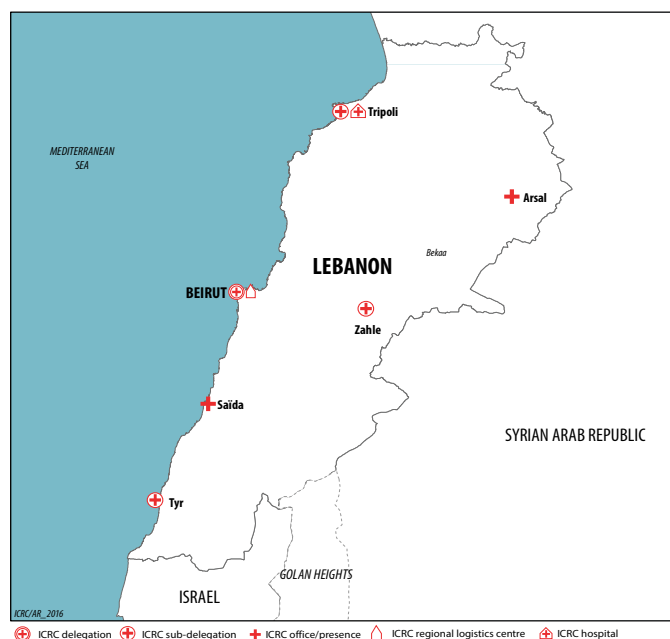


# LEBANON



## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Refugees from the Syrian Arab Republic and residents obtained care at ICRC-supported hospitals and other health facilities. Wounded people had advanced surgery, free of charge, at facilities in Beirut and Tripoli.
- ▶ Palestinian and Syrian refugees in camps and informal settlements had refurbished homes and shelters, and refugees and residents had improved access to water, sanitation and electricity, thanks in part to ICRC-supported projects.
- ▶ Palestinian and Syrian refugees established or supplemented their sources of income with livelihood support and cash grants from the ICRC. Emergency aid was dispensed only to the most vulnerable refugees and residents.
- ▶ Members of families separated by armed conflict and detention reconnected through Movement family-links services. Hundreds of families of missing people received psychosocial care from ICRC-trained volunteers.
- ▶ Confidential feedback from ICRC visits to detainees helped the authorities improve detainee treatment and living conditions. The military updated its procedures for managing hunger strikes, with the ICRC's technical input.
- ▶ The authorities and weapon bearers were reminded of the protection afforded by international norms, including *non-refoulement*, to people seeking refuge in Lebanon, and of the necessity of facilitating their access to medical care.

## EXPENDITURE IN KCHF

Protection	4,890
Assistance	29,185
Prevention	1,679
Cooperation with National Societies	3,140
General	204
<b>Total</b>	<b>39,098</b>
<i>Of which: Overheads</i>	<i>2,386</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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## PERSONNEL

Mobile staff	68
Resident staff (daily workers not included)	250

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

## YEARLY RESULT

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	128
RCMs distributed	134
Tracing cases closed positively (subject located or fate established)	47
People reunited with their families	4
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	7,896
Detainees visited and monitored individually	933
Number of visits carried out	157
Number of places of detention visited	33
<b>Restoring family links</b>	
RCMs collected	267
RCMs distributed	214
Phone calls made to families to inform them of the whereabouts of a detained relative	1,001

ASSISTANCE	2016 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>			
Food commodities	Beneficiaries	12,500	9,219
Essential household items	Beneficiaries	12,500	24,023
Cash	Beneficiaries	17,750	14,990
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>			
Water and habitat activities	Beneficiaries	103,000	170,761
<b>Health</b>			
Health centres supported	Structures	11	14
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures	7	15
<b>Water and habitat</b>			
Water and habitat activities	Number of beds		1,449
<b>Physical rehabilitation</b>			
Projects supported	Projects		3
Patients receiving services	Patients	200	814

## CONTEXT

The conflict in the Syrian Arab Republic (hereafter Syria) and its spillover effects continued to affect Lebanon. Over a million refugees from Syria were in host communities, informal settlements and Palestinian camps; some had been there for over five years. Their presence severely strained struggling local economies and public services, especially electricity, water and health care; the authorities and humanitarian organizations were hard-pressed to meet the needs of both refugees and destitute residents. Strict entry policies at the Lebanon–Syria border limited the further influx of people from Syria – including the wounded.

