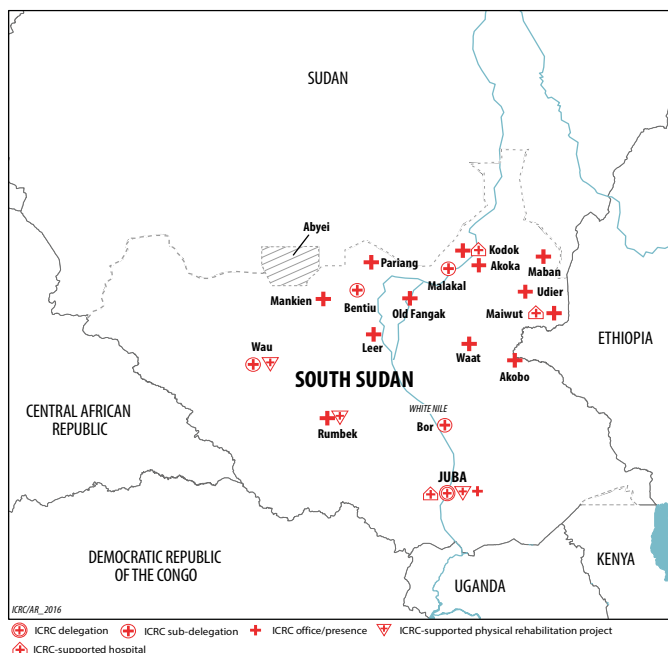


# SOUTH SUDAN



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The authorities and weapon bearers were urged to respect people not, or no longer, involved in hostilities and to address abuses against them. Dialogue with these actors and with community leaders helped facilitate ICRC activities.
- ▶ IDPs and residents eased their conditions with food rations and household essentials from the ICRC and the South Sudan Red Cross; most aid for people in hard-to-reach areas was delivered by air.
- ▶ Communities had access to water after the ICRC helped repair or install water-supply points. People in Juba, for example, benefited from a temporary water-treatment plant set up during the clashes and a cholera outbreak in July.
- ▶ Households produced food, mainly through farming or fishing, with seed or tools from the ICRC. Pastoralists preserved or improved the health of their livestock with the help of ICRC-supported veterinary services.
- ▶ Seriously wounded people obtained health services, including surgical care and medical evacuation, from medical personnel and facilities that received ICRC support, notably on-site assistance from five ICRC surgical teams.
- ▶ Malnourished detainees benefited from therapeutic feeding carried out by prison health staff using ICRC-provided supplements. Emergency donations from the ICRC to prisons experiencing food shortages helped detainees cope.

## EXPENDITURE IN KCHF

Protection	8,951
Assistance	100,610
Prevention	5,803
Cooperation with National Societies	4,841
General	282
<b>Total</b>	<b>120,488</b>
<i>Of which: Overheads</i>	<i>7,345</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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## PERSONNEL

Mobile staff	179
Resident staff (daily workers not included)	649

Present in Juba since 1980, the ICRC opened a delegation in newly independent South Sudan in mid-2011. It works to ensure that people affected by non-international and international armed conflicts are protected in accordance with IHL, have access to medical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits POWs and other detainees and seeks to increase knowledge of IHL among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross.

## 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	4,578
RCMs distributed	2,628
Phone calls facilitated between family members	77,619
Tracing cases closed positively (subject located or fate established)	404
People reunited with their families	25
<i>of whom unaccompanied minors/separated children</i>	10
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	5,275
Detainees visited and monitored individually	383
Number of visits carried out	107
Number of places of detention visited	43
<b>Restoring family links</b>	
RCMs collected	283
RCMs distributed	75
Phone calls made to families to inform them of the whereabouts of a detained relative	180

ASSISTANCE	2016 Targets <sup>1</sup> (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security</b> (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	732,000	646,256
Essential household items	Beneficiaries	120,000	214,184
Productive inputs	Beneficiaries	421,200	514,836
Cash	Beneficiaries		184
Services and training	Beneficiaries	420	451
<b>Water and habitat</b> (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	440,000	168,069
<b>Health</b>			
Health centres supported	Structures	6	6
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures	2	10
<b>Water and habitat</b>			
Water and habitat activities	Number of beds		67
<b>Physical rehabilitation</b>			
Projects supported	Projects	2	3
Patients receiving services	Patients	2,500	2,649

1. Some target figures have been revised.

## CONTEXT

The situation in South Sudan remained tense despite the establishment, in April 2016, of a national unity government as per the 2015 agreement between the parties to the non-international armed conflict that began in 2013.

