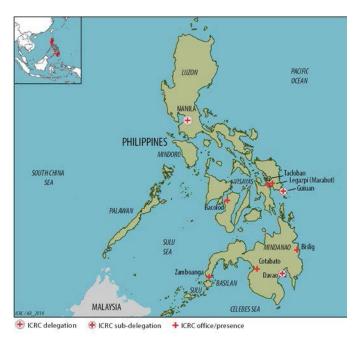
PHILIPPINES



In the Philippines, where the ICRC has worked since 1982, the delegation seeks to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence. It reminds all actors with bearing on humanitarian matters of their obligations under IHL or other humanitarian norms. It visits persons deprived of their freedom, particularly security detainees, and, with the authorities, aims to improve conditions in prisons, through direct interventions and prison reform. It works with the Philippine Red Cross to assist displaced people and vulnerable communities and promotes national IHL compliance and implementation.

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

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ IDPs in Zamboanga and typhoon-affected communities met their short-term needs through Philippine Red Cross/ICRC water, sanitation and health/nutrition services, and cash or in-kind relief assistance
- ▶ with National Society/ICRC support, conflict/violence/typhoonaffected communities reinforced/restored their livelihoods and regained access to water/health services; over 4,460 families' homes were rebuilt
- ▶ with ICRC technical/material input, the authorities extended a taskforce to reduce prison overcrowding in 4 new cities and launched a Web-based tool for maintaining essential services/infrastructure in 459 jails
- ▶ dialogue with the parties to the conflicts, backed by IHL training/ dissemination sessions for active forces, put forward humanitarian concerns and IHL principles, including the need to respect and protect civilians
- ▶ networking among weapons bearers and religious/other influential groups, and contact with beneficiary communities, raised awareness of the ICRC's mandate and activities and facilitated humanitarian access
- Movement partners strengthened coordination, particularly during emergencies; the National Society bolstered its emergency response capacities with ICRC support, training over 700 first-aiders in insecure areas

EXPENDITURE (in KCHF)	
Protection	3,817
Assistance	38,368
Prevention	2,082
Cooperation with National Societies	2,870
General	-

47,138 of which: Overheads 2,874

IMPLEMENTATION RATE	
Expenditure/yearly budget	128%
PERSONNEL	
Mobile staff	49
Resident staff (daily workers not included)	332

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	17
RCMs distributed	17
People located (tracing cases closed positively)	118
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	70,701
Detainees visited and monitored individually	928
Number of visits carried out	321
Number of places of detention visited	170
Restoring family links	
RCMs collected	28
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	27

ASSISTANCE	SISTANCE		Achieved
CIVILIANS (residents, IDPs, re	turnees, etc.)		
Economic security, water and			
(in some cases provided with	in a protection o	or cooperation program	ime)
Food commodities	Beneficiaries	514,000	433,585
Essential household items	Beneficiaries	316,000	283,040
Productive inputs	Beneficiaries	301,000	280,301
Cash	Beneficiaries	150,000	367,547
Water and habitat activities	Beneficiaries	116,064	167,630
Health			
Health centres supported	Structures	48	13
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	7	19
Water and habitat			
Water and habitat activities	Number of beds	50	75
Physical rehabilitation			
Centres supported	Structures	1	1
Patients receiving services	Patients	350	534

CONTEXT

Congressional deliberations on a draft Bangsamoro Basic Law an outcome of the peace agreement signed between the government and the Moro Islamic Liberation Front (MILF) in March - were ongoing at year's end. Clashes between government forces and armed groups, and violence among clans, continued, resulting in casualties, arrests, destruction of property and livelihoods, and displacement, often in remote or underdeveloped areas in Mindanao and the Visayas. In Zamboanga City, government recovery and relocation plans for people displaced by the 2013 clashes between the army and a faction of the Moro National Liberation Front (MNLF) faced various challenges. Tens of thousands of IDPs remained in evacuation centres or transition sites lacking adequate access to water, sanitation and health-care services. Filipino migrants returning from Malaysia continued to arrive in Western Mindanao.

Numerous typhoons - such as Typhoon Hagupit in December struck the country, including parts of Samar Island still recovering from Typhoon Haiyan (November 2013).