Communal tensions persisted, particularly in Palestinian camps such as Beddawi and Ein el-Helwe, and in some areas of Tripoli and the Bekaa valley; and near the Lebanon–Syria border, fighting between Hezbollah and armed groups continued. However, incidents of violence reportedly declined within the year, as Lebanon tightened its security with international support. Arrests were made throughout the country, and the overcrowding in prisons worsened.

Hundreds of missing-persons cases, linked to past conflicts in the country, remained unresolved.

A new president took office on 31 October, ending a two-year political deadlock.

Floods struck Aarsal in December, damaging informal settlements of Syrian refugees.

## ICRC ACTION AND RESULTS

The ICRC's delegation in Lebanon sought to protect and assist refugees from Syria, Palestinian refugees and vulnerable residents, in partnership with the Lebanese Red Cross and other Movement components, and in close coordination with the authorities, the UN Relief and Works Agency (UNRWA) and other organizations.

The ICRC continued to support Lebanon's overloaded health system. The casualty care chain – first-responders and the National Society's emergency medical services (EMS), trauma-care specialists and hospitals – was given medical supplies, training, funding and technical advice to help ensure timely and suitable care for wounded people. The ICRC's Weapon Traumatology and Training Centre (WTTTC), housed in the Dar al-Chifae and Dar al-Zahra hospitals in Tripoli, and the ICRC-run emergency ward in the Rafik Hariri University Hospital (RHUH) in Beirut provided free surgical care to wounded patients, referrals in critical condition and vulnerable people without health insurance. The Dar al-Zahra hospital also provided physical rehabilitation services for disabled people. Refugees and residents obtained preventive care partly through ICRC-supported health facilities and vaccination campaigns. Psychosocial support, available at some of the facilities mentioned above and from ICRC-trained counsellors, helped alleviate the distress of the emotionally traumatized.

Because of the protracted displacement of people from Syria, the ICRC focused on supporting strained public services and improving the economic prospects of these refugees. In Palestinian camps, host communities and informal settlements, refugees and residents benefited from ICRC-supported repairs to damaged/dilapidated homes or shelters and to water, sanitation and electrical infrastructure: they had better protection against the cold and better access to water and electricity. Refugees established and

supplemented their sources of income with ICRC livelihood support and cash grants. Emergency aid – food rations and household essentials – was maintained, but only for the most vulnerable refugees and residents, such as victims of abuse and people in remote areas.

Members of families separated by armed conflict or detention reconnected through Movement family-links services. Several people rejoined their families in Lebanon or abroad, and some lodged tracing requests with the ICRC for relatives missing in Syria. Work preparatory to identifying human remains continued: for instance, the collection of data on missing people from their relatives. Government and National Society personnel strengthened their forensic capacities with equipment and training from the ICRC.

The ICRC visited detainees held by the defence and interior ministries; confidential feedback and technical input were shared with the authorities to help them improve detainee living conditions and treatment, particularly in relation to *non-refoulement* and respect for judicial guarantees. At workshops, military and security forces officers and penitentiary staff reinforced their understanding of international policing standards and internationally recognized detention standards. The Lebanese Armed Forces (LAF) drew on ICRC expertise to update their procedures for dealing with hunger strikes. The ICRC renovated four prisons and distributed essential items to detainees. The pertinent authorities were helped to strengthen the prison health system; sick and wounded detainees were referred for medical care.

Refugees from Syria and others reported allegations of abuse to the ICRC; these were shared with parties concerned, including those in Syria, with a view to preventing the recurrence of such abuse. The Lebanese authorities were reminded of the protection granted by IHL and other applicable international norms to people seeking refuge. The ICRC organized workshops for the Internal Security Forces (ISF) and the LAF, and lent them its expertise, to improve training in IHL and international human rights law for their personnel. Academics, government officials and others with influence learnt more about IHL at events organized by the ICRC. The ICRC cultivated support for Movement action in Lebanon and in the region through the activities mentioned above, public events and media campaigns.

## CIVILIANS

Refugees from Syria and others reported allegations of abuse to the ICRC, which shared them with parties concerned (see also *Syrian Arab Republic*) to prevent the recurrence of such abuse. The Lebanese authorities were reminded of the protection due to people seeking refuge (see *Actors of influence*).

