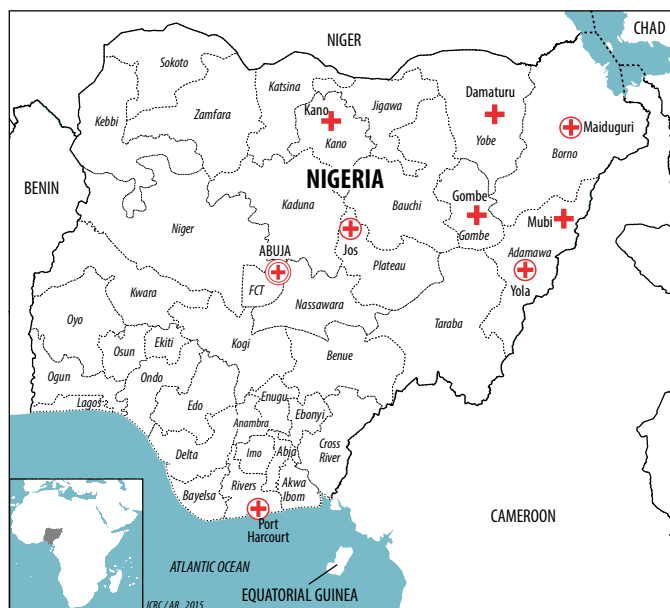


NIGERIA



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ People met their needs via expanded Nigerian Red Cross Society/ICRC relief assistance. In the north-east, activities were limited to certain areas because of security concerns.
- ▶ Where possible, communities' resilience was strengthened. Notably, returnees in Adamawa state – who resumed farming with agricultural inputs/training from the ICRC – reported above-average harvests.
- ▶ IDPs and residents had better access to basic services after the ICRC built/repaired water, sanitation and shelter facilities and provided comprehensive support to clinics in the north-east.
- ▶ Detainees, including those held by the police and the army, received ICRC visits. Some had better living conditions after the ICRC built or repaired water/sanitation facilities and distributed household essentials.
- ▶ Casualties were attended to/evacuated by ICRC-trained first-aiders, mainly National Society volunteers. From March onwards, weapon-wounded people were treated by an ICRC surgical team in Maiduguri.
- ▶ Amid some constraints in relation to dialogue with armed groups, the ICRC sought to remind all parties concerned of their responsibilities under IHL.

EXPENDITURE IN KCHF

Protection	4,582
Assistance	48,362
Prevention	3,937
Cooperation with National Societies	2,389
General	37
Total	59,306
<i>Of which: Overheads</i>	3,619

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	60
Resident staff (daily workers not included)	197

Active in Nigeria during the Biafran war (1966–70), the ICRC established a delegation in the country in 1988. It seeks to respond to emergencies throughout the country, focusing on the conflict in the north-east, to protect and assist the people affected; it also visits detainees. It works closely with the National Society and supports its capacity-building efforts in emergency preparedness and restoring family links. Working with the authorities, the armed forces/police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

YEARLY RESULTS

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	150
RCMs distributed	62
Phone calls facilitated between family members	2,796
People located (tracing cases closed positively)	79
People reunited with their families	14
<i>of whom unaccompanied minors/separated children</i>	14
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	13,000
Detainees visited and monitored individually	2,302
Number of visits carried out	40
Number of places of detention visited	22
Restoring family links	
RCMs collected	5
Phone calls made to families to inform them of the whereabouts of a detained relative	33

ASSISTANCE	2015 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	376,800	536,044
Essential household items	Beneficiaries	288,600	375,754
Productive inputs	Beneficiaries	27,000	68,626
Cash	Beneficiaries	1,800	32,118
Vouchers	Beneficiaries	45,000	49,068
Services and training ¹	Beneficiaries	24,000	
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	124,000	179,033
Health			
Health centres supported	Structures	12	12
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	1	21
Water and habitat			
Water and habitat activities	Number of beds		370

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

CONTEXT

The conflict between the Nigerian defence/security forces and the armed group that calls itself Islamic State's West Africa Province (also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram) continued. Clashes and bombings in Nigeria's north-eastern states – mainly Adamawa, Borno and Yobe – had severe humanitarian consequences, including alleged abuses and thousands of deaths. Neighbouring countries were also affected (see *Chad, Niger and Yaoundé*), as the group launched attacks in some of them.

