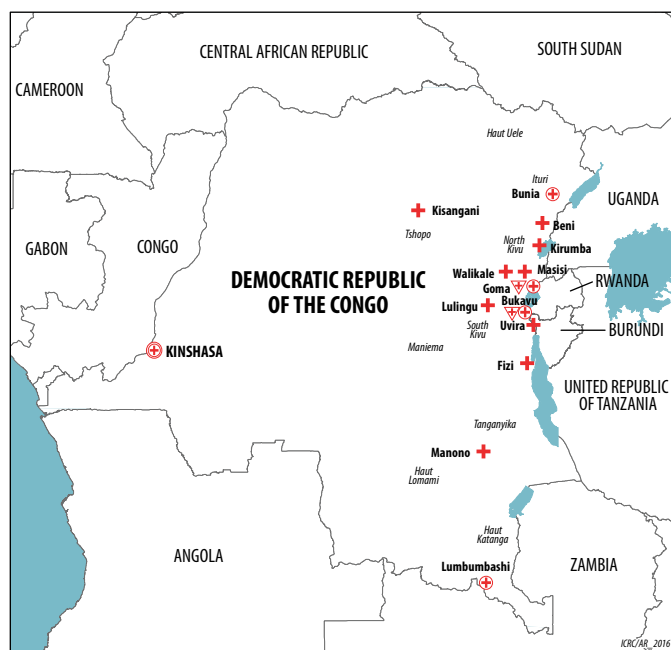


CONGO, DEMOCRATIC REPUBLIC OF THE



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People received suitable care at ICRC-supported health facilities. Wounded people were evacuated to hospital and received life-saving treatment from ICRC or ICRC-supported surgical teams.
- ▶ Displaced people and returnees met their needs with ICRC emergency assistance. Some of them, along with residents of host communities, earned money from farming or fishing, using supplies and equipment from the ICRC.
- ▶ Victims of sexual violence and other trauma received psychosocial support. Income-generating activities eased the social reintegration of some victims who had received financial assistance from the British Red Cross and the ICRC.
- ▶ Separated children, many of them formerly associated with weapon bearers, rejoined their relatives in the country and abroad. They received material and other support to ease their return to their families and communities.
- ▶ Detainees improved their health and diet thanks to ICRC-distributed therapeutic food and supplementary rations. They had better living conditions and were less exposed to health hazards after the ICRC renovated prison infrastructure.
- ▶ As allegations of abuse remained unabated, the authorities and weapon bearers were reminded to protect civilians. Parties to the conflict strengthened their grasp of IHL and humanitarian principles during training sessions.

EXPENDITURE IN KCHF

Protection	16,566
Assistance	39,366
Prevention	4,942
Cooperation with National Societies	2,126
General	253
Total	63,254
<i>Of which: Overheads</i>	<i>3,806</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	112
Resident staff (daily workers not included)	741

Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It meets the emergency needs of conflict-affected people, assists them in becoming self-sufficient and helps those in need receive adequate health and medical care, including psychosocial support. It visits detainees, helps restore contact between separated relatives, reunites children with their families and supports the development of the Red Cross Society of the Democratic Republic of the Congo. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

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	42,317
RCMs distributed	35,654
Phone calls facilitated between family members	1,139
Tracing cases closed positively (subject located or fate established)	321
People reunited with their families	363
<i>of whom unaccompanied minors/separated children</i>	343
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	22,618
Detainees visited and monitored individually	2,282
Number of visits carried out	246
Number of places of detention visited	53
Restoring family links	
RCMs collected	3,025
RCMs distributed	1,382
Phone calls made to families to inform them of the whereabouts of a detained relative	35

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	91,500
Essential household items	Beneficiaries	159,000
Productive inputs	Beneficiaries	108,000
Cash	Beneficiaries	3,399
Vouchers	Beneficiaries	39,500
Services and training	Beneficiaries	80
		1,200
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	656,000
		671,984
Health		
Health centres supported	Structures	15
		14
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	7
		22
Water and habitat		
Water and habitat activities	Number of beds	941
Physical rehabilitation		
Projects supported	Projects	4
		5
Patients receiving services	Patients	1,000
		1,150

CONTEXT

The security situation in the Democratic Republic of the Congo (hereafter DRC), particularly in North Kivu, deteriorated further as armed violence, ethnic tensions and criminality increased. This continued to lead to casualties, displacement, the destruction of livelihoods and property, and other abuses against civilians. Humanitarian personnel were also affected.

