



## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Conflict-affected people in the Diffa region received urgently needed food, water and household items from the Movement, notably the National Society and the ICRC; at times this assistance was provided upon the authorities' request.
- ▶ Pastoral households in Diffa improved the health of their livestock with free vaccination, deworming and other services, and got through the hunger gap period with animal feed sold by ICRC-stocked fodder banks at reduced prices.
- ▶ Wounded people, including weapon bearers and IDPs, were treated by an ICRC medical team at the Diffa regional hospital; the team, which was deployed there in 2015, was reinforced in 2016 by the arrival of a surgeon.
- ▶ Malnourished inmates improved their health with food supplements from the ICRC. Authorities monitored detainees' health more closely through ICRC-backed initiatives, such as systematic medical examinations for inmates.
- ▶ Families dispersed by violence, detention, or migration reconnected via Movement family-links services. Migrants in Agadez received medical and psychosocial care from the French Red Cross, which was supported by the ICRC.
- ▶ At predeployment briefings, over 1,600 peacekeepers learnt more about the applicability of IHL during security operations; religious and community leaders studied the links between Islamic law and IHL during ICRC workshops.

## EXPENDITURE IN KCHF

Protection	2,790
Assistance	24,534
Prevention	1,566
Cooperation with National Societies	1,435
General	118
<b>Total</b>	<b>30,442</b>
<i>Of which: Overheads</i>	<i>1,837</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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## PERSONNEL

Mobile staff	32
Resident staff (daily workers not included)	174

The ICRC has been present in Niger since 1982. It seeks to protect and assist people suffering the consequences of armed conflict in the region, as well as those affected by communal violence. It monitors the treatment and living conditions of detainees; promotes IHL among armed and security forces and other weapon bearers; and encourages its implementation by the national authorities. It works closely with the Red Cross Society of Niger and helps it develop its operational capacities.

## YEARLY RESULT

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

## PROTECTION

	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	405
RCMs distributed	416
Phone calls facilitated between family members	11,254
Tracing cases closed positively (subject located or fate established)	79
People reunited with their families	10
<i>of whom unaccompanied minors/separated children</i>	10

## PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)

<b>ICRC visits</b>	
Detainees visited	4,302
Detainees visited and monitored individually	1,626
Number of visits carried out	77
Number of places of detention visited	10
<b>Restoring family links</b>	
RCMs collected	443
RCMs distributed	206
Phone calls made to families to inform them of the whereabouts of a detained relative	321

## ASSISTANCE

	2016 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>			
Food commodities	Beneficiaries	258,000	271,362
Essential household items	Beneficiaries	43,200	61,509
Productive inputs	Beneficiaries	64,800	49,898
Cash	Beneficiaries	4,500	2,400
Services and training	Beneficiaries	412,800	524,102
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>			
Water and habitat activities	Beneficiaries	85,530	285,645
<b>Health</b>			
Health centres supported	Structures	6	6
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures	1	1
<b>Water and habitat</b>			
Water and habitat activities	Number of beds	136	
<b>Physical rehabilitation</b>			
Projects supported	Projects	2	3
Patients receiving services	Patients		1,001

## CONTEXT

Niger continued to be affected by the ongoing conflict between State forces in the Lake Chad region (see also *Chad, Nigeria and Yaoundé*) and the armed group that calls itself Islamic State's West Africa Province (also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram). Clashes between the group and government forces resulted in casualties, arrests, and repeated and protracted displacement, especially in Diffa; tens of thousands of people fled Bosso because of clashes in June. The Nigerien government contributed troops to the Multinational Joint Task Force, which fought against the armed group, particularly in border areas.

Communities hosting IDPs, and refugees from Nigeria, Mali and other neighbouring countries, had to cope with the additional strain on their limited resources. Amid security constraints and restrictions on economic activities, food production remained insufficient for the needs of a rapidly growing population still dealing with the effects of climatic conditions and past conflict. State and humanitarian agencies had limited access to these people and inadequate resources for assisting them.

