



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The parties to the conflict were urged to fulfil their obligations, under IHL and other applicable norms, to respect and protect civilians, including patients and medical personnel. Contact with certain armed groups remained limited.
- ▶ Weapon bearers, local leaders and others helped facilitate the ICRC's access to people in need, partly as a result of dialogue and networking. Security and other challenges, however, continued to restrict access to some communities.
- ▶ IDPs, returnees and residents met their immediate needs for food, household essentials, basic health care and water – and restored contact with relatives – through the ICRC's direct deliveries of aid or its support for the authorities.
- ▶ Wounded people were treated by ICRC-trained first-aiders and at hospitals that were given material assistance; at one hospital, the staff had use of renovated operating rooms and support from an ICRC surgical team.
- ▶ Detainees, including those arrested in relation to the current conflict, were visited by the ICRC. People held at two federal prisons received basic health services through a pilot project run by the ICRC and the central government.
- ▶ Front-line troops, military and police commanders and trainees, national IHL committee members, and political and judicial authorities learnt more about IHL and other applicable norms during meetings, and training, with the ICRC.

EXPENDITURE IN KCHF

Protection	15,187
Assistance	80,593
Prevention	6,490
Cooperation with National Societies	2,208
General	336
Total	104,814
<i>Of which: Overheads</i>	<i>6,379</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	77%
---------------------------	-----

PERSONNEL

Mobile staff	120
Resident staff (daily workers not included)	852

The ICRC has been present in Iraq since the outbreak of the Iran–Iraq war in 1980. Protection activities focus on monitoring the treatment and living conditions of detainees in the country and on helping clarify the fate/whereabouts of missing persons. Assistance activities involve: helping IDPs and residents meet their basic needs during emergencies and restore their livelihoods in remote and/or neglected, violence-prone areas; supporting physical rehabilitation, primary health care and hospital services; and repairing water, health and prison infrastructure. The ICRC promotes IHL knowledge and compliance among weapon bearers and coordinates its work with the Iraqi Red Crescent Society.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,094
RCMs distributed	5,416
Tracing cases closed positively (subject located or fate established)	598
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	45,774
Detainees visited and monitored individually	2,131
Number of visits carried out	343
Number of places of detention visited	107
Restoring family links	
RCMs collected	5,858
RCMs distributed	2,355
Phone calls made to families to inform them of the whereabouts of a detained relative	16,502

ASSISTANCE	2016 Targets ¹ (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 1,126,500	924,024
Essential household items	Beneficiaries 1,126,500	925,584
Productive inputs	Beneficiaries 80,700	44,559
Cash	Beneficiaries 212,400	112,256
Services and training	Beneficiaries	108,415
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 1,862,000	2,488,330
Health		
Health centres supported	Structures 9	15
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 6	21
Water and habitat		
Water and habitat activities	Number of beds	86
Physical rehabilitation		
Projects supported	Projects 9	12
Patients receiving services	Patients 37,000	37,357

1. Some target figures were revised following the preliminary budget extension appeal released in July and the budget extension adopted by the Assembly Council in December.

CONTEXT

The conflict between Iraqi forces and armed groups continued unabated. The situation was exacerbated by longstanding ethnic and sectarian tensions, and by the effects of past violence.

In mid-2016, forces of the central government, including armed groups called popular mobilization units, and those of the government of the Iraqi Kurdistan region (IKR), intensified their campaign against the Islamic State group (ISg). The Iraqi forces – backed by air strikes, military advice and training from an international coalition – regained key areas, including the cities of Ramadi and Fallujah. The ISg, however, maintained its presence elsewhere. Military operations to retake the city of Mosul, launched in October, were ongoing. Various IHL violations were alleged to have occurred throughout the year.

Over 3.3 million people had been displaced since the start of the current conflict in 2014. Although some had returned to areas retaken by the military, many still remained in camps or informal settlements. From October to December 2016, around 100,000 people were displaced from Mosul and nearby villages. Tens of thousands of people were wounded or killed, and others, allegedly arrested.