Implementation of the Peace, Security and Cooperation Framework for the Democratic Republic of the Congo and the Region, and of the Nairobi Declaration, continued at a slow pace. Little progress was made in implementing two demobilization processes: a national one for members of armed groups, and another, managed by the UN Stabilization Mission in the DRC (MONUSCO), for foreign combatants.

The presence of refugees – from Burundi, the Central African Republic (hereafter CAR) and South Sudan – and of Congolese migrants deported or returning from neighbouring countries, continued to strain local resources.

The postponement of the presidential elections generated political unrest. The socio-economic situation continued to deteriorate, adding to the instability in the country.

ICRC ACTION AND RESULTS

Despite some constraints on its delivery of aid, the ICRC continued to protect and assist people affected by armed conflict or other situations of violence, notably in eastern DRC. Regular contact was maintained with weapon bearers, the authorities, members of civil society and conflict-affected communities, with a view to helping them improve their understanding of IHL and the Movement, and broadening acceptance for neutral, impartial and independent humanitarian action.

Conflict-affected people maintained access to health services, thanks to regular ICRC material, technical and infrastructural support to primary-health-care centres and hospitals, and ad hoc support to other health facilities during emergencies. Weapon-wounded people were evacuated by the Red Cross Society of the Democratic Republic of the Congo and/or the ICRC to medical facilities; some were treated by an ICRC surgical team at a hospital in Goma or a team of local surgeons in the Bukavu hospital, which received ICRC financial and technical support. The latter team was able to ease the work of the ICRC surgeons in Goma by taking charge of some transferees.

Victims of sexual violence and other conflict-related trauma received psychosocial care at ICRC-supported counselling centres, and, when necessary, were referred to health facilities for medical treatment. Information sessions for community members broadened awareness of the availability of these services and sought to prevent the stigmatization of victims. People disabled as a result of armed conflict regained some mobility with prosthetic and orthotic devices, and physiotherapy, from ICRC-supported physical rehabilitation centres. Training sessions and other events were organized for local specialists, to help ensure the sustainability of the physical rehabilitation sector.

Displaced people and returnees affected by conflict or other violence – especially in the Kivu provinces, but also in Ituri and Tanganyika – covered their immediate needs with ICRC emergency

aid, distributed with the National Society's help. They, as well as some residents of host communities, earned money through agricultural or fish-farming activities, using ICRC-provided seed, tools and fishing kits. The ICRC explored the possibility of using cash transfers more widely, and cut back on distributions of material aid; this, however, was made difficult by the remoteness of violence-affected areas. Victims of sexual violence and other economically vulnerable people who had received financial assistance from the British Red Cross and the ICRC back in 2015 were found to have started income-generating activities, thereby reintegrating into community life; the programme was set to be replicated in other parts of the DRC in 2017. People benefited from the construction or repair of sanitation facilities and water systems.

ICRC delegates visited detainees to monitor their treatment and living conditions, and shared their findings and recommendations confidentially to the pertinent authorities. The judicial authorities acted on individual cases brought up by the ICRC; this contributed to the release of 443 inmates. Detaining authorities and the ICRC continued to discuss the timely release of funds for food in prisons. Meanwhile, detainees improved their diet with ICRC-distributed food; malnourished detainees received therapeutic food and supplementary rations. ICRC initiatives – material and technical support for prison dispensaries, distributions of hygiene items and renovation of prison infrastructure – improved living conditions, including access to health care, in a number of prisons. Improved sanitary conditions and access to clean water reduced detainees' exposure to health hazards.

Members of families separated by conflict or other violence – including refugees from Burundi, the CAR and South Sudan – and detention reconnected through the Movement's family-links services. Separated children, including those formerly associated with weapon bearers, were reunited with their families in the DRC or abroad, and received support to ease their social reintegration and prevent future recruitment.