Reportedly, over 2 million people were displaced within Nigeria, and hundreds of thousands more, to neighbouring countries; some of them were later expelled from Cameroon. IDPs/returnees and people hosting them struggled to meet their basic needs. Security constraints, particularly in Borno, limited humanitarian access and prevented people from returning home, though some made tentative returns to parts of Adamawa and other areas.

In the Middle Belt states (particularly Bauchi, Kaduna and Plateau), recurring communal violence – notably, over land/water access – disrupted livelihoods and caused displacement, injuries and deaths.

Amid increasing political tensions in the Niger Delta region (especially Bayelsa, Delta and Rivers states), protests took place, leading to violence and arrests.

Nigerian politics remained in transition as a new president was elected. The country continued to play a key role in addressing regional peace and security issues through the Economic Community of West African States (ECOWAS); it also contributed troops to peacekeeping operations.

ICRC ACTION AND RESULTS

In 2015, the ICRC – supported by a budget extension appeal in April – significantly scaled up its humanitarian activities for people in the north-east and in the Middle Belt. A sub-delegation in Yola and offices in Damataru, Gombe and Mubi were established accordingly. However, not all communities could be reached, as security constraints continued to hinder access to certain rural areas.

Nigerian Red Cross Society/ICRC relief efforts initially focused on informal camps to maximize impact, given limited resources. With the original budget for emergency aid exhausted in January, funds were temporarily reallocated to cover pressing needs until additional resources could be mobilized. Distributions of rations, essential items and cash/vouchers were subsequently expanded, particularly in communities hosting most of the displaced. This helped people meet their needs while they tried to find other means of survival.

Where possible, the ICRC provided medium- to longer-term assistance to help people strengthen their resilience. Households that resumed farming using agricultural supplies/equipment and training from the authorities/ICRC reported above-average harvests; such support focused on returnees in Adamawa, where it was expanded after people began to return. Herders in the Middle Belt had healthier livestock, owing to a vaccination campaign and material/technical support for animal-health workers. Widows in Maiduguri provided for their families through ICRC-supported businesses.

IDPs in camps had better living conditions after water/sanitation and shelter facilities were built by the ICRC; some of them also

benefited from water-trucking. Communities hosting returnees had better access to water via ICRC-repaired infrastructure, and returnees rebuilt their homes with ICRC-provided tools/materials. Following reports of cholera, the National Society/ICRC conducted extensive disinfection and hygiene-promotion campaigns, which helped curb the spread of the disease.

From July onwards, support for primary-health-care facilities was increased. People obtained preventive/curative care at clinics that received ICRC support, including equipment/supplies, incentives and training for staff, and infrastructural improvements. Some IDPs suffering from conflict-related trauma received psychosocial support from ICRC-trained volunteers.

Given the growing needs in Maiduguri, the ICRC began to focus on directly providing services, by stationing a surgical team at a key hospital and improving its facilities. Weapon-wounded people underwent free surgery there, while patients elsewhere were treated at hospitals that received supplies after mass-casualty influxes. Casualties were attended to/evacuated by ICRC-trained emergency responders, mainly National Society volunteers. Throughout Nigeria, people were trained in first aid and human remains management.

Through dialogue with various arresting/detaining authorities, the ICRC continued seeking access to all detainees within its purview. Detainees, including those held by the armed/security forces, were visited to monitor their treatment and living conditions, in accordance with standard ICRC procedures; confidential feedback was subsequently shared with the authorities. Inmates eased their living conditions after household essentials were distributed, and water/sanitation facilities in a few prisons were improved. Some severely malnourished detainees received supplementary rations.

Amid the ongoing conflict and despite some constraints – particularly, in relation to dialogue with armed groups – the ICRC sought to remind all parties concerned of their responsibilities under IHL. At ICRC briefings, armed/security forces personnel learnt more about IHL and other relevant norms. Contact with/events for the authorities and members of civil society helped raise awareness of IHL and humanitarian concerns, and facilitated the ICRC's work. The ICRC continued to work with Nigerian officials and ECOWAS to secure support for IHL and its implementation in Nigeria and the region.

