

SUDAN



ICRC/AR_2013
 + ICRC delegation + ICRC sub-delegation + ICRC office / presence
 + ICRC-supported prosthetic/orthotic centre

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ vulnerable communities in Darfur met their immediate needs with ICRC-supplied food and household supplies, supplemented by resilience-building activities such as seed distributions and livestock health services
- ▶ during violence in Jebel Amir, some 600 women, children and elderly people found refuge in a safe zone marked by flags bearing the ICRC logo and respected by weapon bearers on both sides after they were notified by the ICRC
- ▶ injured and sick people, including 1,440 weapon-wounded patients, received timely treatment in 21 hospitals and some health clinics across Sudan, which increased their capacities with the help of ICRC-provided supplies
- ▶ the ICRC's humanitarian operations in Darfur continued despite security and access constraints, while the organization remained without access to vulnerable populations in Blue Nile and South Kordofan
- ▶ with the ICRC acting as a neutral intermediary, 5 South Sudanese POWs returned voluntarily from Sudan, and 75 Sudanese people released by armed groups in Darfur were handed over to the Sudanese authorities
- ▶ government forces took steps to incorporate IHL and humanitarian principles in their training by, for example, forming a committee to develop a training programme in IHL and international human rights law for the police

EXPENDITURE (in KCHF)

Protection	3,927
Assistance	26,949
Prevention	2,946
Cooperation with National Societies	1,847
General	-
Total	35,669

of which: Overheads 2,165

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	53
Resident staff (daily workers not included)	685

The ICRC opened an office in Khartoum in 1978 and began operations during the armed conflict between the government forces and the Sudan People's Liberation Movement/Army. It currently addresses needs arising from armed conflicts between South Sudan and Sudan, and in Darfur. It works to ensure that conflict-affected people are protected in accordance with IHL and other internationally recognized standards, receive emergency aid, livelihood support and medical care, and can restore contact with relatives. It works with and supports the Sudanese Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	5,965
RCMs distributed	6,181
Phone calls facilitated between family members	1,284
People located (tracing cases closed positively)	287
People reunited with their families	8
of whom unaccompanied minors/separated children	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	107
Detainees visited and monitored individually	98
Number of visits carried out	9
Number of places of detention visited	6
Restoring family links	
RCMs collected	15
RCMs distributed	12
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 210,000	428,942
Essential household items	Beneficiaries 72,000	160,766
Productive inputs	Beneficiaries 453,930	618,037
Cash	Beneficiaries 49,200	557,813
Vouchers	Beneficiaries	15,000
Work, services and training	Beneficiaries 207,000	437,015
Water and habitat activities	Beneficiaries 650,000	714,093
Health		
Health centres supported	Structures 7	8
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	21
Water and habitat		
Water and habitat activities	Number of beds	829
Physical rehabilitation		
Centres supported	Structures 3	10
Patients receiving services	Patients 3,400	6,133

CONTEXT

The production/export of oil in South Sudan and Sudan resumed following an agreement between the two countries in March. However, tensions remained over such issues as the dispute over the Abyei region. Each side alleged military operations by the other in areas along the disputed border, where confrontations between South Sudanese and Sudanese tribes were also reported.

Internally, the security situation deteriorated in various regions, resulting in deaths and displacement. In Darfur, a number of inter-tribal clashes erupted, notably in Central, East and North Darfur (Jebel Amir), while confrontations between the Sudanese Armed Forces (SAF) and armed groups continued to take place. Hostilities between the SAF and armed groups in Blue Nile and South Kordofan persisted, briefly extending into North Kordofan. Peacekeeping forces – the African Union-United Nations Mission in Darfur (UNAMID) and the United Nations Interim Security Force for Abyei (UNISFA) – maintained their presence.

International/foreign organizations had very limited access to Blue Nile and North and South Kordofan; some assistance was channelled through designated national organizations. In Darfur, international humanitarian actors were given temporary access to violence-affected areas to conduct assessments and deliver aid.

