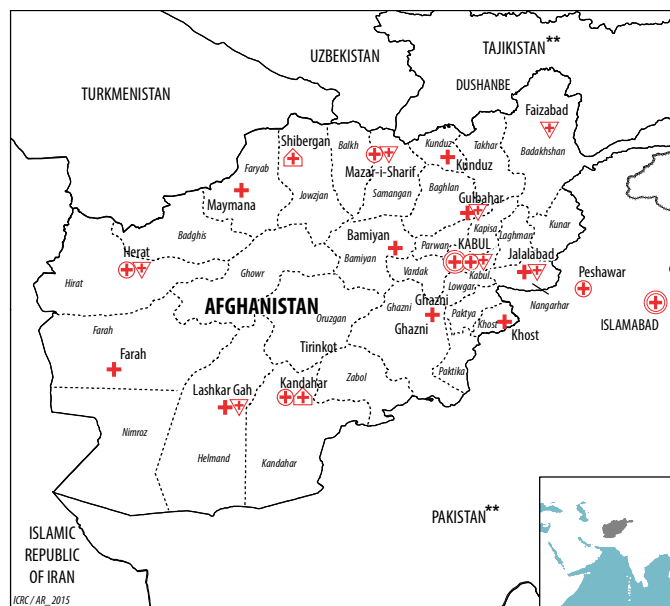


# AFGHANISTAN



+ ICRC delegation    + ICRC sub-delegation    + ICRC office/presence    + ICRC-supported hospital  
+ ICRC regional logistics centre    + ICRC-supported prosthetic/orthotic centre  
 \*\* Map shows structures supporting ICRC operations in Afghanistan

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Despite insecurity sometimes hampering the ICRC's access, some conflict-affected people received provisions of food/household essentials. Some made use of livelihood support to restore their self-sufficiency.
- ▶ Weapon-wounded people received life-saving care from emergency responders and were taken to hospital by means of an ICRC-funded transport system, as the number of casualties increased.
- ▶ Disabled people improved their mobility at ICRC-run physical rehabilitation centres, managed by ICRC-trained disabled employees. Some regained a measure of self-sufficiency with ICRC financial assistance.
- ▶ More detainees, held far from their homes following their transfer to the Afghan-run Parwan detention facility, maintained/restored contact with relatives via the Movement's family-links services.
- ▶ Parties to the conflict continued their dialogue with the ICRC amid worsening security conditions. Directives from some of them facilitated the transfer of human remains and safe passage for the wounded/sick.
- ▶ The armed forces assumed greater responsibility for IHL training: they appointed an IHL-training coordinator and created a mobile training team to conduct courses for operational troops.

## EXPENDITURE IN KCHF

Protection	12,236
Assistance	61,841
Prevention	4,479
Cooperation with National Societies	1,881
General	560
<b>Total</b>	<b>80,996</b>
<i>Of which: Overheads</i>	<b>4,928</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	101%
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## PERSONNEL

Mobile staff	115
Resident staff (daily workers not included)	1,720

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. Its current operations aim at: visiting detainees, monitoring their treatment and living conditions, and helping them keep in contact with their families; monitoring the conduct of hostilities and working to prevent IHL violations; assisting the wounded and the disabled; supporting health and hospital care; improving water and sanitation services; promoting accession to and national implementation of IHL treaties and compliance with IHL by military forces; and helping the Afghan Red Crescent Society strengthen its capacities.

YEARLY RESULTS	
Level of achievement of ICRC yearly objectives/plans of action	<b>HIGH</b>

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	1,220
RCMs distributed	2,052
Phone calls facilitated between family members	5,346
People located (tracing cases closed positively)	261
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	27,145
Detainees visited and monitored individually	2,003
Number of visits carried out	117
Number of places of detention visited	31
<b>Restoring family links</b>	
RCMs collected	3,300
RCMs distributed	1,424
Phone calls made to families to inform them of the whereabouts of a detained relative	2,679

ASSISTANCE	2015 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security<sup>1</sup> (in some cases provided within a protection or cooperation programme)</b>			
Food commodities	Beneficiaries	54,600	211,630
Essential household items	Beneficiaries	58,100	207,593
Productive inputs	Beneficiaries	212,100	11,333
Cash	Beneficiaries	145,250	34,732
Services and training	Beneficiaries	3,899	206,704
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>			
Water and habitat activities	Beneficiaries	250,000	324,859
<b>Health</b>			
Health centres supported	Structures	47	48
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures	2	17
<b>Water and habitat</b>			
Water and habitat activities	Number of beds	834	714
<b>Physical rehabilitation</b>			
Projects supported	Structures	8	8
Patients receiving services	Patients	95,000	130,892