The ICRC supported the National Society in strengthening its capacities, particularly in terms of emergency preparedness/response, public communication and organizational development.

CIVILIANS

Amid the ongoing conflict (see *Context*), the ICRC sought to remind all parties concerned of their responsibilities under IHL, especially the need to respect and protect people not/no longer participating in the fighting, and to allow medical/humanitarian personnel to safely reach people in need. Such issues were raised with the defence/security forces, government officials and traditional/religious leaders during discussions with them – particularly at IHL dissemination sessions and meetings (see *Actors of influence*).

Where possible, the ICRC stepped up its assistance activities – in some cases, at the invitation of the authorities and communities. However, not all people could be reached, as security constraints hindered access to certain parts of the north-east, particularly rural areas.

People meet some of their needs via expanded relief distributions

Through National Society/ICRC emergency relief distributions, conflict/violence-affected people in the north-east and the Middle Belt met their immediate needs while they tried to find other means of survival. At first, these efforts focused on IDPs in informal camps in the north-east to maximize impact, given limited resources. With the initial budget for emergency aid exhausted in January, funds were temporarily reallocated to cover pressing needs until additional resources could be mobilized. Aid distributions were subsequently expanded, especially in communities hosting most of the displaced. Particularly vulnerable families benefited from multiple forms of support.

In all, around 536,000 people (89,600 households) were provided with food for up to three months, and some 8,100 households (49,000 people) – many of them headed by women widowed in relation to the conflict – were able to buy up to six months' worth of food from local markets using vouchers from the National Society/ICRC. People with acute needs, such as children and pregnant/lactating women, were given supplementary food for malnutrition. Through a cash-transfer project that commenced in December, about 5,300 households (31,800 people) received grants to help them cover their expenses. Over 385,000 people (64,000 households) eased their living conditions with blankets, hygiene products, tarpaulins and other essentials provided by the National Society/ICRC.

Farmers and herders resume their livelihoods

Where possible, people were supported in resuming/undertaking livelihood activities, to help them strengthen their resilience and regain self-sufficiency.

About 5,200 violence-affected households (30,900 persons) in Plateau and Kaduna – including IDPs who had negotiated land access with their host families – resumed/began farming using agricultural supplies and equipment that were provided to them directly or through vouchers. After training sessions conducted by the Kaduna Agricultural Development Project/ICRC, 60 farmers instructed 4,000 others in the use of these supplies/equipment. When some people began returning to rural areas of Adamawa, support was expanded there as well: around 3,500 returnee households (37,700 people) received fertilizer, good-quality seed purchased from local research centres, and training from the agriculture ministry/ICRC. Farmers in Adamawa also met some of their needs through National Society/ICRC aid distributions (see above) while waiting for their harvests. Eventually, both groups reported above-average yields as a result of ICRC support.

Around 3,400 households (20,500 people) in the Middle Belt had healthier herds after 144,000 cattle and 31,600 sheep/goats were vaccinated against prevalent diseases, at the request of local associations and the agriculture ministry. Animal health workers also provided services with the help of medicine, equipment and training provided by the ICRC in cooperation with the agriculture ministry and the National Veterinary Research Institute.

In Maiduguri, 50 vulnerable households (about 300 people in all) headed by widows and other vulnerable women started businesses with National Society/ICRC support, which helped them provide for their families. The wider community also benefited from some of these initiatives: for example, some people were able to process grain more affordably/efficiently using cereal mills leased out by the women. At two community-based protection workshops in

Maiduguri and Port Harcourt, women were aided in identifying ways to mitigate their exposure to conflict/violence-related risks; follow-up activities were planned for 2016.

IDPs and residents have better access to water, sanitation and shelter

In conflict/violence-affected areas, over 179,000 IDPs and residents had better living conditions because of National Society/ICRC initiatives; many of them benefited from multiple initiatives.

