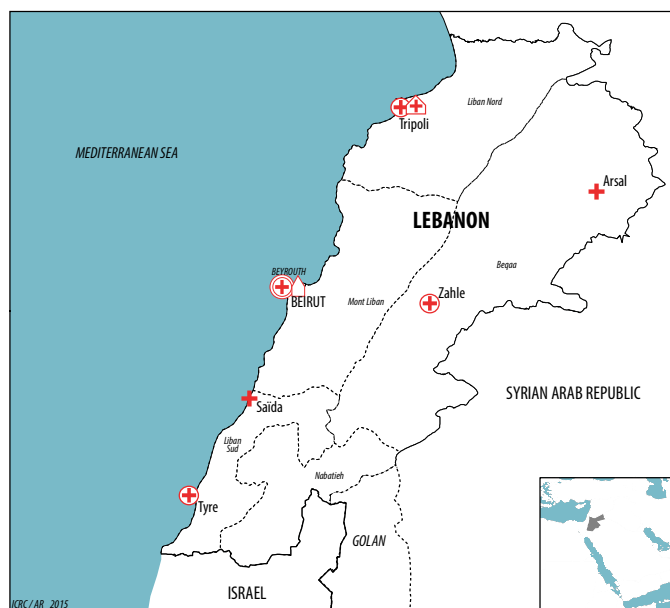


# LEBANON



+ ICRC delegation   
 + ICRC sub-delegation   
 + ICRC office   
 △ ICRC regional logistics centre  
+ ICRC hospital

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ People fleeing the Syrian Arab Republic (hereafter Syria), Palestinian refugees and vulnerable residents had access to water/sanitation/shelter via increased support to the authorities and other actors.
- ▶ Weapon-wounded people continued to receive treatment at ICRC-run/supported facilities; when their numbers declined, owing to stricter entry policies and fewer clashes, aid for other patients was expanded.
- ▶ Conflict/violence-affected people partially met their needs via Lebanese Red Cross/ICRC relief operations; cash distributions were adjusted to focus on vulnerable Palestinian refugees and Lebanese returnees.
- ▶ The authorities were reminded of the protection afforded to people from Syria under the principle of *non-refoulement* and, along with weapon bearers, of the need to facilitate access to medical care.
- ▶ Some detainees had improved living conditions after repairs/upgrades to prison infrastructure and ad hoc distribution of essential items; others had access to legal representation through an ICRC-supported lawyer.
- ▶ Two families learnt of the fate of their missing relatives, whose remains were identified by the authorities with ICRC support; other families were given psychosocial support or referred to NGOs for assistance.

## EXPENDITURE IN KCHF

Protection	5,262
Assistance	30,790
Prevention	1,982
Cooperation with National Societies	3,580
General	144
<b>Total</b>	<b>41,758</b>
<i>Of which: Overheads</i>	<b>2,549</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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## PERSONNEL

Mobile staff	69
Resident staff (daily workers not included)	225

The ICRC has been present in Lebanon since the 1967 Arab-Israeli war. With the Lebanese Red Cross, it works to protect and assist civilians affected by armed conflict and other situations of violence. It facilitates access to water and provides medical care and other relief to refugees and residents wounded in Lebanon or in the neighbouring Syrian Arab Republic. It visits detainees; offers family-links services, notably to foreign detainees and refugees; works with those concerned to address the plight of the families of the missing; and promotes IHL compliance across Lebanon.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	84
RCMs distributed	71
People located (tracing cases closed positively)	29
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	7,418
Detainees visited and monitored individually	976
Number of visits carried out	180
Number of places of detention visited	31
<b>Restoring family links</b>	
RCMs collected	259
RCMs distributed	180
Phone calls made to families to inform them of the whereabouts of a detained relative	1,250

ASSISTANCE	2015 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 25,000	24,074
Essential household items	Beneficiaries 25,000	25,710
Productive inputs	Beneficiaries 500	
Cash	Beneficiaries 31,000	22,650
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Water and habitat activities	Beneficiaries 308,900	318,062
<b>Health</b>		
Health centres supported	Structures 8	10
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 4	23
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	73
<b>Physical rehabilitation</b>		
Projects supported	Structures 3	2
Patients receiving services	Patients 800	530

## CONTEXT

The conflict in the Syrian Arab Republic (hereafter Syria) and its spillover continued to affect Lebanon. Border entry regulations were tightened, reducing the influx of refugees, including the weapon-wounded. In host communities/informal settlements, public health-care and water systems were often dilapidated or inadequate. The authorities and humanitarian actors struggled to meet the mounting needs of refugees and vulnerable residents.

