



The ICRC has been present in Iraq since the outbreak of the Iran-Iraq war in 1980. Protection activities focus on people detained by the Iraqi government and the Kurdistan regional authorities and on efforts to clarify the fate/whereabouts of missing persons. Assistance activities involve: helping IDPs and residents meet their basic needs during emergencies and restore their livelihoods in remote and/or neglected, violence-prone areas; supporting physical rehabilitation, primary health care centres and hospitals; and repairing water, health and detention infrastructure. The ICRC promotes IHL among weapon bearers and supports the Iraqi Red Crescent Society.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- parties to the conflict were urged to abide by their obligations, under IHL and other applicable norms, to respect and protect civilians and civilian infrastructure, including medical personnel/facilities
- as a result of their understanding of and support for the ICRC's work, authorities at all levels, weapon bearers and traditional/local leaders helped facilitate the organization's safe access to people in need
- IDPs and residents maintained their access to water, and received food, essential household items and cash for their immediate needs, through ICRC emergency response activities
- wounded and sick people in conflict-affected/prone areas obtained health services and emergency treatment at ICRC-supported facilities, including hospitals/health centres provided with medical supplies
- detainees received ICRC visits to monitor their treatment and living conditions and, in view of needs amplified by the situation, benefited from ICRC-led infrastructure work and material assistance
- more people than planned benefited from emergency assistance, but violence and other constraints still hampered the ICRC's efforts to protect and assist people as comprehensively as the situation required

### EXPENDITURE (in KCHF)

Protection	13,950
Assistance	49,853
Prevention	7,663
Cooperation with National Societies	2,005
General	-

**73,471**

of which: Overheads **4,484**

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>103%</b>
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### PERSONNEL

Mobile staff	89
Resident staff (daily workers not included)	730

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	1,515
RCMs distributed	1,203
People located (tracing cases closed positively)	57
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	40,030
Detainees visited and monitored individually	625
Number of visits carried out	160
Number of places of detention visited	62
Restoring family links	
RCMs collected	4,650
RCMs distributed	1,779
Phone calls made to families to inform them of the whereabouts of a detained relative	10,086

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 367,500	503,679
Essential household items	Beneficiaries 265,500	531,686
Productive inputs	Beneficiaries 42,000	43,178
Cash	Beneficiaries 19,800	29,624
Work, services and training	Beneficiaries 15,000	13,193
Water and habitat activities	Beneficiaries 1,060,000	2,050,325
<b>Health</b>		
Health centres supported	Structures 18	61
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 17	9
<b>Physical rehabilitation</b>		
Centres supported	Structures 12	12
Patients receiving services	Patients 37,000	33,155

## CONTEXT

The armed conflict between government forces and a network of armed groups, including the Islamic State group, that escalated in Anbar in December 2013 spread to other parts of Iraq. Violence further intensified following the Islamic State group's takeover of Mosul and other areas. At the Iraqi government's request, a coalition of third-party States, led by the United States of America, launched air strikes against the group and provided support to government forces.

The complex and mutable dynamics of the conflict, and the prevalent violence, exacerbated an already fragile humanitarian situation. Iraqis' already limited access to basic services decreased further, as essential infrastructure was damaged and insecurity hampered government operations. Some 1.8 million people were reported displaced, at times repeatedly, owing to shifting frontlines; thousands of people were injured or killed. Amid volatile conditions, international humanitarian organizations present in Iraq encountered difficulties in reaching communities hardest-hit by the conflict.

The new government, formed after elections in April, took steps to resolve key issues amid persistent political uncertainty, sectarian tensions, economic problems and other challenges.

Thousands of refugees from the Syrian Arab Republic (hereafter Syria) remained in the Kurdistan region.

## ICRC ACTION AND RESULTS

Given the broad humanitarian consequences of the armed conflict and other situations of violence in Iraq, the ICRC focused on promoting the protection of civilians and helping them meet their needs. It scaled up its emergency response, supported by a budget extension appeal launched in May.