People's access to essential services, which was already limited, was curtailed even further by the poor security conditions, extensive infrastructural damage and the presence of mines and/or explosive remnants of war (ERW). Budgetary and other constraints continued to affect the government's ability to respond to needs. Humanitarian organizations had difficulty in reaching the hardest-hit communities.

Almost 250,000 Syrian refugees remained in Iraq, mostly in the IKR.

ICRC ACTION AND RESULTS

The ICRC continued to focus on contributing to the protection of civilians and helping them meet their needs. When fighting intensified mid-year, it expanded its emergency activities for the people most affected, particularly the newly displaced and the seriously wounded; the adjustments were supported by a budget extension, for which a preliminary appeal¹ was issued in July.

Through dialogue and networking efforts with most of the parties to the conflict, the ICRC urged them to fulfil their obligations under IHL and other applicable norms. Whenever possible, it made bilateral representations, about documented behavioural concerns, to the pertinent parties. The ICRC raised awareness of humanitarian principles and its mandate and activities during interactions with armed groups and people with influence over them. It promoted IHL through briefings for front-line troops, support for the armed forces' training initiatives, and events with national authorities, including the national IHL committee.

These efforts helped the ICRC reach vulnerable people, notably in areas where there were few or no other humanitarian organizations or where needs were most acute. There were, however, fewer beneficiaries of emergency aid and livelihood assistance than planned, because of continuing difficulties in obtaining access to certain areas. Moreover, the pace at which people were displaced

from Mosul was slower than expected, and other actors addressed most of the IDPs' needs.

Hundreds of thousands of IDPs, residents and returnees covered their immediate needs with food and household essentials from the ICRC. Millions had access to water from facilities upgraded or repaired by the ICRC; more projects than planned were implemented in response to increased needs.

The ICRC scaled up its efforts to increase the availability and accessibility of health care. Clinics, first-responders and hospitals were thus able to sustain their services with ICRC support, which included medical supplies, infrastructural repairs and staff training, particularly in first aid and emergency-room trauma care. Notably, the ICRC helped expand surgical capacities at one hospital through on-site staff support and infrastructural upgrades. It continued to manage one physical rehabilitation centre and support several State-run facilities.

Where security conditions were more stable, the ICRC helped vulnerable households improve their livelihoods by providing them with farming tools or grants for establishing small businesses. Farmers had more water for their crops after the ICRC or community members repaired irrigation canals; the community members earned income for their work. Female heads of household who were registering for State benefits received cash for related expenses.

The ICRC monitored the situation of thousands of detainees, including those arrested in relation to the ongoing conflict, through visits conducted according to its standard procedures. It shared its findings confidentially with the authorities, to help them ensure that detainees' treatment and living conditions conformed to applicable norms and standards. It supported them to this end by giving them advice and material assistance, and by implementing projects to improve prison facilities and detainees' health-care access.

Family members reconnected through RCMs and other family-links services. The ICRC served as a neutral intermediary to support the efforts of the parties concerned to ascertain the fate of people missing in relation to past international armed conflicts. People and institutions involved in recovering and identifying human remains received supplies, equipment and training.

The ICRC pursued dialogue with the Iraqi Red Crescent Society, with a view to resuming direct support for it. Under a short-term project agreement, it supported the National Society's emergency activities for IDPs.

CIVILIANS

Parties to the conflict were urged to fulfil their obligations under IHL and other applicable norms, particularly to respect civilians, including patients and medical personnel. Whenever possible, the ICRC made representations to the pertinent parties about documented concerns regarding the behaviour of weapon bearers, for their follow-up. For instance, it submitted representations requesting unobstructed passage through security checkpoints for patients and their caretakers. Having monitored the situation of IDPs in screening centres and camps, the ICRC provided the authorities with recommendations for ensuring that humanitarian standards in these areas were met: for example, by minimizing delays when screening particularly vulnerable IDPs.

