

CONGO, DEMOCRATIC REPUBLIC OF THE



KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the armed/security forces, the UN Stabilization Mission in the Democratic Republic of the Congo (hereafter DRC) and armed groups were reminded of the protection afforded to civilians by IHL and other applicable law
- ▶ following armed fighting, weapon-wounded and injured people were given first-level care by first-responders from the Red Cross Society of the DRC and, later, treatment by 2 ICRC surgical teams in Bukavu and Goma
- ▶ 1,277 separated children, including 511 demobilized children, rejoined their families in the DRC or abroad, with most of them also receiving community and National Society/ICRC support for their social reintegration
- ▶ as the humanitarian situation deteriorated and displacement recurred, IDPs/returnees benefited, security/logistical constraints permitting, from DRC Red Cross/ICRC emergency relief and repairs to damaged water infrastructure
- ▶ detainees visited by delegates saw immediate gains owing to direct ICRC nutritional support and work with authorities to improve conditions/access to health care, leading to the appointment of health staff to prisons, for instance
- ▶ high-level meetings and media events during the ICRC president's visit increased awareness among the authorities, influential civil society members and the public of the plight of DRC conflict victims and the Movement's work

EXPENDITURE (in KCHF)

Protection	14,804
Assistance	42,611
Prevention	5,420
Cooperation with National Societies	1,897
General	-
Total	64,732

of which: Overheads 3,831

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	102
Resident staff (daily workers not included)	756

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

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	44,350
RCMs distributed	37,839
Phone calls facilitated between family members	61
People located (tracing cases closed positively)	405
People reunited with their families	1,310
of whom unaccompanied minors/separated children	1,277
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	18,738
Detainees visited and monitored individually	2,427
Number of visits carried out	288
Number of places of detention visited	76
Restoring family links	
RCMs collected	2,509
RCMs distributed	2,095
Phone calls made to families to inform them of the whereabouts of a detained relative	97

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 130,000	253,295
Essential household items	Beneficiaries 180,000	223,774
Productive inputs	Beneficiaries 176,250	186,613
Cash	Beneficiaries	2,336
Vouchers	Beneficiaries 12,500	15,600
Work, services and training	Beneficiaries 25,000	32,859
Water and habitat activities	Beneficiaries 450,000	1,031,671
Health		
Health centres supported	Structures 16	9
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 9	14
Water and habitat		
Water and habitat activities	Number of beds	2,942
Physical rehabilitation		
Centres supported	Structures 3	3
Patients receiving services	Patients 700	873
Comments		
Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.		

CONTEXT

Armed conflict continued unabated in the eastern Democratic Republic of the Congo (hereafter DRC). Fighting between the army – supported by the UN Stabilization Mission in the DRC (MONUSCO) and its ‘intervention brigade’ – and armed groups, as well as among armed groups in North Kivu (e.g. in Beni, Masisi, Rutshuru and Walikale regions) and South Kivu (e.g. Kalehe, Ruzizi, Shabunda, Uvira/Itombwe and Walungu regions), occurred along-side reprisals and intercommunal tensions, leading to numerous casualties, destruction of property, and displacement, often in remote areas. In November, the M23 was defeated militarily. Explosive remnants of war (ERW) in Rutshuru endangered local communities.

In northern Katanga, particularly in the Manono-Mitwaba-Pweto region, the situation deteriorated further: increased confrontations between the army and armed groups resulted in displacement and the destruction of livelihoods. In Province Orientale, while armed attacks by the Lord’s Resistance Army (LRA) continued to decrease, hostilities between the army and an armed group in southern Ituri territory uprooted tens of thousands of civilians. Refugees fleeing armed conflict in the Central African Republic (hereafter CAR) arrived in the province, as they did in the province of Equateur.

People throughout the country struggled with economic difficulties, dilapidated infrastructure and poor basic services, forcing some to migrate in search for work, reportedly illegally, from Kasai Occidental to Lunda Norte, Angola.

ICRC ACTION AND RESULTS

The ICRC made adjustments constantly, during 2013, as the situation in eastern DRC remained in flux.

The ICRC adapted to the security and logistical constraints and maintained a multidisciplinary and flexible approach, to protect and assist conflict-affected people, including in remote areas. It launched a budget extension appeal in May and stepped up its emergency response to meet the most pressing needs, including in Katanga province, where it opened an office in Manono.