Clashes between government troops and opposition forces continued to take place: heavy fighting broke out in Juba in July and, elsewhere in the south later in the year. Armed groups also continued to fight among themselves, mainly over cattle and other resources. These confrontations and other violence were sometimes fuelled by communal or ethnic tensions. Attacks against civilians, obstruction of health-care delivery and other abuses continued to be reported.

Some 1.9 million people had been displaced as a result of past and current clashes; around 200,000 of them were living in camps and at “protection-of-civilians sites” of the UN Mission in South Sudan (UNMISS). More than a million people sought refuge in neighbouring countries.

Many people were at risk of malnutrition and disease, partly because of the unavailability of basic commodities and essential services. Communities in conflict-affected areas, including those where security conditions were relatively stable, struggled to sustain themselves.

Security and logistical constraints hampered humanitarian agencies’ ability to assist vulnerable communities, especially in remote rural areas.

## ICRC ACTION AND RESULTS

The ICRC maintained its multidisciplinary response to the humanitarian needs of vulnerable people in South Sudan. Together with the South Sudan Red Cross, it helped IDPs, residents and returnees meet their immediate needs and strengthen their resilience to the effects of armed conflict and other situations of violence. The National Society received support for strengthening its operational and administrative capacities.

Through confidential bilateral dialogue, the ICRC urged the authorities and weapon bearers on all sides to: protect people who were not, or were no longer, participating in the hostilities; facilitate their safe access to essential services and humanitarian aid; and address and prevent abuses against them. Dialogue with these parties and interaction with community members and their leaders helped bolster their understanding of and support for neutral, impartial and independent humanitarian action; this, in turn, enabled the ICRC to assist people in isolated and hard-to-reach communities and those affected by fresh outbreaks of clashes.

Despite security and logistical constraints, the ICRC sought to provide timely assistance to people in need without compromising the safety of its staff members. It preserved its proximity to vulnerable communities by maintaining 12 permanent field sites and establishing temporary ones in areas affected by clashes. ICRC aircraft continued to transport staff and airdrop supplies, which were collected by National Society and ICRC teams at designated sites and then distributed. Items that could not be airdropped were delivered by smaller aircraft able to land in difficult terrain. The ICRC also delivered supplies by land during the dry season, when the roads were passable.

ICRC rations, which usually included nutritional supplements, helped some 646,200 people cope with food shortages. Thousands of households benefited from essential items and shelter materials provided by the ICRC. Communities had access to clean water from facilities repaired or installed by the ICRC, often in cooperation with local authorities.

Vulnerable households grew food or caught fish with seed, farming tools and fishing kits from the ICRC. In cooperation with the Ministry of Livestock and Fisheries, support was provided for veterinary services to help pastoralist households improve the quality of their livestock.

Helping to ensure that people could obtain or provide health care safely remained a priority. The ICRC worked with the National Society and local health personnel to develop more effective measures for protecting patients and medical staff. People injured during clashes received first aid from ICRC-trained emergency responders; several of them were evacuated to medical facilities backed by the ICRC. Three hospitals were provided with comprehensive support, which included on-site assistance and supervision by an ICRC surgical team, medical supplies and infrastructural upgrades; two other surgical teams helped treat wounded people in various locations. The ICRC also provided supplies and technical assistance to six clinics, enabling them to sustain their services, which included specialized care for victims of sexual violence. Disabled people received the necessary services at ICRC-supported physical rehabilitation centres.

The ICRC visited people held by the government or by opposition forces, or in UNMISS custody. ICRC delegates monitored their treatment and living conditions during these visits, which were conducted according to standard ICRC procedures. The ICRC provided therapeutic food supplements for prisons with high malnutrition rates; the supplements were administered by prison health staff. It also donated emergency food supplies to help detainees cope with food shortages, and worked with the authorities, through a working group, to formulate longer-term solutions.

Members of dispersed families reconnected through phone calls and other Movement family-links services.

