groups in the country.

While few thousands of ex-combatants disarmed and were demobilized, the national process of Disarmament, Demobilization, Repatriation, Reintegration and Resettlement has not yet achieved the complete dismantlement of the said groups.

Regional leaders set a deadline for the Democratic Forces for the Liberation of Rwanda to disarm voluntarily or possibly face military action. As the deadline neared, a few combatants and their dependants had disarmed and regrouped.

The influx of refugees from the Central African Republic (hereafter CAR), and of Congolese migrants deported or returning from neighbouring countries, decreased, but local resources continued to feel the strain.

In November, an outbreak of the Ebola virus in the Equateur province was contained.

ICRC ACTION AND RESULTS

By means of a multidisciplinary approach adapted to the country’s changing security constraints, the ICRC continued to protect and assist conflict-affected people in eastern DRC and other areas affected by violence.

It pursued efforts to ensure protection for civilians and medical personnel and facilities, and to secure its safe access to conflict-affected people. In this connection, the ICRC maintained regular dialogue at all levels with parties to the conflict, including on allegations of abuse reported to its delegates. Dissemination sessions focused on the reinforcement of respect for IHL and humanitarian principles among weapon bearers; regular contact with the authorities, traditional leaders, civil society actors and conflict-affected communities promoted acceptance for neutral, impartial and independent humanitarian action.

Teams from the Red Cross Society of the Democratic Republic of the Congo administered first aid to wounded/sick people and managed human remains with ICRC support. Weapon-wounded patients were evacuated by the ICRC and treated by two ICRC surgical teams at hospitals in Bukavu and Goma and other supported facilities.

In North and South Kivu, conflict-affected people had access to health care at primary-health-care centres, which received regular ICRC support (drugs/consumables and staff training), and at other health facilities, which received emergency medical materials on an ad hoc basis. Victims of sexual violence and other conflict-related trauma received psychosocial care and were referred for medical

treatment to nearby health structures. Information sessions for community members raised awareness of the availability of these services and sought to prevent victims from being stigmatized. In Province Orientale, people suffering from conflict-related trauma also received psychosocial support from community-based counsellors. People disabled during armed conflict restored/improved their mobility via prosthetic/orthotic devices and rehabilitative services at ICRC-supported physical rehabilitation centres. Health facilities, including counselling and primary-health-care centres, were constructed or renovated.

In the Kivu provinces and in Katanga, IDPs/returnees affected by ongoing clashes covered their immediate needs through emergency relief provided by DRC Red Cross/ICRC teams. Because needs decreased throughout the year, the DRC Red Cross/ICRC carried out fewer emergency food distributions than planned. Nonetheless, in stabilized areas, communities restored/boosted their livelihoods through agricultural and fish-farming initiatives, and other ICRC-supported projects implemented with local partners. Water authorities in the Kivu provinces worked with the ICRC to construct/restore local water systems, and increase residents’ access to clean water. In Goma and Katanga, operational and logistical issues delayed the completion of some projects.

Delegates visited detainees – in line with standard ICRC procedures – to monitor their treatment and living conditions: afterwards, on the basis of their findings, they made confidential representations to the authorities. Detainees recovered their health and/or improved their daily diet through ICRC nutrition programmes and food distributions, which took place alongside dialogue with the authorities on the timely release of funds for food. Detainees in a number of prisons saw better living conditions, including improved access to basic health care, following ICRC material/technical support for dispensaries, distributions of hygiene items and construction/rehabilitation of prison infrastructure.

DRC Red Cross/ICRC family-links services enabled detainees, CAR refugees and others separated from their families by armed conflict to re-establish/maintain contact with their relatives. Separated children, including those previously associated with weapon bearers, rejoined their families in the DRC or abroad, and received support for reintegration into community life.

The DRC Red Cross enhanced its first-aid, disaster-management, family-links and communication capacities with ICRC financial/material/technical support. Regular contact with other Movement partners, the authorities and humanitarian organizations ensured coordination of activities.

CIVILIANS

Conflict-affected civilians reported abuses committed by weapon bearers, including extrajudicial killings, sexual violence, child recruitment and issues related to impeded access to health care. Based on these allegations, and to prevent further abuses, the ICRC made over 250 written and oral representations to weapon bearers and other parties to the conflict, reminding them of the protection afforded by IHL to civilians, including those seeking or providing medical care.