Communal tensions – often fuelled by opposing positions on the Syrian conflict – and street demonstrations continued to occur in Tripoli and elsewhere, but less frequently than in 2014. The armed/security forces conducted security operations, including in Aarsal. Fighting between Hezbollah and armed groups continued near the Lebanon-Syria border. Hundreds of arrests took place across the country, contributing to overcrowding in prisons.

People in Ein El-Helweh and other Palestinian refugee camps, including Palestinians from Syria, faced difficult living conditions and persistent unrest.

The country remained without a president as a parliamentary deadlock continued.

Thousands of cases of people missing in relation to past conflicts in Lebanon remained unresolved.

## ICRC ACTION AND RESULTS

In 2015, the ICRC continued adapting its response to humanitarian needs arising from the Syrian conflict and the situation in Lebanon. Given the state of public services, it expanded its medium- to longer-term support for health-care and water systems, while responding to emergencies. Owing to stricter border entry policies and the budget constraints faced by other organizations, the ICRC adapted/curtailed certain activities, focusing on particularly vulnerable groups. It maintained a complementary role to the authorities, UN and other actors, and helped liaise the Movement's response.

The Lebanese Red Cross, the ICRC's main partner, received comprehensive support for its emergency medical services (EMS), facilitating the treatment/evacuation of the wounded. First-aid training for the Lebanese Armed Forces (LAF) and other weapon bearers in volatile areas and supplies for medical facilities in Palestinian camps helped enhance emergency-preparedness/response capacities.

People underwent surgery and received post-operative care at an ICRC-run weapon traumatology centre, which was fully operational by January. They also obtained treatment, including physical rehabilitation, at ICRC-supplied facilities. After stricter border policies and fewer internal clashes reduced the number of weapon-wounded patients, the ICRC financed fewer surgeries in other hospitals and expanded its assistance to other patients. Increased ICRC support for primary-health-care facilities made preventive/curative care available to more people, and ICRC-funded vaccination campaigns helped to protect children from diseases. In October, the ICRC-run centre began accepting non-weapon-wounded people without health coverage.

In host communities, Palestinian camps and informal settlements, people had better access to water, electricity and shelter after the

ICRC constructed/repairs infrastructure in coordination with the authorities and local organizations.

Together with the National Society, the ICRC provided food/essential items to conflict/violence-affected people. However, there were fewer National Society/ICRC cash distributions for Syrian refugees because of operational constraints. Given this, and the budget constraints faced by other actors, the ICRC expanded its cash assistance for Palestinian refugees and Lebanese returnees, who also received livelihood support. Violence-affected families in Tripoli benefited from emergency shelter repairs and cash-for-work projects.

The ICRC reminded the authorities of the protection afforded to people from Syria under the principle of *non-refoulement* and applicable domestic/international law. Allegations of abuses or arrests in Syria were relayed to the relevant parties there, but fewer allegations were collected than in the past because fewer refugees had entered Lebanon. In Palestinian camps, dialogue with and dissemination sessions for weapon bearers tackled the use of explosive weapons in densely populated areas and internationally recognized standards on the use of force, respectively.

To broaden understanding/acceptance of the Movement's work and the need to respect people seeking/providing medical treatment, the ICRC engaged the authorities, beneficiaries and weapon bearers – including those in Palestinian camps – in dialogue and held dissemination sessions for them. Journalists drew on ICRC communication materials to report on Movement activities in the region.

The ICRC visited detainees to monitor their treatment and living conditions in accordance with its standard procedures; particularly vulnerable people were followed up individually. Discussions with the authorities tackled treatment of detainees, prison health care, overcrowding and respect for judicial guarantees; detainees had access to legal representation through an ICRC-supported lawyer. Some infrastructure projects to improve detainees' living conditions commenced following dialogue with the authorities; others awaited government approval. After emergencies, detainees met some of their needs using ICRC-distributed essential items.