The ICRC reinforced its dialogue and networking with all authorities and weapon bearers, including third-party States involved in operations against the Islamic State group (see *Context*). It urged them to fulfil their obligations under IHL and other applicable norms to respect and protect civilians and civilian infrastructure, including medical personnel/facilities. Contact with them and with local/traditional leaders also fostered acceptance of and support for humanitarian principles and ICRC activities. This helped facilitate the ICRC's safe access to vulnerable people amid the volatile security conditions. Progress was made in promoting IHL implementation: the authorities established a national IHL committee and granted observer status to the ICRC. Support for IHL training of the Kurdistan military continued, but was temporarily suspended for the Iraqi central government armed forces.

Through its presence across Iraq, the ICRC responded – in coordination with the authorities, the Iraqi Red Crescent Society and other humanitarian actors – to the immediate needs of conflict/violence-affected people. It provided food and essential items to hundreds of thousands of IDPs and residents in most provinces, helping ease their situation. It also helped fill gaps in emergency aid to Syrian refugees. Through projects with the authorities, which included water-trucking and emergency repairs to damaged facilities, it helped ensure access to water for people in conflict-affected areas.

Where security conditions permitted, the ICRC helped vulnerable households become more self-sufficient. Destitute households increased their incomes using agricultural supplies and other ICRC

support; female or disabled breadwinners started small businesses with cash grants. Women heads of households who had completed their application for State allowances, or compiled the required documents, received a final round of cash assistance; the authorities resumed the registration of female breadwinners in the State welfare system.

The ICRC helped ensure that vulnerable people, including those wounded and sick, had access to health services and emergency treatment. It provided on-site support/training for primary-health-care centres, and medical supplies to hospitals and other facilities in conflict-affected areas. It also helped health staff enhance their capacities to cope with the influx of injured patients. It continued to manage a physical rehabilitation centre and support State-run facilities, enabling disabled patients, including Syrian refugees, to avail themselves of appropriate services.

On the basis of ICRC visits to detainees held by the Iraqi central government and the Kurdistan regional government, the authorities concerned were provided with confidential feedback and recommendations on inmates' treatment and living conditions. These focused on the treatment of detainees during the initial phase of their detention, detainees' access to health services and the need to ensure respect for judicial guarantees. In view of needs amplified by the security situation in places of detention, the ICRC helped rehabilitate prison water-supply facilities and increased material assistance for vulnerable detainees.

People across Iraq – including IDPs, Syrian refugees and detainees – restored/maintained contact with their relatives through Movement family-links services. With the ICRC acting as a neutral intermediary, the countries concerned continued their efforts to clarify the fate of people missing in relation to the 1980–88 Iran-Iraq war and the 1990–91 Gulf War. The ICRC also provided training and technical support for Iraqi forensic institutions, to help build their capacities.

The ICRC, and other Movement components, helped the Iraqi Red Crescent sustain its response to humanitarian needs. Coordination within the Movement and with other humanitarian organizations helped maximize efforts, prevent duplication and address unmet needs.

## CIVILIANS

Contributing to the protection of civilians and helping them cope with the humanitarian consequences of armed conflict and other situations of violence remained priorities for the ICRC in Iraq. Authorities at all levels and all weapon bearers involved were urged to abide by their obligations under IHL, international human rights law and other applicable norms. Dialogue and networking efforts – expanded amid the conflict – emphasized the need to protect civilians, including IDPs, refugees and medical workers, and to ensure their access to basic services and humanitarian aid.

Reports of alleged violations were documented and, whenever possible, followed up with the pertinent parties. In particular, abuses committed against patients and medical workers/facilities were monitored in line with the goals of the Health Care in Danger project. During workshops, National Society staff and Iraqi military/police officers discussed ways to promote the protection of people seeking/providing health care.