Initiatives to alleviate prison overcrowding and its effects on detainees' well-being gained momentum: for instance, the Supreme Court issued national guidelines to address the problem.

Tensions persisted over territorial disputes in the South China Sea.

ICRC ACTION AND RESULTS

The ICRC strove to address the humanitarian consequences of the non-international armed conflicts, other situations of violence and/or natural disasters in the Philippines. It worked with the Philippine Red Cross, which bolstered its core capacities with ICRC financial, material and technical support. All Movement partners, applying best practices from previous joint operations, maintained close coordination, facilitating the delivery of assistance to conflict/typhoon-affected people, as well as synergies with the authorities, UN agencies and other actors. In February, the ICRC appealed for additional funds to support its activities.

Dialogue with parties to the conflicts, including written representations where necessary, backed by dissemination sessions on IHL/humanitarian principles, promoted protection and respect for civilians. Networking among key stakeholders - including religious circles and other influential civil society groups - helped facilitate access to people in need.

In Zamboanga, IDPs at evacuation centres or transition sites used cash grants to buy food and other essentials; some of them earned short-term income by participating in sanitation initiatives that benefited the wider IDP population. Difficult living conditions increased the risk of preventable deaths; the National Society/ ICRC responded by delivering water and mobile health services, improving sanitation systems, promoting good hygiene and setting up a supplementary feeding programme for malnourished children and pregnant/lactating mothers. Elsewhere in Western Mindanao, returning migrants received hygiene kits.

In Haiyan-affected areas, National Society/ICRC emergencyresponse activities ended by mid-year, as attention shifted to supporting communities' recovery efforts: thousands of people benefited from the restoration of water/health services, incomegenerating initiatives and newly constructed homes. Trained National Society staff or local service providers offered support to people suffering from mental/psychosocial issues. People affected by Typhoon Hagupit received food and household essentials distributed through the National Society.

Communities in conflict/violence-prone areas throughout Mindanao and the Visayas reinforced their ability to cope with the effects of recurrent fighting by securing their livelihoods, aided by cash grants or supplies/equipment. Two villages gained new water-supply systems that reduced their exposure to water-borne diseases. Key hospitals provided timely care for vulnerable people, including the weapon-wounded, with regular or ad hoc support from the ICRC. Disabled people regained their mobility through services at an ICRCsupported physical rehabilitation centre in Davao.

The ICRC visited detainees in line with its standard procedures. It paid particular attention to security detainees, some of whom received National Society/ICRC-facilitated family visits for the first time since their arrest. Work with the authorities under the "Call for Action" process addressed the causes and consequences of prison overcrowding, focusing on three main issues: respect for judicial guarantees; health care, including TB management; and infrastructural improvements. With ICRC support, Taskforce Katarungan at Kalayaan (Justice and Freedom) reviewed the cases of detainees at Manila City Jail who had been held for excessive periods, resulting in their being sentenced or released. An ICRC manual guided the authorities in extending the taskforce to four other cities. Cooperation with the detaining authorities and health staff led to closer health monitoring at seven prisons and enhanced TB-prevention/control programmes at New Bilibid Prison (NBP) and Quezon City Jail (QCJ). Infrastructural upgrades improved detainees' living conditions; with ICRC backing, the Bureau of Jail Management and Penology (BJMP) launched a Web-based tool enabling continuous monitoring of essential services at all its jails.

IHL workshops and training for the military and the police proceeded as planned; a workshop was organized with the Armed Forces of the Philippines (AFP) on IHL in naval warfare. With ICRC input, the government worked on incorporating IHL in domestic legislation and continued drafting implementing rules and regulations for the law on the emblem. Events for legal professionals, academics and students cultivated domestic expertise in IHL and humanitarian issues.

CIVILIANS

Through its field presence and contacts with communities, the ICRC monitored the humanitarian situation and noted concerns raised by the population, including reports of arrests (see People deprived of their freedom). It pursued dialogue with the authorities and all weapon bearers on the need to protect and respect civilians and spare them from the effects of fighting. Written representations to the parties concerned drew their attention to alleged IHL violations and other abuses, so that corrective action could be taken. The families of four civilian casualties received financial assistance.