Conflict-affected civilians cover their needs via emergency assistance and livelihood support

Owing to reduced needs and logistical constraints, fewer food distributions took place. Even so, following emergencies/clashes, IDPs/returnees met their short-term needs through food (100,877

people/19,051 households) and essential household items (193,525 people/38,705 households) distributed by National Society/ICRC teams in coordination with the authorities and other organizations. Vouchers enabled 34,814 people/6,963 households to purchase essential items at three ICRC-organized fairs in the Kivu provinces.

Some 250,000 IDPs/returnees, members of host families and other vulnerable residents (49,991 households), in more stable areas in Katanga and North and South Kivu, resumed/intensified their agricultural or fish-farming activities with ICRC-supplied disease-resistant cassava cuttings, improved seed for staple crops/vegetables, tools and fishing kits. To bolster the sustainability of these activities, State agencies and 99 local associations, with ICRC support, conducted daily follow-up and training for 1,440 households (7,220 people).

Victims of sexual violence obtain psychosocial support and medical treatment

Some 80,000 people received primary health care at 11 centres that received regular ICRC support (drugs/medical supplies, staff training, monitoring and infrastructural upgrades). At these centres: over 60,000 vaccinations were performed – of which 90% were for children – through ICRC support for the national immunization programme and for a massive polio vaccination campaign; some 14,000 women received ante/post-natal consultations; about 4,100 patients benefitted from higher-level care after referrals; and treatment costs for destitute patients were covered. Ad hoc ICRC assistance enabled 16 other primary health centres to strengthen their ability to meet emergency needs, during influxes of IDPs and at other times.

In North and South Kivu, 2,906 victims of sexual violence and 1,064 people suffering from conflict-related trauma were assisted in coping with their situation through the psychosocial support offered at 29 ICRC-supported counselling centres; at year's end, six centres were built/renovated. Over 1,220 of those counselled were referred to nearby health facilities for medical treatment. Through regular awareness-raising sessions and six sensitization campaigns partly aimed at preventing stigmatization linked to sexual abuse, 80,000 community members learnt about the centres and the necessity of post-exposure prophylactic treatment within 72 hours of being raped.

In Province Orientale, 662 people suffering from post-conflict trauma received psychosocial support from ICRC-trained, community-based counsellors. At information sessions, over 16,000 people were familiarized with the difficulties faced by those suffering from conflict-related mental-health disorders and ways to help them cope. As planned, psychosocial support to community members in the province concluded at year's end.

Over 700 separated children rejoin their families thanks to Movement efforts

People dispersed by conflict/violence, including CAR refugees, restored/maintained contact with their relatives through National Society/ICRC family-links services. In Kasai Occidental, owing to decreasing needs, the ICRC stopped registering cases for migrants deported from Angola; it closed its office in Kananga in April and carried out the last family reunion in July. The National Society continued to monitor the situation of deportees, and their needs; it maintained a network of tracing volunteers in key locations.

In all, 785 separated children, including 285 previously associated with weapon bearers, reunited with their families within the country or abroad. In the DRC, 638 children returned home with

ICRC-supplied food and 497 children received hygiene items to help them resettle in their communities. Using ICRC-provided materials, 409 children undertook occupational activities, which helped advance their reintegration. Follow-up visits were made to 841 families to monitor the children's welfare; including those who had been previously reunited.

Children registered by the ICRC and awaiting reunification with their families stayed with foster families or at transit centres; the families and the centres were briefed on the children's backgrounds and encouraged to report any issues that might arise; other forms of support were provided as well. Regular visits helped monitor the children's well-being. At National Society/ICRC awareness-raising sessions in transit centres, children and community members learnt about issues that might arise when they returned home.

In the Kivu provinces, community-based initiatives promoted the reintegration into family life of particularly vulnerable children, and strove to prevent further recruitment of child soldiers. Over 230 children gained employable skills through vocational training sessions organized by ICRC-supported associations.

Communities enjoy improved access to clean water in North and South Kivu

Almost 207,000 people had safe drinking water, owing to construction of/repairs to 14 rural water supply systems in North and South Kivu. Community-mobilization activities encouraged beneficiaries' involvement in building and managing infrastructure; they also led to the creation of local water committees and training opportunities, thereby enhancing local ownership and sustainability. In addition, 22 technicians from the country's water utility learnt more about maintenance at a ten-day training course funded by the ICRC.