## CIVILIANS

The ICRC maintained its confidential bilateral dialogue with the parties to the conflict, with a view to promoting protection for civilians. It submitted oral and written representations urging them to: protect and respect persons who were not, or were no longer, participating in hostilities; protect civilian property and essential infrastructure from being looted or destroyed; prevent and address sexual violence and other abuses; and facilitate people’s access to basic services and humanitarian assistance.

The ICRC also worked directly with communities and with health personnel (see *Wounded and sick*), to help them strengthen their resilience to the effects of violence and minimize their exposure to risks. During clashes in Juba, the ICRC arranged transportation to safer areas for some 150 people who were particularly at risk.

## IDPs and residents receive basic necessities amid continued fighting

Because of persistent security and logistical constraints, the ICRC continued to airdrop relief items in isolated communities; aid was also delivered over land during the dry season, when the roads

were passable. National Society staff and ICRC staff members collected the airdropped supplies at designated sites and then distributed them. Small aircraft that could land in difficult terrain transported shelter materials, household essentials and other items that could not be airdropped. In remote locations without airstrips, helicopters were used to evacuate wounded people and bring in staff members.

Some 646,200 people (107,694 households) – mostly IDPs and their host communities – dealt with food shortages using ICRC food rations; around 264,000 people (44,000 households) among them were assisted at least twice during the reporting period. Farming households who received food were able to avoid consuming seed provided for planting (see below). In areas where high malnutrition rates were reported, nutritional supplements – for children and pregnant or lactating mothers – were included in the food rations.

More than 216,000 people (36,017 households) were able to cook food, build temporary shelters and maintain personal hygiene with tarpaulins, blankets, cooking utensils and other household essentials distributed by the ICRC directly or through the National Society.

#### **Communities in Juba are less at risk of cholera**

Nearly 97,000 people regained access to potable water, or had a better supply of it, after local authorities and the ICRC repaired or installed water-supply points; for instance, boreholes were upgraded to increase their yield, and ICRC support for a water-treatment plant benefited 24,000 people in Bor.

During the fighting in Juba and the cholera outbreak that followed, some 47,000 people had access to potable water through a temporary water-treatment plant set up by the ICRC and managed partly by the National Society, whose volunteers were trained in water-treatment techniques. A project was launched to help the authorities strengthen their capacity to supply clean water and manage cholera outbreaks in a more sustainable manner. In Wau, some 18,000 people regained access to water after the ICRC repaired hand pumps damaged during the fighting in the area.

About 5,000 people in Kodok were less at risk of illness or disease after community members built sanitation facilities with ICRC material and technical assistance.

Implementation of several planned projects was delayed or hampered owing to security, logistical and other constraints.

#### **Households improve or diversify their food supply**

Vulnerable communities augmented their food supply, and recovered or maintained some degree of self-sufficiency, with ICRC support.

More than 39,000 households (234,000 people) planted staple crops and vegetables using ICRC-donated seed and farming tools. Some 92,500 people (15,413 households) supplemented their diet with fish caught with ICRC-provided fishing kits, which they could take with them if they had to flee for their safety.

Around 28,600 pastoralist households (288,300 individuals) preserved or improved the quality of their livestock through animal vaccination and treatment initiatives organized by the ICRC and the Ministry of Livestock and Fisheries; some 793,000 heads of

livestock were vaccinated and 325,500 animals, treated against parasites and disease. At training sessions, 220 community-based animal health workers learnt more about treating and preventing animal diseases; they also received medicines and other supplies.

Some 140 people earned money by renovating or building community infrastructure, under a project developed by the communities themselves. Other communities created similar initiatives to protect themselves and preserve their livelihoods; they implemented these with ICRC-provided tools and other material assistance, which benefited some 2,600 households (15,860 people), and training for 150 people.

At information sessions and discussions conducted during the distribution of relief items, seed and tools, and during livestock vaccination and treatment campaigns, beneficiaries learnt how to make the best use of the assistance they had received; they also learnt about the ICRC and its activities.