1. For more information on the preliminary budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/186F16E4D9CF2484C12580270022764E/\\$File/UpD_PreliminaryBEA_REX2016_445_Iraq_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/186F16E4D9CF2484C12580270022764E/$File/UpD_PreliminaryBEA_REX2016_445_Iraq_Final.pdf)

Ways to respond more effectively to the needs of victims of sexual violence were explored, and steps taken to draft an action plan.

Hundreds of thousands of people meet their basic needs

Interaction with parties to the conflict and with other groups enabled the ICRC to raise awareness of humanitarian principles and of its mandate and activities (see *Actors of influence*). This helped it to obtain access to people in need, especially in places where there were few or no other organizations, or where needs were most acute, such as areas near front lines or those retaken by government forces. Access to some communities was nevertheless restricted by logistical and security-related challenges, including difficulties linked to the ICRC's limited contact with certain parties and to the authorities' security regulations.

Some 924,000 people (154,000 households), mostly IDPs in informal settlements, received food supplies sufficient for one month. Among them were around 130,000 people in Ninewa, including IDPs from Mosul; the latter were given one round of food ration, instead of the planned two, as they eventually returned to their houses. Some 925,500 people (154,200 households) eased their living conditions with ICRC-donated household essentials, shelter materials and/or supplies for coping with cold weather. Fewer beneficiaries than planned were reached, because the influx of IDPs from Mosul was slower than anticipated and because other actors addressed most of the IDP's needs.

Some 90,060 people (14,860 households) covered their rent and other expenses with ICRC cash grants.

Government personnel learnt more about assessing emergency needs through an ICRC-organized training session.

IDPs and residents have better access to water

Some 2,140,000 people, including around 107,000 IDPs, had more access to water after the ICRC upgraded water infrastructure in violence-prone or underserved areas and in places with large numbers of IDPs. More people than planned benefited from such initiatives, as the ICRC undertook additional projects in response to increased needs, including among people who had returned to their villages. Some 142,200 others benefited from repairs to dilapidated facilities, while farming households (47,620 people in all) had more water for their crops (see below).

Another 157,346 people met their immediate needs for water through ICRC projects for the newly displaced, such as the distribution of bottled water. The ICRC prepared to address needs in IDP camps, but these were mostly covered by other actors.

Repairs were in progress on several water facilities serving IDPs, residents and returnees. Through ICRC-organized training, 83 technicians learnt more about maintaining such infrastructure.

Violence-affected people receive basic health care

Primary-health-care centres sustained their services with the help of the ICRC, which scaled up its emergency health activities (see also *Wounded and sick*), and adapted to security constraints by providing specific support for shorter periods than before.

Thirteen centres received material assistance, technical advice and staff training for mother-and-child care and for preventing and treating non-communicable diseases. Some continued to receive support, mainly staff training, under a 2012 agreement between

the ICRC and the central health ministry. Two other centres, in Mosul district, received supplies, training and financial incentives for staff. Facilities at four clinics were improved.

Thirty additional centres in fighting-affected areas were provided, on an ad hoc basis, with medical and cleaning materials, and/or furniture. The central health ministry replenished local medical stocks with logistical assistance from the ICRC.

Health risks for women and children were reduced through ICRC-backed initiatives: health centres carried out vaccination programmes; the authorities trained traditional birth attendants and midwives.

Female or disabled breadwinners support their families through microeconomic initiatives

Where security conditions were more stable, the ICRC helped households strengthen their livelihoods. Some 21,000 farming households (108,000 people) had a better supply of water for their crops after the ICRC and/or community members cleaned irrigation canals; the community members (supporting some 13,400 people) received cash for their work. More than 7,300 households (44,500 people) planted crops using ICRC-donated tools, seed and fertilizer.

Around 1,200 women, including relatives of missing persons, and disabled people (supporting 6,500 in all) covered their household expenses partly with earnings from small businesses they had started with cash grants and – for some – training in basic business skills.

A total of 540 female breadwinners (supporting 2,160 people) who were seeking to register for State benefits, with the help of local NGOs, covered registration-related and basic expenses with ICRC cash assistance.