It prioritized promotion of respect for civilians and the wounded and sick, and secured access to conflict-affected people through sustained confidential dialogue with military/security forces and armed groups at all levels, during which it also discussed documented instances of abuse reported to its delegates. Contacts with political/traditional leaders, influential civil society members and the media drew attention to humanitarian principles/concerns and garnered wider support for neutral, impartial and independent Movement action.

In the hardest-hit areas in North and South Kivu, teams from the Red Cross Society of the DRC, with ICRC support, administered first aid, evacuated the injured and managed human remains. Emergency ICRC supplies helped medical facilities provide the necessary care for patients. Two ICRC surgical teams, active since 2012, helped to treat the weapon-wounded in two hospitals in Bukavu and Goma and to build local war-surgery capacity.

Health authorities and the ICRC also supported the provision of adequate health care for conflict-affected people in these provinces. Regular assistance to selected health care facilities, including drugs/medical supplies, expertise, staff training and upgrades to infrastructure, helped boost the quality of services. Sustained

support for community counselling centres enabled victims of sexual violence to cope with their situation and obtain timely medical treatment in nearby health facilities. People suffering from conflict-related trauma in these provinces and in Province Orientale also benefited from psychological support.

Security and logistical constraints permitting, the National Society/ICRC, in coordination with the authorities, responded to the urgent and growing needs of conflict-affected people. New IDPs/returnees sustained themselves with emergency relief and had access to safe drinking water after repairs to infrastructure damaged by fighting. Although, owing to hostilities, fewer livelihood-support activities than planned were carried out in North and South Kivu, IDPs/returnees in stabilized areas in these provinces and in Province Orientale became self-sufficient to a degree by jump-starting or resuming agricultural and fish-farming activities.

Uprooted family members, particularly unaccompanied minors and demobilized children, restored/maintained contact using Movement family-links services. They were reunited within the DRC or abroad, when appropriate. While insecurity impeded follow-up in some areas, community-based initiatives in North and South Kivu, run with local associations and National Society teams, facilitated children’s social reintegration and aimed to prevent further child recruitment.

Delegates visited detainees, including some held by armed groups, to monitor treatment and living conditions. Their recommendations to the penitentiary authorities contributed to the creation of a more secure food-supply chain in prisons and better access to health care for detainees. The ICRC also responded to nutritional emergencies in some detention facilities, providing supplementary food, including therapeutic food for severely malnourished detainees that helped them recover their health.

Meetings with ministry officials/parliamentarians fostered domestic IHL implementation and progress in ratifying weapon-related treaties. However, a national IHL committee had yet to be established.

The National Society, a key partner in implementing activities, made use of ICRC financial/material support and training to bolster its capacity to provide relief and first aid, restore family links, and promote IHL. Regular meetings with Movement partners and humanitarian organizations helped coordinate activities.

CIVILIANS

Conflict-affected people reported abuse allegedly committed against them by weapon bearers, including extrajudicial executions, sexual violence and child recruitment. Whenever feasible, confidential oral/written representations were made to parties to armed conflict concerning these reports and delegates’ direct observations. With a view to preventing further abuse, weapon bearers were also reminded of the protection afforded by IHL to civilians, including those seeking or providing medical care.

IDPs/returnees meet urgent and increased needs

Where permitted by security conditions and logistics, the National Society/ICRC stepped up emergency relief activities to meet the increased humanitarian needs of conflict-affected people in Katanga, North and South Kivu, and Province Orientale. New IDPs/returnees met their short-term needs generally with two-week food rations (252,630 people/50,075 households),

(sometimes partial) essential household item kits (223,109 people/44,622 households), or with vouchers to buy such items at two fairs (15,600 people/3,120 households). Among them, some 18,700 households, including 465 in Kitchanga, North Kivu, whose houses were destroyed, built temporary shelters with tarpaulins.

Continued hostilities thwarted the implementation of all planned livelihood-support initiatives for conflict/violence-affected households in North and South Kivu. Nonetheless, 37,365 IDP/returnee/resident households (186,462 people) in stabilized areas, including in Province Orientale, became more self-sufficient, resuming or stepping up their agricultural, fish-farming and veterinary activities, aided mainly by ICRC supplies/equipment and training. For example, some 4,200 farming households grew disease-resistant cassava and distributed the cuttings or provided seed to 7,835 other households, thus varying their diet and at least doubling their productivity. In North and South Kivu, 438 fishing households (2,186 people) jump-started/resumed fish-farming activities or rehabilitated their fish ponds with material and technical support, and re-distributed fingerlings to 237 other households for re-breeding. As well as providing an additional protein source for their communities, fish farmers increased their household income by up to 20%. In Minembwe, livestock association members (50 households/250 individuals) bred healthier animals after acquiring veterinary skills at training sessions. Accessibility and quality of services were improved by the construction of 11 new vaccination halls/offices.