#### **Conflict-affected people, including victims of sexual violence, receive health services**

Six clinics sustained their services with ICRC support: donations of medical supplies, staff training and supervision, and infrastructural repairs to improve conditions for staff members and patients and to expand capacity. Staff at these clinics conducted some 96,800 consultations and vaccinated around 38,400 people. More than 1,130 deliveries were facilitated at the clinics or in communities by ICRC-supported birth attendants. An orthopaedic referral centre was built at a clinic in Waat, in order to extend suitable services to disabled people (see *Wounded and sick*).

Victims of sexual violence obtained specialized services – including prophylactic treatment within 72 hours of the incident and psycho-social care – at some of the above-mentioned clinics, which the ICRC supported with training and supplies.

A total of 669 people, including victims of sexual violence, were referred for secondary-level care.

#### **Newly displaced people assure their relatives of their safety**

Members of separated families restored or maintained contact through Movement family-links services. Communities in remote areas and IDPs at UNMISS “protection-of-civilians sites”, for example, sent or received family news through phone calls and RCMs. People displaced during clashes in Juba and Wau, in particular, benefited from phone stations set up by the ICRC at temporary displacement sites.

Thousands of families searched for and found their relatives by means of booklets containing pictures of people who had lost touch with their families; the pictures were published with the people’s consent. The booklets were shown to people during field trips to IDP settlements and hard-to-reach communities, and in neighbouring countries hosting South Sudanese refugees. Twenty-five people, including ten minors, were reunited with their families under ICRC auspices.

At the request of the authorities, the National Society and the ICRC helped manage the remains of people killed during the clashes in Juba in July; they worked to ensure that the remains were buried properly or, whenever possible, returned to the families concerned.

## PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC explained its mandate and working procedures to the authorities and weapon bearers during meetings with them, and also followed up allegations of arrest, with a view to gaining access to people held in connection with the conflict.

Some 5,200 people received visits conducted according to standard ICRC procedures; they included detainees in government-run detention facilities and people held by opposition forces or in UNMISS custody. During these visits, ICRC delegates monitored the detainees' treatment and living conditions, including their access to medical care. They shared their findings and, where necessary, their recommendations to the authorities concerned.

Detainees contacted relatives using ICRC family-links services; in the Juba and Wau prisons, these services included phone calls facilitated by the ICRC with the authorities' consent. Sixty-nine foreigners informed their embassies of their situation through the ICRC.

### Malnourished detainees receive therapeutic food

The National Prisons Service and the ICRC formed a working group to solve structural problems in the penitentiary system. Because of the high malnutrition rates in several prisons, members of the working group focused on trying to improve prison food supply and implement best practices in stock management.

The ICRC reinforced the group's work by donating therapeutic food supplements, which health staff in the Aweil, Tonj South, Torit and Wau prisons administered to detainees with acute malnutrition. Emergency donations from the ICRC helped detainees at these facilities, and in the Warrap prison, to cope with food shortages. People held by opposition forces also received supplementary food supplies.

Some 3,110 detainees benefited from infrastructural repairs conducted by the ICRC and the authorities: people in four prisons had better access to water, and sanitation facilities for detainees at the Aweil central prison were improved. Over 3,000 detainees received clothes, mattresses, medical supplies and hygiene items.

## WOUNDED AND SICK

### Practical measures help reduce the risk of patients and health personnel being attacked

The ICRC worked with the National Society and local health personnel to ensure the safety of patients and medical personnel and facilities. Large "no-weapons" signs were posted in health facilities in violence-affected communities, and the ICRC urged the national health authorities to enforce a "no-weapons" policy in health facilities throughout the country. Solar-powered lighting systems installed at some clinics helped staff members to identify visitors at night. Medical personnel at the ICRC-supported hospitals in Kodok and Maiwut were provided with identification cards, as a self-protective measure against forced recruitment by armed groups. At information sessions, health workers learnt more about their rights and responsibilities.

During dissemination sessions (see *Actors of influence*), weapon bearers furthered their understanding of the protection afforded by IHL to people seeking or providing medical care. The general public learnt more about the subject through the public-communication efforts of the National Society and the ICRC.

### Casualties from all sides receive first aid and emergency surgery

Civilians and fighters wounded during clashes received life-saving care from first-aiders, some of whom were weapon bearers trained

and/or equipped by the National Society and the ICRC. The ICRC airlifted some 470 people to facilities offering higher-level care.