ICRC ACTION AND RESULTS

Despite security and access constraints in some parts of Sudan (see *Context*), the ICRC assisted people affected by conflict and other situations of violence in Darfur. It adapted its operations, working when practicable through partners such as the Sudanese Red Crescent Society, national and regional authorities, and communities. With the authorities' consent, ICRC staff carried out and monitored operations in some areas, including Jebel Amir. The ICRC remained without access to Blue Nile and South Kordofan.

Dialogue with the authorities, weapon bearers and community leaders sought to foster awareness of humanitarian concerns, including the need to facilitate safe access to health care, and secure acceptance for the ICRC's neutral, impartial and independent action. The authorities and weapon bearers concerned received reminders of their obligations under IHL; when possible, violations were brought to their attention for follow-up with those allegedly responsible. Specific representations were backed by IHL briefings/training; long-term initiatives advanced the incorporation of IHL in domestic law, military training and academic curricula.

Acting as a neutral intermediary, the ICRC helped to protect people not/no longer participating in fighting. During violence in Jebel Amir, some 600 people found refuge in a safe zone marked by flags bearing the ICRC logo, which the weapon bearers respected. Under ICRC auspices and according to their wishes, five South Sudanese POWs returned from Sudan and 75 people released by armed groups were handed over to the Sudanese authorities. The ICRC visited people held by armed groups in Darfur. Seeking access to other people held in relation to the conflicts, it maintained dialogue with the authorities and armed groups concerned.

The ICRC partnered with the National Society, which received training, funds and other support, in delivering emergency, livelihood-support and family-links services to people in areas they were able to reach.

People wounded in clashes received care at 21 hospitals and some clinics across Sudan, which increased their capacities with ICRC-provided supplies. Communities in remote and violence-affected areas benefited from services, including vaccinations and mother and child care, at ICRC-supported health centres. A centre in Garra al-Zawia served wounded and displaced people from Jebel Amir with comprehensive ICRC assistance that lasted for three months. People needing specialized care, including victims of sexual violence, benefited from their referral/transfer to hospitals or other suitable services. Physical rehabilitation centres managed by the National Authority for Prosthetics and Orthotics (NAPO) with ICRC support also provided services to thousands of people.

Food and shelter materials distributed by National Society/ICRC teams enabled violence-affected IDPs, residents and returnees to cope. Local technicians and the National Society/ICRC repaired damaged water infrastructure, providing families with water for themselves and their livestock. Family members separated by conflict/violence restored contact through phone/RCM services.

Communities restored/maintained their self-sufficiency with the help of livelihood-support initiatives. Farmers produced their own food with seed received from the ICRC or bought at local markets with ICRC-provided vouchers. Donations of seed and equipment to agricultural research centres increased the availability of viable seed. Pastoralists benefited from livestock vaccination campaigns conducted by the Ministry of Animal Resources and Fisheries (MARF) with ICRC support. ICRC funds, training and materials helped animal health workers ensure the sustainability of veterinary services. Former internees at the US internment facility at Guantanamo Bay Naval Station in Cuba participated in income-generating projects.

The ICRC coordinated with Movement partners and other humanitarian agencies, maximizing the impact of their activities, identifying unmet needs and avoiding duplication of effort.

CIVILIANS

People fleeing fighting find refuge in a safe zone

Security and access constraints limited the ICRC's ability to monitor the situation in a number of conflict/violence-affected areas. The ICRC adjusted its activities according to the evolving needs and its operational capacities. For instance, although more people received food supplies, some of them benefited from half-month instead of one-month rations. ICRC staff regularly visited areas they could reach, designing assistance activities that helped communities strengthen their self-protection mechanisms. For example, families who received donkey carts transported goods to market or people to clinics more efficiently, thereby reducing their exposure to risk while travelling.

Whenever possible and on the basis of documented allegations, the ICRC engaged in dialogue with the authorities and armed groups concerned, reminding them of their responsibility to respect and protect people not/no longer taking part in fighting and to ensure their access to humanitarian assistance, including medical care. When possible, reported violations were brought to their attention for follow-up with those allegedly responsible. Victims were given referrals for medical/psychological care (see below) and had their treatment costs covered. During clashes in Jebel Amir, some 600 women, children and elderly people found safety in a zone that an ICRC team had marked with flags bearing the ICRC logo, with

the local authorities' consent. The weapon bearers involved, having been notified by the ICRC, respected this zone.