Victims of abuse received ICRC assistance or were referred to other organizations. Community leaders and the ICRC discussed how to reduce communities' risks from violence; three schools in Tripoli designated safe areas, upgraded walls to better resist gunfire and took other passive security measures to protect 600 students.

## Refugees and residents have better living conditions and access to public services

Over 170,000 vulnerable people – more than planned – benefitted from infrastructural projects carried out by Movement components, the UNRWA and local actors which used ICRC material and technical support or worked directly with the organization. Some projects were also done through cash-for-work initiatives.

In Beddawi and Ein el-Helwe and five informal settlements, over 870 homes and shelters accommodating roughly 900 households (4,500 people) were refurbished: doors, windows and insulation were installed, providing more comfort and better protection against the cold. Of these, 245 were apartments damaged by fighting in al-Qaa, Ein el-Helwe and Tripoli. The tents of approximately 28,500 people in Arsal and the Bekaa valley were insulated against winter cold.

The installation of transformers and lights, and the repair of power lines in Ein el-Helwe benefitted around 75,500 refugees. Another 28,000 people in villages near Tripoli and a few thousand people each in Arsal, Khat al-Petrol, and villages in the Bekaa valley and southern Lebanon improved their access to water, after the upgrade of supply and distribution networks. Floodwater outlets in Arsal and Nahr el-Bared were also repaired.

The construction of sanitation facilities at the main crossing point on the Lebanon–Syria border, and National Society-conducted hygiene-promotion activities helped vulnerable people maintain good hygiene conditions.

### **Refugees and residents obtain medical services and psychosocial care**

Refugees and vulnerable residents received preventive, curative or ante/post-natal care at ten primary-health-care facilities along the Lebanese–Syrian border and in Palestinian camps, supported by the ICRC with supplies, equipment and staff training, and at the RHUH's outpatient clinic. Tens of thousands of infants were vaccinated by four mobile health units, backed by the Lebanese Red Cross and the ICRC.

An ICRC-supported facility provided psychosocial care for 113 victims of violence, including sexual violence.

### **Palestinian and Syrian refugees improve their economic prospects**

The ICRC helped refugees establish and reinforce sources of income through livelihood and cash-based assistance. Emergency aid was reduced and given only to the most vulnerable refugees and residents – victims of abuse and people in remote areas – who needed it to meet their immediate needs.

Nearly 1,990 households (9,950 people) improved their economic prospects: 531 breadwinners, mostly Syrian refugees in Arsal, ran small businesses established with ICRC-provided cash grants, livestock and/or supplies; and 425 people in Tripoli participated in cash-for-work projects to upgrade local infrastructure. Moreover, 60 Palestinian refugees in Ein el-Helweh underwent vocational training and 18 Syrian refugees found employment, with ICRC support. Monthly distributions of cash, for up to eight months, enabled over 1,010 households (5,050 people) to pay for rent, food and winter necessities.

Some 9,200 refugees, returnees and residents (1,800 households) received one-month food rations and 4,900 households (24,000 people), household essentials. Beneficiaries included: 550 households (2,800 people), newly arrived from Syria; 3,000 flood-affected people in Arsal; and 3,000 Syrian children, during winter.

### **Members of separated families reunite**

Members of families separated by armed conflict, detention or other circumstances restored or maintained contact through

Movement family-links services; some lodged tracing requests for relatives who had gone missing in Syria. Four minors rejoined their families abroad. Using ICRC travel documents, 21 people without identification papers sought resettlement in third countries. The ICRC facilitated the return from Israel of two Lebanese people and the remains of a Lebanese national.

In preparation for future efforts to identify human remains, the ICRC conducted over 2,500 interviews with 340 families of missing persons, mapped gravesites and collected biological samples for DNA profiling. Government and National Society personnel received equipment and advice to improve their forensic capacities.

### **Missing people's relatives find some solace**

Around 400 families of missing people and several families of captured soldiers received psychosocial care from trained volunteers, notably psychology students, via an ICRC-supported accompaniment programme. Families commemorated their relatives at ICRC-organized events (see *Actors of influence*). A draft law concerning the needs of missing people and their families, prepared with ICRC help, awaited parliamentary approval.

