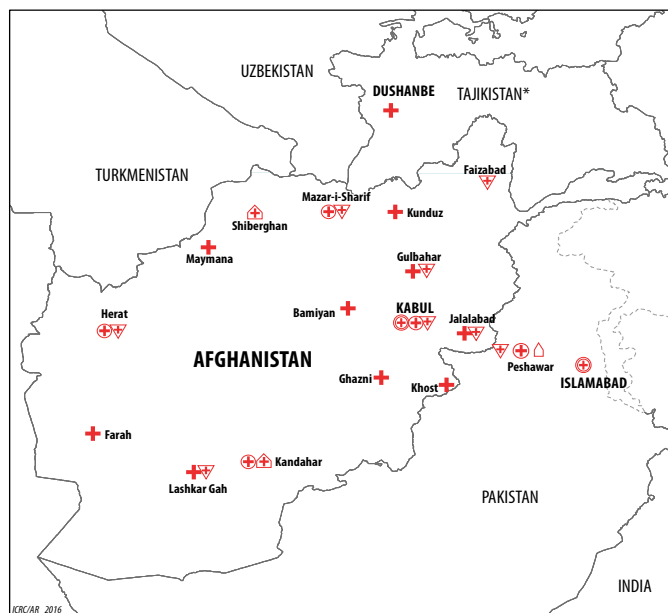


AFGHANISTAN



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Parties to the conflict and the ICRC discussed protection for civilians and securing their access to health services amid worsening insecurity. Influential figures issued directives calling for compliance with IHL.
- ▶ Conflict-affected people coped with their situations with the help of ICRC-provided food and other essentials, or livelihood support. Some of them had better access to potable water after the ICRC repaired water infrastructure.
- ▶ Members of families separated by conflict, detention or migration reconnected via family-links services. Families buried the remains of deceased relatives after the ICRC – acting as a neutral intermediary – handed them over.
- ▶ The sick and the wounded benefited from health services provided by the ICRC and its partners. Some hospitals expanded their emergency-response capacities after staff underwent training by the ICRC's new mobile surgical team.
- ▶ Detainees had better living conditions and access to health services owing to ICRC material, technical and other support for detaining authorities. Inmates in two prisons were treated for scabies.
- ▶ Disabled people, including some detainees, improved their mobility through ICRC physical rehabilitation services. Some regained a measure of self-sufficiency by pursuing livelihood activities, with ICRC support.

EXPENDITURE IN KCHF

Protection	12,718
Assistance	65,894
Prevention	4,494
Cooperation with National Societies	1,431
General	680
Total	85,216
<i>Of which: Overheads</i>	<i>5,193</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	130
Resident staff (daily workers not included)	1,785

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. Its current operations aim at: visiting detainees, monitoring their treatment and living conditions, and helping them keep in contact with their families; monitoring the conduct of hostilities and working to prevent IHL violations; assisting the wounded and the disabled; supporting health and hospital care; improving water and sanitation services; promoting accession to and national implementation of IHL treaties and compliance with IHL by military forces; and helping the Afghan Red Crescent Society strengthen its capacities.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,373
RCMs distributed	2,841
Phone calls facilitated between family members	11,793
Tracing cases closed positively (subject located or fate established)	411
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	30,617
Detainees visited and monitored individually	1,683
Number of visits carried out	130
Number of places of detention visited	35
Restoring family links	
RCMs collected	4,806
RCMs distributed	1,895
Phone calls made to families to inform them of the whereabouts of a detained relative	1,426

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security¹ (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 54,145	170,844
Essential household items	Beneficiaries 58,625	166,081
Productive inputs	Beneficiaries 220,500	10,585
Cash	Beneficiaries 47,250	12,920
Services and training	Beneficiaries 3,640	376,741
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 191,800	364,665
Health		
Health centres supported	Structures 47	48
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 2	8
Water and habitat		
Water and habitat activities	Number of beds	734
Physical rehabilitation		
Projects supported	Projects 8	8
Patients receiving services	Patients 104,500	136,280

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 security situation in Afghanistan continued to deteriorate as fighting between Afghan armed and security forces – backed by NATO and the United States of America (hereafter US) – and armed groups intensified. Civilians bore the brunt of the fighting: many were displaced, wounded or killed, or blocked from obtaining basic services. The economy worsened, marked by a high unemployment rate and the ongoing withdrawal of foreign stakeholders from the country. Over 1 million people were reportedly displaced within Afghanistan. Tens of thousands of Afghans fled the country owing to insecurity and/or economic instability.