A draft law protecting the rights of the families of the missing remained pending. Two families learnt of their missing relatives' fate after their remains were identified by the authorities with ICRC support; others coped with their situation with the help of an ICRC-facilitated psychosocial support group, and/or obtained assistance after being referred to NGOs. To facilitate a future identification process, the ICRC continued collecting ante-disappearance data on missing persons and, following an agreement with the authorities, biological reference samples.

Efforts to promote IHL implementation were hindered by the political situation.

## CIVILIANS

In cooperation with the authorities, Movement components, UN agencies and local organizations, the ICRC assisted people affected by the conflict in Syria and by violent incidents in Lebanon. Owing to stricter border policies and the budgetary constraints of other organizations, the ICRC adapted/curtailed some activities and focused on particularly vulnerable groups.

## **The authorities are encouraged to respect the principle of non-refoulement**

The authorities were reminded of the protection afforded to people from Syria under the principle of *non-refoulement* and applicable domestic/international law. Discussions with the LAF and other weapon bearers emphasized the need to ensure people's access to medical treatment (see *Wounded and sick*); dialogue with weapon bearers in Ein El-Helwe covered concerns about the use of explosive weapons in densely populated areas.

Refugees reported the abuses they had suffered in Syria and the arrest of their relatives there, though the reduced refugee influx diminished these reports. Allegations were shared with the ICRC delegation there, which submitted representations to the parties concerned whenever possible (see *Syrian Arab Republic*). Victims of sexual violence were referred to other organizations for appropriate assistance.

An agreement was signed with the Lebanese Red Cross regarding evacuation drills and other training to help students in Tripoli deal with threats to their safety during clashes.

## **Aid for vulnerable groups is expanded**

IDPs, Lebanese returnees, and Palestinian and Syrian refugees partially met their immediate needs through one-month food rations distributed to over 24,000 people (4,800 households) and household essentials for about 25,700 people (5,100 households); among them were some 12,500 people in communities hosting Syrian refugees. Some of these activities were conducted with/via the Lebanese Red Cross or local NGOs.

In all, over 4,500 households (more than 22,500 people) partially met their needs, including winter-related expenses, through cash grants/cash-for-work projects. Notably, after National Society/ICRC cash distributions for Syrian refugees were reduced because of operational constraints, aid for Palestinian refugees and Lebanese returnees was expanded instead: for instance, over 2,120 Palestinian families were given cash, in coordination with a UN agency. Cash beneficiaries also included over 3,000 people in Tripoli, who had temporary employment via joint initiatives with the National Society/local organizations, including a kitchen that provided over 1,200 people with daily meals during winter. Moreover, some 220 Lebanese returnee/Palestinian refugee households headed by women (about 1,100 people in all) received grants for income-generating activities from the ICRC/local partners. This enabled them to earn a living, and helped reduce the women's exposure to sexual violence when looking for work; however, the initial target was not reached because of administrative/logistical delays.

## **Refugees and residents benefit from improved water and shelter facilities**

In cooperation with local authorities, over 266,600 people in communities hosting Syrian refugees – many of whom were residents – had better access to water following ICRC projects to repair/construct water systems. These projects also helped reduce/avert tensions within communities.

Some 12,400 Palestinians benefited from improvements to water/electricity/shelter infrastructure at refugee camps. More than 36,000 people in informal settlements, mainly Syrian refugees, had better living conditions following similar projects implemented by the French Red Cross and the Qatar Red Crescent Society with

ICRC technical/financial support. Nearly 3,000 people in Tripoli benefited from emergency repairs to shelters.

## **Thousands of children are protected from diseases through ICRC-funded vaccination campaigns**

Refugees and vulnerable residents had access to primary health care at 10 facilities – including three on the Lebanese-Syrian border and one in a Palestinian camp – which the ICRC provided with staff training, equipment and supplies in cooperation with the authorities.

Thousands of children were better protected against diseases following vaccination campaigns carried out by the authorities/local organizations and funded by the ICRC; notably, in Akkar, 2,500 children were reached, doubling immunization coverage there compared to before the vaccinations were conducted.

## **Separated family members are reunited**

People exchanged news with relatives, including those detained abroad, through ICRC family-links services. Families also filed tracing requests, particularly in relation to allegations of arrest in Syria.

Under ICRC auspices, five Lebanese nationals and the remains of five people were repatriated from Israel. Some people without identification papers sought refuge in other countries after receiving ICRC travel documents; others were allowed to pass through Lebanon to seek medical treatment elsewhere. The ICRC lobbied for the cross-border reunification of four families with members in Jordan, but to no avail.