## **PEOPLE DEPRIVED OF FREEDOM**

### **The LAF incorporates ICRC recommendations in its procedures for managing hunger strikes**

Nearly 7,900 detainees held by the defence and interior ministries – including security detainees, people under interrogation and foreigners – were visited in accordance with standard ICRC procedures. Findings from these visits and other technical input were shared with the authorities, helping them improve living conditions and treatment, including respect for judicial guarantees and the principle of *non-refoulement*. Towards reducing overcrowding in prisons, the ICRC urged the authorities to explore alternatives to pre-trial detention; visits to overcrowded prisons were organized for judges. An ICRC-commissioned lawyer provided legal advice for 144 detainees in prolonged pre-trial detention.

ICRC-organized workshops and other events helped LAF and ISF officers, including trainers and new recruits, and penitentiary officials strengthen their grasp of international policing standards and internationally recognized detention standards. The LAF, advised by the ICRC, updated its procedures for managing hunger strikes.

Detainees contacted relatives in Lebanon and elsewhere through family-links services. Foreigners notified the UNHCR or their embassies of their situation through the ICRC.

### **In four prisons, detainees' living conditions improve, following ICRC-supported infrastructural upgrades**

The authorities continued to draw on ICRC material and technical support to improve prison infrastructure. They worked with the ICRC to: renovate water/sanitation, electrical, ventilation and heating systems, and family-visit areas, in four prisons housing 340 detainees; and install water-treatment and fire-safety systems in a newly constructed detention facility in Beirut (capacity: 1,000 detainees). Over 5,500 detainees received household essentials and recreational items.

The health and interior ministries pursued coordinated efforts to strengthen the prison health system, with ICRC support. Prison doctors attended a regional conference on medical ethics (see *Jordan*), and health staff in three prisons had first-aid training.

Sixty-eight inmates were referred for specialized care, including physical rehabilitation and psychosocial support (see *Civilians and Wounded and sick*). At the ICRC's urging, two detainees were released on medical grounds.

## WOUNDED AND SICK

The ICRC maintained its support for the casualty care chain. As fewer wounded people sought treatment and pressure mounted on medical services, ICRC-supported care was extended to other vulnerable people needing treatment. Medical personnel were reminded of their rights and obligations, in line with the Health Care in Danger project.

### Trauma-care specialists from Lebanon and the wider region, and first-aiders, develop their skills

Basic and refresher courses in first aid were organized by the Lebanese Red Cross and the ICRC for prospective first-responders, including weapon bearers, hospital staff, NGO workers and Palestinian refugees; ten LAF soldiers became certified first-aid instructors.

Eighty-seven doctors and nurses and medical students from Lebanon and the region underwent advanced training – emergency-room care courses in Tripoli and the Bekaa valley, a war-surgery seminar at the RHUH and a degree course in trauma management offered by a Lebanese university. In Tripoli, doctors working at the WTTC (see below) gained practical experience.

These efforts helped ensure the availability of timely and appropriate care for wounded people.

### Wounded refugees and residents receive free surgical care at ICRC-run facilities in Beirut and Tripoli

At the ICRC-run WTTC in Tripoli, 306 patients, including 134 weapon-wounded patients, underwent 627 operations at the surgery unit in the Dar al-Chifae hospital and/or the post-operative care and reconstructive surgery unit in the Dar al-Zahra hospital. In Beirut, 424 patients, including 35 weapon-wounded patients, obtained treatment at the ICRC-supported emergency ward in RHUH; 244 surgical operations were carried out. Treatment was free for weapon-wounded patients, people without health insurance and, in the WTTC, critical cases referred by other hospitals. With ICRC support, the Dar al-Zahra hospital and the RHUH upgraded their sanitation, fire-safety, electrical and other infrastructure, improving the environment for staff and patients.

Medical facilities in volatile areas responded to emergencies and improved their services with ICRC support (supplies, fuel, technical advice and infrastructural upgrades). These included five hospitals run by the Palestine Red Crescent Society's Lebanon branch, three Palestinian-run facilities in Ein el-Helwe, two Syrian field hospitals in Aarsal and an LAF hospital.