Information sessions and radio broadcasts made communities aware of National Society/ICRC activities, especially during emergencies, and facilitated access on the ground. Using hotlines, beneficiaries gave direct feedback to the ICRC, which adapted its response to their needs and priorities.

Conflict/typhoon-affected people meet their immediate needs People displaced or otherwise affected by conflict/natural disasters covered their basic needs with assistance from the National Society/

ICRC, which worked in coordination with other Movement partners, the authorities and other actors.

In evacuation/transition sites in Zamboanga, 6,794 households (39,681 people) bought food or other essentials with ICRC-provided cash. Over 570 malnourished children under the age of five and pregnant/lactating women improved their nutrition through a supplementary feeding programme; they received additional food packages for their families (3,220 people) as incentives to complete the programme. Other households at risk of malnutrition were given food (13,920 people) and household kits (19,400 people) as a preventive measure. Joint initiatives with the local authorities addressed urgent water and sanitation needs. At five sites, 12,206 people had a steady supply of drinking water trucked in by the National Society/ ICRC throughout the year, as delays in the relocation process (see Context) hampered longer-term solutions to improve the water supply. The construction of 102 additional latrines, enhancements to sewage/drainage systems and hygiene-promotion sessions encouraged better sanitation practices and curbed the spread of diseases, including diarrhoea, a contributing factor to malnutrition. Over 6,400 breadwinners took part in garbage clearance and other communal work, reducing health hazards in the vicinity while earning short-term income for their families (34,857 people).

Over 7,800 returning migrants passing through government processing centres received hygiene kits and clothes.

In Eastern Samar and Samar, relief assistance for Haiyan survivors concluded by mid-year. Food distributions or food-for-work projects enabled 236,435 people (47,287 households) to have at least two meals daily; 227,225 people varied their diet with vegetables grown using ICRC-donated seed. Essential household items helped 225,725 people (44,974 households) ease their conditions, while cash grants enabled 29,510 vulnerable households (147,550 people) to cover their expenses as needed. Some 54,000 people benefited from water treatment/distribution until longer-term services resumed end-March (see below). Various health-care facilities were supported with emergency medical supplies.

People affected by Typhoon Hagupit received food (180,000 people/30,000 households) and household/hygiene kits (30,000 people/5,000 households) from the National Society/ICRC. Donations of medical supplies and water-purification tablets supplemented the response capacities of local authorities, 16 hospitals/health facilities and 4 National Society chapters. The National Society set up a mobile health unit and a tented camp for IDPs in Eastern Samar with ICRC financial, logistical and material support.

Haiyan and Hagupit survivors registered themselves as alive or their relatives as missing on the ICRC's family-links website (familylinks. icrc.org). The National Society worked on these cases with ICRC support. National agencies in charge of managing human remains and collecting ante-mortem data after Haiyan received technical support.

Communities regain access to basic services

Once the situation permitted, the National Society/ICRC worked on restoring essential services disrupted by insecurity and/or natural disasters.

In remote, conflict/violence-affected villages in Negros Occidental (Visayas) and Surigao del Sur (Mindanao), close to 4,000 people enjoyed reliable access to clean water from water-supply systems built with their involvement. These eliminated their dependence on open sources and, alongside hygiene-awareness sessions, reduced their exposure to water-borne diseases. Newly formed associations took charge of maintaining the facilities.

In Haiyan-affected areas, including Guiuan City, 75,000 people regained access to water via rehabilitated water-supply systems and newly installed water points. Health facilities set up during the emergency closed by May. Six health centres resumed services, including ante/post-natal consultations and referrals to higher-level care, following repairs and donations of medical supplies; seven others were under reconstruction. Over 500 people, including personnel handling human remains, received mental-health/psychosocial support from ICRC-trained health-care workers and National Society volunteers.

IDPs in Zamboanga received basic health care from National Society/ICRC mobile teams, which supported local services and conducted mass immunizations of children as part of a nationwide campaign. Following repairs, the Rio Hondo health station received medical supplies and equipment, as did seven other health centres (through support to the City Health Office) and two newly constructed multipurpose halls hosting health, hygiene and nutrition activities.