International military forces further extended the duration of their technical support to local troops. The mass transfer of detainees to the Parwan detention facility in 2015 continued to affect detainees' means of communicating with their relatives. Fighters and presumed supporters of armed groups continued to be arrested, adding to the congestion in detention facilities and straining the authorities' capacity to meet detainees' needs.

Parliamentary elections, originally planned for the first half of 2015 and rescheduled for October 2016, were postponed.

The volatility of the situation and the fragmentation of the political and the military landscape further restricted humanitarian access. Attacks on humanitarian and medical workers persisted.

ICRC ACTION AND RESULTS

The ICRC strove to address the increasing humanitarian needs arising from the conflict. Some constraints – deteriorating security conditions and the fragmentation of the political and the military landscape – affected the implementation of a number of the ICRC's planned activities, such as those related to protecting civilians, assisting detainees and providing health care. Nevertheless, the ICRC worked closely with the Afghan Red Crescent Society and other partners to increase assistance for vulnerable people. It also provided support for the National Society's development.

The ICRC focused on developing and/or maintaining dialogue with all parties to the conflict, though constraints (see above) sometimes made this difficult. It pursued efforts to help improve conflict-affected people's access to humanitarian aid, and to further the parties' understanding of IHL, humanitarian principles and the Movement. During discussions with these parties, the ICRC drew their attention to alleged IHL violations, and reminded them of their responsibilities to protect civilians, ensure access to health services and allow the safe transfer of human remains.

National authorities were encouraged to ratify IHL and IHL-related instruments and incorporate them in domestic legislation; they adopted a combined law on the National Society and protection of the red crescent emblem. At round-tables, religious leaders discussed the similarities between IHL and Islam, and were encouraged to promote IHL within their communities.

Despite intensified fighting and attacks on medical staff and facilities, the ICRC helped wounded and sick people address their health needs. Injured people received life-saving care from ICRC-trained and -equipped emergency responders, and reached hospital via an ICRC-funded transport system. The ICRC provided regular support to the Mirwais hospital in Kandahar, and the Shiberghan

hospital in Jowzjan. An ICRC mobile surgical team – deployed in July – trained staff at other hospitals, to strengthen their ability to cope with influxes of patients. Support from Movement partners, including the ICRC, helped the National Society to improve the services offered at its clinics; the ICRC provided similar support for one community-run primary-health-care centre. Disabled people benefited from physical rehabilitation services at ICRC-run centres; livelihood initiatives and other support helped them reintegrate into society.

National Society and ICRC teams distributed food and household essentials to displaced people to help them meet their immediate needs. The ICRC gave communities cash for help in repairing vital infrastructure; this enabled people to earn money while increasing their communities' shared resources. The ICRC also helped people resume and/or protect their income-generating food production activities by supporting animal-health services and providing agricultural supplies and training. Victims of IHL violations and/or their families received ICRC assistance, which helped offset the consequences of those violations. Conflict-affected people had access to potable water after the ICRC repaired hand pumps, wells and water-supply systems.

The ICRC visited detainees to monitor their treatment and living conditions, and encouraged the pertinent authorities to ensure that applicable judicial guarantees and procedural safeguards were included in their draft criminal procedure code. The growing number of people arrested strained detaining authorities' ability to address overcrowding and its consequences. With ICRC support, detaining authorities undertook activities to ensure a sanitary environment and help limit disease outbreaks. The ICRC helped restore communication between detainees and their relatives, for example, by organizing video calls for detainees held in the US interment facility at Guantanamo Bay Naval Station in Cuba and for foreign detainees in Afghanistan. With ICRC encouragement, a detaining body established clinics at some of its prisons and implemented medical check-ups upon the entry of new detainees. Some disabled detainees received ICRC physical rehabilitation services.

Movement partners met regularly to discuss how to improve their security and broaden their access to those in need, and to coordinate activities.

