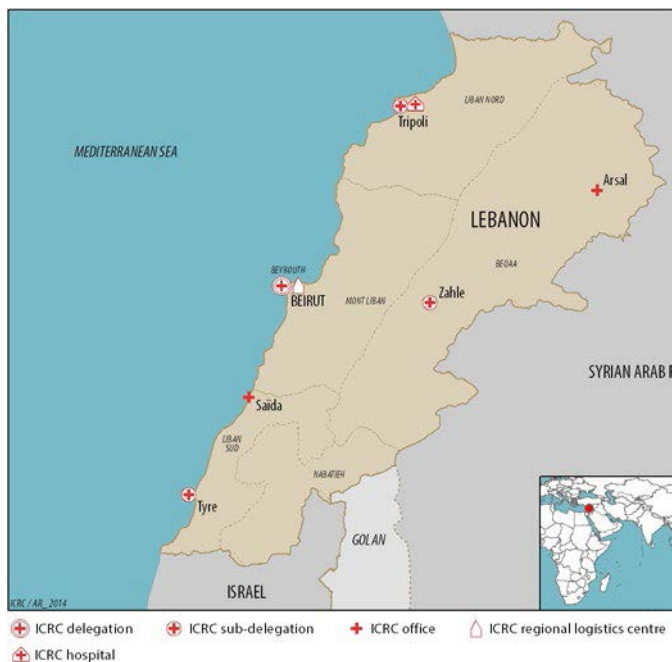


LEBANON



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 who fled the armed conflict in the 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

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ casualties benefited from first aid/evacuations carried out by the Lebanese Red Cross emergency medical services with ICRC backing, and from medical treatment at ICRC-supported and ICRC-run facilities
- ▶ people affected by the Syrian conflict or by violence within Lebanon met some of their basic needs through distributions of food/essential items/cash, but many such activities were hindered by various constraints
- ▶ following the rehabilitation/upgrade of water infrastructure and support to primary health care facilities, refugees and residents had better access to essential services, helping reduce tensions
- ▶ the authorities and weapon bearers were reminded of the need to facilitate unhindered access to health care and respect/protect medical personnel and facilities
- ▶ detainees received visits and essential items while benefiting from minor infrastructural improvements in one prison, but working procedures for other such projects were still being discussed with the authorities
- ▶ though progress on clarifying the fate of missing persons and on legislation protecting their families' rights was minimal, families began to obtain support for their specific needs from ICRC-mobilized NGOs

EXPENDITURE (in KCHF)	
Protection	4,602
Assistance	18,592
Prevention	1,720
Cooperation with National Societies	4,334
General	-
	29,247

of which: Overheads 1,784

IMPLEMENTATION RATE	
Expenditure/yearly budget	77%

PERSONNEL	
Mobile staff	47
Resident staff (daily workers not included)	121

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	67
RCMs distributed	95
People located (tracing cases closed positively)	75
People reunited with their families	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	6,943
Detainees visited and monitored individually	890
Number of visits carried out	170
Number of places of detention visited	29
Restoring family links	
RCMs collected	139
RCMs distributed	75
Phone calls made to families to inform them of the whereabouts of a detained relative	1,470

ASSISTANCE	2014 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	90,000	31,454
Essential household items	Beneficiaries	90,000	28,507
Cash	Beneficiaries	32,500	16,020
Vouchers	Beneficiaries	9,250	
Work, services and training	Beneficiaries	300	
Water and habitat activities	Beneficiaries	475,000	383,987
Health			
Health centres supported	Structures	5	3
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	10	26
Water and habitat			
Water and habitat activities	Number of beds	116	
Physical rehabilitation			
Patients receiving services	Patients		51

CONTEXT

The conflict in the Syrian Arab Republic (hereafter Syria) and its spillover continued to affect Lebanon, where reportedly, well over a million refugees had sought refuge since it began. Their presence, mostly in host communities, stretched the capacities of the authorities, the UN and other actors. The arrival of refugees via the northern and eastern borders with Syria – particularly, into northern Lebanon and the Bekaa Valley – increased during the first half of the year; tighter entry policies significantly reduced the influx by year-end.