Communities recover their self-sufficiency

Communities in Mindanao and the Visayas strengthened their ability to cope with recurring violence by restoring or reinforcing their livelihoods, aided by tools, equipment, seed and livestock (7,397 households/38,276 people), and grants for training and income-generating activities (2,701 households/15,120 people). This enabled, for example, women's associations in 15 communities to start vegetable-gardening businesses that they managed from soil preparation to marketing. Using post-harvest machinery, farmers turned a profit from their crops, helping sustain their families until the next harvest. Members of 852 households (4,859 people) augmented their income by rehabilitating community infrastructure.

Haiyan survivors started anew with ICRC support. Over 10,240 breadwinners supported their families (54,335 people) with wages they earned clearing debris or participating in shelter-construction projects. With other community members, they helped build 4,461 new homes for 21,750 people in eight municipalities; some went on to make a living from their newly acquired carpentry skills. Households that lost their livelihoods pursued farming, fishing, livestock and other micro-economic ventures with productive inputs (3,000 households/14,800 people) and cash grants (14,225 households/71,125 people) as capital.

PEOPLE DEPRIVED OF THEIR FREEDOM

Security detainees receive family visits

Based on information from families, media reports and other organizations, the ICRC followed up 116 allegations of arrest or detention with the parties concerned, and clarified the whereabouts of 106 people. It sought immediate access to those being held to ensure that their treatment accorded with internationally recognized standards. One person held by the New People's Army was released in the presence of the ICRC.

Detainees at facilities run by the BJMP, the army, the police and provincial authorities received visits conducted according to standard ICRC procedures. Delegates monitored their treatment and living conditions, paying particular attention to security detainees, including those held in connection with the 2013 events in Zamboanga.

Detainees exchanged news with relatives within the country or abroad using family-links services. Over 500 detainees received National Society/ICRC-facilitated family visits, many for the first time since their arrest. Three released detainees travelled home with ICRC financial assistance. A deceased detainee's family transported his remains home with similar assistance.

Authorities expand taskforce to ease overcrowding

Following visits to detainees, delegates shared their findings confidentially with the authorities at prison, regional and central levels. In several cases, the authorities took action based on ICRC recommendations: for example, one prison adopted regulations on disciplinary measures; at another, detainees were granted more outdoor access. Cooperation to address the causes of overcrowding - notably procedural delays - and its effects on detainees' health and living conditions continued under the "Call for Action" process (see below). Written representations backed BJMP jail authorities' efforts to mobilize support from regional/national offices in addressing these issues; one such representation led to the creation of a committee charged with decongesting all jails in Cebu province.

With ICRC support, Taskforce Katarungan at Kalayaan reviewed the cases of Manila City Jail detainees awaiting trial for excessive periods, and submitted them to courts; 350 detainees had their cases resolved, leading to their release or sentencing. The taskforce also submitted a report to the Supreme Court on the effects of current drug legislation on prison overcrowding, advocating amendments to it; the Supreme Court subsequently disseminated the report among lawmakers. An ICRC-produced manual guided the authorities in extending the taskforce, as prescribed by the Supreme Court's guidelines on jail decongestion, to four other cities.

The BJMP, with ICRC support, trained around 400 paralegals to coordinate between courts and jails so that detainees could have their cases processed in a timely manner. Technical advice and a study trip abroad supported it in upgrading the National Inmates Monitoring System to ensure more efficient management of judicial data.

Detainees receive timely medical care

Health-monitoring visits, material/technical assistance and mobilization of the authorities helped improve access to health care - including TB treatment and referrals to external facilities - for some 50,000 detainees countrywide.

The BJMP, the Health Department and the ICRC continued to strengthen the health information systems at seven prisons. On-the-job training for prison nurses and systematic application of best practices, including medical check-ups upon arrival and the use of inmate health cards, helped ailing detainees receive prompt medical attention.

Detainees at NBP and QCJ obtained TB-prevention/treatment services from health staff backed by ICRC technical supervision, training and material support. Over 690 patients underwent treatment; some 70 underweight patients per month were given food supplements. Of 74 transferred/released patients, 60 continued their treatment with coordinated support from civilian healthcare providers and the ICRC. The rehabilitation of TB facilities further enhanced services at QCJ, while NBP detainees gained a new treatment unit (235 beds) with a fully equipped laboratory and an isolation area. Both facilities received mobile digital X-ray machines that enabled timely detection; nearly 4,900 detainees were screened.