Communal tensions and cross-border security issues in Tahoua and Tillabery persisted – arising from the situation in Mali or disputes over resources – at times resulting in casualties. Migrants from the region passed through Niger on their way to northern Africa or Europe.

## ICRC ACTION AND RESULTS

The ICRC worked with the Red Cross Society of Niger and other Movement partners to protect and assist vulnerable people throughout Niger. In view of people's repeated and prolonged displacement, exacerbated by the clashes in Bosso, it stepped up its activities for conflict-affected people in the Lake Chad region – relief distributions, family-links services, and support for malnourished detainees – and its coordination with government agencies and other humanitarian actors to define areas of responsibility and avoid duplication; these efforts were supported by a budget extension appeal<sup>1</sup> in June. Elsewhere in Niger, the ICRC continued to provide assistance as necessary.

In coordination with Movement partners and other humanitarian actors, the ICRC helped conflict-affected people in Diffa – and, to a lesser extent, violence-affected and other vulnerable households in Agadez, Tahoua and Tillabery – to meet their most pressing needs. Relief distributions by the National Society and the ICRC, and upgrades to water infrastructure, enabled displaced people and families hosting them to have food, obtain clean water and improve their living conditions. Herders maintained or improved the health, productivity and/or market value of their livestock with free veterinary services from local actors supported by the ICRC, and bought animal feed at reduced prices from ICRC-stocked fodder banks. In these four regions, people availed themselves of preventive and curative care at six ICRC-supported health centres. Migrants passing through Agadez had access to free medical and psychosocial care from the French Red Cross, which was supported by the ICRC.

The ICRC maintained a medical team at the Diffa regional hospital – reinforced by a surgeon deployed in 2016 – to help treat wounded people. It deployed another team of two nurses and a midwife in Bosso, to facilitate childbirth and provide vaccinations. Disabled people regained some mobility at two physical rehabilitation centres regularly supported by the ICRC with material donations and infrastructural upgrades; the one in Zinder treated patients, including the war-wounded, from Diffa and elsewhere in southern Niger.

Members of families separated by conflict, detention or migration – particularly refugees from Mali and Nigeria – reconnected through the Movement's family-links services.

Detainees in places of temporary and permanent detention received ICRC visits conducted in accordance with standard ICRC procedures; security and other vulnerable detainees were individually monitored. Findings from these visits and recommendations were communicated confidentially to the authorities, to contribute to their efforts to improve detainees' conditions. Malnourished inmates at three prisons improved their nutritional status, with the help of ICRC-donated food supplements; the authorities introduced systematic medical examinations for detainees, with ICRC support. The ICRC also donated hygiene kits, repaired prison facilities, and conducted pest-control and hygiene campaigns at seven prisons.

The ICRC shared documented allegations of abuse – whether in Niger, in migrants' countries of origin, or along the migration route – with the parties concerned. It reminded security and defence forces of the relevant international law and standards, especially those relating to the safe passage of people seeking or providing medical care. A paramilitary group in Diffa was urged to comply with humanitarian principles, including those on the treatment of detainees. State forces, including peacekeepers bound for deployment abroad, were briefed on IHL provisions applicable to their operations and were urged to facilitate the Movement's activities. The ICRC also promoted support for the Movement among members of civil society, including youth groups. At ICRC-supported workshops, religious and community leaders broadened their understanding of the points of correspondence between Islamic law and IHL.

## CIVILIANS

The ICRC documented abuses that people allegedly experienced in Niger, in their countries of origin or along the migration route. Where possible, these were shared confidentially with the parties concerned in Niger – for example, during discussions on sexual violence, displacement and other issues – or relayed to other ICRC delegations, with a view to preventing their recurrence. The ICRC began to make oral and written representations to armed/security forces in Niger, focusing on the use of force during security operations in Diffa and Tillabery. At dissemination sessions, the ICRC reminded the parties concerned of relevant international law and standards, including the need to ensure safe passage for people seeking or providing medical care.