Violence within Lebanon rose in parallel to the Syrian conflict, causing displacement, casualties and deaths. Opposing positions towards it fuelled longstanding sectarian tensions, leading to bombings and other incidents, including intercommunal clashes in Tripoli. Confrontations between the Lebanese armed/security forces and armed groups also occurred, notably in Aarsal. Security operations conducted by the armed/security forces in these areas led to arrests. Elsewhere, reprisal attacks by armed groups against Hezbollah-controlled areas continued. Developments elsewhere contributed to the insecurity (see *Iraq*).

People in Palestinian refugee camps faced difficult living conditions and persistent unrest.

A new government was formed in February, but a president was not elected.

Hundreds of missing-persons cases related to past conflicts in Lebanon remained unresolved, causing anguish for their families.

ICRC ACTION AND RESULTS

In 2014, the ICRC focused on helping address humanitarian needs arising from the escalation of the Syrian armed conflict, combining emergency response with mid/longer-term support for essential services. It maintained a complementary role to the authorities, UN agencies and other actors, coordinating its activities with them to reach unassisted people, while playing a lead role in liaising the Movement's response. To reach more people in need, it launched a budget extension appeal in May and opened sub-delegations in Tripoli and Tyre, and an office in Aarsal. It maintained a warehouse in Beirut for its operations in the region.

The Lebanese Red Cross, the ICRC's main partner, received financial, material and technical support for its blood bank and emergency medical services (EMS), facilitating timely treatment and evacuation for the wounded. Casualties from Syria and people injured during internal violence received further care at ICRC-supported health facilities throughout Lebanon. Some patients' treatment costs were covered, but such support decreased as influxes of weapon-wounded people dwindled; starting in September, patients began to be treated at two ICRC-operated surgical/post-operative centres that were established in relation to concerns about the quality/cost of treatment. The ICRC enhanced overall emergency preparedness/response capacities by training first-aiders and surgeons and pre-positioning supplies.

With the National Society, the ICRC distributed aid to people affected by the Syrian conflict/internal violence. However, some assistance activities had to be adapted/curtailed, owing to fewer arrivals of refugees, administrative/security constraints and related difficulties in identifying beneficiaries. Relief distributions, a cash-for-work programme, and infrastructure repairs replaced

cash assistance for violence-affected people in Tripoli. After some administrative/logistical delays, returnees – ineligible for UNHCR support – received cash to help cover their living expenses. After other actors encountered funding issues, the ICRC stepped in by using funds from adapted/downscaled projects to provide refugees with cash/vouchers, helping them cope with winter.

The ICRC visited refugees from Syria, monitored their situation and raised their protection concerns with the relevant authorities, including those connected to the principle of *non-refoulement*. Family-links services were provided to them and to Lebanese families.

Together with the authorities, the ICRC rehabilitated/upgraded water infrastructure, benefiting both refugees and residents and mitigating potential tensions. Material support and staff training for primary-health-care facilities enabled people to obtain preventive/curative treatment. The National Society/ICRC provided support for Syrians in informal settlements to improve their hygiene, water supply and flood-prevention measures.

The ICRC visited detainees in accordance with its standard procedures, to monitor their treatment and living conditions; it also provided them with essential items and family-links services. It continued to work with the authorities to improve prison health care, but working procedures for some infrastructure rehabilitation projects were still being discussed. Penitentiary staff attended workshops on internationally recognized standards relevant to their work.

Though the political situation stalled progress on a national mechanism for clarifying the fate of persons missing from past conflicts and legislation to protect their families' rights, some families obtained assistance for their specific needs following referrals to local NGOs mobilized by the ICRC. To facilitate a future identification process, the ICRC continued collecting ante-disappearance data on missing persons. An agreement with the authorities on the collection of DNA samples remained unsigned.

To facilitate understanding/acceptance of the Movement's work and, particularly, to raise awareness of the need to respect medical personnel/facilities and allow patients unhindered access to treatment, the ICRC engaged in dialogue with and held dissemination sessions for various actors, including the authorities and weapon bearers in Palestinian refugee camps. It also briefed army/police officers on IHL and internationally recognized standards for law enforcement, and initiated dialogue with Islamic academics through discussions on IHL and Islam.