In addition, 2,336 people (468 households) covered some of their financial needs by participating in cash-for-work projects, such as preparing farming plots closer to home in Ngilima.

The involvement of 114 local associations, State agencies and cooperatives, the daily follow-up and training of 654 heads-of-household by local workers, and monitoring by trained National Society teams contributed to the success and sustainability of these activities.

Communities regain access to clean water

Over 1 million people had access to safe drinking water as a result of coordinated action by local water authorities, communities, the DRC Red Cross and the ICRC.

They included over 300,000 IDPs/residents who regained access to safe drinking water after the chlorination of water points and emergency repairs to infrastructure damaged by fighting. About 69,000 of them were in Kitchanga, with some also rebuilding their homes with ICRC support.

In North and South Kivu, 460,000 urban residents, and 270,000 villagers in 18 locations had access to water in greater quantities and of better quality after the construction/rehabilitation of water infrastructure. This included major rehabilitation work in Goma, benefiting 450,000 people, and projects in rural areas benefiting some 90,000 people, in addition to what was initially planned. Equipment installed by National Society volunteers with ICRC support benefited some 10,000 of them. Trained water committees managed and maintained the facilities, sustaining the improvements made.

Thousands of victims of sexual violence cope with their situation

Though insecurity sometimes impeded monitoring, 4,544 victims of sexual violence received psychological support at 40 ICRC-supported counselling centres, including nine newly constructed/

renovated ones, in North and South Kivu. Some 2,205 were referred to nearby ICRC-supported health facilities for treatment. During awareness-raising campaigns partly aimed at preventing stigmatization linked to sexual assault, women learnt about the centres and the importance of beginning post-exposure prophylactic treatment within 72 hours of being raped. Some women said when interviewed that such support helped them regain their self-worth and resume normal family life. As recommended by a 2013 review, the ICRC began to develop guidelines aimed at enhancing the management of activities related to counselling.

Another 2,077 people suffering from trauma linked to the conflict in North and South Kivu and to LRA-related attacks in five areas in Bas and Haut Uélé in Province Orientale also received psychological support from trained community counsellors. Over 2,000 people in Province Orientale learnt, at information sessions, about the difficulties faced by those suffering from trauma-related mental health disorders and ways to cope with these.

Over 1,100 health staff upgrade their skills

Nine health centres serving some 83,000 people regularly benefited from drugs/medical supplies, staff training, monitoring of care, and infrastructure upgrades. At these facilities: destitute patients had their treatment costs covered; 2,768 patients were referred to secondary care; some 19,800 vaccinations were performed out of a total of over 82,400, of which 96% were for children, as part of ICRC-supported national immunization campaigns; and women received mosquito nets after learning about malaria prevention at antenatal-health consultations.

While circumstances did not allow support to more centres, around 1,120 health personnel bolstered their skills in identifying/treating diseases at training courses organized with health authorities.

Unaccompanied children rejoin their families, some after years of separation

Family members dispersed by conflict/violence, particularly unaccompanied minors, including CAR refugees and economic migrants deported from Angola, restored/maintained contact through family-links services run with trained National Society teams. Some 1,277 separated children, including 511 formerly associated with weapon bearers, rejoined their families in the DRC or abroad. In the DRC, they arrived home with food/essential household items; 416 demobilized children also undertook occupational activities, facilitating their social reintegration. After their reunification, 742 families received follow-up visits, repeated as necessary, to monitor the child's welfare.

While insecurity impeded follow-up in some areas, in 11 locations throughout North and South Kivu, including two new ones, community-based initiatives facilitated children's reintegration into family life and helped prevent further child recruitment. During educational/training activities run by nine associations and at National Society/ICRC information sessions and culturally adapted events, including in nine transit/day-care centres, children interacted with fellow community members and, along with community leaders, learnt about the risks they faced when they returned home. Children in four centres received furniture, blankets and mattresses, while 290 children in such centres saw their living conditions eased by the rehabilitation of latrines/showers. Children in centres or hosted by 30 families covered their basic needs with ICRC-provided supplementary food and household/hygiene items.