## IDPs and residents cover their immediate needs

In coordination with the National Society and other humanitarian actors, the ICRC stepped up its emergency assistance to people

living in or displaced from the areas most affected, such as Anbar, Baghdad, Kirkuk and Salaheddin. Contact with the authorities and local/traditional leaders facilitated the organization's safe access to these people, but security/access-related constraints still hampered its efforts to address needs as urgently and comprehensively as the situation required.

Nearly 503,700 individuals (83,849 households), mostly IDPs in unfinished public buildings and other informal shelters, augmented their diets with one-month food rations. Over 531,600 individuals (88,517 households) eased their situation with ICRC-provided hygiene kits and household essentials; they included people in northern Iraq who endured the winter season using heating stoves and other supplies. Some 24,000 people received a second distribution of food/essential items. Thousands of Syrian refugees received food and essential household items from the ICRC, as it helped fill gaps in aid from other sources.

In Najaf, where markets were functional, some 3,000 households met their essential needs using cash grants.

### **Vulnerable households work towards self-sufficiency**

Given the insecurity, the ICRC made adjustments in implementing its livelihood support activities – by focusing on vulnerable households in relatively stable areas, for instance.

Destitute farming households, including returnees and host families, increased their agricultural production through various forms of support: 6,463 households (43,178 individuals) received greenhouses/other supplies; 605 households (5,140 individuals) benefited from land ploughing; and 450 households (2,700 individuals) received cash for cleaning/rehabilitating irrigation canals, which benefited their communities (8,053 people). Some of these households received more than one form of support.

Similarly, 841 female or disabled breadwinners used cash grants to start small businesses, helping them cover their essential needs independently (benefiting 3,978 individuals in total). However, fewer than planned were reached, owing to security constraints. Past beneficiaries reported that their small businesses brought in up to 60% of their households' revenue.

In line with the ICRC's approach to helping female breadwinners apply for State benefits, 912 women who had completed their applications or compiled all required documents received a final round of cash assistance (benefiting 3,220 individuals in total). Some women eligible for such assistance were not reached because they had been displaced by the fighting. Partly as a result of ICRC advocacy efforts, the authorities resumed the registration of female breadwinners in the State welfare system. About 210 women received ICRC cash grants to process their applications, with the help of local NGOs, and to cover their basic needs for three months.

### **Conflict-affected people maintain their access to water/health services**

Over 2 million people in conflict-prone/affected areas, including some 280,000 IDPs, had access to water following the rehabilitation/construction of water infrastructure, including irrigation canals (see above). Among them were people who benefited from water-trucking, urgent repairs to damaged facilities and other emergency activities undertaken by the ICRC in coordination with the authorities and, at times, through local contractors. The authorities' participation promoted community ownership/

sustainability of the projects. Through training, 127 technicians learnt to operate/manage water-supply facilities independently.

In violence-prone/affected areas, people received primary health care at 13 State-run centres (estimated catchment population: 268,230) supported by the ICRC, as per a 2012 agreement with the Health Ministry. These centres maintained their services, including mother/child care, through staff training, medical supplies and on-site support provided by the ICRC, despite widespread insecurity hindering its regular access to these facilities. Two centres were rehabilitated, while several received ad hoc material assistance (see *Wounded and sick*). Referrals to advanced care were monitored and, when necessary, facilitated.

Dialogue with the Health Ministry helped reinforce cooperation and mobilize support for centres in areas with high IDP populations. Discussions with the ministry also covered the status of the 2012 agreement and the eventual handover of responsibilities to local actors.

IDPs in northern Iraq stood to benefit from the deployment of a mobile health clinic within the framework of an agreement signed by the Canadian Red Cross Society and the ICRC in December.

### **369 sets of human remains transferred to Iranian authorities**

With the ICRC acting as a neutral intermediary, the parties concerned endeavoured to clarify the fate of persons missing in relation to the 1980–88 Iran-Iraq war (see *Iran, Islamic Republic of*) and the 1990–91 Gulf War (see *Kuwait*). Following joint Iraqi-Iranian exhumations in Iraq, 369 sets of human remains were handed over to Iranian authorities, who, in turn, returned 18 sets of human remains recovered from Iranian sites. No remains were found during missions to recover missing Kuwaitis.