Patients critically wounded by firearms or explosives who were unable to reach the above-mentioned facilities had their treatment costs covered by the ICRC. Among the beneficiaries were 27 Syrian refugees and 20 Palestinian refugees receiving treatment at seven hospitals in the Bekaa valley and southern Lebanon. The treatment costs of 30 weapon-wounded patients evacuated from Syria at end-2015 were also covered.

The National Society provided EMS, notably on-site care and medical evacuation, for wounded people. Its blood bank served

thousands of patients; the ICRC funded transfusions for around 4,000 Syrian and Lebanese patients.

The WTTC provided psychosocial care for 160 patients, as did the RHUH for several others. In volatile areas, 65 health personnel were trained to care for emotionally distressed colleagues.

### Disabled people regain some mobility with free care at the Dar al-Zahra hospital

Over 800 patients, including 78 from the WTTC, obtained physical rehabilitation services at the Dar al-Zahra hospital. Some received follow-up physical therapy as outpatients and/or were referred to two other ICRC-supported facilities for assistive devices. Physical rehabilitation specialists throughout Lebanon attended ICRC refresher seminars on amputee care.

The authorities were urged to draft a law concerning the needs of disabled people.

## ACTORS OF INFLUENCE

Regular interaction with influential parties broadened respect for IHL and other applicable international norms and support for the Movement. Discussions with the authorities and weapon bearers focused on: the protection due to people seeking refuge in Lebanon, including the principle of *non-refoulement*; the importance of easing restrictions on these people's access to medical care; and the needs of detainees and the families of missing people.

### The LAF updates its IHL curriculum with help from the ICRC

The LAF continued to strive, independently, to incorporate IHL and international human rights law more fully in its operations, training and doctrine; it did so at the urging of its office in charge of promoting applicable international law and standards among troops. The ICRC backed the LAF by providing support for IHL instruction, in particular, by: organizing workshops and advanced courses abroad for officers (see *Egypt*); and establishing 13 IHL libraries at LAF training institutions. Afterwards, the LAF moved to update its IHL curriculum, drawing on ICRC teaching materials, and began to draft regulations governing its use of explosive weapons. The LAF also approved the inclusion of legal advisers in operational units. The LAF's official magazine regularly published articles on IHL, using material from ICRC publications.

Security forces supplemented their training in IHL, and in international standards applicable to their duties, with ICRC support (see *People deprived of their freedom*). ICRC-organized workshops helped some security forces personnel to design a training programme for the special operations unit, and ISF instructors to develop their ability to teach IHL.

Some LAF and security forces personnel learnt about IHL and international policing standards from ICRC presentations in the field. First-aid workshops and briefings in Palestinian camps, including Ein el-Helwe, broadened awareness of: international rules governing the use of force, among weapon bearers; and the importance of ensuring unhindered access to medical care, among weapon bearers, health personnel and community leaders.

### Academics and government officials from Lebanon and the region discuss IHL-related issues

Regional events in Lebanon and elsewhere (see *Tunis*), organized or supported by the ICRC, facilitated discussions among actors capable of facilitating IHL implementation. Academics, clerics,



government officials and NGO workers participated in panel discussions on: IHL and Islamic law pertaining to detention (100 participants); IHL in the Middle East (120 participants); and inter-faith dialogue concerning humanitarian action. Justice ministry officials and LAF and ISF officers attended advanced IHL courses organized by the League of Arab States' Centre for Legal and Judicial Studies and the ICRC.

Lebanese students and lecturers of law or political science learnt more about IHL at events organized by their universities and the ICRC. Moreover, lecturers discussed ways to overcome the difficulties in teaching IHL in Lebanon.

Owing to the political situation, little progress was made in implementing IHL or in reactivating the national IHL committee. However, justice ministry officials attended the annual meeting of national IHL committees in Switzerland.

### The public learns more about the plight of missing people's families

The National Society and the ICRC distributed communication materials, organized public events, such as multimedia exhibits, and used other means to broaden awareness of the Movement's work and of humanitarian issues in Lebanon, Syria and the wider region. Field trips were organized for journalists to help them cover humanitarian issues and ICRC operations accurately. Two commemorative events organized by an NGO and the ICRC drew attention to the needs of the families of missing people.

The National Society strengthened its communication capacities, particularly in digital and social media, with Movement support.