Wounded people and others requiring surgical care benefited from 4,500 operations performed by five ICRC surgical teams. Three of the teams were based in hospitals – in Juba, Kodok and Maiwut – that received large numbers of wounded patients; the other two worked in various locations. The fifth team was sent out in November, in response to the violence in and around Juba.

The three hospitals mentioned above sustained their obstetric, paediatric, nutritional and other medical services with various forms of ICRC support: medical supplies, staff supervision and training, maintenance services and infrastructural upgrades. Seven other hospitals were given emergency material donations.

### Disabled people regain some mobility

Some 2,650 people obtained assistive devices and rehabilitative services at three ICRC-supported physical rehabilitation centres in Juba, Rumbek and Wau. More people benefited from the centres' services than in 2015, owing partly to referrals by ICRC teams who reached remote areas, and to the intensification of efforts to broaden awareness of the availability of these services. With a view to reaching even more people, a referral centre was built at an ICRC-supported clinic in Waat (see *Civilians*).

The centres functioned with material, technical and other support from the ICRC; notably, an orthopaedic production unit was added to the Wau centre. Patients and staff at the Juba centre benefited from infrastructural upgrades, such as making sanitation facilities more accessible to the disabled. Similar work was in progress at the Rumbek centre. Three newly hired bench workers helped boost the Juba centre's production capacity; a staff member who had been studying abroad, with ICRC support, returned and took up his duties again.

The ICRC continued to promote the social inclusion of disabled people, mainly by encouraging their participation in sports: for example, the national wheelchair basketball association was assisted in forming teams and organizing tournaments.

## ACTORS OF INFLUENCE

### Dialogue with all sides facilitates delivery of humanitarian aid

During meetings, briefings and other interaction with the authorities, weapon bearers, community leaders and members of civil society, the ICRC sought to foster awareness of its mandate and work and of the Movement's activities. Contact with weapon bearers also covered protection-related issues (see *Civilians*) and promoted compliance with IHL (see below).

Beneficiary communities shared their concerns during ICRC-organized discussions, at which they also learnt about the ICRC and were instructed in the best use of the aid they received (see *Civilians*).

Radio programmes, printed materials in local languages, and updates published on social-media and other online platforms broadened the general public's awareness of neutral and impartial humanitarian action. These also drew attention to issues of humanitarian concern, such as sexual violence and the violence affecting health services. Discussions with UNMISS and diplomats also highlighted these matters.

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All these efforts helped increase acceptance for the South Sudan Red Cross and the ICRC, and facilitated their access to vulnerable people. The National Society continued to develop its communication capacities with ICRC support.

### **Weapon bearers further their understanding of basic IHL principles**

Over 3,270 weapon bearers from different sides added to their knowledge of IHL at some 100 dissemination sessions that were often combined with first-aid training (see *Wounded and sick*). These sessions and the various reference materials distributed to weapon bearers emphasized compliance with IHL, particularly its provisions on: protecting civilians and detainees; facilitating safe access to medical care; and preventing sexual violence and other unlawful conduct. With the ICRC's support, a South Sudanese military officer attended an advanced IHL course in San Remo.

Opportunities to promote the domestic implementation of IHL were limited, because of the political situation.

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

### **The National Society expands its pool of emergency response teams**

The South Sudan Red Cross remained the ICRC's main partner in assisting vulnerable communities (see above). It continued to strengthen its ability to carry out humanitarian activities and to promote IHL and the Movement, with various forms of support from the ICRC and other Movement partners.

The National Society created six new emergency response teams and bolstered the capacities of existing teams, with ICRC-provided training and supplies. It continued to improve its first-aid programme, by recruiting additional first-aid officers, training new instructors and, with the Norwegian Red Cross, helping experienced trainers refresh their skills. It drafted strategies, with Movement partners, for emergency response and disaster management. Staff members learnt more about needs assessment and post-distribution monitoring through training and by joining ICRC activities. National Society branches benefited from infrastructural upgrades and donations of vehicles to boost their logistical capabilities.

The National Society reviewed and updated its action plan for implementing the Safer Access Framework. At regional roundtables, its staff discussed best practices in applying the framework and safeguarding access to health care.

The National Society continued to draw on guidance from Movement partners in building its administrative capacities and strengthening its legal status. A regulation on the red cross emblem was signed into law by the authorities.