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

## CONTEXT

The security situation in Afghanistan worsened as the conflict between NATO-backed Afghan armed forces and armed groups intensified. Civilians bore the brunt of the fighting; many were displaced, wounded or killed. There are said to be over 1 million IDPs in the country. The number of civilian casualties in 2015 was reportedly the highest recorded since the beginning of the conflict in 2001. NATO and the United States of America (hereafter US) announced an extension of their technical support to local troops for at least 2016.

As international stakeholders had left, or were in the process of doing so, some 3,300 security detainees from provincial prisons were transferred to the Parwan detention facility, now entirely under Afghan management. Many of those transferred were far from their homes, affecting their means to contact relatives. Fighters/presumed supporters of armed groups continued to be arrested, adding to the congestion in detention facilities and straining the authorities' capacity to meet detainees' needs.

Parliamentary elections, originally scheduled for the first half of 2015, were postponed to October 2016.

The prolonged political transition, fragmented military landscape and volatile situation further restricted humanitarian access. Attacks on humanitarian/medical workers persisted.

## ICRC ACTION AND RESULTS

In 2015, the ICRC strove to address the humanitarian needs arising from the conflict in Afghanistan despite constraints that affected the implementation of some of its planned activities. Deteriorating security conditions and the prolonged political transition made it difficult to sustain dialogue with parties to the conflict, and delayed some activities related to protecting civilians, assisting detainees and providing health care. Nevertheless, the ICRC worked closely with the Afghan Red Crescent Society and other partners to increase assistance for vulnerable communities. The ICRC also supported the development of the National Society's institutional and branch-level capacities.

The delegation focused on maintaining/developing dialogue with all parties to the conflict, with a view to improving humanitarian access to the people affected and furthering the parties' understanding of humanitarian principles, IHL and the Movement. Discussions between these parties and the ICRC brought attention to alleged violations of IHL and to the parties' responsibilities to protect civilians and medical services. The ICRC supplemented these discussions with presentations/materials – some on the Health Care in Danger project – for weapon bearers, the authorities and influential members of civil society. Sustained contact with a number of these actors led to some successes: the armed forces assumed greater responsibility for IHL training by appointing an IHL-training coordinator and creating a mobile IHL-training team; some parties issued directives ordering those under their control to protect health-care personnel/facilities and allow the safe transfer of human remains.

Despite intensified fighting and attacks on medical staff/facilities, the National Society/ICRC continued to support the casualty care chain, in order to help address people's health/medical needs. First-aid training for emergency responders resulted in more effective life-saving care for the weapon-wounded; an ICRC-funded

transport system helped patients reach hospital. Regular support for the health ministry-run Mirwais (in Kandahar) and Shiberghan (in Jowzjan) hospitals, and ad hoc support for others, helped raise the quality of secondary-level care. Services provided by ICRC-run physical rehabilitation centres helped the disabled to regain a measure of self-sufficiency and reintegrate into their communities. Material support/training from Movement partners/the ICRC helped the National Society to improve the services offered at its primary-health-care clinics; the ICRC provided similar support for a community-run health centre.

National Society/ICRC teams distributed household essentials/food rations to help IDPs meet their urgent needs. The ICRC also provided fuel for electric generators at water stations, to help maintain a city's access to water during an emergency. It enlisted community support for rehabilitating infrastructure in exchange for cash; this enabled people to earn money while increasing communal livelihood resources. The ICRC helped communities to resume/protect income-generating and/or food-production activities by supporting animal-health services and providing agricultural supplies/equipment and training. It provided support for repairing/constructing water systems to improve water quality and sanitation in rural and urban areas.

Delegates continued to visit detainees under Afghan authority to monitor their treatment and living conditions. After their visits, conducted in accordance with standard ICRC procedures, they shared their findings and recommendations confidentially with the authorities. The transfer of inmates to the Parwan detention facility led to an increased need for detainees and their families to maintain contact, which the National Society/ICRC addressed through family-links services. The ICRC also enabled foreign detainees/internees to contact their consular representatives, and assisted them while they awaited repatriation. It worked with the authorities concerned to improve the health and living conditions of detainees in overcrowded facilities, by providing medical services and support for repairing essential facilities.