Members of dispersed families reconnect

Members of families separated by conflict in Iraq and the wider region used ICRC family-links services to reconnect. Some families reported that their relatives were allegedly arrested or missing in relation to the conflict; the ICRC made representations to the authorities on their behalf, and several hundred people were located. Over 1,900 people received travel documents; two people returned home from Iraq (see *Iran, Islamic Republic of*).

The parties concerned continued their efforts to clarify the fate of persons missing in relation to past international armed conflicts (see *Iran, Islamic Republic of* and *Kuwait*); the ICRC served as a neutral intermediary. Under the ICRC's auspices, the Iraqi authorities transferred the remains of 394 people to their Iranian counterparts, and received the remains of 68 people. The needs of families of missing persons were assessed, with the findings set to be shared with the authorities.

People and institutions involved in recovering and identifying human remains received supplies, training and technical guidance, notably during the search for gravesites. The central Medico-Legal Institute (MLI) in Baghdad, whose caseload had grown, continued to strengthen its capacities: staff members learnt how to use an ICRC-donated genetic analyser. The MLI in the IKR discussed possibilities for support with the ICRC.

Through awareness-raising sessions and informational materials, some 25,000 people learnt about safe practices in areas with

mines/ERW. Health workers benefited from such sessions during first-aid courses (see *Wounded and sick*); some learnt how to deal with chemical contamination and received supplies for protecting themselves. The mine-action directorate received communication materials for its awareness-raising initiatives.

PEOPLE DEPRIVED OF THEIR FREEDOM

Some 45,700 detainees, including people arrested in relation to the conflict, received ICRC visits conducted according to the organization's standard procedures; 2,131 particularly vulnerable detainees were followed up individually. The ICRC continued to seek access to all detainees.

In its findings submitted confidentially to the authorities, and during meetings and training activities (see also *Actors of influence*), the ICRC emphasized the need to ensure that detainees' treatment and living conditions conformed to applicable norms and standards. It also sought to foster respect for judicial guarantees and the principle of *non-refoulement*, and stressed the importance of notifying families of their relatives' arrest and detaining people in places near their families. Allegations of arrest were followed up with the authorities.

Detainees contacted their relatives through RCMs, oral messages, and phone calls made by ICRC delegates on their behalf; 190 detainees were visited by relatives through an ICRC project. Former detainees received attestations of detention for use in legal or administrative proceedings.

Detainees have better access to water and health services

Nearly 7,850 detainees had improved living conditions after the ICRC helped upgrade water and sanitation infrastructure, ventilation systems, and basic facilities in 12 prisons. Prison maintenance teams and the central authorities received advice on specific matters. Thousands of detainees received clothes, winter supplies, and hygiene, educational and/or recreational items.

The ICRC continued to urge the authorities to improve detainees' access to health care, and provided them with technical and material support to this end. Detainees in two federal prisons received basic health services through a pilot project run by the ICRC with the central health and justice ministries; the project was based on a 2014 joint assessment and an action plan signed in December 2016. An agreement was also signed with the IKR ministries of justice and of labour and social affairs to pilot a similar health project in one prison, following a round-table on an ICRC report on health care in detention and other discussions with IKR officials. IKR authorities discontinued medical screenings, owing to financial constraints.

Penitentiary staff learnt more about best practices for health care in detention at a workshop held locally and a conference abroad (see *Jordan*).

WOUNDED AND SICK

The ICRC reminded parties to the conflict to respect and protect patients and health personnel (see *Civilians* and *Actors of influence*), and stepped up its efforts to ensure the availability of timely and appropriate treatment.

Wounded people receive life-saving treatment

Wounded and sick people had access to first-aid and hospital-level care from personnel and institutions supported by the ICRC with training and material assistance.

More than 200 ambulance staff and 40 civil defence officials bolstered their first-aid skills during workshops. Hundreds of weapon bearers and health workers benefited from similar sessions, which were coupled with briefings on IHL and mine-risk awareness.