## RED CROSS AND RED CRESCENT SOCIETIES

The Lebanese Red Cross remained the ICRC's main partner in assisting people affected by conflict and/or other violence, and the country's primary EMS provider (see *Civilians and Wounded and sick*). It drew on comprehensive support from the ICRC to: upgrade and maintain EMS equipment, vehicles and stations, for example, by installing high-frequency telecommunication equipment in 20 stations and 100 ambulances; cover the costs of fuel and other consumables; pay the salaries of key staff, including five EMS teams; and train over 6,200 volunteers in first aid. It also carried out organizational reforms – revising its guidelines and procedures on finance, human resources and logistics – to cope with its increased workload.

The Palestine Red Crescent Society's Lebanon branch drew on the ICRC's help to provide EMS and raise financial support from the Movement for one of its hospitals. Some of its personnel strengthened their ability to manage projects, particularly those carried out with other organizations, at a workshop organized by the International Federation and the ICRC.

Movement components met regularly to coordinate their activities; the Lebanese Red Cross and the ICRC signed a three-year cooperation agreement. The Lebanese Red Cross and other Movement components took steps to coordinate their response to the effects of the crisis in Syria.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>RCMs and other means of family contact</b>		UAMs/SC		
RCMs collected	128			
RCMs distributed	134			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	4			
People transferred or repatriated	2			
Human remains transferred or repatriated	1			
<b>Tracing requests, including cases of missing persons</b>		Women	Girls	Boys
People for whom a tracing request was newly registered	551	22	24	34
<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases closed positively (subject located or fate established)	47			
Tracing cases still being handled at the end of the reporting period (people)	3,432	279	52	130
<i>including people for whom tracing requests were registered by another delegation</i>	26			
<b>Documents</b>				
People to whom travel documents were issued	21			
Official documents relayed between family members across borders/front lines	2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>		Women	Minors	
Detainees visited	7,896	635	208	
		Women	Girls	Boys
Detainees visited and monitored individually	933	60	2	23
Detainees newly registered	699	57	2	20
Number of visits carried out	157			
Number of places of detention visited	33			
<b>RCMs and other means of family contact</b>				
RCMs collected	267			
RCMs distributed	214			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,001			
People to whom a detention attestation was issued	8			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	9,219	2,314	4,590
Essential household items	Beneficiaries	24,023	6,017	11,989
Cash	Beneficiaries	14,990	3,760	7,470
Services and training	Beneficiaries	300	76	148
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	170,761	88,796	81,965
	<i>of whom IDPs</i>	170,761	88,796	81,965
<b>Health</b>				
Health centres supported	Structures	14		
Average catchment population		590,946		
Consultations		375,064		
	<i>of which curative</i>	362,112	136,985	124,249
	<i>of which antenatal</i>	12,952		
Immunizations	Patients	50,243		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	24,691		
Referrals to a second level of care	Patients	111		
	<i>of whom gynaecological/obstetric cases</i>	11		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	5,573	22	1
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	1,345	538	
<b>Health</b>				
Visits carried out by health staff		17		
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	1		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	15		
	<i>of which provided data</i>	14		
Patients whose hospital treatment has been paid for by the ICRC		799	139	223
Admissions	Patients	5,929	1,483	1,213
	<i>of whom weapon-wounded</i>	729	41	52
	<i>of whom surgical cases</i>	4,784	1,268	1,057
	<i>of whom internal medicine and paediatric cases</i>	319	77	104
	<i>of whom gynaecological/obstetric cases</i>	97		
Operations performed		8,095		
Outpatient consultations	Patients	53,636	16,600	17,752
	<i>of whom surgical cases</i>	40,567	11,172	13,663
	<i>of whom internal medicine and paediatric cases</i>	10,913	3,273	4,088
	<i>of whom gynaecological/obstetric cases</i>	2,156	2,155	1
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	1,449		
<b>Physical rehabilitation</b>				
Projects supported	Projects	3		
Patients receiving services	Patients	814	80	389
New patients fitted with prostheses	Patients	108	15	9
Prostheses delivered	Units	113	15	11
New patients fitted with orthoses	Patients	228	11	160
Orthoses delivered	Units	334	14	247
Patients receiving physiotherapy	Patients	72	10	25
Walking aids delivered	Units	48	12	13
Wheelchairs or tricycles delivered	Units	45	9	22