The ICRC met with other humanitarian organizations regularly to ensure maximum coverage of needs and prevent duplication of effort.

## CIVILIANS

### **Influential actors help ensure safe passage for the wounded and transfer of human remains**

Parties to the conflict – including armed groups who sometimes imposed restrictions on National Society/ICRC aid delivery – and the ICRC discussed the need to: protect people not/no longer participating in hostilities; allow civilians access to basic services, including by protecting humanitarian/medical workers/facilities; and facilitate the Movement's neutral, impartial and independent activities. Allegations of abuse formed the basis of written/oral representations to weapon bearers, reminding them of their obligations under IHL, with a view to preventing further abuses. These contributed to the issuance of directives to allow the safe transport of human remains and the passage of the wounded/sick to hospitals by some of the parties to the conflict, including the defence ministry.

People separated from their families by the conflict restored/maintained contact with their relatives with the help of Movement family-links services (see *People deprived of their freedom*). Awareness-raising sessions were held to inform people of these services. Families of fallen civilians and fighters buried their

relatives, with the ICRC acting as a neutral intermediary in transporting the remains of over 2,260 people, with help from the National Society/hired service providers.

With ICRC training, National Society staff developed their capacity to manage human remains. Four forensics experts attended courses abroad, furthering their knowledge of the proper management and identification of human remains. Others sharpened their skills at a Forensic Medicine Directorate/ICRC-organized workshop. All this helped develop the sustainability of forensic activities in the country.

#### **IDPs meet their basic needs with ICRC emergency assistance**

Poor security conditions sometimes limited humanitarian access, but the ICRC's second supply line, opened in 2014 in southern Afghanistan, continued to prove helpful. It enabled the National Society/ICRC to increase the scale of assistance for vulnerable people. Thus, over 147,000 IDPs (21,008 households) met their basic needs through four-week food rations; over 140,900 of them (20,134 households) also received household essentials. In Badakhshan province, 15 resident households (105 people), who lost their homes during an earthquake in October, were provided temporary shelter.

Vulnerable people built their resilience to the effects of violence through ICRC-supported livelihood activities. People from over 4,560 households supported themselves and their families (31,941 people) by repairing vital infrastructure – irrigation canals and roads – in 151 villages, in exchange for cash. This also enabled the wider community to boost food production. Over 1,100 households (over 9,100 people) took better care of their animals, using ICRC-supplied fodder/basic farming tools and knowledge gained from animal husbandry training. Pastoral farmers/nomadic herders and their families had healthier and more productive livestock owing to deworming/treatment programmes carried out by ICRC-supported veterinary workers. Eighty-nine vulnerable households (623 people), many of them headed by women, continued to earn an income by selling the products of ICRC-provided poultry/sheep. Victims of IHL violations (232 households/2,581 people) received financial assistance for covering their specific needs: to buy food/essentials, pay funeral costs, repair/replace tools/other equipment, etc.

Disabled patients and their families regained a measure of self-sufficiency with ICRC support: some 560 breadwinners (benefiting around 4,000 people) used ICRC microcredit to boost/start livelihood activities; around 229 people attended vocational training; 210 severely disabled children benefited from home tuition, over 850 attended various courses, and many received school stationery. Some 1,700 housebound people with spinal-cord injuries received hygiene/medical items and assistance at home; 757 of them and their families (5,300 people) received food rations.

#### **People obtain health-care services at National Society clinics**

Nearly 324,900 people in conflict-affected rural/suburban areas gained access to sufficient water through ICRC water projects, including repair of hand pumps. Communities learnt how to maintain infrastructure through ICRC training, helping ensure the sustainability of water services. During an emergency, Kunduz residents maintained their access to water thanks to ICRC-donated fuel, which powered the generators in the city's water stations.

People benefited from preventive/curative care at 47 National Society clinics – which covered almost all the provinces of Afghanistan – and at one community-run health centre in Korangal, near

Jalalabad. These centres received medical supplies, equipment and technical support from the ICRC. Nearly 967,000 people attended consultations; 502,375 were vaccinated. Follow-up and continuous improvement of care provided at these clinics were challenging for the ICRC owing to the insecurity. The renovation of three National Society warehouses for storing medical supplies – in Jalalabad, Kunduz and Mazar – was completed.

The public health ministry, UNHCR and WHO continued to administer polio vaccinations in the south; the ICRC facilitated access for them.