The National Society, a key ICRC partner, strengthened its communication, emergency-response, family-links and first-aid capacities with ICRC financial, material and technical support. Regular contact with Movement partners, the authorities and humanitarian organizations ensured coordination of activities.

CIVILIANS

Civilians approached the ICRC with reports of abuses committed by weapon bearers, including sexual violence, child recruitment and attacks against humanitarian and medical staff and facilities. The ICRC made representations to weapon bearers, based on these allegations, and reminded them of their obligations under IHL to put an end to the abuse and prevent its recurrence.

Key messages of the Health Care in Danger project were regularly relayed to communities and parties to the conflict, especially in violence-prone areas. On some occasions, weapon bearers called on the ICRC – or the National Society – to act as a neutral intermediary in transferring human remains and facilitating civilians' access to health services.

Demobilized children rejoin their families

Training enabled five provincial tracing coordinators, and 100 National Society volunteers in the Kivu provinces, to develop their ability to provide family-links services. Members of families dispersed by conflict or other violence – including refugees from

Burundi, the CAR and South Sudan – reconnected through the Movement's family-links services.

Some 340 separated children, of whom 180 had been demobilized, rejoined their families in the DRC or abroad. Over 210 children who returned home to the DRC received food, which helped them contribute to their households' food supply; some 120 of them also received hygiene kits. Over 80 children used ICRC-provided materials to undertake vocational activities, which helped them readjust to civilian life. The ICRC conducted follow-up visits to monitor their welfare.

Foster families or staff at transitional centres tended to children registered by the ICRC, while they waited to rejoin their families. Some 830 children attended awareness-raising sessions, where they and their communities discussed the risks they faced upon returning home. They had improved living conditions as the transitional centres received ICRC help, including material support and, in one centre, infrastructural upgrades. Community-based initiatives and recreational activities fostered the children's social reintegration and helped prevent further recruitment.

International child protection agencies and the ICRC discussed how to make demobilization easier for children formerly associated with armed groups.

Victims of sexual violence obtain medical and psychosocial care

An average of 199,000 people per month had access to primary-health-care services at 14 ICRC-supported centres. At these centres, some: 99,700 people – mostly children – received vaccinations through a national immunization programme and a polio vaccination campaign; women benefited from some 13,000 antenatal consultations; 1,600 patients were referred to higher-level care; and destitute patients, including pregnant women, were treated free of charge. Eleven other centres received ad hoc support during emergencies – displacement or instances of looting – which benefited some 126,100 people.

More people in the Kivu provinces had access to psychosocial support after the ICRC opened four new counselling centres, two of which it built. Some 4,840 people suffering from conflict-related trauma – 68% of whom were victims of sexual violence – received psychosocial care at 26 ICRC-supported centres in the Kivu provinces; the ICRC's access to one of these centres was, however, suspended early in the year owing to uncertain security conditions. Those who required medical treatment were referred to ICRC-supported health facilities nearby. During information sessions aimed at preventing stigmatization linked to sexual abuse, people learnt of the services available to them and the importance of prompt post-exposure prophylactic treatment. Around 1,260 weapon-wounded and disabled people also availed themselves of psychosocial services (see *Wounded and sick*).

Displaced civilians meet their most urgent needs

In the Kivu provinces, Ituri and Tanganyika, around 137,500 civilians (26,735 households) – mainly IDPs and returnees – received food while around 86,400 people (17,285 households) received household essentials distributed by the National Society and the ICRC. Some 28,000 displaced, returnee and resident households (some 140,300 people) earned money from agricultural or fish-farming activities, using ICRC-provided disease-resistant cassava cuttings, staple crop or vegetable seed, tools or fishing

kits. Support for the daily follow-up of some 2,100 heads of households (benefiting some 10,500 people), and training for 240 of them (benefiting around 1,200 people), by local workers, and the involvement of local associations and State agencies, helped ensure these activities' sustainability.