In ERW-contaminated Rutshuru, residents/returnees, particularly children, reduced their exposure to risk after attending risk-education sessions. Radio advertisements, regularly broadcast on community stations, supported these activities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 18,000 detainees, including people awaiting transfer from the MONUSCO-run disarmament, demobilization, repatriation, resettlement and reintegration process and some held by armed groups, received ICRC visits to monitor treatment and living conditions, in most cases conducted according to the organization's standard procedures. Some 2,400 security detainees and vulnerable inmates, such as women, children and foreigners, were monitored individually/received special attention. After the visits, the relevant authorities received confidential feedback and recommendations for improvements, including in connection with treatment or *non-refoulement*. Dialogue arising from reports of arrest also focused on securing access to all detainees within the ICRC's purview.

The judicial authorities acted on individual cases brought up by the ICRC, which contributed to the release of 71 inmates, including those whose pre-trial detention had exceeded the legal limit.

Detainees communicated with relatives through RCMs.

Severely malnourished detainees recover their health

In 19 prisons, work with health authorities on detainees' diet and health monitoring enabled a timely response to emergencies. Monthly, some 2,950 detainees boosted their nutritional intake with daily food rations, and 1,233 malnourished/severely malnourished detainees received ready-to-use therapeutic food or supplementary rations. These efforts contributed to improving nutrition management and to holding the global acute malnutrition level below the emergency threshold of 30% in most facilities. Around 500 detainees grew fresh vegetables in two prison gardens with ICRC-supplied seed, tools and fertilizer, with 300 of them consuming their production and thus improving their diet. Newly released, individually followed-up inmates returned home with food and financial assistance.

To secure the penitentiary food-supply chain, the Justice Ministry obtained the release of four consecutive food budgets and promoted the proper allocation of funds in prisons under its authority.

The ICRC suspended food distributions in some prisons and concentrated on providing technical guidance for strengthening the functioning of the penitentiary system.

Health Ministry appoints health staff to prisons

Detainees had access to adequate care in 18 prison health clinics that benefited from ICRC medical supplies and training in prison health procedures for staff. On arrival, inmates systematically underwent medical screening. Transfer/treatment costs were covered for those requiring urgent care. With ICRC encouragement, the Health Ministry appointed health personnel to several prisons.

Over 17,000 detainees improved their personal hygiene with soap/cleaning items, while some 12,800 inmates in 13 prisons, including 1,250 in Bunia who also had water trucked in from March, saw improvements in their access to clean water and/or were less exposed to health hazards after the rehabilitation of water/sanitation infrastructure, including in health posts. Sleeping space for 2,200 of them, including some 1,000 women, also increased after the renovation/construction of dormitories. Trained prison staff maintained the rehabilitated facilities.

Dialogue with the authorities helped ensure detainees' access to national HIV/AIDS, TB and malaria prevention programmes. A plan to incorporate prison clinics in the local health services was drafted and approved by the Justice and Health Ministries; however, it was not yet implemented.

WOUNDED AND SICK

As fighting intensified, weapon bearers were reminded of their obligation to allow the wounded safe access to care, in line with the goals of the Health Care in Danger project. The increase in weapon-wounded casualties made it even more necessary to support first-aid services and medical facilities.

Wounded people stabilized and evacuated

Over 230 injured and sick people received first-aid and were evacuated – including from remote areas – by trained National Society teams, who also dealt with human remains. Weapon bearers learnt first-aid skills at National Society-run courses, enabling them to administer first aid to their peers during clashes.

PEOPLE DEPRIVED OF THEIR FREEDOM	DRC AUTHORITIES	ARMED GROUPS	MONUSCO
ICRC visits			
Detainees visited	18,460	63	215
	<i>of whom women</i>	1,059	1
	<i>of whom minors</i>	634	13
Detainees visited and monitored individually	2,149	63	215
	<i>of whom women</i>	24	1
	<i>of whom minors</i>	142	13
Detainees newly registered	1,427	31	206
	<i>of whom women</i>	16	1
	<i>of whom minors</i>	142	10
Number of visits carried out	276	6	6
Number of places of detention visited	71	3	2
Restoring family links			
RCMs collected	2,509		
RCMs distributed	2,095		
Phone calls made to families to inform them of the whereabouts of a detained relative	97		
Detainees released and transferred/repatriated by/via the ICRC	3		
People to whom a detention attestation was issued	101		

Hospitals in Bukavu and Goma benefit from on-site support and capacity-building measures

In North and South Kivu, 1,840 weapon-wounded civilians and weapon bearers received medical/surgical care at 14 ICRC-supported hospitals, some of which regularly benefited from drugs, supplies/equipment and training for staff. Nearly 500 patients had their treatment costs covered, and 419 were operated on by two ICRC surgical teams, active since late 2012, in two hospitals in Bukavu and Goma. Forty doctors/surgeons from across North and South Kivu participated in a war-surgery seminar, as part of long-term support to help both hospitals cope with emergencies and improve care for the weapon-wounded. A second seminar was postponed, as its programme had to be updated.