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

#### **Detainees restore/maintain contact with their families**

Detainees/internees under Afghan authority, including those transferred from provincial prisons to the Parwan detention facility (see *Context*), were visited by the ICRC in accordance with its standard procedures. Particular attention was paid to vulnerable groups, including women, children and foreigners. Afterwards, the delegates discussed their findings – on the treatment and living conditions of detainees, and the authorities' respect for judicial guarantees, including the principle of *non-refoulement* – confidentially with the authorities concerned. Discussions with National Directorate of Security officials covered issues concerning the treatment of people under interrogation, such as mechanisms already in place to prevent ill-treatment.

Nearly 2,680 families ascertained the whereabouts of detained relatives through notices furnished by detaining authorities to the ICRC. Detainees/internees contacted their families using RCMs/phone calls or received family visits facilitated by the National Society/ICRC. In 2015, the Movement facilitated more than twice as many phone calls and family visits as it did in 2014; this was because of the transfer of detainees to the Parwan detention facility (see *Context*). Maintaining/restoring contact with their relatives helped to improve detainees' state of mind; it also enabled some detainees to receive material support from their families.

Foreign detainees/internees contacted their consular representatives through the ICRC. Fourteen foreigners released from detention received ICRC financial support while awaiting repatriation; some were given help to acquire the necessary travel documents.

Some 50 people held by armed groups contacted their families via RCMs, following ICRC dialogue with the weapon bearers.

#### **Inmates in overcrowded prisons reduce health risks through improved facilities**

Coordination with all actors concerned continued. The ICRC, however, ran into difficulties when it tried to mobilize international stakeholders for support to improve prison infrastructure, as many of them were already out of the country or in the process of leaving. The rising prison population strained the authorities' capacity to address overcrowding and its consequences.

The public health ministry enhanced its services for inmates with medical supplies/equipment and technical advice from the ICRC, and financial support for covering staff salaries. Thus, detainees at two major prisons – in Herat and Kandahar – had access to better services at their clinics.

Prison authorities and the ICRC undertook initiatives that promoted good health/hygiene and a cleaner environment, which helped limit

disease outbreaks. Around 36,000 people, prison staff included, received hygiene kits; most of them also saw improved living conditions, thanks to repairs to prison facilities – for example, some 4,400 detainees at the Pul-i-Charki prison in Kabul had better access to potable water. The construction or repair of clinics, kitchens, visitor shelters and other facilities – at the Pul-i-Charki prison and at several provincial prisons – was completed; similar repairs in other places of detention were ongoing at the end of the reporting period. In some prisons, such as the ones in Balkh and Herat, prison authorities strengthened their ability to tackle issues related to hygiene/infrastructure with the help of hygiene/maintenance committees.

## **WOUNDED AND SICK**

### **Weapon-wounded people reach hospital thanks to the expanded ICRC-funded transport system**

Sustained dialogue with weapon bearers, on the need to ensure the safe transport of wounded and sick people to hospital, yielded results (see *Civilians*); but intensified fighting and persistent attacks on medical staff/facilities impeded health-care services, resulting in more casualties than in 2014. Despite the security constraints, wounded/sick patients still benefited from various kinds of treatment provided by the ICRC and its partners.

Injured people received life-saving care from National Society/ICRC-trained and -equipped emergency responders, including male and female community-based National Society volunteers, ambulance drivers, hospital staff, and weapon bearers. The training they received incorporated points from the Health Care in Danger project. Over 2,100 weapon-wounded people reached hospital through an ICRC-funded transport system consisting of taxis, National Society ambulances and/or ICRC vehicles.

### **Hospitals have the capacity to respond to influxes of patients during emergencies**

Over 65,100 inpatients and 428,200 outpatients received the care they needed at the health ministry's Mirwais and Shiberghan hospitals. They included some 2,200 weapon-wounded patients, 20,600 patients in need of surgical treatment, and 27,000 women who availed themselves of obstetric/gynaecological care. Patients in need of specialized care were referred to other health facilities. Both hospitals attended to these patients with ICRC material, technical and financial support – including payment of staff salaries – and training.

A seminar on war surgery enabled 35 surgeons to strengthen their capacity to treat weapon-wounded patients. Upgrades to hospital facilities enhanced care for patients; these included the ongoing construction of a paediatric ward and laundry room, and the completion of a blood bank room, at Mirwais Hospital. Some government- or armed group-run hospitals coped with influxes of weapon-wounded people during emergencies with ICRC material support.