The remoteness of violence-affected communities made it difficult to implement a cash-transfer programme. Assessments showed that about 100 victims of sexual violence and/or economically vulnerable people in South Kivu – recipients of financial assistance from the British Red Cross and the ICRC in 2015 – had started income-generating activities, thereby reintegrating into their communities; plans were made to replicate the programme in North Kivu and other parts of South Kivu.

Communities have access to potable water

Over 500,000 people in Goma had better access to water after the ICRC repaired the city's main pumping station. In rural areas of Haut Lomami and the Kivu provinces, approximately 162,000 people had potable water after 16 water-supply systems were constructed. With the ICRC's help, beneficiary communities determined their water needs and formed committees to maintain infrastructure, leading to greater local responsibility and accountability. ICRC-backed National Society projects also broadened some 4,000 people's access to water. ICRC repairs to two bridges – in Haut Lomami and South Kivu – improved access for about 5,700 people to services and economic infrastructure.

Following ethnic violence in North Kivu, ICRC-installed latrines and other emergency assistance ensured sanitary conditions for roughly 4,000 people.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited around 22,600 detainees, in accordance with its standard procedures, to monitor their treatment and living conditions. Delegates paid particular attention to vulnerable groups, including security detainees. Afterwards, they discussed their findings confidentially with the pertinent authorities, whom they encouraged to ensure respect for judicial guarantees and address overcrowding in prisons. The judicial authorities acted on individual cases brought up by the ICRC; this contributed to the release of 443 inmates, including those whose pre-trial detention had exceeded the legal limit.

Detainees communicated with their relatives using RCMs; nine detainees were given financial assistance to return home after their release.

Detainees meet their nutritional needs and have reduced exposure to health hazards

The implementation of the legal framework for a national policy incorporating prison health care into national health services showed some progress with the reactivation of a working group in charge of it. About 16,900 inmates had access to good-quality health care as a result of regular ICRC material and technical support for health services, including dispensaries, in ten prisons; another prison received ad hoc medical supplies.

Over 25,300 detainees improved their hygiene using soap and cleaning items distributed by the ICRC, sometimes after hygiene-awareness sessions. Some 10,300 inmates in ten prisons had better access to clean water and/or were less at risk of disease, including cholera, after repairs to cooking, sanitation and water facilities.

Dialogue with prison authorities, to ensure the timely release of funds allocated for food in prisons, continued. In early 2016, the authorities concerned took measures to cover detainees' daily nutritional needs – notably, by increasing the food budget for several jails. However, budget cuts later in the year had adversely affected detainees' health by the end of the reporting period.

The ICRC continued to help provide sufficient food for detainees. In all, close to 4,700 detainees met their nutritional needs using ICRC-provided daily rations. During an emergency, some people in a place of temporary detention received similar support for three months. Over 8,300 acutely and moderately malnourished inmates in ten facilities improved their health with ready-to-eat therapeutic food and supplementary rations. The ICRC regularly monitored the nutritional status of detainees and the food-supply chain in these prisons, and was thus able to assess the situation and the effectiveness of its nutrition programme more accurately. These efforts helped reduce rates of acute malnutrition in most prisons receiving ICRC support.

WOUNDED AND SICK

Weapon-wounded people receive suitable medical treatment

Volunteers from communities and from the National Society enhanced their capacity to give life-saving care with ICRC material support and first-aid training. Some 170 weapon bearers also learnt first aid during training sessions, with a view to helping their peers during clashes.

Around 300 wounded people – some injured during ethnic violence in North Kivu – were taken to hospital by the ICRC. When the ICRC was unable to do so, the National Society took charge of evacuating the wounded. In the Kivu provinces, over 1,500 wounded people – civilians and weapon bearers – were treated at 22 ICRC-supported health facilities. Four hospitals were regularly provided with supplies, equipment and staff training; the 18 others received ad hoc support.

Wounded people at the Goma and Bukavu hospitals were treated by an ICRC surgical team and an ICRC-supported team of local surgeons, respectively; the Bukavu team eased the ICRC surgeons' work by taking over four transferees from the Goma hospital. Some 810 patients received surgical care free of charge. Both teams trained local medical personnel in war-surgery techniques adapted to the context; in North Kivu, nurses and doctors from 28 health facilities received such contextualized training.