Movement components met regularly to coordinate their activities, with a view to maximizing their impact and avoiding duplication. Several National Societies contributed staff and other resources to support the ICRC's activities in South Sudan; the ICRC, in turn, shared its expertise in needs assessment, communication, logistics and security management.

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		4,578	20		
RCMs distributed		2,628	4		
Phone calls facilitated between family members		77,619			
Names published in the media		583			
Names published on the ICRC family-links website		300			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		25			
	<i>including people registered by another delegation</i>	3			
People transferred or repatriated		194			
Human remains transferred or repatriated		173			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		1,451	487	150	170
	<i>including people for whom tracing requests were registered by another delegation</i>	615			
Tracing cases closed positively (subject located or fate established)		404			
	<i>including people for whom tracing requests were registered by another delegation</i>	83			
Tracing cases still being handled at the end of the reporting period (people)		1,540	510	168	187
	<i>including people for whom tracing requests were registered by another delegation</i>	761			
<b>Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers</b>			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		83	36		8
UAMs/SC reunited with their families by the ICRC/National Society		10	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		77	38		9
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		5,275	298	412	
			Women	Girls	Boys
Detainees visited and monitored individually		383	6	1	6
Detainees newly registered		206	4	1	6
Number of visits carried out		107			
Number of places of detention visited		43			
<b>RCMs and other means of family contact</b>					
RCMs collected		283			
RCMs distributed		75			
Phone calls made to families to inform them of the whereabouts of a detained relative		180			
People to whom a detention attestation was issued		10			

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	646,256	217,776	292,114
	<i>of whom IDPs</i>	488,042	165,520	217,579
Essential household items	Beneficiaries	214,184	73,621	98,150
	<i>of whom IDPs</i>	201,155	69,257	92,433
Productive inputs	Beneficiaries	514,836	144,788	218,098
	<i>of whom IDPs</i>	335,453	102,191	144,976
Cash	Beneficiaries	184	31	77
	<i>of whom IDPs</i>	53	8	19
Services and training	Beneficiaries	451	126	184
	<i>of whom IDPs</i>	97	23	52
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	168,069	40,337	85,715
<b>Health</b>				
Health centres supported	Structures	6		
Average catchment population		193,383		
Consultations		96,818		
	<i>of which curative</i>	86,349	22,386	45,090
	<i>of which antenatal</i>	10,469		
Immunizations	Patients	38,417		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	17,728		
Referrals to a second level of care	Patients	669		
	<i>of whom gynaecological/obstetric cases</i>	119		
<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	Beneficiaries	620	29	84
Essential household items	Beneficiaries	3,199	599	370
Services and training	Beneficiaries	238	16	104
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	3,114	218	31
<b>Health</b>				
Visits carried out by health staff		16		
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention visited by health staff	Structures	6		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	10		
	<i>of which provided data</i>	3		
Admissions	Patients	6,104	2,190	2,401
	<i>of whom weapon-wounded</i>	618	76	27
	<i>(including by mines or explosive remnants of war)</i>	17	7	4
	<i>of whom surgical cases</i>	676	185	152
	<i>of whom internal medicine and paediatric cases</i>	3,991	1,134	2,198
	<i>of whom gynaecological/obstetric cases</i>	819	795	24
Operations performed		4,550		
Outpatient consultations	Patients	77,864	27,488	30,091
	<i>of whom surgical cases</i>	6,036	1,258	2,237
	<i>of whom internal medicine and paediatric cases</i>	68,366	22,768	27,854
	<i>of whom gynaecological/obstetric cases</i>	3,462	3,462	
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	67		
<b>Physical rehabilitation</b>				
Projects supported	Projects	3		
Patients receiving services	Patients	2,649	560	145
New patients fitted with prostheses	Patients	128	34	12
Prostheses delivered	Units	455	93	19
	<i>of which for victims of mines or explosive remnants of war</i>	15	3	
New patients fitted with orthoses	Patients	107	15	38
Orthoses delivered	Units	222	47	79
Patients receiving physiotherapy	Patients	1,178	268	121
Walking aids delivered	Units	2,144	313	90
Wheelchairs or tricycles delivered	Units	200	62	12