CIVILIANS

Families are able to bury their deceased relatives

Parties to the conflict – including those who sometimes imposed restrictions on aid delivery – and the ICRC discussed the protection of civilians and their access to health services, as advocated by the Health Care in Danger project. The ICRC made representations to weapon bearers, based on allegations of abuse, and reminded them of their obligations under IHL, with a view to preventing further abuse. Following regular contact with the ICRC, a high-ranking military officer issued directives to respect IHL and restrict the use of explosive weapons in densely populated areas.

The families of 1,355 deceased civilians and fighters buried their relatives in accordance with their customs after the ICRC – acting as a neutral intermediary, and often with the National Society's help – handed over the remains to them. In parallel, national forensic authorities attended workshops and seminars on the proper management of human remains, with ICRC support; National Society staff received training on the topic.

Members of families separated by conflict, detention or migration reconnected through the Movement's family-links services (see also *People deprived of their freedom*). Afghans, including those outside the country, learnt of these services as a result of the ICRC's public communication efforts, and filed tracing requests for missing relatives. The fate and whereabouts of 411 people were ascertained and their families informed.

Conflict-affected people have access to water and health services

Rural and suburban conflict-affected communities learnt, through ICRC training, to maintain infrastructure, which improved the long-term prospects of these facilities. Nearly 364,700 people gained access to potable water as a result of ICRC repairs to hand pumps, wells and/or water-supply systems.

People benefited from preventive and curative care at 47 National Society clinics throughout Afghanistan, which received material and technical support from Movement partners, including the ICRC. One community-run primary-health-care centre in Korangal received such support from the ICRC. At these clinics, about 982,800 consultations took place, and some 557,300 people received vaccinations. Monitoring these clinics remained a challenge owing to insecurity. Three ICRC-supported clinics used an innovative mobile application, allowing for ill children under five to be accurately diagnosed and treated; plans were made to extend its use to other clinics. The public health ministry and other organizations carried out polio vaccination campaigns; the ICRC facilitated their access to those in need.

Conflict-affected communities develop their income-generating capacities

Around 152,700 people (21,808 households), most of them displaced, met some of their immediate needs with one-month food rations from the National Society and the ICRC; some 145,500 of them (20,784 households) received household essentials.

About 1,150 vulnerable breadwinners supported themselves and their families (8,036 people) by repairing vital infrastructure, including irrigation canals and roads, in exchange for cash. These improvements also enabled their communities to boost their food production. Some 1,100 agricultural and pastoral households (around 7,900 people) increased their income using ICRC-provided supplies and equipment. They included vulnerable households, many headed by women, that increased their income by selling the products from ICRC-provided poultry and livestock. Others (some 140 households/1,000 people) received productive inputs that helped ensure the health of their livestock. Some 24,600 households (172,300 people) had healthier and more productive livestock after ICRC-equipped veterinary workers carried out deworming and treatment programmes.

Victims of IHL violations and/or their families (nearly 290 households/2,800 people) received financial assistance, which helped to offset the financial consequences of these violations and to cover their needs, including food, medical treatment and funeral costs.

Disabled people and their families regained a measure of self-sufficiency with ICRC support. Over 40 people secured employment, and around 390 people attended vocational training. Some 250 breadwinners pursued livelihood activities using microcredits, to the benefit of 1,715 people. About 240 severely disabled children received home tuition; 22 had their university

fees covered; 134 attended various courses; and many others were supplied with school stationery. Some 1,800 housebound people with spinal-cord injuries received medical items and assistance at home; about 650 of them and their families (over 4,500 people) also received food rations and household essentials monthly.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through RCMs and phone and video calls

The ICRC visited detainees, in accordance with its standard procedures. Particular attention was paid to vulnerable groups, including women, minors and foreigners. Findings from these visits – on the treatment and living conditions of detainees – were later discussed with the authorities concerned. The discussions focused on: the ICRC's unimpeded access to detainees; respect for judicial guarantees, and the principle of *non-refoulement*; and existing mechanisms to prevent ill-treatment. The ICRC also engaged armed groups in dialogue, promoting respect for the rights of people held by weapon bearers. Some detainees were released on humanitarian grounds, with the ICRC moderating their release as a neutral and independent humanitarian actor.