## **The authorities identify the remains of two missing persons**

With ICRC support, the media and civil society groups highlighted the plight of families of the missing; thousands of these families remained without news of relatives who had gone missing in connection with past conflicts in Lebanon (see *Actors of influence*). Dialogue with the authorities on their needs continued; a draft law protecting their rights, prepared with the ICRC's help, awaited parliamentary approval. Families with specific needs were referred to NGOs for assistance; some 30 families coped with their situation with the help of an ICRC-facilitated psychosocial support group.

Two families learnt of their missing relatives' fate after their remains were identified by the authorities with ICRC support. Efforts to facilitate future identification of human remains continued, including interviews with the families and a gravesite-mapping project; the collection of biological samples for possible DNA profiling commenced following a formal agreement with the authorities. Government and National Society personnel expanded their forensic capacities through ICRC training, including on managing human remains during emergencies. Improvements to the morgues in Tripoli and Baabda increased their storage capacity.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

Over 7,400 detainees were visited in accordance with standard ICRC procedures. ICRC delegates monitored their treatment and living conditions, and checked whether these complied with relevant laws/internationally recognized standards; security detainees and other particularly vulnerable people were followed up individually.

Confidential feedback was then forwarded to the authorities, including on the need to respect judicial guarantees and the principle of *non-refoulement*. At an ICRC-organized round-table, officials formulated recommendations to reduce overcrowding

in detention. Future judges were made aware of the situation of detainees at a two-day programme organized jointly with the Institute of Judicial Studies, which included a prison visit.

About 270 foreign detainees notified the UNHCR or their embassies of their situation through the ICRC. Those at risk of deportation had their cases brought to the authorities' attention. About 200 detainees had access to legal representation through ICRC funding for another organization's lawyer.

Detainees exchanged news with relatives in Lebanon/abroad through family-links services.

### **Infrastructure projects to improve detainees' living conditions commence**

At another ICRC-facilitated roundtable, authorities discussed proposals to strengthen prison health services, including improvements to Tripoli Central Prison's medical centre. They also learnt more about internationally recognized standards for detention, and about dealing with challenges in prison health care, through ICRC-organized seminars.

Some inmates had better living conditions after the ventilation system at one prison and a medical centre at another were improved, and after a third prison was fully renovated. Projects for detainees in eight other prisons were ongoing; others awaited government approval.

In all, more than 5,700 detainees partially met their needs using ICRC-donated essential items. They included nearly 3,900 detainees at Roumieh Central Prison, which also received medical supplies/equipment following security-related incidents there.

### **WOUNDED AND SICK**

Owing to stricter border policies and fewer internal clashes, fewer weapon-wounded people sought treatment. They nevertheless continued to receive care at ICRC-run/supported facilities; medical assistance for other people was expanded (see *Civilians* and below).

### **Casualties are attended to/evacuated by National Society first-aiders**

Some 25,000 people were attended to/evacuated and 4,000 patients were given blood transfusions, made possible by ICRC support for the National Society's EMS and blood bank (see *Red Cross and Red Crescent Movement*).

Regular dialogue with the authorities, local communities and weapon bearers – including those in Palestinian camps – promoted the need to facilitate unhindered access to medical care, and to respect and protect medical personnel/facilities (see *Actors of influence*). At ICRC lectures, health professionals in volatile areas learnt more about their rights and duties during conflicts.

### **People avail themselves of good-quality treatment at ICRC-run/supported facilities**

Weapon-wounded people were treated at an ICRC-run weapon traumatology centre in Tripoli, which was fully operational by January; it consisted of a surgical unit at the Dar al-Chifae hospital and a post-operative unit at the Dar al-Zahra hospital (see below), which provided physiotherapy and psychological support. In October, in coordination with the public health ministry, it began treating non-weapon-wounded patients without health insurance. In all, more than 400 operations were performed on 176 patients in the centre; some 570 people received follow-up treatment. In

addition to surgeries done at the ICRC-run centre, 43 refugees from Syria had their treatment in other hospitals financed by the ICRC.