### **Vulnerable families meet their immediate needs for food, water and household essentials**

In view of people's repeated and prolonged displacement, exacerbated by the clashes in Bosso, the ICRC stepped up its activities for people affected by conflict in the Lake Chad region – food distributions and family-links services, for example – and its coordination with government agencies and other humanitarian

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C22344A334FA4D99C12580270022ADD7/\\$File/BEA\\_2016\\_LakeChad\\_347\\_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C22344A334FA4D99C12580270022ADD7/$File/BEA_2016_LakeChad_347_Final.pdf)

actors to define areas of responsibility and avoid duplication; these efforts were supported by a budget extension appeal in June. Elsewhere in Niger, it continued to provide assistance as necessary. It adapted its activities to changes in the situation, prioritizing urgent needs; more people than planned benefited from water and habitat initiatives and support for veterinary services, but targets for productive inputs and cash – which had to be provided directly, instead of through cash-for-work projects – were not met.

Conflict-affected families in Diffa continued to receive ICRC aid, which, at times was provided at the authorities' request. Over 37,200 IDP, refugee and resident households (223,600 people) covered some of their dietary requirements, with rations from the National Society and the ICRC. Particularly vulnerable households – such as those displaced several times – received a steady supply of food for up to seven months; people with special needs, including children and pregnant women, were given enriched cereal. Partnerships with other organizations facilitated the delivery of aid: for example, the ICRC distributed WFP-provided food to thousands who had moved from WFP-covered to ICRC-covered areas.

Other vulnerable people in Diffa and elsewhere (over 14,100 households or 85,000 people) – including flood-affected families – received ICRC donations of nearly 400 metric tonnes of millet and other cereal for 26 food banks. These helped prevent farming households from consuming seed meant for planting. The ICRC also trained cereal-bank managers in Tillabery.

Over 285,000 people in rural Diffa – displaced people and host families – and in Agadez, Tahoua and Tillabery, obtained water from ICRC-repaired or -constructed facilities, such as emergency water-supply systems, hand pumps, wells and water fountains. The provision of household essentials helped around 10,250 households (over 61,500 people) to set up makeshift shelters, maintain their hygiene and prepare food. Hygiene-promotion sessions, organized by the National Society and the ICRC, helped reinforce sanitation practices in communities.

### **Migrants transiting through Agadez receive medical care from the French Red Cross**

In the four regions mentioned above, people obtained preventive or curative care at six facilities regularly supported by the ICRC with medicines and training, notably in mother-and-child care. The ICRC repaired sanitation and other facilities at two centres; a team of two nurses and a midwife was also deployed to one facility in Bosso. Altogether, these centres handled nearly 1,300 childbirths; vaccinated some 17,900; and carried out over 63,600 consultations – including for women of child-bearing age. Victims of sexual violence also obtained specialized care at these facilities. Migrants passing through Agadez were given medical and psychosocial care by the French Red Cross, which was supported by the ICRC (see *Red Cross and Red Crescent Movement*). Communities learnt more about reproductive health at dissemination sessions conducted by the ICRC, or by ICRC-trained women.

### **Herders enhance their livestock's health, with free veterinary services**

In rural Agadez and Diffa, millions of heads of livestock were vaccinated, dewormed and treated against disease; this helped over 87,250 households (524,000 people) to improve their livestock's productivity and/or market value. These services, promoted by the National Society, were delivered by the livestock ministry with ICRC support, which included refresher training and veterinary kits

for animal-health workers. The ICRC also set up mobile vaccination facilities and donated motorcycles to the ministry so that it could expand its coverage.