Among them were tens of thousands of people in IDP camps, where water-supply systems, showers, latrines and kitchen facilities were built or renovated by the ICRC; in some cases, water-trucking helped people meet their needs until more permanent systems were constructed/repaired. Over 52,000 people also benefited from cleaning and hygiene-education campaigns. In the north-east, the Middle Belt, and Port Harcourt, tens of thousands of people had better access to water after infrastructure was improved, and committees for maintenance and hygiene promotion were established.

Following reports of cholera in Maiduguri, the ICRC – with help from National Society volunteers and ICRC-trained community members – conducted hygiene-promotion sessions, chlorinated water sources, disinfected homes, and treated/referred the sick. These initiatives helped curb the spread of the disease in affected/vulnerable camps and communities, to the benefit of over 39,400 people.

Nearly 15,900 people had shelter after the ICRC built temporary structures and installed tents in IDP camps. Some 1,100 returnees in Adamawa and 1,400 people who had resettled in Kaduna rebuilt their homes with ICRC-provided tools and construction materials.

People receive preventive/curative care at ICRC-supported clinics

To improve people's access to health care, assistance for clinics – particularly in the north-east – was increased in the second half of 2015.

Some 225,000 people had access to preventive/curative care at 12 ICRC-supported health facilities. This support included equipment, monthly donations of supplies, and financial incentives and on-the-job training for staff; at the ICRC's recommendation, the authorities assigned additional medical personnel to these facilities. Furthermore, five clinics in the north-east were improved/repared: for instance, a solar-powered lighting system was installed at one facility, and another had its delivery room expanded. In the Middle Belt, two clinics received medical-waste incinerators, which helped them improve their sanitation.

National Society personnel were trained in assessing, interviewing and counselling patients so that they could help conflict-affected people cope with psychological trauma. At an IDP camp in Yola, around 700 people were counselled by 13 National Society/community volunteers. Following an assessment of the area around two ICRC-supported clinics, these services were set to be expanded in 2016.

Unaccompanied minors are reunited with their families

The National Society and the ICRC continued to scale up their family-links services for conflict-affected people in the north-east, focusing on unaccompanied minors/separated children. Some of them were reunited with their families, including those in neighbouring countries, where similar efforts were under way (see *Chad, Niger and Yaoundé*).

First-responders receive support for managing human remains

With a view to ensuring that the deceased were properly identified and their next-of-kin notified of their fate, and that human remains were handled in a dignified and professional manner, over 890 National Society volunteers and military personnel were trained in human remains management; the topic was also covered during all ICRC-conducted first-aid training sessions (see *Wounded and sick*). The National Society received protective equipment for around 1000 people, as well as body bags.

A study of national legislation related to the needs and rights of the relatives of missing persons was postponed, owing to other priorities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Through discussions with various arresting/detaining authorities, the ICRC sought access to all detainees within its purview, particularly those held in connection with the conflict. Over 13,000 people held by the Nigerian Prisons Service (NPS), the police and the army received visits to monitor their treatment and living conditions, which were conducted according to standard ICRC procedures. Around 1,500 detainees were newly registered and followed up individually. After these visits, the authorities concerned received confidential feedback from the ICRC, including recommendations for improvement where necessary, to support them in their efforts to ensure detainees' well-being.

Over 2,100 detainees had better access to potable water after boreholes were drilled and solar pumps were installed, while some 3,700 had more sanitary living conditions following delousing campaigns and improvements to sewage systems. Furthermore, over 10,200 detainees eased their situation using ICRC-donated hygiene/cleaning supplies, mattresses and blankets. Hundreds of severely malnourished detainees received supplementary food to alleviate their condition.

WOUNDED AND SICK

Casualties are attended to/evacuated by National Society volunteers

Following bombings and other emergencies, thousands of casualties were attended to/evacuated by ICRC-trained responders – mainly National Society volunteers – who also helped manage human remains.

To help increase the likelihood of wounded people receiving timely care, the National Society/ICRC conducted first-aid courses and simulation exercises for National Society personnel, community representatives, weapon bearers, and members of faith-based organizations. Thus, some 6,400 people developed their first-aid and emergency-preparedness capacities, while learning about the Movement's neutral, impartial and independent approach (see *Actors of influence*).