CIVILIANS

With the National Society, the ICRC boosted its activities for refugees/returnees from Syria, host communities, and people affected by violence within Lebanon. Complementing the humanitarian response of the authorities, UN agencies and their partners, it assisted particularly vulnerable groups, including those ineligible for UNHCR support. Many ICRC activities were adapted/curtailed, owing to, *inter alia*, security or administrative constraints and a reduced refugee influx (see *Context*).

Conflict/violence-affected people meet their urgent needs

Through emergency distributions, some 31,000 people (6,200 households) throughout Lebanon augmented their diet with one-month food rations, and over 28,000 people (5,600 households) eased their situation with the help of essential household items. The beneficiaries included Syrian refugees; Lebanese returnees; Palestinian

refugees, including those from Syria; people affected by violence in Aarsal and Tripoli, including IDPs; and a few Iraqi refugees.

Plans to assist Lebanese returnees were hindered by security constraints that contributed to difficulties in identifying them. After administrative/logistical delays, in November, 188 households (940 people) received cash to help them cover three months' worth of living expenses.

Given the security situation in Tripoli, cash distributions to violence-affected people were partially replaced by emergency relief (see above) and cash-for-work projects that helped 134 breadwinners provide for their families (670 people in all). Some 300 households (1,800 people) with residences damaged by fighting had them repaired ahead of winter.

In November, two programmes for refugees from Syria – run by the UN Relief and Works Agency and by the National Society – received financial support to help them overcome urgent funding issues. Initially planned for 2015 but begun in 2014 with funds from downscaled/cancelled projects, this support helped 2,237 Palestinian households (11,185 people) and 600 Syrian households (3,000 people) cope with winter through five months' worth of cash assistance and two months' worth of fuel vouchers, respectively.

Through women's cooperatives, 27 female returnees were provided with financial support for their businesses, helping them sustain their families (135 people in all).

Refugees and residents obtain access to essential services

The continued presence of refugees further strained essential services. In cooperation with local water boards, infrastructure rehabilitation/upgrades in communities hosting refugees helped over 383,000 people – two-thirds of whom were residents – obtain improved water access, mitigating potential tensions and pressure on the communities. However, technical and security constraints caused some projects to be delayed or cancelled.

Three health facilities were provided with staff training, equipment and supplies, enabling refugees and residents unreached by the UNHCR system to obtain primary health care, including over 105,000 consultations. Plans for psychosocial support to victims of sexual violence were postponed, pending the results of an assessment (see below).

Some 800 Syrian refugees in informal settlements benefited from National Society/ICRC support to improve their living conditions, including water filters/containers, hygiene kits and education sessions, and assistance for flood-prevention measures.

Authorities reminded of obligations under international law to people fleeing Syria

Refugees reported abuses they had suffered or the arrest of their relatives in Syria. These allegations were shared with the ICRC delegation there, which submitted representations to the parties concerned whenever possible (see *Syrian Arab Republic*). Meetings were held with community leaders and other actors on the ground to assess sexual violence against conflict-affected people from Syria and to inform future ICRC activities to address their specific needs.

The Lebanese authorities were reminded of their obligations under international law – particularly those connected to the principle of *non-refoulement* – to people seeking refuge in Lebanon. The ICRC advocated the admission of vulnerable people, especially separated children, on humanitarian grounds. Discussions with the Lebanese

Armed Forces (LAF) and other weapon bearers emphasized the need to respect/protect civilians, including medical personnel.

Separated family members are reunited

People in Lebanon exchanged news with their relatives, including those detained abroad, through ICRC family-links services. Families filed tracing requests to locate their relatives, including those believed to have been arrested in Syria.

Under ICRC auspices, five Lebanese nationals and the remains of three others were repatriated from Israel (see *Israel and the Occupied Territories*). People reunited with their families or were repatriated to their home countries with ICRC assistance. For example, one person was repatriated to Israel after mistakenly crossing the border, and a Syrian was reunited with his family in Jordan on medical grounds.

Some people rejoined their families or resettled abroad after the ICRC facilitated their transit through Lebanon or issued them travel documents.