Some families learnt the whereabouts of detained relatives through notices furnished by detaining authorities to the ICRC. Detainees benefited from the Movement's family-links services. People being held in the Guantanamo Bay internment facility, people with relatives abroad and foreign detainees reconnected with their relatives via ICRC-organized video calls. Some foreign detainees contacted their consular representatives and received ICRC assistance while awaiting repatriation. Some detainees, notably in the Parwan detention facility, received family visits. Such services helped improve detainees' state of mind and enabled some to receive material support from their families.

Following ICRC dialogue with the weapon bearers, a number of people held by armed groups were able to contact their families via RCMs.

Detainees have better access to health services

The rising prison population strained the authorities' means to address overcrowding and its consequences. The ICRC continued to encourage coordination between all stakeholders involved in prison health, and helped Afghan authorities in mobilizing international stakeholders for support to improve prison infrastructure.

Detainees in some places of detention had better health services, in line with the public health ministry's standards, as the pertinent authorities received medical supplies and equipment, technical advice and/or financial support from the ICRC. With ICRC encouragement, the National Directorate of Security (NDS) set up clinics at certain prisons, which helped improve detainees' access to health services. Discussions led the NDS to enhance medical procedures in its facilities, for instance, by implementing medical check-ups for new detainees. Nearly 300 disabled detainees regained their mobility after being fitted with orthotic devices by ICRC personnel.

Detaining authorities and the ICRC undertook initiatives – including disease- and vector-control programmes – to help ensure good health and hygiene and a more sanitary environment, and thereby limit disease outbreaks. Around 1,000 detainees in the Herat and Sarpoza prisons were treated for scabies; all the detainees in these prisons were given sterilized clothes, as a preventive measure.

Detainees benefited from ICRC repairs to infrastructure. For example, some: 10,000 detainees in Kabul's Pul-i-Charki prison and 1,000 in the Helmand provincial prison had improved cooking facilities; 800 and 500 detainees in the Herat and Khost provincial prisons, respectively, had better access to potable water; and 4,500 detainees in the Parwan detention facility, and those held in the Khost prison, were able to meet their families in renovated visiting areas. Hygiene and maintenance committees were better equipped to tackle sanitation- and infrastructure-related issues after receiving material support and training.

Around 32,000 detainees – and prison staff and children – received hygiene items and winter essentials, which helped improve their living conditions. Plans for activities to supplement or increase detainees' income and diversify their diet were put on hold owing to human resource and other constraints.

WOUNDED AND SICK

Various ICRC-supported health workers and other actors managed to provide suitable medical treatment to some wounded and sick people, amidst insecurity.

Injured people received life-saving care from ICRC-trained and -equipped emergency responders, including National Society volunteers, medical workers, taxi drivers and weapon bearers, including members of armed groups. Over 1,500 weapon-wounded people reached hospital by means of an ICRC-funded transport system of taxis and ICRC vehicles.

Hospitals are better prepared for influxes of patients during emergencies

The health ministry's Mirwais and Shiberghan hospitals admitted almost 72,800 inpatients – including nearly 1,900 wounded people and 28,500 women in need of obstetric or gynaecological care; roughly 429,500 consultations were provided for outpatients. Patients who needed specialized care were referred to other health facilities. Both hospitals received regular ICRC training and material, technical, managerial and financial support. Patients and staff at both hospitals benefited or stood to benefit from infrastructural upgrades by the ICRC. At the Mirwais hospital, these included completion of a laundry building and renovation of a wing marked for the paediatric and neonatal departments. At the Shiberghan hospital, construction of an emergency department began; two ICRC emergency-care specialists provided assistance in this regard, notably by training staff and helping them procure the necessary equipment.

Other State- or armed group-run hospitals received ad hoc support during emergencies. The ICRC assembled a mobile surgical team to help hospitals across Afghanistan strengthen their capacity to handle influxes of patients. Beginning in July, the team helped expand – through three week-long training missions – the emergency-response capacities of the staff of five hospitals in conflict-affected areas.