The ICRC also sought to ensure that South Sudanese citizens in Sudan could return to their country if they so wished and receive appropriate support; it coordinated to this end with the authorities and other humanitarian agencies.

Vulnerable families meet their immediate needs

With access to conflict/violence-affected areas limited, the ICRC worked with local authorities, communities and the National Society to ensure that emergency assistance could reach vulnerable communities. Some 180,000 IDPs, residents and returnees, mainly in Jebel Marra and Jebel Si, met their immediate needs with ICRC-provided one-month food rations; some 110,500 of them also built temporary shelters or improved their living conditions with ICRC-supplied items. About 50,000 others in Blue Nile, Central, South and West Darfur, and Khartoum states benefited from household items distributed mainly by the National Society with ICRC support, including for 16,500 flood-affected people in Blue Nile and Khartoum.

The strain on host villages' resources – caused by the presence of IDPs and their livestock – eased after National Society volunteers, local technicians and the ICRC repaired/installed water supply infrastructure. Trained and equipped by the ICRC, some 60 local workers maintained water systems. In total, over 713,000 people in Darfur benefited from emergency and long-term responses carried out by the water authorities and the ICRC.

Rural communities strengthen their economic security

Farming communities (75,500 households/455,628 people) produced their own food by planting seed, which was distributed to some 54,000 households or bought with vouchers provided to 2,500 households. Around 40,000 of these households relied on two-week food rations to avoid consuming their seed before planting. In the communities, approximately 37,000 households received farming tools. Agricultural research centres in al-Fashir, al-Junaina and Nyala used ICRC-provided seed, equipment and financial support to increase the availability of viable seed to local farmers benefiting some 25,700 households.

During interviews conducted after the harvest, farmers reported that they produced food that lasted for about three months, but owing to dry spells, the yield was lower than expected.

Households boosted their income through livelihood-support initiatives. For example, rented tractors or animal-drawn ploughs helped 1,655 returnee farmers cultivate more land. Some 80 households, including 50 headed by disabled people, started businesses – small-scale retailing, cheese production, etc. – with the help of cash grants/training. After undergoing psychological therapy, nine former internees at the Guantanamo Bay internment facility embarked on income-generating activities. With ICRC support, two of them expanded their businesses – selling kitchen and building supplies – which enabled the other seven to work with them.

Some 25,000 pastoralist households (152,000 people) had healthier herds following vaccination campaigns for over 1.2 million animals carried out by the MARF with ICRC technical, material and financial support in more areas than planned, including West Kordofan. Some 50,700 households (304,200 people) accessed veterinary services provided by 338 trained and equipped animal health workers. Three veterinary clinics were renovated using ICRC-supplied

equipment; a veterinary research institute in Khartoum raised the quality and the quantity of the vaccines it produced.

People in remote and violence-prone areas gain access to health care

Support to seven primary health care centres aimed at providing Darfur communities with adequate medical services. However, government-imposed restrictions limited the ICRC's access to a centre serving 17,500 people in Golol, Jebel Marra, and a centre in Guildo serving 19,500 persons remained closed after being looted during clashes in 2012. Thus, only five of the seven centres received regular and comprehensive support (medical supplies, infrastructural maintenance and training); the staff at the other two continued to get financial incentives. Comprehensive support lasting three months also enabled a clinic in Garra al-Zawia – which served a population of 8,000, including displaced/wounded people from Jebel Amir – to raise the quality of its care up to Ministry of Health standards.

Local teams at ICRC-supported clinics curbed disease outbreaks by carrying out over 83,000 consultations and nearly 210,000 vaccinations, mainly for children. During a three-month vaccination campaign in five North Darfur localities with sparse vaccination coverage, children under five and women of childbearing age were vaccinated against common diseases. Community members further mitigated disease risks, organizing garbage collection campaigns and information sessions on disease prevention and good hygiene practices. Families protected themselves against malaria with mosquito nets.