Families of missing persons obtain support from local service-providers

Thousands of families remained without news of relatives missing in connection with past conflicts in Lebanon. Dialogue with the authorities continued, based on an ICRC report – shared with them in 2013 – regarding such families' needs. Amidst the current situation (see *Context*), however, very little progress was made in implementing the report's recommendations: the creation of a national mechanism to clarify the fate of missing persons and the adoption of legislation protecting the rights of their relatives. The government officially handed over the archives of a previous commission on missing persons to a family association, which subsequently turned them over to the ICRC. With the launch of a support programme in Saida, some families began obtaining assistance for their needs – for instance, legal advice or administrative support – after being referred to local NGOs mobilized by the ICRC.

Work to facilitate future identification of human remains continued. During interviews with the ICRC, families provided ante-disappearance data on missing relatives, enabling vital information to be preserved in a database for possible comparison with post-mortem data. The forensics department of the Internal Security Forces (ISF) received ad hoc advice, although a formal ISF-ICRC agreement on collecting biological reference samples for DNA testing remained unsigned.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 6,900 detainees in 29 places of detention were visited according to standard ICRC procedures. Delegates monitored their treatment and living conditions, checking whether these complied with relevant law and internationally recognized standards. Vulnerable detainees – including Syrians arrested by Lebanese security forces – were followed up individually.

Based on these visits, the authorities received confidential feedback, including recommendations where necessary. Discussions with them tackled treatment of detainees, overcrowding, respect for the principle of *non-refoulement* and judicial guarantees, and cooperation on prison health care.

Detainees benefit from initiatives to improve their health and living conditions

Efforts to improve living conditions in increasingly overcrowded prisons began, though some projects were not yet implemented

as working procedures were still being discussed with the authorities. One prison had its ventilation system rehabilitated. In Tripoli Central Prison, detainees reduced their risk of contracting scabies and other diseases following cell disinfection and other measures taken by the authorities. An ICRC-donated X-ray machine was installed at Roumieh Central Prison's medical centre, helping improve health services for inmates.

Primary health care in ISF-managed places of detention was re-assessed to ascertain developments since a 2009 assessment, and to inform future cooperation with the authorities on improving health care for detainees. At an ICRC-facilitated round-table, ISF decision-makers discussed progress made in the prison health-care system and developed new proposals for further improvements. Notably, ICRC recommendations were incorporated into ISF procedures for managing hunger strikes. Penitentiary staff boosted their knowledge of internationally recognized standards applicable to their work at dissemination sessions, and prison health workers underwent related training abroad. In light of plans for a new prison, a report on international standards for prison construction was submitted to the authorities.

Some 6,100 detainees received mattresses, clothes and hygiene/cleaning items.

Detainees maintain family links

Detainees exchanged news with relatives in Lebanon or elsewhere through RCMs and short oral messages relayed by ICRC delegates. Additionally, 139 foreign detainees informed their embassies of their detention, and 204 others informed the UNHCR of their whereabouts, via the ICRC.

Former detainees or their families received attestations of detention, in some cases qualifying them for State welfare allowances.

WOUNDED AND SICK

Medical facilities and EMS providers, particularly in the Bekaa Valley and northern Lebanon, struggled to meet the overwhelming needs of both weapon-wounded people from Syria and casualties of internal violence.

Medical evacuees receive timely treatment

People benefited from first aid and/or medical evacuations carried out by the National Society, bolstered by ICRC financial/material support for its EMS (see *Red Cross and Red Crescent Movement*). Donations of additional blood bags helped it treat some 4,600 patients from Syria.

Regular dialogue with the relevant authorities, weapon bearers, local communities and other actors on the ground (see *Civilians and Actors of influence*) raised awareness of the need to provide unhindered access to medical care and respect/protect medical personnel and facilities, directly contributing to patients' safe and timely transfer.

Wounded Syrians treated at ICRC-supported health facilities

Over 9,500 people were treated with the help of ad hoc ICRC material support for ambulance providers and 26 hospitals, of which 23 provided data. These people included wounded and sick Syrians who had entered Lebanon through Aarsal, who received treatment at two field hospitals established by Syrian doctors and supported by the ICRC with medical supplies and equipment.