Disabled people improve their mobility

Some 136,300 disabled people improved their mobility after receiving physical rehabilitation services at seven ICRC-run centres managed by ICRC-trained employees, many of whom were disabled. Some disabled detainees were fitted with orthotic devices (see *People deprived of their freedom*). Mobility devices were produced using parts manufactured at an ICRC component factory in Kabul. Disabled patients from remote areas travelling to the centres,

or elsewhere for specialized care, had their transportation costs partly covered by the ICRC. When necessary, they were referred to hospitals. People with spinal-cord injuries received home visits and other forms of ICRC assistance (see *Civilians*).

Patients and staff at the centres benefited from infrastructural upgrades. These included construction of: a physiotherapy room in the women's section of the Gulbahar centre; an outdoors area for female patients, a car service zone and a basketball court at the Faizabad centre; and latrines and drainage systems at the Mazar-i-Sharif centre. Some orthopaedic technicians and physical therapists attended courses and training sessions, with ICRC support, to develop their skills and to help ensure the sustainability of the physical rehabilitation sector in Afghanistan.

Sports events and livelihood initiatives (see *Civilians*) helped patients improve their well-being and regain self-sufficiency. Dissemination sessions informed the public of the physical rehabilitation services available.

ACTORS OF INFLUENCE

Weapon bearers are reminded of the need to protect civilians

Though sometimes hampered by insecurity and the fragmented political and military landscape, the ICRC continued its dialogue on humanitarian issues with the armed and security forces, including international forces. Topics covered included the use of explosive weapons in densely populated areas, and the protection of civilians and medical staff and facilities. Certain influential figures issued directives addressing concerns raised by the ICRC (see, for example, *Civilians*).

Armed forces officers were encouraged to incorporate IHL and other applicable norms in their doctrine, training and operations. With ICRC support, some officers participated in IHL courses and workshops, including one on the rules governing military operations (see *International law and policy*). Instructors from the armed forces participated in train-the-trainer courses, which aimed to equip them to conduct IHL courses unassisted. Armed and security forces personnel furthered their understanding of IHL during dissemination sessions that covered such matters as sexual violence, the use of explosive weapons in densely populated areas and the protection of the civilian population. Members of armed groups also attended dissemination sessions; these were often supplemented by first-aid training and donations of first-aid material, enabling them to treat their wounded peers (see *Wounded and sick*).

Members of civil society further their understanding of humanitarian issues and the Movement

Authorities, weapon bearers, influential community and religious leaders, academics, media professionals and beneficiaries – some 29,000 individuals in all – participated in discussions with the ICRC and furthered their understanding of IHL and the Movement. Religious leaders and scholars refined their understanding of the similarities between Islam and IHL; some learnt about the challenges facing IHL during round-tables and conferences, several of which were held abroad (see, for example, *Iran, Islamic Republic of and New Delhi*). They were encouraged to promote IHL in their own communities, so that people could feel free to communicate their concerns to the ICRC.

Public awareness of humanitarian issues, and of the Movement and its activities in Afghanistan, was broadened through dissemination sessions, publications and videos translated into Dari and Pashto,

social media posts, and features on the ICRC's website. Posters with illustrations adapted to the Afghan context helped people understand key messages of the Health Care in Danger project and the ICRC's programme for transferring human remains. Regular dialogue with media organizations strengthened mutual understanding. Journalists drew from ICRC-organized roundtables to improve their coverage of the conflict and of the ICRC's humanitarian activities.

Afghan authorities and the ICRC met regularly to discuss such matters as: incorporation of IHL and IHL-related treaties in domestic legislation; ratification of the Hague Convention on Cultural Property and the Arms Trade Treaty; and possibilities for organizing IHL dissemination sessions for future diplomats. The combined law on the National Society and protection for the red crescent emblem was adopted in October. The pertinent authorities sought the ICRC's views on the drafts of the National Civilian Casualty Prevention and Mitigation Policy and the criminal procedure code. The ICRC recommended including applicable judicial guarantees and procedural safeguards in the latter text.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society expands its emergency-response capacities

The National Society remained the ICRC's main partner in providing material aid and medical care to victims, reconnecting families and transferring human remains (see *Civilians* and *Wounded and sick*). At times, it used the ICRC's help to safely gain access to people in need.

With financial and technical support from Movement partners, including the ICRC, the National Society reinforced its institutional and branch-level capacities. Through an ICRC-organized workshop on the Safer Access Framework, staff and volunteers identified challenges related to acceptance, security and access, and developed plans to reduce risks when carrying out activities in conflict-affected areas. They reinforced their communication and management skills during other workshops.