Institutions involved in recovering/identifying human remains continued to strengthen their capacities. The staff of Baghdad's Medico-Legal Institute improved their grasp of forensic anthropology, laboratory management and DNA analysis, with ICRC advice and training. Two of its scientists honed their skills through first-hand observation during an ICRC-sponsored visit to a similar institute/laboratory in Cyprus. Discussions with the Ministry of Human Rights focused on best practices in human remains management.

Some 170 families of missing persons participated in an assessment of their psychosocial and other needs; analysis of the findings was under way, with a view to submitting a report to the authorities to encourage them to address these needs.

People across Iraq, including IDPs and Syrian refugees, restored/maintained contact with their relatives through RCMs and other family-links services. Some 300 individuals received ICRC travel documents, facilitating their resettlement abroad.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

A total of 40,030 detainees held by the Iraqi central government and the Kurdistan regional government received visits conducted according to standard ICRC procedures, although access to some detention facilities was restricted because of the conflict. Detainees' treatment – particularly during the initial phase of detention and while under interrogation – and living conditions were monitored. Female detainees and other particularly vulnerable inmates were followed up individually.

Detaining authorities received confidential oral/written feedback and, when necessary, recommendations for improvement. Dialogue with them focused on the need to ensure respect for judicial guarantees; judiciary officials in Iraqi Kurdistan received a report on matters discussed at round-tables in 2013. Coordination with UNHCR helped ensure that the authorities respected the principle of *non-refoulement*.

Detainees maintained/restored contact with their relatives through phone calls, RCMs and oral messages relayed by ICRC delegates. Planned family visits for detainees, however, were cancelled in light of the security situation. Allegations of arrest reported to ICRC delegates, especially in relation to the conflict, were followed up with the authorities, who were also reminded of the importance of holding detainees in facilities near their families.

Over 800 former detainees received attestations of detention, enabling them to apply for administrative/legal proceedings.

### **Detainees gain access to water**

Detaining authorities at central, regional and local levels were encouraged to undertake measures to improve detainees' living conditions. Meanwhile, with the ICRC helping the authorities address humanitarian needs exacerbated by the conflict, 4,505 detainees had access to water following emergency repairs in five prisons. Thousands of particularly vulnerable detainees – women, minors and foreigners – received hygiene/educational/recreational items and winter supplies to help ease their confinement.

### **Authorities assess detainees' health-care needs**

Efforts to encourage joint action by penitentiary and health authorities to enhance detainees' access to health services progressed. At the central level, the Health and Justice Ministries had begun discussing the findings of their joint assessment of detainees' health-care needs. The Kurdistan regional Health Ministry developed, with ICRC help, an initial medical screening process to be launched in three detention facilities.

At a regional conference (see *Jordan*), a senior official of the Iraqi Correction Service discussed best practices in health-care provision in detention. Planned domestic workshops on this subject, and on judicial guarantees, could not be carried out because of the insecurity and the focus on other priorities.

## **WOUNDED AND SICK**

### **Wounded people receive emergency care**

Iraqis' already limited access to medical services was further disrupted by the armed conflict. All parties involved were reminded of their obligations under IHL to protect patients and medical services (see *Civilians*).

Wounded and sick people obtained emergency care from ICRC-supported facilities and the National Society. Thousands of people were treated at 8 hospitals and 48 health centres that were provided with medical supplies. Staff at some of these facilities honed their trauma-management skills at ICRC-organized courses. To boost their capacities, National Society staff/volunteers were trained in first-aid delivery at workshops led by ICRC-backed instructors; ambulance services were assessed.

At an ICRC-supported hospital in Baghdad, patients received treatment in a more orderly setting, following staff training in

mass-casualty management and improvements to the hospital's emergency room procedures.