Through ICRC-sponsored midwifery training, 44 women became more adept at ensuring safe deliveries in remote villages. Midwives and traditional birth attendants discussed the health needs of victims of sexual violence at seminars organized by the Ministry of Health/ICRC. A midwifery school (170 beds) in Zalinji reopened after two years and was equipped with chairs, tables and other furnishings.

Over 200 patients requiring specialized care, including children, victims of sexual violence and women suffering from vesicovaginal fistula, were referred/transferred to hospitals.

Family members restore contact through expanded phone service

Guided by a 2012 review, the National Society strove to restore family links more efficiently. For instance, it established phone booths in nine states. Meetings with local authorities and other humanitarian agencies raised awareness of such services and facilitated coordination.

Thousands of IDPs, residents, refugees and migrants re-established contact with relatives within the country or abroad (in Ethiopia and South Sudan, for example) through National Society/ICRC family-links services. One family exchanged news with a relative held in Afghanistan via video calls. A Sudanese minor rejoined his family in Sudan after being repatriated from South Sudan.

Some 100 cases of unaccompanied children continued to be monitored. In North Darfur, in 88 cases, separated children returned by themselves to their families once the situation in their villages calmed down. Over 500 new tracing requests were received from families of people allegedly arrested/captured or missing in relation to the conflicts. The cases were followed up with the

authorities and armed groups concerned (see *People deprived of their freedom*) and other potential sources of information. Tracing requests related to over 280 people were solved.

National Society staff/volunteers underwent training in human remains management, with a view to preventing people from becoming unaccounted for.

PEOPLE DEPRIVED OF THEIR FREEDOM

POWs and others released by armed groups return home safely

Five POWs returned to South Sudan after the ICRC, as a neutral intermediary, had facilitated their voluntary repatriation. They received clothing, hygiene and medical items and mobile phone credit. They had received ICRC visits in 2012. After being released by armed groups, three Sudanese women and their six children came home from South Sudan and 13 South Sudanese men returned to South Sudan, with ICRC support (see *South Sudan*).

In 10 separate instances, a total of 75 civilians and SAF personnel released by armed groups in Darfur were handed over, in accordance with their wishes, to the Sudanese authorities under ICRC auspices.

People held by armed groups are visited by the ICRC

People held by armed groups in Darfur received visits from the ICRC, which checked on their treatment and living conditions. They used RCMs to contact their relatives.

To gain access to all people held in relation to the conflicts, confidential discussions with government authorities – including officials from the Ministry of the Interior and the national IHL committee – and with armed groups continued.

Families having reported the alleged arrest/capture of their relatives to the ICRC, the alleged detaining authorities received requests to provide, if possible, information on the whereabouts of these people. As a result, dozens of families received information on the whereabouts of their detained relatives.

WOUNDED AND SICK

Casualties receive life-saving care from National Society teams and local hospitals

In response to intensified fighting, the National Society formed and trained four new emergency response teams, in addition to the 23 already in place. Over 100 police officers and 20 clinic staff learnt to provide emergency care in National Society/ICRC courses.

With ICRC support, National Society teams administered first aid and evacuated casualties, including in East and North Darfur and South Kordofan. Some 1,400 weapon-wounded people received timely treatment in 13 hospitals that provided data, out of the 21 hospitals (15 in Darfur, 4 in Khartoum, 1 in South Kordofan and 1 in West Kordofan) that received supplies from the ICRC. In al-Sireaf, an ICRC team helped hospital personnel improve triage and patient care.

Disabled people avail themselves of physical rehabilitation services

Over 6,300 patients, of whom 1,372 were women and 1,196 were children, received prostheses/orthoses and physiotherapy at ICRC-supported rehabilitation centres in Khartoum and Nyala. Transport, food and accommodation costs were covered for particularly vulnerable patients during their treatment. People also benefited from such services at five satellite centres in ad-Damazin, Dongola, Gedaref, Kadugli and Kassala, and at a mobile clinic during outreach missions to remote regions. An association of disabled people in al-Fashir facilitated the referral of patients with ICRC support. Children were fitted with orthoses at the Khartoum Cheshire Home's limb-fitting workshop, which was supplied with raw materials.