With Movement partners' support, the Afghan Red Crescent Society hosted a meeting in Doha, Qatar, for some of the region's National Societies to present its strategic plan for 2016–2020, discuss humanitarian needs in Afghanistan, and explore how the National Societies in attendance could contribute to its activities.

National Society representatives attended a meeting on the Health Care in Danger project in Geneva, Switzerland.

Movement partners met regularly to identify measures to improve their security and their access to people in need, and to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,373			
RCMs distributed		2,841			
Phone calls facilitated between family members		11,793			
Reunifications, transfers and repatriations					
Human remains transferred or repatriated		1,355			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,401	200	175	234
<i>including people for whom tracing requests were registered by another delegation</i>		8			
Tracing cases closed positively (subject located or fate established)		411			
<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)		1,209	217	186	239
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Documents					
Official documents relayed between family members across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		30,617	658	566	
			Women	Girls	Boys
Detainees visited and monitored individually		1,683	5	2	114
Detainees newly registered		1,215	5	2	106
Number of visits carried out		130			
Number of places of detention visited		35			
RCMs and other means of family contact					
RCMs collected		4,806			
RCMs distributed		1,895			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,426			
Detainees visited by their relatives with ICRC/National Society support		3,495			
People to whom a detention attestation was issued		12			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security¹ (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	170,844	52,894	57,390
	<i>of whom IDPs</i>	143,745	45,694	54,716
Essential household items	Beneficiaries	166,081	51,251	55,277
	<i>of whom IDPs</i>	136,577	43,543	52,029
Productive inputs	Beneficiaries	10,585	3,133	3,029
	<i>of whom IDPs</i>	750	250	266
Cash	Beneficiaries	12,920	3,732	4,122
	<i>of whom IDPs</i>	350	105	124
Services and training	Beneficiaries	376,741	117,847	133,305
	<i>of whom IDPs</i>	168	50	68
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	364,665		
Health				
Health centres supported	Structures	48		
Average catchment population		1,591,120		
Consultations		982,819		
	<i>of which curative</i>	914,461	249,092	128,348
	<i>of which antenatal</i>	68,358		
Immunizations	Patients	557,308		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	222,688		
Referrals to a second level of care	Patients	9,047		
	<i>of whom gynaecological/obstetric cases</i>	553		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	38,009	943	469
Services and training	Beneficiaries	14		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	31,782		
Health				
Visits carried out by health staff		240		
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	8		
	<i>of which provided data</i>	2		
Patients whose hospital treatment has been paid for by the ICRC		112	28	71
Admissions	Patients	72,767	39,082	16,362
	<i>of whom weapon-wounded</i>	1,850	112	187
	<i>(including by mines or explosive remnants of war)</i>	679	51	109
	<i>of whom surgical cases</i>	17,393	3,236	5,027
	<i>of whom internal medicine and paediatric cases</i>	25,059	7,861	10,556
	<i>of whom gynaecological/obstetric cases</i>	28,465	27,873	592
Operations performed		22,324		
Outpatient consultations	Patients	429,490	201,425	95,435
	<i>of whom surgical cases</i>	174,320	40,354	46,955
	<i>of whom internal medicine and paediatric cases</i>	135,027	45,324	44,084
	<i>of whom gynaecological/obstetric cases</i>	120,143	115,747	4,396
Water and habitat				
Water and habitat activities	Number of beds	734		
Physical rehabilitation				
Projects supported	Projects	8		
Patients receiving services	Patients	136,280	21,987	46,583
New patients fitted with prostheses	Patients	1,068	128	104
Prostheses delivered	Units	4,321	408	273
	<i>of which for victims of mines or explosive remnants of war</i>	2,553	116	63
New patients fitted with orthoses	Patients	6,432	1,281	3,096
Orthoses delivered	Units	16,134	2,677	8,861
	<i>of which for victims of mines or explosive remnants of war</i>	114	3	10
Patients receiving physiotherapy	Patients	84,225	14,911	36,941
Walking aids delivered	Units	18,877	2,027	2,630
Wheelchairs or tricycles delivered	Units	1,428	224	443

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.