### **Disabled people improve their mobility at ICRC-supported centres**

Nearly 130,900 disabled Afghans, including some detainees, received physiotherapy and prosthetic/orthotic devices assembled at seven physical rehabilitation centres run by the ICRC and managed by ICRC-trained disabled employees, using the parts made in one ICRC component factory. Some 2,000 patients received surgical treatment, with ICRC support, at public and private hospitals. Transportation costs were covered for disabled people from remote areas travelling to the centres or elsewhere

for specialized care; when necessary, they were referred to other centres. People with spinal-cord injuries received home visits and other forms of ICRC assistance (see *Civilians*).

Patients, their relatives and the centres' staff benefited/stood to benefit from upgrades to the centres, which included the ongoing construction of a central heating system in the Kabul centre, and of an extension to the existing facility in Lashkar Gah. The new centre in Faizabad opened in June, making physical rehabilitation services available to more disabled persons in Afghanistan.

Sports events, such as international wheelchair basketball tournaments, and livelihood initiatives (see *Civilians*) helped patients cultivate their well-being and regain self-sufficiency. Information sessions informed beneficiaries/the public of the physical rehabilitation services available.

## **ACTORS OF INFLUENCE**

Though sometimes hampered by the protracted political transition and intensified conflict, dialogue with the authorities and weapon bearers – including international forces – on humanitarian issues (see *Civilians*) continued; in some cases, this led the parties to the conflict to address the issues raised by the ICRC.

### **Members of civil society further their understanding of humanitarian issues and the Movement**

Influential community/religious leaders, including elders and *shura* council members, as well as academic scholars and members of the media – some 16,400 individuals in all – furthered their understanding of IHL and the Movement through ICRC presentations. Religious leaders and scholars refined their knowledge of the similarities between Islam and IHL, and learnt about contemporary IHL challenges, during round-tables and at courses abroad. Translations, in local languages, of the Geneva Conventions and their Additional Protocols enabled university students to study IHL. Some of them, together with law professors, participated in conferences on IHL.

The public increased its awareness of humanitarian issues, and the Movement and its activities in the country, through publications/videos translated in Dari and Pashto, and the production of posters with key messages on the Health Care in Danger project adapted for the Afghan context. These efforts were reinforced through social media outlets, including features posted on the ICRC's website. Awareness-raising sessions were held to inform ICRC beneficiaries and the public of services available to them (see *Civilians* and *Wounded and sick*).

Afghan authorities continued to receive ICRC support for incorporating provisions of IHL treaties – Additional Protocols I and II, and the Convention on Cluster Munitions – in domestic legislation, and for establishing a national IHL committee. ICRC support enabled a number of officials to participate in meetings/seminars on the Arms Trade Treaty and on the Hague Convention on Cultural Property. The combined law on the emblem and the National Society awaited ratification.

### **Afghan armed forces establish a mobile training team to teach IHL**

Instructional materials in the Dari and Pashto languages were distributed to the armed forces, and helped them further their understanding of IHL, humanitarian principles and the ICRC. Instructors attended train-the-trainer courses and strengthened



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their ability to conduct IHL courses for armed forces personnel independently. Sustained dialogue with the Afghan military contributed to its assuming greater responsibility for IHL training: an army officer was appointed to act as IHL-training coordinator and a mobile training team was established for operational troops.

With ICRC sponsorship, an army officer attended an IHL course in San Remo, while another participated in a workshop abroad on rules governing military operations (see *International law and policy*). These sessions/courses often drew senior military officers, including generals and those likely to hold that rank in the future; they were encouraged to apply what they had learnt. Authorities sought the ICRC's expert opinion on the draft IHL manual produced by the Afghan National Security Council.

Members of the armed/security forces added to their knowledge of IHL during dissemination sessions, which covered such topics as sexual violence, the use of explosive weapons in densely populated areas and protection for the civilian population. Members of armed groups also attended dissemination sessions, which were often supplemented by first-aid training and by donations of first-aid materials to enable them to treat their wounded (see *Wounded and sick*).

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

### **National Society strengthens its emergency response capacities**

The Afghan Red Crescent Society remained the ICRC's main partner in providing relief and medical care to victims (see *Civilians* and *Wounded and sick*), many of whom were beyond the reach of overstretched/unreliable government services or other humanitarian actors. At times, the National Society required the ICRC's help in facilitating its safe access to people in need.