### **Persons with disabilities obtain treatment**

Over 33,000 individuals, including 385 Syrian refugees, availed themselves of appropriate services at one ICRC-managed and nine State-run physical rehabilitation centres. Of them, 176 travelled to the ICRC-managed centre in Erbil with ICRC financial support; such assistance could not be provided to patients elsewhere in the country. The State-run centres in Fallujah and Tikrit had been inaccessible for ICRC support since January and July, respectively.

Although State-run centres, and one stand-alone crutch production unit, used ICRC-provided raw materials, on-site support and training modules to enhance their services, the Health Ministry continued to assume more managerial/financial responsibilities – for instance, purchasing materials locally and covering the centres' operating costs. Coordination meetings and other efforts to encourage the central and regional authorities to develop a long-term approach to physical rehabilitation continued.

Helping bolster local capacities, physiotherapists broadened their skills through workshops on lower-limb orthoses and wheelchair assembly. With ICRC support, Iraq's only prosthetic/orthotic school worked towards meeting internationally recognized standards; three students attended ICRC-sponsored courses abroad.

Some physically disabled people participated in sports activities at an event organized by the Iraqi National Paralympic Committee/ICRC to promote the social inclusion of persons with disabilities.

## **ACTORS OF INFLUENCE**

### **Officials facilitate provision of assistance to conflict-affected people**

Given the precarious security conditions, dialogue with Iraqi authorities and armed/security forces at all levels, and networking with representatives of armed groups and local/traditional leaders, remained crucial for fostering respect for IHL/humanitarian principles and securing support for the ICRC's work. This notably helped facilitate the ICRC's safe access to people in conflict-affected areas (see *Civilians*).

### **Parties to the conflict urged to respect civilians**

Confidential and bilateral dialogue with the central/regional authorities and military/security officers – for instance, during the ICRC's president's visit in March – focused on the protection of civilians (see *Civilians*). At dissemination/training sessions, over 700 armed/security forces personnel, mostly from operational units, furthered their knowledge of IHL and other applicable norms concerning protection for patients/medical services and treatment of detainees.

Despite difficulties linked to the multiplicity of armed groups in Iraq, contact with their representatives was pursued. Through networking, reminders about humanitarian principles were passed on to their members.

Third-party States involved in the international coalition against the Islamic State group were reminded of their obligations under IHL.

### **Stakeholders further their awareness of humanitarian issues**

Members of civil society and the wider public developed their awareness of the humanitarian consequences of the conflict and

the ICRC's response. This was achieved partly through media coverage of these subjects and ICRC information/dissemination sessions, which reached over 8,000 journalists, representatives of NGOs, foreign diplomats, academics and others. At a seminar, 35 journalists learnt more about the Health Care in Danger project and of the protection afforded them by IHL during armed conflict.

### Authorities establish a national IHL committee

Iraq acceded to the Convention on Certain Conventional Weapons and took steps to implement IHL. The central government formed a national IHL committee, for which it granted observer status to the ICRC. The authorities also signed a memorandum of understanding with the ICRC on training senior government officials in IHL. Three government legal advisers and four professors added to their knowledge of IHL at courses/events abroad (see *Lebanon* and *Pakistan*). Discussions were pursued with the authorities on legal frameworks for the protection of medical services and the treatment of detainees.

At workshops, law professors from across Iraq discussed the inclusion of IHL in their curriculum and ways in which the ICRC could support this process.

Efforts to encourage parliament to ratify an agreement formalizing aspects of the ICRC's presence in the country continued.

### Incorporation of IHL in military training stalls

The Kurdistan military, with ICRC support, continued to strengthen its capacity to train troops in IHL. However, in light of the prevailing

situation, support for the IHL training activities of the armed forces of the central Iraqi government was temporarily suspended. Dialogue in this regard, and contact with operational units (see above) and military academies, was maintained.