Follow-up visits to some communities showed that previously trained volunteers continued to provide first aid during emergencies. During these visits, they were given refresher training and supplies to replenish their stocks.

Weapon-wounded people benefit from free operations

Owing to the growing needs of weapon-wounded people in Maiduguri, the ICRC began to focus on providing services directly. In particular, an ICRC surgical team that had been based in the Middle Belt – composed of a surgeon, an anaesthetist, two nurses

and a physiotherapist – was stationed in State Specialist Hospital (SSH) from March onwards. Over 590 people benefited from free operations. To expand the SSH's capacity and improve the working conditions there, key facilities were built/renovated. Notably, by December, a new operating theatre and a post-operative ward (40 beds, increasing the hospital's overall capacity to 370) were constructed in the area designated for the ICRC. Furthermore, SSH was provided with equipment/supplies and technical support for its staff, including on-the-job training.

Elsewhere, hundreds of people were treated at hospitals that received ad hoc material support after mass-casualty influxes. At four ICRC-conducted courses, 177 doctors added to their knowledge of trauma management and war surgery.

ACTORS OF INFLUENCE

Military personnel strengthen their knowledge of IHL and its relevance to their operations

The conflict in the north-east underscored the need to promote respect for IHL and other applicable norms among all parties concerned. However, some constraints remained, particularly in relation to dialogue with armed groups.

At ICRC dissemination sessions, about 3,000 army personnel, including those deployed in the north-east, improved their understanding of IHL, and around 300 police officers learnt about international human rights law and humanitarian principles; these sessions included discussions on the Movement and, in many cases, training in first aid and human remains management (see *Wounded and sick* and *Civilians*). Troops that attended a UN-organized workshop on rules related to the conduct of hostilities in the north-east learnt more about IHL and the Movement through an ICRC presentation.

During meetings, military officials and the ICRC continued discussing how IHL could be better integrated into the armed forces' doctrine, training and operations. Some 130 senior military officers from Nigeria and elsewhere deepened their knowledge of IHL during a seminar organized at the National Defence College's request.

Via bilateral discussions, senior security officials learnt more about the ICRC's work, particularly its activities for detainees.

Dialogue with key actors facilitates the Movement's work

Dialogue with various actors during meetings and other events remained vital in promoting acceptance of/support for Movement activities. For instance, thousands of people – among them local authorities, beneficiaries, community/religious leaders and weapon bearers – learnt more about IHL, the Fundamental Principles and the ICRC during first-aid training (see *Wounded and sick*) and dissemination sessions. Discussions with the authorities and the National Society also tackled the goals of the Health Care in Danger project.

Through communication materials distributed to local/international media and press coverage of the ICRC president's visit in May, the general public learnt more about issues of humanitarian concern – particularly the situation in the north-east – and the ICRC's response.

Implementation of the African Union Convention on IDPs is promoted

The Nigerian authorities were aided in their efforts to advance domestic IHL implementation. For example, members of the

national IHL committee drew on ICRC support to organize meetings and attend training courses; they also received publications on IHL. Two of them attended a meeting in Canberra, Australia, on IHL implementation (see *Suva*). At a legal drafting workshop, Nigerian officials, including lawmakers, added to their knowledge of the African Union Convention on IDPs.

Over 600 students acquainted themselves with IHL and the ICRC during dissemination sessions. Some also participated in national and regional (see *Nairobi*) moot court competitions. IHL lecturers engaged in discourse on IHL at a workshop in Abuja, and courses abroad, including on IHL instruction (see *Pretoria*) and Islam and IHL (see *Niger*).

With ICRC support, academics surveyed the needs of IDPs in the north-east, and implementation of the African Union Convention on IDPs. The ensuing report, due for completion in 2016, aimed to remind the authorities of their obligations under the Convention and provide them with concrete recommendations for fulfilling these.

West African officials discuss IHL implementation

Regional bodies and national authorities worked with the ICRC to foster long-term adherence to IHL. At an ECOWAS/ICRC seminar in Abuja, representatives from 13 Member States discussed their countries' progress in ratifying/implementing IHL-related treaties, and the issues they faced in this regard. The ECOWAS Standby Force began reviewing its doctrine, with ICRC support on the incorporation of IHL and other relevant norms.