A Davao penal colony's infirmary (136 beds) was fully rehabilitated.

Authorities launch Web-based maintenance tool

With ICRC support, the BJMP launched an online database enabling real-time monitoring of infrastructure and essential services in all its 459 jails, with a view to streamlining needs identification, resource allocation and maintenance. Alongside training, all BJMP regional engineers received tablet computers for collecting and transmitting data, and three headquarters staff received geographic information system software licences.

Almost 3,000 inmates at 11 prisons saw improvements in their living conditions after the renovation of outdoor areas and watersupply, sanitation, cooking and other facilities.

Over 12,300 inmates at 16 prisons received hygiene and/or recreational items.

WOUNDED AND SICK

Community members in tension-prone areas, including health centre staff, learnt first-aid skills from ICRC-supported National Society teams.

More than 38,000 patients, including the weapon-wounded, were treated at ICRC-supported hospitals, which received medical/ surgical supplies according to their capacity and level of activity. They included three hospitals in conflict-affected provinces in Mindanao, and two hospitals (75 beds) destroyed during Typhoon Haiyan that resumed operations following renovations. Over 150 patients had their treatment costs covered.

Over 530 people regained their mobility or otherwise benefited from services at the ICRC-supported Davao Jubilee Foundation physical rehabilitation centre. They included people in Maguindanao who obtained services during an outreach mission facilitated by ICRC dialogue with MNLF representatives. Ninetynine patients had their treatment and accommodation costs covered by the ICRC, which also subsidized technical-staff salaries and one technician's training abroad. Rehabilitation of the centre's dormitory was postponed, as resources were concentrated on operations in Zamboanga and typhoon-affected areas.

ACTORS OF INFLUENCE

Troops in conflict areas learn more about IHL

Regular dialogue and dissemination sessions among AFP/police forces and members/commanders of armed groups promoted awareness of IHL, humanitarian principles and the ICRC's mandate. Over 1,200 military and police personnel stationed in conflict-affected areas learnt about IHL considerations in conducting joint security operations. Sixty-five AFP officers participated in workshops on IHL/humanitarian norms in operational and tactical decision-making; one lieutenant-colonel attended an advanced course abroad (see International law and policy). Forty-two naval officers furthered their understanding of IHL in naval warfare at domestic and regional workshops (see Kuala Lumpur). Twentyfive police officials refreshed their knowledge of international policing standards.

To foster long-term compliance, the AFP and the police worked with the ICRC on incorporating IHL in their policies and training. Following train-the-trainer courses, 30 military personnel joined AFP mobile training teams in briefing contingents on IHL, and 20 police instructors began integrating IHL into training for police units involved in conflict.

Weapons bearers and civil society groups better understand ICRC mandate

Networking among weapons bearers and religious/community leaders aimed to broaden acceptance and access in critical areas. For example, at tailored seminars – including one organized with the MILF - Islamic leaders, scholars and NGO representatives in Mindanao learnt about the ICRC's work and similarities between IHL and Islamic law. Discussions with an Islamic studies institute in Manila explored prospective initiatives on similar topics.

Contacts with public affairs officers affiliated with the AFP or political groups emphasized the ICRC's neutral and impartial humanitarian activities.

Events foster IHL expertise

Drawing on ICRC input, the authorities continued drafting the implementing rules and regulations for the law on the emblem, with support from the National Society's IHL office. A bill on IDPs, accession to the Arms Trade Treaty and the Hague Convention on Cultural Property, and the establishment of an IHL committee were under consideration.

Judges learnt more about their role in enforcing accountability for IHL violations at a seminar co-organized by the Philippine Judicial Academy and the ICRC. At the South-East and North-East Asian Teaching Session on IHL, co-hosted with the University of the Philippines, 50 legal professionals, academics and government, military and National Society representatives from 12 countries strengthened their grasp of IHL and their ability to tackle humanitarian policies/issues back home.

University students put their IHL knowledge into practice during moot court competitions in Manila and Hong Kong (see Beijing). Training for its professors enabled Mindanao State University to extend IHL teaching to all its campuses.