In Goma, about 300,000 people benefitted from the construction, in cooperation with the local water authorities, of two pumping stations and the installation of a pipeline connected to the broader city network. Operational and logistical issues delayed part of the Goma project and also the construction of wells in Katanga.

In Province Orientale, some 2,500 people had better access to water, through the National Society's implementation – with the ICRC's financial/technical assistance – of a water supply system. Restoration of 12 other water sources in North Kivu was under way.

PEOPLE DEPRIVED OF THEIR FREEDOM

Some 19,000 detainees received ICRC visits conducted according to the organization's standard procedures, during which delegates monitored their treatment and living conditions. Security detainees and other vulnerable inmates were monitored individually and received special attention. Afterwards, findings and recommendations were submitted confidentially to the relevant authorities. The judicial authorities acted on individual cases raised by the ICRC, which led to the release of 26 inmates, including those whose pre-trial detention had exceeded the legal limit.

Detainees communicated with their relatives using RCMs. Following their release, some inmates returned home with ICRC financial assistance.

Malnourished detainees recover their health through nutrition interventions

Over 17,000 inmates had better access to good-quality health care thanks to regular ICRC material/technical support for health

services in at least 17 prisons. Therapeutic nutrition programmes enabled identification and proper management (provision of ready-to-use therapeutic food and supplementary rations) of over 2,500 acutely malnourished inmates at these facilities; this helped reduce overall rates of acute malnutrition in most of the prisons supported. After re-evaluating its activities, the ICRC ended support for some prisons.

Dialogue with the Justice Ministry promoted inmates' access to an adequate diet for prisoners and the timely release of prisons' food budgets.

At an ICRC-organized roundtable, penitentiary, judicial and health authorities discussed ways to improve the referral of sick prisoners to hospitals. Dialogue with the Health and Justice Ministries, on the implementation of a prison health policy, continued, but progress remained slow.

Thousands of detainees improved their hygiene through ICRC-distributed soap/cleaning items; some 14,000 inmates in 10 prisons had better access to clean water and/or were less exposed to health hazards, including cholera, after the rehabilitation of water, sanitation and kitchen infrastructure. Of these, 3,211 inmates had better living conditions after the renovation of kitchens and dormitories.

WOUNDED AND SICK

Weapon-wounded patients receive treatment from ICRC surgical teams

Weapon-wounded people received timely treatment from ICRC-supported National Society first-aid teams. Weapon bearers also acquired first-aid skills through National Society/ICRC-organized training sessions, enabling them to treat their peers themselves. Over 415 sick/wounded patients benefited from suitable care at the health facilities to which the ICRC had evacuated them.

In North and South Kivu, weapon-wounded people received medical/surgical care at 41 ICRC-supported health facilities, of which 39 provided data. Seven hospitals, including in Bukavu and Goma that hosted one ICRC surgical team each, received medicines/supplies/equipment and staff training regularly; 32 health facilities received ad hoc support. Over 655 patients, including those treated by ICRC surgical teams, had their treatment costs covered.

Two seminars on weapon-wound management enabled 56 doctors and head nurses from health facilities throughout the two Kivu provinces to strengthen their ability to cope with conflict-related emergencies and stabilize weapon-wounded patients. Nine health facilities improved their services following renovation/construction work on their water supply, sanitation and electrical systems.

Disabled people receive cost-free treatment in three cities, including Kinshasa

Some 900 people disabled during the conflict or other situations of violence obtained cost-free treatment at ICRC-supported physical rehabilitation centres in Bukavu and Goma, and also in Kinshasa, where a partnership with one centre was formalized. Besides helping disabled people restore their mobility, these centres also promoted their social inclusion through sports and, in Bukavu, by providing psychosocial support.

Two staff members from the Goma and Kinshasa centres received sponsorship for a three-year prosthetic and orthotic course in

Lomé, Togo. The authorities were encouraged in various fora to develop national physical rehabilitation services.

Wheelchair users had easier access to ICRC offices and other sites in Goma and Kinshasa following structural improvements to the buildings.