Following the influx of conflict-affected herders from Nigeria, 14 fodder banks in Diffa stocked 1,500 metric tonnes of feed with the help of an NGO and the ICRC. They sold this feed at reduced prices, which helped some 6,000 herding households (36,000 people) to feed their animals during the hunger gap period, and reduced the risk of overgrazing pastures. In Agadez, Diffa and Tillabery, some 2,300 households (13,800 people) – including those headed by women – were given livelihood support, through seed and tools for farming, grinders for processing animal feed, and goats for raising.

Some 400 members of women's associations in Tillabery supplemented their income with cash grants, which benefited some 2,400 people displaced by communal violence.

### **Unaccompanied minors rejoin their families**

Members of families separated by conflict or migration reconnected via phone calls, RCMs and other family-links services, provided by the National Society with ICRC support; they also learnt their relatives' fate through the ICRC's tracing efforts. With the help of the Movement, 10 unaccompanied minors – including a demobilized child – rejoined their families; the ICRC monitored their reintegration.

With financial and technical support from the ICRC, National Society personnel strengthened their ability to promote and deliver family-links services along the migration route, and to provide other humanitarian assistance. For example, five new family-links service points were opened for migrants leaving Niger, and two National Society offices were constructed.

Forensic specialists and first-responders were given training, materials and equipment by the ICRC to enable them to manage human remains properly.

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

Over 4,300 detainees in 10 places of temporary and permanent detention, including in Diffa, received ICRC visits, conducted in accordance with standard ICRC procedures. ICRC delegates monitored detainees' living conditions – for instance, whether minors and women were held separately from other inmates – and treatment, including respect for their judicial guarantees. A total of 1,626 security and other vulnerable detainees were followed up individually; 396 were newly registered. Discussions continued between the authorities and the ICRC on the possibility of the organization visiting to all people detained in relation to the conflict.

The ICRC made an oral representation to a paramilitary group in Diffa, urging them to comply with humanitarian principles, particularly with regard to the treatment of detainees.

Detainees contacted their families via RCMs, phone calls and other family-links services; foreign detainees informed their consular representatives of their detention, with help from the ICRC.

### **Malnourished inmates improve their health with ICRC-supplied food**

The ICRC provided the authorities with findings from its prison visits, as well as technical advice and training, to contribute to their

efforts to improve detainees' conditions. Notably, the authorities diagnosed and treated malnourished and other ailing inmates using ICRC-provided equipment and supplies; with technical support from the ICRC, they also introduced systematic medical examinations for new detainees, and a filing system for monitoring patients' health. Government representatives, service providers, and other relevant actors discussed ways to strengthen health care in places of detention, at an ICRC-organized round-table.

Thousands of inmates at four detention facilities received food supplements from the ICRC. Monitoring revealed that malnutrition rates in these facilities had decreased. Five places of detention received ad hoc donations of medicines and equipment from the ICRC; the ICRC also made repairs to the health facilities at a prison in Niamey.

Around 3,800 detainees at several facilities had better living conditions, through various forms of ICRC support, including repairs or upgrades to kitchens, electrical and ventilation systems, and water and sanitation facilities. Pest-control campaigns, distributions of hygiene kits and the training of committees promoted good hygiene at seven prisons.

### **WOUNDED AND SICK**

At ICRC-organized events, authorities, including weapon bearers, learnt more about the protection due to people seeking or providing medical care. Based on documented cases of attacks against medical workers and/or facilities, the ICRC made oral and written representations to the parties concerned, with a view to preventing the recurrence of such incidents.

The regional hospital in Diffa continued to treat wounded patients, including weapon bearers, with ICRC support. An ICRC surgeon joined the anaesthesiologist and two nurses who had been sent to the hospital in 2015. This surgical team worked with local staff to perform operations on nearly 500 people. Hospital staff were trained and provided with supplies, and the hospital's waste-management and water facilities were upgraded. During discussions with the authorities, the ICRC urged them to increase staffing at the hospital to ensure its sustainability.