Media puts humanitarian needs at the forefront

Through contacts with civil society groups, NGOs and local/international media, the needs of communities affected by successive crises (see *Civilians*) – and the Movement's response to their plight - gained widespread attention. Operational updates and other informational materials kept stakeholders abreast of developments; the resulting media coverage helped mobilize support for the Movement and facilitate access to people in need. Meetings with news agencies, and the participation of two journalists in a regional conference (see Kuala Lumpur), further encouraged the media to keep humanitarian issues on their agenda.

RED CROSS AND RED CRESCENT MOVEMENT

Movement partners step up coordination

In responding to Typhoons Haiyan and Hagupit, Movement partners drew on best practices from previous operations. Consistent information-sharing and coordination among the National Society, 14 other National Societies working in the country, the International Federation and the ICRC resulted in a coherent Movement response and facilitated coordination with other actors.

While carrying out joint activities for conflict/typhoon-affected people, the National Society and the ICRC pursued capacitybuilding initiatives, particularly in emergency preparedness and response. With ICRC support, the National Society trained and equipped 24 Red Cross Action Teams (RCATs) from tensionprone areas; 730 volunteers were trained in first aid, disaster-risk management, restoring family links and disseminating humanitarian principles. RCATs supported the Samar and Zamboanga operations, with some members leading local volunteer teams.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SCs*		
RCMs collected	17			
RCMs distributed	17			
Names published on the ICRC family-links website	3,464			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	117	18		3
People located (tracing cases closed positively)	118			
Tracing cases still being handled at the end of the reporting period (people)	12	1		2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	70,701	4,284	530	
		Women	Girls	Boys
Detainees visited and monitored individually	928	57		10
Detainees newly registered	145	21		2
Number of visits carried out	321			
Number of places of detention visited	170			
Restoring family links				
RCMs collected	28			
RCMs distributed	6			
Phone calls made to families to inform them of the whereabouts of a detained relative	27			
Detainees visited by their relatives with ICRC/National Society support	515			
* TV				