The NAPO managed its centres with ICRC support in the form of components, equipment and training. During an NAPO/ICRC-organized seminar, directors of NAPO centres, the social welfare minister and other government officials discussed ways to improve the accessibility and quality of national physical rehabilitation services. Two technicians updated their skills through an online course run by the Tanzania Training Centre for Orthopaedic Technologists.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Authorities and weapon bearers urged to facilitate humanitarian assistance

Meetings with national and state authorities – supplemented by monthly reports – aimed at increasing acceptance for the ICRC's neutral, impartial and independent work and gaining access to all conflict-affected populations, including in Blue Nile and South Kordofan, while taking into account the limits set by the government (see *Context*). Officials from the Humanitarian Aid Commission, which regulates the activities of humanitarian agencies in Sudan, enhanced their understanding of the ICRC's working procedures during seminars.

PEOPLE DEPRIVED OF THEIR FREEDOM	SUDAN GOVERNMENT	ARMED GROUPS
ICRC visits		
Detainees visited		107
		<i>of whom women</i> 8
		<i>of whom minors</i> 4
Detainees visited and monitored individually		98
Detainees newly registered		85
Number of visits carried out		9
Number of places of detention visited		6
Restoring family links		
RCMs collected		15
RCMs distributed		12
Phone calls made to families to inform them of the whereabouts of a detained relative		2
Detainees released and transferred/repatriated by/via the ICRC	5	75
People to whom a detention attestation was issued	27	

Briefings/training for weapon bearers, aimed at strengthening compliance with IHL, continued. During ICRC-facilitated handovers of people released by armed groups (see *People deprived of their freedom*), members of these groups received briefings on IHL and the ICRC's mandate. Meanwhile, some 350 military, security and auxiliary officers and UNAMID personnel learnt the basics of IHL at dissemination sessions. Air force officers attended IHL training. Because of the restrictions on access for the ICRC, UNISFA troops did not receive such training; however, UNISFA officials had discussions with the ICRC on the humanitarian situation in areas within their mandate. Central Reserve Police officers attended a seminar where they strengthened their grasp of humanitarian norms related to the conduct of their operations.

Cooperation with communities having proved vital in the implementation of projects, briefings on the ICRC's mandate and working procedures were conducted with the National Society for over 950 people. During a dissemination session, thirty religious leaders discussed the similarities between IHL and sharia law as well as the Movement's work. The media kept the public informed of ICRC activities, including its relief efforts and role as a neutral intermediary. As part of the effort to encourage reporting on humanitarian issues, the ICRC sponsored a journalist's attendance at a regional media workshop.

Long-term initiatives help incorporate IHL in domestic policy and training for security forces

Within the framework of a cooperation agreement between the SAF and the ICRC (covering 2011–14), some 15 SAF officers underwent a train-the-trainer course to ensure that military personnel received systematic instruction in IHL. IHL reference materials were distributed. Following an ICRC-conducted seminar for police commanders, the Sudanese Police Force appointed a committee comprising senior officers to develop, in conjunction with the ICRC, its training programme in international human rights law and IHL.

To encourage the Ministry of Health and the SAF medical corps to incorporate in their procedures measures promoting respect for medical services, they received the recommendations made during a 2012 round-table held within the framework of the Health Care in Danger project. Ninety medical professionals shared their concerns during ICRC-organized fora.

A seminar for the newly reconstituted national IHL committee encouraged further progress in incorporating IHL in domestic law and policies. Officials from the Ministry of Foreign Affairs and the National Intelligence and Security Services learnt more about implementing IHL during a course abroad (see *Lebanon*).