### **People obtain physical rehabilitation services at two ICRC-supported centres**

Over 1,000 people with disabilities – including amputees and physiotherapy patients – regained some mobility at two physical rehabilitation centres: one at the Niamey National Hospital, which could accommodate patients from remote areas; and another in Zinder for patients from southern Niger, including Diffa. These centres received regular ICRC support, including donations of polypropylene materials and training for technicians in using them; parts of the Niamey centre were renovated to improve its services. Some 550 prosthetic/orthotic devices, and tricycles produced by an ICRC-supported NGO, were distributed to patients to help improve their mobility. The food, transport and accommodation expenses of 68 people disabled by mines/explosive remnants of war were covered by the ICRC.

The ICRC continued to urge the authorities to incorporate physical rehabilitation services in the national health plan, for instance, by allocating more resources for centres to ensure their sustainability; organizations helping people with disabilities drew on material and technical support from the ICRC to strengthen their network for coordinating their activities.

### **ACTORS OF INFLUENCE**

The authorities, weapon bearers, members of civil society and others capable of facilitating or encouraging humanitarian action – including UN agencies and international NGOs – learnt more about humanitarian issues arising from the conflict in Niger and the wider region, through ICRC-organized events, including a meeting between the Nigerien president and the ICRC president. These activities helped broaden respect and support for IHL and the Movement.

### **Government forces in Diffa learn more about observing principles of IHL during their operations**

Around 1,700 members of military/security forces deployed in Diffa and elsewhere attended ICRC-organized briefings on IHL, which emphasized the goals of the Health Care in Danger project. Some 120 of them were advised by the ICRC on how to ensure respect for human rights principles during security operations. At an ICRC-organized workshop and seminars conducted with ICRC support, 20 army commanders from Diffa and 100 officers from elsewhere learnt more about complying with IHL during hostilities. With his attendance subsidized by the ICRC, a senior army official enriched his knowledge of international standards for law enforcement, at a workshop in Geneva, Switzerland (see *International law and policy*). Efforts to incorporate IHL in military doctrine and training, including the updating of an IHL manual, were stalled because of the government's other priorities, particularly the situation in Diffa.

During briefings organized by the ICRC, over 1,600 members of security forces bound for UN peacekeeping missions in Africa were urged to comply with the pertinent provisions of IHL, and to facilitate the Movement's neutral, impartial and independent humanitarian action in their places of deployment.

At ICRC-organized dissemination sessions, paramilitary groups in Diffa expressed their commitment to: help prevent violence in their communities; facilitate the ICRC's conduct of humanitarian activities; and promote respect for basic humanitarian principles, including those on the treatment of detainees. The ICRC also continued dialogue with parties who could relay humanitarian messages to other armed groups.

### **Religious and community leaders study the points of correspondence between Islamic law and IHL**

Government authorities continued to draw on ICRC expertise on: the ratification of Protocol V to the Convention on Certain Conventional Weapons; the drafting of laws regulating small arms and light weapons; and the revision of the criminal code and procedures, particularly to include provisions on IHL violations. With ICRC support, the national agency responsible for regulating illegal weapons worked to fulfil its obligations under the Anti-Personnel Mine Ban Convention.

Over 360 community and religious leaders from Diffa and elsewhere examined the points of correspondence between Islamic law and IHL, at workshops co-organized with university lecturers – at times conducted alongside first-aid training by the National Society – and at international courses (see *Iran, Islamic Republic of* and *Tunis*), with their attendance sponsored by the ICRC. At various discussions on the situation in Diffa, members of civil society, including youth groups, identified the common ground between IHL and international human rights law, as did educators and school-based organizations using Arabic-language materials from the ICRC.

Journalists, particularly radio broadcasters in Diffa, kept abreast of Movement activities through public events and editorial material organized or produced by the National Society and the ICRC. They were encouraged to report accurately on the humanitarian situation in Niger. Community radio stations aired messages promoted by the ICRC, which helped inform vulnerable people of the organization's activities for them.

## RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of Niger – the ICRC's main partner in the country – drew on the support of the ICRC and other partners to conduct its activities, and to promote humanitarian principles and the Movement. Workshops on the Safer Access Framework and first aid helped its staff and volunteers respond safely to emergencies, including those arising from the situation in Diffa. National Society first-aiders were deployed at various events throughout the country – during the national elections in February, for instance.

ICRC-supported training sessions reinforced cooperation among Movement partners – especially in responding to the humanitarian needs in Diffa – and helped National Society volunteers to conduct assessments more effectively.

With support from the ICRC and the International Federation, the National Society revised its legal statutes, code of conduct and charter of volunteers, and established its 2017–2021 plan of action.

Movement components met regularly to coordinate their activities, including those carried out in Diffa in cooperation with the Luxembourg Red Cross. The French Red Cross – with ICRC financial support from June onwards – continued to provide free medical and psychosocial care to migrants passing through Agadez (see *Civilians*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>RCMs and other means of family contact</b>			UAMs/SC		
RCMs collected		405	38		
RCMs distributed		416	5		
Phone calls facilitated between family members		11,254			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		10			
People transferred or repatriated		2			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		172	19	20	45
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases closed positively (subject located or fate established)		79			
<i>including people for whom tracing requests were registered by another delegation</i>		7			
Tracing cases still being handled at the end of the reporting period (people)		226	28	37	48
<i>including people for whom tracing requests were registered by another delegation</i>		49			
<b>Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers</b>			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		50	7		5
UAMs/SC reunited with their families by the ICRC/National Society		10	2		1
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		43	11		5
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		4,302	113	193	
			Women	Girls	Boys
Detainees visited and monitored individually		1,626	24	1	48
Detainees newly registered		396	13	1	15
Number of visits carried out		77			
Number of places of detention visited		10			
<b>RCMs and other means of family contact</b>					
RCMs collected		443			
RCMs distributed		206			
Phone calls made to families to inform them of the whereabouts of a detained relative		321			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	271,362	72,018	131,493
	<i>of whom IDPs</i>	198,462	49,619	99,224
Essential household items	Beneficiaries	61,509	18,304	27,823
	<i>of whom IDPs</i>	34,086	8,524	17,038
Productive inputs	Beneficiaries	49,898	14,274	23,126
Cash	Beneficiaries	2,400	750	1,050
Services and training	Beneficiaries	524,102	139,687	253,285
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	285,645	145,679	85,694
	<i>of whom IDPs</i>	71,411	36,419	21,423
<b>Health</b>				
Health centres supported	Structures	6		
Average catchment population		104,129		
Consultations		63,665		
	<i>of which curative</i>	54,609	11,742	35,535
	<i>of which antenatal</i>	9,056		
Immunizations	Patients	17,920		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	8,742		
Referrals to a second level of care	Patients	535		
	<i>of whom gynaecological/obstetric cases</i>	103		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Food commodities <sup>1</sup>	Beneficiaries			
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	3,796		
<b>Health</b>				
Visits carried out by health staff		73		
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	2		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	1		
Admissions	Patients	497	50	118
	<i>of whom weapon-wounded</i>	186	10	12
	<i>(including by mines or explosive remnants of war)</i>	11		1
	<i>of whom surgical cases</i>	311	40	106
Operations performed		875		
Outpatient consultations	Patients	52	1	4
	<i>of whom surgical cases</i>	52	1	4
<b>Physical rehabilitation</b>				
Projects supported	Projects	3		
Patients receiving services	Patients	1,001	162	438
New patients fitted with prostheses	Patients	176	35	15
Prostheses delivered	Units	126	17	15
	<i>of which for victims of mines or explosive remnants of war</i>	49	6	
New patients fitted with orthoses	Patients	451	89	215
Orthoses delivered	Units	431	52	321
Patients receiving physiotherapy	Patients	216	35	28
Walking aids delivered	Units	203	33	23
Wheelchairs or tricycles delivered	Units	100	26	15

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.