ACTORS OF INFLUENCE

Weapon bearers of all ranks learn more about IHL

Weapon bearers of all ranks reinforced their understanding of IHL and the Movement through briefings and training sessions. Eighty officers deployed countrywide as military legal advisers participated in a briefing session; troops from MONUSCO's 'intervention brigade' attended pre-deployment briefings organized with other ICRC delegations.

Particular efforts were made to reach officers directing operations in conflict-affected provinces; they responded favourably to a proposal for conducting six workshops on incorporating IHL-related considerations in their planning and in the conduct of hostilities. In Katanga, Kinshasa, North and South Kivu, and Province Orientale, some 8,000 members of the armed forces, security personnel and other weapon bearers attended training sessions, sometimes combined with first-aid training, aimed at enhancing their respect of humanitarian principles, raising their awareness of the consequences of sexual violence, and securing Movement workers' access to people in need.

Stakeholders in security sector reform relied on the ICRC's technical support to incorporate IHL in military doctrine and training. Dialogue with the Defence Ministry and the armed forces promoted greater incorporation of IHL in military procedures.

Students demonstrate grasp of IHL at local and international events

Local authorities, traditional/religious leaders and youth and civil society representatives learnt more about the Movement's work through regular contacts with the ICRC. Presentations in various provinces helped reinforce acceptance for humanitarian principles.

The Goma University team won an IHL moot court competition abroad (see *Rwanda*), while the team from the Catholic University of Bukavu won the third national round of the inter-university IHL moot court competition organized by the ICRC. A debate on IHL at the University of Kinshasa was attended by 850 students. Over 1,500 university students/lecturers learnt more about IHL in advanced courses. Two universities in Bukavu and Kinshasa upgraded their IHL research capacities through ICRC-donated academic materials.

With ICRC support, including field visits, journalists covered various humanitarian issues: communities' access to water, family reunifications and the challenges confronting medical personnel in remote areas. Community radio stations broadcasted radio spots (produced by the National Society/ICRC in 2013) promoting the proper use of Movement emblems.

Representatives from six countries tackle weapons-control issues during Kinshasa seminar

At a regional seminar on the Arms Trade Treaty in Central Africa, co-organized in Kinshasa by the government and the ICRC, government officials from six countries shared their experiences in the struggle against weapons proliferation, and learnt more about ratifying and implementing weapons-related treaties.

Bills authorizing the ratification of the African Union Convention on IDPs, the Central African Convention for the Control of Small Arms and Light Weapons, their Ammunition, Parts and Components that can be used for their Manufacture, Repair or Assembly (better known as the Kinshasa Convention) and the Convention on Cluster Munitions were put on the National Assembly's agenda, as was a bill protecting Movement emblems that the Council of Ministers had already approved. At an ICRC information session on IHL, parliamentarians learnt more about ratifying and implementing IHL treaties.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of the Democratic Republic of the Congo and the ICRC signed their partnership agreement for 2014–16; it focused on emergency relief and other assistance activities for conflict-affected communities, first aid, restoring family links and communication. Communication officers reinforced their skills at ICRC-funded workshops, and disaster-management officers attended a national workshop on making volunteers safer. Five provincial tracing coordinators participated in a National Society/ICRC training course supplemented by follow-up visits and coaching, which bolstered the Movement's family-links capacities in the country. Supervisory visits enabled DRC Red Cross branches to reinforce their monitoring and evaluation. The DRC Red Cross conducted mine-risk education activities independently.

In eastern DRC, 75 staff and volunteers attended five train-the-trainer sessions, where they learnt to instruct their colleagues in first aid; in North Kivu and Katanga, 40 volunteers bolstered their ability to manage human remains in line with the Safer Access Framework.

Branches in five key provinces benefited from ICRC support, which included payment of salaries. The Kasai Occidental branch received particular attention, following the closure of the ICRC's office in the area. An office was constructed in the Fizi territory of South Kivu to support the National Society's activities there.

The DRC Red Cross's General Assembly adopted the finalized strategic plan for the 2014–18 period. The DRC Red Cross also aligned its disciplinary rules with its revised statutes, and distributed, throughout the country, a comic strip designed to raise awareness about emblem misuse. Branch leaders and volunteers in nine provinces learnt about the National Society's revised statutes at dissemination sessions organized with ICRC financial/technical support.