Refugees and vulnerable residents benefited from health/medical services at 23 facilities supported by the ICRC with supplies and equipment. These included: eight facilities in Ein El-Helweh and five hospitals run by the Palestine Red Crescent Society's Lebanon branch; two field hospitals in Aarsal established by Syrian doctors; hospitals in Tripoli and Beirut that were assisted following emergencies; and an LAF hospital. Where possible, those in need of surgery were referred to ICRC-run facilities.

In December, hundreds of evacuees from Syria were given medical attention upon their arrival in Lebanon, with the help of the Lebanese Red Cross, the Syrian Arab Red Crescent and other organizations (see *Syrian Arab Republic*).

### **Disabled people are fitted with assistive devices**

At six ICRC-supported centres – four of which ceased operating by December – 386 Syrians received extensive post-operative care; during and after their treatment/surgery, ICRC delegates visited them regularly to monitor their situation and address their concerns.

More than 500 people, including 170 who were fitted with prosthetic/orthotic devices, benefited from physical rehabilitation services via the ICRC-run unit at Dar al-Zahra hospital (see above) or referrals to Lebanese service providers. A hospital run by the Red Crescent Society of the Islamic Republic of Iran purchased physiotherapy equipment with ICRC funds. Other projects were canceled/postponed owing to partners' other priorities; the funds were instead used to reimburse patients who had availed themselves of Lebanese providers' services.

Patients benefited from infrastructure improvements at some hospitals (73 beds in all), such as: anti-blast measures in Aarsal; a biofuel heating system in Chebaa; and a new wing for a hospital in Ein El-Helweh.

### **Soldiers and refugees expand their first-aid skills through National Society/ICRC training**

To help boost emergency-preparedness/response capacities in volatile areas, hundreds of people – including LAF troops and other weapon bearers in Palestinian camps – learnt/refreshed their knowledge of basic first-aid techniques at National Society/ICRC courses; some were trained to be instructors.

At ICRC-run facilities (see above), medical workers advanced their war-surgery skills through weekly training sessions; nearly 40 doctors and nurses learnt more about emergency-room management at seminars. In November, the Lebanese University began offering a degree course in the management of weapon-wounded people, in partnership with the ICRC.

### **ACTORS OF INFLUENCE**

Regular interaction with various actors and with beneficiaries helped secure acceptance for the Movement and facilitate its work in Lebanon. Dialogue with the authorities and community leaders focused on operational and IHL-related concerns.

Discussions with security forces continued, regarding internationally recognized standards applicable to law enforcement and detention; some of them learnt more about the topic at ICRC seminars. Support for integrating IHL in the LAF's doctrine,



training and operations was unnecessary, owing to their IHL office's autonomy in this regard. LAF officers learnt more about the proper use of force at ICRC seminars.

### **Dialogue with non-State armed groups in Palestinian camps tackles the proper use of force**

During first-aid workshops (see *Wounded and sick*), weapon bearers in Palestinian camps and refugees from Syria learnt more about IHL and humanitarian principles; the need to provide unhindered access to medical care; and the ICRC's activities in Lebanon and elsewhere. Dialogue with non-State armed groups in Palestinian camps, on the proper use of force, commenced; members of these groups strengthened their understanding of the subject at ICRC workshops.

### **IHL courses reach the authorities, weapon bearers and other actors in Lebanon and beyond**

Efforts to promote IHL implementation and the reactivation of the national IHL committee among the authorities were limited by the political situation (see *Context*).

In February and April, representatives from the justice ministry and the armed/security forces, alongside other government officials, scholars and representatives from the region, added to their knowledge of IHL at two-week courses organized jointly with the Centre for Legal and Judicial Studies of the League of Arab States. At another course in March, representatives of governments, armed/security forces and other key actors in the region bolstered their ability to teach IHL.

### **Journalists help broaden awareness of the plight of the families of missing persons**

The media helped relay humanitarian messages to key leaders, decision-makers and the public, including academics. Through commemorative events, multimedia exhibits, field visits and communication/informational materials, local and international media reported on National Society/ICRC activities in Lebanon, Syria and elsewhere, thereby broadening awareness of the Movement's work and humanitarian issues, including the plight of the families of the missing (see *Civilians*).

During dissemination sessions conducted alongside assistance activities (see *Civilians*) and other events (see *Wounded and sick*), beneficiaries and other parties concerned learnt more about neutral, impartial and independent humanitarian action, which facilitated the ICRC's work. Potential beneficiaries were informed of the services available at ICRC-run medical facilities through posters and other promotional materials, and through briefings for UN volunteers who worked with refugees.