RED CROSS AND RED CRESCENT MOVEMENT

With extensive ICRC support, the National Society strengthened its operational capacities, particularly in the north-east. Workshops for its personnel covered, *inter alia*, the Safer Access Framework; assessing needs during emergencies; conducting cash transfers; promoting hygiene; and managing water/sanitation facilities. Comprehensive training for emergency-response teams was revised with ICRC assistance, and four teams were established after a pilot course. Furthermore, infrastructure at five branches was constructed/renovated; notably, a new office was built in Adamawa. The National Society also received nine vehicles, insurance coverage for around 3,000 volunteers, office/radio equipment, protective gear, and multipurpose tents.

The National Society bolstered its public-communication capacities with advice/training for key personnel. It was also aided in its organizational development through training for its personnel on financial procedures, governance/management, leadership, and planning. Its legal adviser added to his knowledge of IHL at meetings abroad. With ICRC support, the National Society also worked on establishing a volunteer database and an integrated accounting network, and on improving its information technology infrastructure.

Movement partners – particularly those in the Lake Chad region (see *Chad, Niger* and *Yaoundé*) – met to coordinate their activities. Following a meeting in September, they agreed on guidelines for security management, dealing with external partners, and public communication. The National Society's president attended a statutory meeting abroad, where he discussed possibilities for cooperation with other Movement components.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		150	102		
RCMs distributed		62	27		
Phone calls facilitated between family members		2,796			
Reunifications, transfers and repatriations					
People reunited with their families		14			
	<i>including people registered by another delegation</i>	2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,364	105	637	552
	<i>including people for whom tracing requests were registered by another delegation</i>	3			
People located (tracing cases closed positively)		79			
	<i>including people for whom tracing requests were registered by another delegation</i>				
Tracing cases still being handled at the end of the reporting period (people)		1,382	112	625	552
	<i>including people for whom tracing requests were registered by another delegation</i>	14			
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		303	95		29
UAMs/SC reunited with their families by the ICRC/National Society		14	1		
	<i>including UAMs/SC registered by another delegation</i>	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		264	88		29
Documents					
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		13,000	401	172	
			Women	Girls	Boys
Detainees visited and monitored individually		2,302	74	14	124
Detainees newly registered		1,593	68	13	113
Number of visits carried out		40			
Number of places of detention visited		22			
Restoring family links					
RCMs collected		5			
Phone calls made to families to inform them of the whereabouts of a detained relative		33			

*Unaccompanied minors/separated children

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	536,044	23%	56%
	<i>of whom IDPs</i>	498,839		
Essential household items	Beneficiaries	375,754	27%	55%
	<i>of whom IDPs</i>	368,130		
Productive inputs	Beneficiaries	68,626	21%	4%
	<i>of whom IDPs</i>	21,622		
Cash	Beneficiaries	32,118	40%	10%
	<i>of whom IDPs</i>	31,818		
Vouchers	Beneficiaries	49,068	40%	60%
Services and training ¹	Beneficiaries			
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	179,033	40%	50%
	<i>of whom IDPs</i>	46,645		
Health				
Health centres supported	Structures	12		
Average catchment population		225,144		
Consultations	Patients	74,612		
	<i>of which curative</i>		22,028	22,000
	<i>of which ante/post-natal</i>		29,293	
Immunizations	Doses	147,779		
Referrals to a second level of care	Patients	136		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)¹				
Food commodities	Beneficiaries	594		
Essential household items	Beneficiaries	9,901		
Productive inputs	Beneficiaries	5,640		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities ¹	Beneficiaries	12,810		
Health				
Number of visits carried out by health staff		14		
Number of places of detention visited by health staff		2		
Number of health facilities supported in places of detention visited by health staff		2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	21		
	<i>of which provided data</i>	1		
Admissions	Patients	600	168	68
	<i>of which weapon-wounded</i>	600	168	68
Operations performed		590		
Outpatient consultations	Patients	2,174		
	<i>of which surgical</i>	2,174		
Water and habitat				
Water and habitat activities	Number of beds	370		

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