Thousands of wounded patients, including people from Mosul, were treated at 21 hospitals supplied by the ICRC with surgical items, wound-dressing kits and other medical supplies. Personnel at a hospital near the front line in Ninewa Governorate received support from an ICRC surgical team, and had use of renovated or newly constructed operating rooms. Some 140 doctors expanded their capacities in emergency-room trauma care and 38, in surgery; 6 doctors were trained to instruct their peers. They also learnt more about the protection afforded by IHL to patients and health personnel.

Disabled people avail themselves of rehabilitation services

Over 37,000 people obtained services and assistive devices at one ICRC-managed and 11 State-run physical rehabilitation centres. People treated by the ICRC-managed centre in Erbil included 1,212 IDPs and 217 refugees, and people whose lodging (1,495) and transport (555) expenses were covered by the ICRC. Another 149 people, mostly IDPs, used ICRC-arranged transportation to go to a State-run centre in Baghdad.

The State-run facilities received raw materials and technical advice from the ICRC. Their staff members and other physical rehabilitation professionals developed their skills at ICRC-organized workshops.

A university in Erbil began developing a curriculum for a bachelor's degree in physiotherapy; the ICRC provided guidance. Support continued for initiatives to ensure the welfare of disabled people and to promote their economic and social reintegration. Selected patients of ICRC-supported centres received livelihood support (see *Civilians*); others participated in sporting events. Local organizations, including Paralympic committee branches, received assistive devices.

ACTORS OF INFLUENCE

Weapon bearers and other key parties help facilitate safe access for the ICRC

The ICRC used dialogue and networking to emphasize respect for IHL and other applicable norms (see *Civilians*). Contact with certain parties, including armed groups, remained limited. The ICRC therefore pursued meetings with community and religious leaders, journalists, and others with influence over these parties, in order to convey messages about basic IHL principles and the ICRC's mandate and work.

All these efforts helped to facilitate safe access for the ICRC to people in need and to broaden awareness of humanitarian issues, including the goals of the Health Care in Danger project. Training initiatives (see below), public events, briefings for media representatives and distribution of multimedia resource materials also contributed to these ends.

Front-line troops learn more about IHL and other applicable norms

During dissemination sessions and meetings with ICRC officials, some 1,700 members of front-line central/IKR military commands, and of popular mobilization units, became more familiar with basic IHL principles and other rules on the conduct

of hostilities and the protection of civilians. Officers and troops of the central armed forces strengthened their grasp of IHL during ICRC-supported courses at training institutions. The IKR's military continued to instruct its personnel in IHL and to reinforce its instructional capacities. International coalition representatives training Iraqi troops were provided with advice on teaching IHL.

At ICRC-run workshops, intelligence officers from the central government furthered their understanding of international human rights law; and some 3,700 central and IKR police commanders and personnel familiarized themselves with norms and standards relevant to their duties, particularly in connection with detention practices and the use of force.

National IHL committee members take steps to advance implementation of IHL

Government bodies involved in promoting and advancing the domestic implementation of IHL drew on ICRC expertise. National IHL committee members began to formulate action plans and completed draft legislation on the protection of the emblem, cultural property, and international crimes. Members of the committee, health authorities and parliamentarians agreed to propose amendments to domestic law to expand the legal protection for medical personnel.

National IHL committee members, government officials and academics furthered their understanding of IHL and exchanged views with their peers at courses and meetings abroad (see *Lebanon* and *Tunis*). Central government officials, notably members of the human rights commission, added to their IHL knowledge during training sessions organized by the authorities and the ICRC under a 2014 memorandum of understanding. Ten religious scholars discussed IHL and Islamic jurisprudence, and familiarized themselves with the ICRC's operations, at a round-table organized by a local institution and the ICRC.

Policy-makers from 30 countries learnt more about the Health Care in Danger project during an ICRC presentation at a conference of the Parliamentary Union of the OIC (Organization of Islamic Cooperation) Member States.