In these hospitals (2,942 beds) and in 18 other health care facilities (including two physical rehabilitation centres), patients and staff alike benefited from improvements resulting from the rehabilitation of water/sanitation infrastructure. Trucked-in water and/or food rations provided amelioration for some staff, often working day and night, and patients.

Over 870 conflict-disabled people in three ICRC-supported physical rehabilitation centres in Bukavu, Goma and – until the withdrawal of support at year's end, as the sustainability of activities could not be guaranteed – Kinshasa had their treatment, transportation and/or accommodation costs covered. Given technical support, tools, equipment and prosthetic/orthotic materials, the centres provided services to help disabled people restore their mobility and dignity. Selected technicians/physiotherapists at the centres upgraded their qualifications by taking courses in the DRC or abroad.

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

Some 7,500 weapon bearers learn more about IHL

With the hostilities ongoing, it was particularly important to sustain contact at all levels with parties to the conflict, including the armed/security forces, MONUSCO and armed groups, who were reminded of their obligations under IHL (see above); such contact also aimed to secure safe access for National Society/ICRC staff to conflict-affected people.

Briefings, sometimes combined with first-aid training (see *Wounded and sick*), for some 7,500 members of the armed/security/police forces, including the presidential guard, and armed groups, encouraged compliance with humanitarian principles and reinforced understanding of the Movement. MONUSCO 'intervention brigade' units attended IHL dissemination sessions.

IHL-promotion activities organized by the National Society/ICRC included briefings/round-tables for government officials, diplomats, NGO representatives and academics from various provinces; 100 senior officials/parliamentarians and over 1,500 students/lecturers took part. Student teams from universities in Bukavu and Kinshasa won ICRC-supported IHL competitions in Tunisia and Rwanda, respectively.

Community radio stations raise public awareness of humanitarian issues

National/international media coverage of the Movement's work, which intensified during the ICRC president's visit, engaged the wider public's interest in humanitarian concerns, including in relation to sexual violence and ERW (see *Civilians*), and in neutral,

impartial and independent Movement action. Using ICRC press releases, interviews, and audiovisual materials, as well as the information they themselves had gathered during field trips, journalists drew attention to the plight of conflict victims and National Society/ICRC activities, including through radio advertisements broadcast in local languages and a TV programme highlighting issues related to the emblem. Owing to internal constraints, a National Society campaign to promote respect for the emblem, as part of the Health Care in Danger project, did not push through. Twenty journalists in Maniema refined their ability to report on humanitarian affairs at a workshop.

The DRC signs the Arms Trade Treaty

Meetings with the authorities emphasized issues related to resolutions adopted at the 31st International Conference. They also contributed to the incorporation of IHL/other relevant treaties in domestic legislation – particularly the adoption of a bill to ratify the Convention on Cluster Munitions – the signing of the Arms Trade Treaty and the promulgation of a law ratifying the Convention on the Rights of Persons with Disabilities. Other meetings, including with senior ministry officials/parliamentarians and a workshop on the emblem, gave encouragement for creating a national IHL committee and adopting a law on the emblem.

Armed forces incorporate detention guidelines in manual

With the authorities' agreement, key stakeholders in security sector reform, including the European Union, MONUSCO and various embassies, and the ICRC coordinated their approach. Working groups focused on the incorporation of IHL in military doctrine and training; regular meetings between the Defence Ministry and the ICRC supported the process. As a result, the armed forces included IHL principles concerning military detention in their civil-military operations manual, and updated their IHL curriculum for officers-in-training. At workshops, these officers practised applying basic IHL provisions in military planning and operations.

Similarly, 231 officers at police academies underwent training in applying human rights norms regulating the use of force in policing operations.

RED CROSS AND RED CRESCENT MOVEMENT

While partnering the ICRC during relief, family-links, first-aid and IHL promotion activities (see above), the DRC Red Cross boosted its managerial and operational capacities with ICRC funding, equipment/materials, expertise and training. It implemented its own assistance activities (e.g. in water/sanitation and economic security) for conflict/violence-affected people. It organized a national workshop and later, provincial meetings, during which disaster-management officers and training focal points reviewed/updated their contingency plans, first-aid programme and training curricula.