Academic institutions made progress in incorporating IHL in their curricula. Professors were provided with reference materials; they caught up with IHL-related developments during courses abroad. Over 150 law students became better acquainted with IHL and the ICRC's mandate through seminars.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		5,965	5	
RCMs distributed		6,181	2	
Phone calls facilitated between family members		1,284		
Reunifications, transfers and repatriations				
People reunited with their families		8		
	<i>including people registered by another delegation</i>	8		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		534	46	78
People located (tracing cases closed positively)		287		
	<i>including people for whom tracing requests were registered by another delegation</i>	31		
Tracing cases still being handled at the end of the reporting period (people)		633	52	108
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		92	28	
UAMs/SCs reunited with their families by the ICRC/National Society		8	5	
	<i>including UAMs/SCs registered by another delegation</i>	8		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		101	21	
Documents				
Official documents relayed between family members across border/front lines		29		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		107	8	4
Detainees visited and monitored individually		98		
Detainees newly registered		85		
Number of visits carried out		9		
Number of places of detention visited		6		
Restoring family links				
RCMs collected		15		
RCMs distributed		12		
Phone calls made to families to inform them of the whereabouts of a detained relative		2		
Detainees released and transferred/repatriated by/via the ICRC		80		
People to whom a detention attestation was issued		27		

* Unaccompanied minors/separated children

RED CROSS AND RED CRESCENT MOVEMENT

Flood-affected communities receive timely aid

In line with a partnership framework agreement signed in 2012, the National Society and the ICRC strengthened their cooperation in delivering emergency assistance and livelihood support, restoring family links and promoting IHL (see above). When floods displaced thousands in August, the National Society distributed household items and installed water points with ICRC support, in the form of specialists, materials and vehicles. It drafted, with the assistance of Movement partners, guidelines for preparing for and

responding to emergencies. It implemented an improved financial management system, in coordination with the International Federation and the Norwegian Red Cross Society.

The National Society usually coordinated its activities with those of Movement partners and discussed security-related concerns with them to ensure the safety of all volunteers/staff. During a workshop abroad, its representatives exchanged views with Movement partners on issues covered by the Health Care in Danger project.

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	428,942	36%	45%
	<i>of whom IDPs</i>	110,775		
Essential household items	Beneficiaries	160,766	21%	59%
	<i>of whom IDPs</i>	137,089		
Productive inputs	Beneficiaries	618,037	28%	50%
	<i>of whom IDPs</i>	101,980		
Cash	Beneficiaries	557,813	20%	54%
	<i>of whom IDPs</i>	85,182		
Vouchers	Beneficiaries	15,000	21%	60%
	<i>of whom IDPs</i>	7,200		
Work, services and training	Beneficiaries	437,015	19%	52%
	<i>of whom IDPs</i>	52,920		
Water and habitat activities	Beneficiaries	714,093	30%	40%
	<i>of whom IDPs</i>	52,046		
Health				
Health centres supported	Structures	8		
Average catchment population		119,167		
Consultations	Patients	83,275		
	<i>of which curative</i>		14,579	41,187
	<i>of which ante/post-natal</i>		10,666	
Immunizations	Doses	209,830		
	<i>of which for children aged five or under</i>	206,872		
Referrals to a second level of care	Patients	212		
Health education	Sessions	191		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	50		
Cash	Beneficiaries	5		
Work, services and training	Beneficiaries	10		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	21		
	<i>of which provided data</i>	13		
Admissions	Patients	41,960	16,040	18,308
	<i>of whom weapon-wounded</i>	1,440	115	160
	<i>(including by mines or explosive remnants of war)</i>	71		
	<i>of whom other surgical cases</i>	3,338		
	<i>of whom medical cases</i>	30,962		
	<i>of whom gynaecological/obstetric cases</i>	6,220		
Operations performed		6,369		
Outpatient consultations	Patients	106,296		
	<i>of which surgical</i>	16,348		
	<i>of which medical</i>	77,832		
	<i>of which gynaecological/obstetric</i>	12,116		
Water and habitat				
Water and habitat activities	Number of beds	829		
Physical rehabilitation				
Centres supported	Structures	10		
Patients receiving services	Patients	6,133	1,372	1,196
New patients fitted with prostheses	Patients	629	145	23
Prostheses delivered	Units	1,731	373	58
	<i>of which for victims of mines or explosive remnants of war</i>	43		
New patients fitted with orthoses	Patients	575	97	371
Orthoses delivered	Units	1,431	275	910
Patients receiving physiotherapy	Patients	2,643	604	471
Crutches delivered	Units	2,092		
Wheelchairs delivered	Units	25		