The Iraqi institute responsible for training judges began, with ICRC support, to offer a course that it had developed on IHL and international human rights law. At a workshop, 37 law professors discussed the teaching of IHL. Discussions with the IKR's higher education ministry, on ICRC support for developing a standard IHL curriculum, were ongoing.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society and the ICRC conclude a project agreement to assist IDPs

The Iraqi Red Crescent continued to respond to humanitarian needs, in consonance with its strategic plan and backed by Movement components. Although the National Society and the ICRC remained without a formal partnership agreement, they jointly distributed attestations of detention and exchanged information that facilitated their respective initiatives.

Following talks on the resumption of direct ICRC support to the National Society, the two organizations signed a short-term project agreement under which the ICRC provided financial and material assistance for the National Society's activities for IDPs in Ninewa. Discussions on a broader and longer-term project agreement were in progress.

Other Movement components supported the National Society bilaterally; this was facilitated by their agreements – on security, logistical and administrative services – with the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,094			
RCMs distributed		5,416			
Reunifications, transfers and repatriations					
People transferred or repatriated		2			
Human remains transferred or repatriated		394			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		2,720	127	56	177
<i>including people for whom tracing requests were registered by another delegation</i>		12			
Tracing cases closed positively (subject located or fate established)		598			
<i>including people for whom tracing requests were registered by another delegation</i>		5			
Tracing cases still being handled at the end of the reporting period (people)		6,912	215	97	290
<i>including people for whom tracing requests were registered by another delegation</i>		18			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		2			
Documents					
People to whom travel documents were issued		1,922			
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		45,774	1,411	1,297	
			Women	Girls	Boys
Detainees visited and monitored individually		2,131	34	7	413
Detainees newly registered		1,412	29	7	399
Number of visits carried out		343			
Number of places of detention visited		107			
RCMs and other means of family contact					
RCMs collected		5,858			
RCMs distributed		2,355			
Phone calls made to families to inform them of the whereabouts of a detained relative		16,502			
Detainees visited by their relatives with ICRC/National Society support		190			
People to whom a detention attestation was issued		165			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	924,024	301,670	369,481
	<i>of whom IDPs</i>	813,402	264,678	325,233
Essential household items	Beneficiaries	925,584	301,393	370,103
	<i>of whom IDPs</i>	847,362	274,121	338,815
Productive inputs	Beneficiaries	44,559	14,440	17,813
	<i>of whom IDPs</i>	825	246	333
Cash	Beneficiaries	112,256	39,067	45,136
	<i>of whom IDPs</i>	88,512	30,940	35,387
Services and training	Beneficiaries	108,415	37,937	43,357
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,488,330	746,499	995,332
	<i>of whom IDPs</i>	273,895	82,168	109,557
Health				
Health centres supported	Structures	15		
Average catchment population		383,062		
Consultations		345,493		
	<i>of which curative</i>	335,905	92,785	130,328
	<i>of which antenatal</i>	9,588		
Immunizations	Patients	226,662		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	179,782		
Referrals to a second level of care	Patients	16,849		
	<i>of whom gynaecological/obstetric cases</i>	1,961		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	76,206	1,344	743
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,848		
Health				
Visits carried out by health staff		65		
Places of detention visited by health staff	Structures	45		
Health facilities supported in places of detention visited by health staff	Structures	16		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	21		
Water and habitat				
Water and habitat activities	Number of beds	86		
Physical rehabilitation				
Projects supported	Projects	12		
Patients receiving services	Patients	37,357	4,001	18,353
New patients fitted with prostheses	Patients	1,274	212	102
Prostheses delivered	Units	2,955	382	212
	<i>of which for victims of mines or explosive remnants of war</i>	552	20	5
New patients fitted with orthoses	Patients	11,291	993	8,925
Orthoses delivered	Units	21,064	1,647	17,173
	<i>of which for victims of mines or explosive remnants of war</i>	50	5	34
Patients receiving physiotherapy	Patients	10,870	1,818	3,092
Walking aids delivered	Units	1,463	145	199
Wheelchairs or tricycles delivered	Units	450	59	186