Some 340 critically wounded people had their treatment costs covered, though such support decreased after the influx of refugees slowed (see *Context*), and after the establishment of ICRC-run facilities (see below). At six ICRC-supported centres, some 1,300 Syrians received extensive post-operative care, including physical rehabilitation; a few were fitted with assistive devices by doctors previously trained in prosthetics/orthotics by the ICRC. During and after their treatment/surgery, Syrian patients had their situation monitored and their protection concerns addressed by ICRC delegates and surgeons, who regularly visited ICRC-supported hospitals.

Patients begin to have access to good-quality care at ICRC-run facilities in Tripoli

In relation to concerns about the quality and cost of treatment, the ICRC established, after some administrative delays, weapon traumatology centres in two Tripoli hospitals to help ensure the availability of comprehensive, good-quality care for all patients. Starting September, over 70 people, including referrals from ICRC-supported facilities (see above), were treated for severe injuries or post-operative complications.

First-responders and surgeons hone their emergency-response capacities

To help boost emergency preparedness/response capacities country-wide, some 300 people, including Syrian civilians, LAF personnel in violence-prone areas and weapon bearers in Palestinian camps trained in first aid and received basic medical kits, and 36 doctors in all honed their skills at two seminars, on weapon-wound surgery and on emergency-room trauma care. Via ICRC-sponsored training, staff from major EMS providers improved their ability to manage mass casualties and human remains. Discussions with a university began, regarding a weapon-wound surgery module.

Two hospitals continued their operations with the help of ICRC-donated generators. Following clashes in Ein El-Helweh Palestinian refugee camp, a damaged hospital underwent repairs; medical kits were pre-positioned at two facilities.

ACTORS OF INFLUENCE

Weapon bearers encouraged to facilitate neutral, impartial and independent humanitarian action

Regular interaction with various actors – as well as beneficiaries, during assistance activities – helped secure acceptance of the Movement and facilitate its work in Lebanon. Dialogue with the authorities, including at community level, focused on operational and IHL-related concerns (see above).

During ICRC presentations at army/police training institutes, some 100 officers, including 25 State security officers preparing to become judicial investigators, were sensitized to the ICRC's mandate and internationally recognized standards applicable to law enforcement. At a police academy, 70 officers learnt about challenges related to conducting police operations.

Through regular ICRC briefings, ISF/LAF personnel and UN Interim Force in Lebanon officers learnt more about international human rights standards applicable to their duties; ISF/LAF personnel were also regularly informed of the ICRC's activities for detainees in Lebanon. Some ISF/LAF officers attended a regional IHL course (see below).

During first-aid workshops (see *Wounded and sick*), medical personnel, Syrian volunteers, and weapon bearers – including

those in Palestinian refugee camps – learnt about IHL and humanitarian principles, the need to provide unhindered access to health care, and the ICRC's activities in Lebanon and elsewhere.

The media helped relay humanitarian messages to key leaders, decision-makers and the public. With the help of interviews, field visits, a photo exhibit and other communication/informational material, local and international media reported on National Society/ICRC activities in Lebanon, Syria and elsewhere, increasing awareness of humanitarian issues and the Movement's work. Some media representatives and bloggers also helped raised awareness of the goals of the Health Care in Danger project.

Dialogue with Islamic academic circles began through three lectures/panel discussions where over 200 students, professors and religious figures learnt more about the compatibility of IHL with Islam; they also received related publications. A moot court competition was cancelled. Nevertheless, students at Lebanese universities continued to be sensitized to the ICRC's mandate and basic principles of IHL through presentations.

IHL courses reach government officials and scholars in Lebanon and the wider region

IHL-related activities with the authorities at the central level remained limited as other concerns (see *Context*) took precedence over IHL integration and the work of the national IHL committee.

In February, representatives from the Justice Ministry, a university and a think-tank increased their knowledge of IHL at the regional IHL course held annually in Beirut. A total of 56 participants – government officials and lecturers/scholars – from 17 Arab and 5

non-Arab States also attended. A second course was held in March to further promote IHL implementation and peer-to-peer learning. Both courses were organized with the League of Arab States' Centre for Legal and Judicial Studies.

RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross remained the ICRC's main partner in assisting people affected by conflict in Syria and violence in Lebanon (see *Civilians*), and Lebanon's primary EMS provider (see *Wounded and sick*); it also provided family-links services and promoted IHL.

With ICRC financial/material/technical support, the National Society: upgraded/maintained its EMS equipment, vehicles and stations; covered the costs of fuel and other consumables; and paid the salaries of key staff, including a fundraising manager. It trained over 1,700 existing and almost 900 new EMS volunteers and, as part of the five-year strategy for its EMS, received 14 new ambulances and three mini-vans, which strengthened its ability to transfer patients needing immediate treatment.

Regular coordination meetings among Movement partners, and with UN agencies and other organizations operating in Lebanon and the region, helped maximize the humanitarian response and avoid duplication of effort. The National Society, the International Federation and the ICRC jointly hosted a regional meeting of 26 National Societies on the Movement's response to the Syrian conflict and its regional consequences. The National Society and the ICRC also organized a workshop on the Fundamental Principles, enabling National Societies to share their experiences and operational challenges.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		67			
RCMs distributed		95			
Reunifications, transfers and repatriations					
People reunited with their families		3			
	<i>including people registered by another delegation</i>	2			
People transferred/repatriated		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,073	76	40	57
	<i>including people for whom tracing requests were registered by another delegation</i>	2			
People located (tracing cases closed positively)		75			
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)		1,690	104	59	108
	<i>including people for whom tracing requests were registered by another delegation</i>	15			
Documents					
People to whom travel documents were issued		24			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		6,943	393	249	
			Women	Girls	Boys
Detainees visited and monitored individually		890	55	4	17
Detainees newly registered		726	52	4	17
Number of visits carried out		170			
Number of places of detention visited		29			
Restoring family links					
RCMs collected		139			
RCMs distributed		75			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,470			
People to whom a detention attestation was issued		21			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children	
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)					
Food commodities		Beneficiaries	31,454	25%	50%
	<i>of whom IDPs</i>	Beneficiaries	9,470		
Essential household items		Beneficiaries	28,507	21%	42%
	<i>of whom IDPs</i>	Beneficiaries	8,364		
Cash		Beneficiaries	16,020	25%	50%
	<i>of whom IDPs</i>	Beneficiaries	649		
Water and habitat activities		Beneficiaries	383,987	20%	60%
	<i>of whom IDPs¹</i>	Beneficiaries	383,987		
Health					
Health centres supported		Structures	3		
Average catchment population			95,000		
Consultations		Patients	105,592		
	<i>of which curative</i>	Patients		33,699	38,324
	<i>of which ante/post-natal</i>	Patients		86	
Immunizations		Doses	334		
	<i>of which for children aged five or under</i>	Doses	334		
Referrals to a second level of care		Patients	60		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat (in some cases provided within a protection programme)					
Food commodities		Beneficiaries	14		
Essential household items		Beneficiaries	6,197		
Water and habitat activities		Beneficiaries	120		
Health					
Number of visits carried out by health staff			23		
Number of places of detention visited by health staff			8		
WOUNDED AND SICK					
Hospitals					
Hospitals supported		Structures	26		
	<i>of which provided data</i>	Structures	23		
Patients whose hospital treatment has been paid for by the ICRC		Patients	421		
Admissions		Patients	9,591	3,473	1,864
	<i>of whom weapon-wounded</i>	Patients	2,788	252	273
	<i>(including by mines or explosive remnants of war)</i>	Patients	245		
	<i>of whom other surgical cases</i>	Patients	1,121		
	<i>of whom medical cases</i>	Patients	4,165		
	<i>of whom gynaecological/obstetric cases</i>	Patients	1,517		
Operations performed			1,215		
Outpatient consultations		Patients	279,865		
	<i>of which surgical</i>	Patients	23,902		
	<i>of which medical</i>	Patients	244,315		
	<i>of which gynaecological/obstetric</i>	Patients	11,648		
First aid					
First-aid posts supported		Structures	6		
	<i>of which provided data</i>	Structures	5		
Wounded patients treated		Patients	245		
Physical rehabilitation					
Patients receiving services		Patients	51	3	
Patients receiving physiotherapy		Patients	51	3	

1. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.