With Movement support and cooperation, the National Society developed its institutional and branch-level capacities, for example through workshops on communication, management training and the Safer Access Framework. It also participated in meetings with some National Societies in the region, with the aim of sharing learnings on emergency response/preparedness. It improved its ability to monitor its field activities, including those implemented in cooperation with the ICRC – including communication, emergency response, first aid, transport of human remains – and with other organizations and the Afghan government.

National Society representatives participated in a meeting on the Health Care in Danger project in Geneva, Switzerland.

Movement partners met regularly to coordinate activities and avoid the duplication of efforts.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SC*		
RCMs collected		1,220			
RCMs distributed		2,052			
Phone calls facilitated between family members		5,346			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		3			
	<i>including people registered by another delegation</i>	2			
People transferred/repatriated		2			
Human remains transferred/repatriated		2,260			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		694	92	94	103
	<i>including people for whom tracing requests were registered by another delegation</i>	2			
People located (tracing cases closed positively)		261			
Tracing cases still being handled at the end of the reporting period (people)		416	62	69	65
	<i>including people for whom tracing requests were registered by another delegation</i>	4			
<b>UAMs/SC*, including demobilized child soldiers</b>			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1			
UAMs/SC reunited with their families by the ICRC/National Society		3			
	<i>including UAMs/SC registered by another delegation</i>	2			
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		25			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		27,145	419	207	
			Women	Girls	Boys
Detainees visited and monitored individually		2,003	4	1	54
Detainees newly registered		1,254	3		48
Number of visits carried out		117			
Number of places of detention visited		31			
<b>Restoring family links</b>					
RCMs collected		3,300			
RCMs distributed		1,424			
Phone calls made to families to inform them of the whereabouts of a detained relative		2,679			
Detainees visited by their relatives with ICRC/National Society support		2,482			
Detainees released and transferred/repatriated by/via the ICRC		1			
People to whom a detention attestation was issued		23			

\*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security<sup>1</sup> (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	211,630	28%	26%
	<i>of whom IDPs</i>	Beneficiaries		
		141,096		
Essential household items	Beneficiaries	207,593	24%	22%
	<i>of whom IDPs</i>	Beneficiaries		
		136,297		
Productive inputs	Beneficiaries	11,333	27%	34%
	<i>of whom IDPs</i>	Beneficiaries		
		175		
Cash	Beneficiaries	34,732	32%	37%
	<i>of whom IDPs</i>	Beneficiaries		
		1,185		
Services and training	Beneficiaries	206,704	30%	40%
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	324,859	27%	36%
<b>Health</b>				
Health centres supported	Structures	48		
Average catchment population		1,038,529		
Consultations	Patients	966,866		
	<i>of which curative</i>	Patients	286,214	473,555
	<i>of which ante/post-natal</i>	Patients	65,992	
Immunizations	Doses	502,375		
Referrals to a second level of care	Patients	9,748		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	35,889		
Services and training	Beneficiaries	23		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	34,975		
<b>Health</b>				
Number of visits carried out by health staff		257		
Number of places of detention visited by health staff		10		
Number of health facilities supported in places of detention visited by health staff		4		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	17		
	<i>of which provided data</i>	Structures	2	
Patients whose hospital treatment has been paid for by the ICRC	Patients	153		
Admissions	Patients	65,157	34,709	15,315
	<i>of which weapon-wounded</i>	Patients	162	425
	<i>(including by mines or explosive remnants of war)</i>	Patients		
	<i>of which other surgical cases</i>	Patients		
	<i>of which internal medicine and paediatric cases</i>	Patients		
	<i>of which gynaecological/obstetric cases</i>	Patients		
		26,974		
Operations performed		20,607		
Outpatient consultations	Patients	428,259		
	<i>of which surgical</i>	Patients		
	<i>of which internal medicine and paediatric</i>	Patients		
	<i>of which gynaecological/obstetric</i>	Patients		
		111,882		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	714		
<b>Physical rehabilitation</b>				
Projects supported	Structures	8		
Patients receiving services	Patients	130,892	21,712	43,761
New patients fitted with prostheses	Patients	1,061	99	87
Prostheses delivered	Units	4,120	357	291
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		2,475		
New patients fitted with orthoses	Patients	6,029	1,198	2,726
Orthoses delivered	Units	14,853	2,525	7,498
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		124		
Patients receiving physiotherapy	Patients	76,358	13,807	34,053
Crutches delivered	Units	17,644		
Wheelchairs delivered	Units	1,493		

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