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

The Lebanese Red Cross remained the ICRC's main partner in assisting people affected by conflict/other violence in Lebanon (see *Civilians*), and the country's primary EMS provider (see *Wounded and sick*).

With ICRC financial/material/technical support, the National Society: upgraded/maintained its EMS equipment, vehicles and stations; bought eight new ambulances; covered the costs of fuel and other consumables; and paid the salaries of key staff. Some 5,000 volunteers were trained in first aid and the Safer Access Framework to help ensure their safety. The National Society also drew on the ICRC for help in carrying out internal reforms to ensure its organizational sustainability, such as: the amendment of its statutes and the revision of guidelines/procedures related to finance, human resources and logistics.

Movement partners met regularly to coordinate their activities; they also helped the Palestine Red Crescent Society's Lebanon branch to develop its strategy. The Lebanese Red Cross and other Movement components drew on International Federation/ICRC guidance in planning a joint response to the effects of the crisis in Syria.

<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>		<b>Total</b>			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SC*</b>		
RCMs collected		84			
RCMs distributed		71			
<b>Reunifications, transfers and repatriations</b>					
People transferred/repatriated		5			
Human remains transferred/repatriated		5			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		884	25	13	33
<i>including people for whom tracing requests were registered by another delegation</i>		3			
People located (tracing cases closed positively)		29			
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases still being handled at the end of the reporting period (people)		2,520	235	411	83
<i>including people for whom tracing requests were registered by another delegation</i>		15			
<b>Documents</b>					
People to whom travel documents were issued		34			
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		7,418	686	212	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		976	59	5	30
Detainees newly registered		643	53	5	20
Number of visits carried out		180			
Number of places of detention visited		31			
<b>Restoring family links</b>					
RCMs collected		259			
RCMs distributed		180			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,250			
People to whom a detention attestation was issued		34			

\*Unaccompanied minors/separated children

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	24,074	25%	50%
Essential household items	Beneficiaries	25,710	17%	48%
Cash	Beneficiaries	22,650	25%	50%
	<i>of whom IDPs</i>	4,637		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	318,062	20%	60%
	<i>of whom IDPs<sup>1</sup></i>	318,062		
<b>Health</b>				
Health centres supported	Structures	10		
Average catchment population		348,084		
Consultations	Patients	263,518		
	<i>of which curative</i>		97,745	78,062
	<i>of which ante/post-natal</i>		6,920	
Immunizations	Doses	9,728		
Referrals to a second level of care	Patients	61		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	5,774		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	3,145		
<b>Health</b>				
Number of visits carried out by health staff	Beneficiaries	33		
Number of places of detention visited by health staff	Beneficiaries	4		
Number of health facilities supported in places of detention visited by health staff	Beneficiaries	2		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	23		
	<i>of which provided data</i>	22		
Patients whose hospital treatment has been paid for by the ICRC	Patients	219		
Admissions	Patients	9,821	4,300	2,222
	<i>of which weapon-wounded</i>	1,155	51	64
	<i>(including by mines or explosive remnants of war)</i>	18		
	<i>of which other surgical cases</i>	1,308		
	<i>of which internal medicine and paediatric cases</i>	5,897		
	<i>of which gynaecological/obstetric cases</i>	1,461		
Operations performed		2,952		
Outpatient consultations	Patients	238,583		
	<i>of which surgical</i>	27,446		
	<i>of which internal medicine and paediatric</i>	200,139		
	<i>of which gynaecological/obstetric</i>	10,998		
<b>First aid</b>				
First-aid posts supported	Structures	2		
	<i>of which provided data</i>	2		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	73		
<b>Physical rehabilitation</b>				
Projects supported	Structures	2		
Patients receiving services	Patients	530	59	142
New patients fitted with prostheses	Patients	64	8	3
Prostheses delivered	Units	74	9	4
	<i>of which for victims of mines or explosive remnants of war</i>	2		
New patients fitted with orthoses	Patients	114	15	47
Orthoses delivered	Units	152	17	72
Patients receiving physiotherapy	Patients	277	29	47
Crutches delivered	Units	42		
Wheelchairs delivered	Units	26		

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.