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)	D (' ' '	400 505	0404	470/
Food commodities	Beneficiaries	433,585	31%	47%
of whom IDPs	Beneficiaries	40,158	0004	400
Essential household items	Beneficiaries	283,040	32%	43%
of whom IDPs	Beneficiaries Beneficiaries	45,598	250/	4.40/
Productive inputs	Beneficiaries	280,301	35%	44%
of whom IDPs	Beneficiaries	23,450	050/	4.40/
Cash	Beneficiaries	367,547	35%	44%
of whom IDPs	Beneficiaries	108,498	=00/	400
Water and habitat activities	Beneficiaries	167,630	50%	40%
of whom IDPs	Beneficiaries	16,283		
Health	01 1	10		
Health centres supported	Structures	13		
Average catchment population		102,756		
Consultations	Patients	33,585		
of which curative	Patients		8,144	12,780
of which ante/post-nata	Patients		7,281	
Immunizations	Doses	77,428		
of which for children aged five or under	Doses	75,798		
Referrals to a second level of care	Patients	663		
Health education	Sessions	125		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	12,376		
Cash	Beneficiaries	3		
Water and habitat activities	Beneficiaries	2,931		
Health				
Number of visits carried out by health staff		464		
Number of visits carried out by health staff Number of places of detention visited by health staff		464		
Number of places of detention visited by health staff		464 30		•
Number of places of detention visited by health staff WOUNDED AND SICK			=	=
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals	Structures	30	=	=
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported	Structures	19	=	
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data	Structures	30 19 10		
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC	Structures Patients	19 10 154	16 291	12.823
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Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded	Structures Patients Patients Patients	19 10 154 38,423 360	16,381 65	
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war)	Structures Patients Patients Patients Patients	19 10 154 38,423 360 108		
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases	Structures Patients Patients Patients Patients Patients Patients	19 10 154 38,423 360 108 5,482		
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom medical cases	Structures Patients Patients Patients Patients Patients Patients Patients Patients	19 10 154 38,423 360 108 5,482 23,862		
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Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom medical cases of whom gynaecological/obstetric cases Operations performed	Structures Patients Patients Patients Patients Patients Patients Patients Patients Patients	19 10 154 38,423 360 108 5,482 23,862 8,719 5,813		
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Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases of whom gynaecological/obstetric cases Operations performed Outpatient consultations of which surgical	Structures Patients	19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578		
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Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases Operations performed Outpatient consultations of which surgical of which medical cases of which gynaecological/obstetric	Structures Patients	19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578 63,673		
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases Operations performed Outpatient consultations of which surgica of which medical cases of which gynaecological/obstetric first aid	Structures Patients	19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578 63,673		
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Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases Operations performed Outpatient consultations of which surgica of which medica of which gynaecological/obstetric first aid First-aid posts supported	Structures Patients Structures	30 19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578 63,673 9,211		
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Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases Operations performed Outpatient consultations of which surgical of which medical cases of which gynaecological/obstetric first aid First aid First aid posts supported of which provided data Water and habitat Water and habitat activities	Structures Patients Structures Structures	30 19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578 63,673 9,211		
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Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases Operations performed Outpatient consultations of which surgical of which surgical of which gynaecological/obstetric first aid First-aid posts supported Water and habitat Water and habitat activities Physical rehabilitation Centres supported Patients receiving services	Structures Patients Structures Structures Structures Structures Patients	30 19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578 63,673 9,211 2 1 75	65	24
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases of whom gynaecological/obstetric cases of which medical cases of which gynaecological/obstetric first aid First aid First aid First-aid posts supported Water and habitat Water and habitat Water and habitat activities Physical rehabilitation Centres supported Patients receiving services New patients fitted with prostheses	Structures Patients Structures Structures Structures Structures Patients Patients Patients	30 19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578 63,673 9,211 2 1 75	65 88 9	218
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases of whom gynaecological/obstetric cases of which provided data Outpatient consultations of which surgical of which gynaecological/obstetric first aid First aid First aid Water and habitat Water and habitat Water and habitat activities Physical rehabilitation Centres supported Patients receiving services New patients fitted with prostheses Prostheses delivered	Structures Patients Structures Structures Structures Structures Patients Units	30 19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578 63,673 9,211 2 1 75 1 534 58 91	65	218
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases of whom gynaecological/obstetric cases of which surgica of which surgica of which gynaecological/obstetric for which medical cases of which gynaecological/obstetric cases of which gynaecological/obstetric cases of which gynaecological/obstetric cases of which gynaecological/obstetric gynaecological/ob	Structures Patients Structures Structures Structures Patients Units Units	30 19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578 63,673 9,211 2 1 75 1 534 58 91 2	88 9 23	215
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases of whom gynaecological/obstetric cases of whom gynaecological/obstetric cases of which gynaecological/obstetric gynaecological	Structures Patients Structures Structures Structures Vumber of beds Structures Patients Patients Patients Patients Units Patients	30 19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578 63,673 9,211 2 1 75 1 534 58 91 2 13	88 9 23	215
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases Operations performed Outpatient consultations of which surgica of which surgica of which medical cases of which gynaecological/obstetric cases Of which provided data First-aid posts supported of which provided data Water and habitat Water and habitat Water and habitat activities Physical rehabilitation Centres supported Patients receiving services New patients fitted with prostheses Prostheses delivered of which for victims of mines or explosive remnants of war. New patients fitted with orthoses Orthoses delivered	Structures Patients Structures Structures Structures Patients Units Patients Patients Patients	30 19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578 63,673 9,211 2 1 75 1 534 58 91 2 13 22	88 9 23	215 2 6
Number of places of detention visited by health staff WOUNDED AND SICK Hospitals Hospitals supported of which provided data Patients whose hospital treatment has been paid for by the ICRC Admissions of whom weapon-wounded (including by mines or explosive remnants of war) of whom other surgical cases of whom gynaecological/obstetric cases of whom gynaecological/obstetric cases of which provided data Outpatient consultations of which surgical of which gynaecological/obstetric first aid First aid First aid Water and habitat Water and habitat Water and habitat activities Physical rehabilitation Centres supported Patients receiving services New patients fitted with prostheses Prostheses delivered	Structures Patients Structures Structures Structures Vumber of beds Structures Patients Patients Patients Patients Units Patients	30 19 10 154 38,423 360 108 5,482 23,862 8,719 5,813 96,462 23,578 63,673 9,211 2 1 75 1 534 58 91 2 13	88 9 23	12,823 24 215 2 6 16 177