The National Society reorganized itself, adopting revised/new statutes, internal regulations and a code of conduct for its governance. It elected its governing members for the next five years and held branch elections.

Movement partners met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	44,350	2,521	
RCMs distributed	37,839	1,999	
Phone calls facilitated between family members	61		
Names published in the media	119		
Reunifications, transfers and repatriations			
People reunited with their families	1,310		
<i>including people registered by another delegation</i>	48		
People transferred/repatriated	22		
Tracing requests, including cases of missing persons		Women	Minors
People for whom a tracing request was newly registered	641	66	427
People located (tracing cases closed positively)	405		
<i>including people for whom tracing requests were registered by another delegation</i>	78		
Tracing cases still being handled at the end of the reporting period (people)	710	69	483
UAMs/SCs*, including unaccompanied demobilized child soldiers		Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society	1,550	500	526
UAMs/SCs reunited with their families by the ICRC/National Society	1,277	379	511
<i>including UAMs/SCs registered by another delegation</i>	45		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	770	287	152
Documents			
Official documents relayed between family members across border/front lines	6		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits		Women	Minors
Detainees visited	18,738	1,060	650
Detainees visited and monitored individually	2,427	25	158
Detainees newly registered	1,664	17	155
Number of visits carried out	288		
Number of places of detention visited	76		
Restoring family links			
RCMs collected	2,509		
RCMs distributed	2,095		
Phone calls made to families to inform them of the whereabouts of a detained relative	97		
Detainees released and transferred/repatriated by/via the ICRC	3		
People to whom a detention attestation was issued	101		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities ¹	Beneficiaries	253,295	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		55,260		
Essential household items ¹	Beneficiaries	223,774	25%	33%
	<i>of whom IDPs</i>	Beneficiaries		
		86,801		
Productive inputs	Beneficiaries	186,613	40%	35%
	<i>of whom IDPs</i>	Beneficiaries		
		17,401		
Cash	Beneficiaries	2,336	35%	27%
	<i>of whom IDPs</i>	Beneficiaries		
		648		
Vouchers	Beneficiaries	15,600	35%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		630		
Work, services and training	Beneficiaries	32,859	35%	37%
	<i>of whom IDPs</i>	Beneficiaries		
		66		
Water and habitat activities	Beneficiaries	1,031,671	30%	39%
	<i>of whom IDPs</i>	Beneficiaries		
		154,707		
Health				
Health centres supported	Structures	9		
Average catchment population		82,595		
Consultations	Patients	68,854		
	<i>of which curative</i>	Patients	16,018	24,616
	<i>of which ante/post-natal</i>	Patients	13,758	
Immunizations	Doses	82,423		
	<i>of which for children aged five or under</i>	Doses		
		79,166		
Referrals to a second level of care	Patients	2,768		
Health education	Sessions	955		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities ¹	Beneficiaries	17,593		
Essential household items ¹	Beneficiaries	71,408		
Productive inputs	Beneficiaries	510		
Water and habitat activities	Beneficiaries	12,869		
Health				
Number of visits carried out by health staff		192		
Number of places of detention visited by health staff		21		
WOUNDED AND SICK				
Hospitals¹				
Hospitals supported	Structures	14		
	<i>of which provided data</i>	Structures		
		14		
Patients whose hospital treatment has been paid for by the ICRC	Patients	1,039		
Admissions	Patients	24,217	11,565	7,776
	<i>of whom weapon-wounded</i>	Patients	100	91
	<i>(including by mines or explosive remnants of war)</i>	Patients		
	<i>of whom other surgical cases</i>	Patients		
	<i>of whom medical cases</i>	Patients		
	<i>of whom gynaecological/obstetric cases</i>	Patients		
Operations performed		11,319		
Outpatient consultations	Patients	15,624		
	<i>of which surgical</i>	Patients		
	<i>of which medical</i>	Patients		
	<i>of which gynaecological/obstetric</i>	Patients		
		1,947		
Water and habitat				
Water and habitat activities	Number of beds	2,942		
Physical rehabilitation				
Centres supported	Structures	3		
Patients receiving services	Patients	873	159	68
New patients fitted with prostheses	Patients	154	33	18
Prostheses delivered	Units	289	70	34
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		29		
New patients fitted with orthoses	Patients	36	4	5
Orthoses delivered	Units	47	7	5
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		1		
Patients receiving physiotherapy	Patients	311	70	36
Crutches delivered	Units	868		
Wheelchairs delivered	Units	26		

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