Monthly meetings between National Society branches in all provinces, and in Kinshasa, with other Movement partners helped ensure regular coordination of activities. A crisis meeting with Movement partners focused on the response to an Ebola outbreak.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		44,263	2,323		
RCMs distributed		36,850	1,527		
Phone calls facilitated between family members		270			
Names published in the media		23			
Reunifications, transfers and repatriations					
People reunited with their families		854			
	<i>including people registered by another delegation</i>	69			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		971	157	303	207
	<i>including people for whom tracing requests were registered by another delegation</i>	327			
People located (tracing cases closed positively)		551			
	<i>including people for whom tracing requests were registered by another delegation</i>	144			
Tracing cases still being handled at the end of the reporting period (people)		774	114	234	188
	<i>including people for whom tracing requests were registered by another delegation</i>	236			
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		1,080	277		492
UAMs/SCs reunited with their families by the ICRC/National Society		785	241		285
	<i>including UAMs/SCs registered by another delegation</i>	45			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		578	150		221
Documents					
Official documents relayed between family members across borders/front lines		8			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		19,222	496	639	
			Women	Girls	Boys
Detainees visited and monitored individually		1,891	23	10	140
Detainees newly registered		921	16	10	126
Number of visits carried out		270			
Number of places of detention visited		74			
Restoring family links					
RCMs collected		2,203			
RCMs distributed		1,725			
Phone calls made to families to inform them of the whereabouts of a detained relative		45			
People to whom a detention attestation was issued		212			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	100,877	33%	43%
	<i>of whom IDPs</i>	25,094		
Essential household items	Beneficiaries	193,525	33%	36%
	<i>of whom IDPs</i>	54,231		
Productive inputs	Beneficiaries	249,553	38%	34%
	<i>of whom IDPs</i>	32,658		
Cash	Beneficiaries	13,307	36%	36%
Vouchers	Beneficiaries	34,814	34%	42%
	<i>of whom IDPs</i>	12,583		
Work, services and training	Beneficiaries	7,220	38%	33%
Water and habitat activities	Beneficiaries	509,748	40%	40%
	<i>of whom IDPs</i>	50,975		
Health				
Health centres supported	Structures	11		
Average catchment population		82,995		
Consultations	Patients	71,690		
	<i>of which curative</i>		15,345	27,894
	<i>of which ante/post-natal</i>		14,007	
Immunizations	Doses	65,704		
	<i>of which for children aged five or under</i>	62,440		
Referrals to a second level of care	Patients	4,121		
Health education	Sessions	1,593		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	1,035		
Essential household items ¹	Beneficiaries	30,330		
Productive inputs	Beneficiaries	10,595		
Water and habitat activities	Beneficiaries	14,369		
Health				
Number of visits carried out by health staff		212		
Number of places of detention visited by health staff		17		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	41		
	<i>of which provided data</i>	39		
Patients whose hospital treatment has been paid for by the ICRC	Patients	655		
Admissions	Patients	19,343	8,450	7,471
	<i>of whom weapon-wounded</i>	1,386	192	132
	<i>(including by mines or explosive remnants of war)</i>	18		
	<i>of whom other surgical cases</i>	2,016		
	<i>of whom medical cases</i>	10,628		
	<i>of whom gynaecological/obstetric cases</i>	5,313		
Operations performed		5,271		
Outpatient consultations	Patients	12,906		
	<i>of which surgical</i>	545		
	<i>of which medical</i>	11,002		
	<i>of which gynaecological/obstetric</i>	1,359		
First aid				
First-aid posts supported	Structures	15		
	<i>of which provided data</i>	15		
Wounded patients treated	Patients	57		
Water and habitat				
Water and habitat activities	Number of beds	2,000		
Physical rehabilitation				
Centres supported	Structures	4		
Patients receiving services	Patients	915	206	80
New patients fitted with prostheses	Patients	160	43	11
Prostheses delivered	Units	320	83	48
	<i>of which for victims of mines or explosive remnants of war</i>	19		
New patients fitted with orthoses	Patients	62	10	8
Orthoses delivered	Units	87	16	14
Patients receiving physiotherapy	Patients	370	88	52
Crutches delivered	Units	662		
Wheelchairs delivered	Units	49		

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