Discussions were initiated with central and regional security/police forces on ways to help them develop their knowledge and application of internationally recognized law enforcement standards.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society bolsters its emergency response

The Iraqi Red Crescent, with technical/material/financial support from the ICRC and other Movement partners, enhanced its ability to respond to the humanitarian needs of conflict/violence-affected people. For instance, within the framework of an agreement with the ICRC, the National Society established an emergency response centre. It also expanded its vehicle fleet, upgraded warehouses and enhanced the working environment in some branches. Staff/volunteers learnt how to assess emergency needs at ICRC-organized courses.

With ICRC support, the National Society sustained its family-links services and mine-risk education initiatives. It pursued the reinforcement of its legal and statutory bases, and implemented its five-year national strategic plan.

As the number of Movement components in Iraq increased in response to the conflict, coordination among them – with the ICRC as the lead agency – was strengthened through Movement/bilateral cooperation agreements and regular meetings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		1,515			
RCMs distributed		1,203			
Reunifications, transfers and repatriations					
People transferred/repatriated		6			
Human remains transferred/repatriated		369			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		546	66	38	12
<i>including people for whom tracing requests were registered by another delegation</i>		8			
People located (tracing cases closed positively)		57			
Tracing cases still being handled at the end of the reporting period (people) <sup>1</sup>		2,621	40	30	75
<i>including people for whom tracing requests were registered by another delegation</i>		12			
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		2	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
Documents					
People to whom travel documents were issued		317			
Official documents relayed between family members across borders/front lines		6			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) <sup>2</sup>					
ICRC visits			Women	Minors	
Detainees visited		40,030	1,544	798	
			Women	Girls	Boys
Detainees visited and monitored individually		625	8		9
Detainees newly registered		184	5		7
Number of visits carried out		160			
Number of places of detention visited		62			
Restoring family links					
RCMs collected		4,650			
RCMs distributed		1,779			
Phone calls made to families to inform them of the whereabouts of a detained relative		10,086			
People to whom a detention attestation was issued		810			

\* Unaccompanied minors/separated children

1. Including people missing as a consequence of the 1990–91 Gulf War/ not including people missing as a consequence of the 1980–81 Iran-Iraq war

2. All detainees notified by the authorities and followed by the ICRC

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	503,679	33%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		495,081		
Essential household items	Beneficiaries	531,686	32%	38%
	<i>of whom IDPs</i>	Beneficiaries		
		523,104		
Productive inputs	Beneficiaries	43,178	29%	42%
Cash	Beneficiaries	29,624	32%	42%
	<i>of whom IDPs</i>	Beneficiaries		
		18,665		
Work, services and training	Beneficiaries	13,193	31%	43%
Water and habitat activities	Beneficiaries	2,050,325	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		287,066		
<b>Health</b>				
Health centres supported	Structures	61		
Average catchment population		268,230		
Consultations	Patients	418,355		
	<i>of which curative</i>	Patients	117,431	168,432
	<i>of which ante/post-natal</i>	Patients	28,505	
Immunizations	Doses	153,771		
	<i>of which for children aged five or under</i>	Doses		
		151,085		
Referrals to a second level of care	Patients	6,906		
Health education	Sessions	364		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	26,661		
Water and habitat activities	Beneficiaries	4,505		
<b>Health</b>				
Number of visits carried out by health staff		41		
Number of places of detention visited by health staff		21		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	9		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	150		
<b>Physical rehabilitation</b>				
Centres supported	Structures	12		
Patients receiving services	Patients	33,155	4,437	11,745
New patients fitted with prostheses	Patients	849	161	28
Prostheses delivered	Units	3,098	387	123
	<i>of which for victims of mines or explosive remnants of war</i>	Units	880	
New patients fitted with orthoses	Patients	9,741	1,215	6,529
Orthoses delivered	Units	16,962	1,613	12,685
	<i>of which for victims of mines or explosive remnants of war</i>	Units	14	
Patients receiving physiotherapy	Patients	7,627	1,100	1,503
Crutches delivered	Units	1,580		
Wheelchairs delivered	Units	365		