Patients had access to better services at ten health facilities, including two counselling centres (see *Civilians*), following ICRC construction and/or repair work. The Goma hospital was given two generators and its laundry room was refurbished; the Bukavu hospital's water-supply system was upgraded.

Disabled people regain their mobility

Some 1,150 people, most of them disabled as a consequence of the conflict, obtained good-quality services, free of charge, at four physical rehabilitation centres in Bukavu, Goma and Kinshasa. Some patients were fitted with prostheses and orthoses made of parts produced in an ICRC-supported workshop. These facilities received material and technical support from the ICRC.

Disabled people received psychosocial care at two centres and at the Goma hospital. Some of them participated in activities that promoted their social inclusion; the Congolese team participated

in the 2016 Summer Paralympics in Brazil with the help of the national Paralympic committee, which received ICRC support.

The ICRC began sponsoring certain personnel from the ICRC-supported centres, and from a medical institution, to attend a three-year course in prosthetics and orthotics in Lomé, Togo. Key technicians and specialists from organizations, academic institutions and government bodies attended conferences and workshops in the DRC and abroad, some of which the ICRC arranged with other organizations and academic institutions. Officials from the health and social affairs ministries, and from a hospital in Kinshasa, attended an ICRC-organized train-the-trainer course. Such courses aimed to ensure the sustainability of the country's physical rehabilitation sector. At a meeting arranged with ICRC support, key actors discussed the finalization of the national action plan to protect disabled people and promote their social inclusion.

ACTORS OF INFLUENCE

Weapon bearers learn more about IHL and the Movement

In Kinshasa and several provinces in eastern DRC, some 3,700 members of the armed forces and other weapon bearers attended training sessions – sometimes combined with first-aid training – which aimed to enhance their respect for IHL and humanitarian principles, and secure the Movement's access to people in need. Participants and the ICRC also discussed issues of humanitarian concern, including sexual violence and the protection of health personnel and facilities during armed conflict and other emergencies.

Some 1,300 police personnel, including senior officers from a special unit and others in charge of operations in Kinshasa, learnt more about international rules governing the use of force and crowd control, and about the ICRC and its activities, at dissemination sessions held by the ICRC in several provinces.

Particular efforts were made to reach military officers in charge of operational decision-making in conflict-affected provinces and at military headquarters. Dialogue with the armed forces' headquarters, on incorporating IHL in military planning and operations, was reinforced with ICRC workshops on the subject; some 190 staff officers attended these workshops and responded positively to them.

The ICRC maintained regular contact with the parties involved in security sector reform, including national authorities, the European Union, MONUSCO and various embassies.

Civil society strengthens its grasp of humanitarian principles and issues

Regular contact with the ICRC and presentations in various provinces helped over 11,000 people – local authorities, traditional and religious leaders, young people and members of civil society – to understand humanitarian principles more fully. This helped increase acceptance for the National Society and the ICRC, and facilitated the delivery of humanitarian aid.

Some 1,560 university students attended IHL conferences or dissemination sessions on IHL and the ICRC. Some students took part in an ICRC-organized moot court competition. Such events stimulated academic interest in IHL.

Local and foreign journalists drew on ICRC resources and press materials to report on humanitarian issues in the country; they

covered such subjects as the needs of victims of sexual violence, access to water, family reunification, assistance for displaced people and the challenges confronting medical personnel in remote areas.

Authorities are encouraged to ratify IHL treaties

Dialogue with the pertinent authorities focused on the importance of ratifying IHL treaties and related legislative measures, such as a law implementing the African Union Convention on IDPs and a bill authorizing the ratification of the Central African Convention for the Control of Small Arms and Light Weapons.

A bill on the Rome Statute went into effect on 31 December 2015, but one on the emblems protected under IHL, and others authorizing the ratification of Additional Protocol III and promoting adherence to the Arms Trade Treaty, remained on the National Assembly's agenda.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society bolsters its capacity to deliver aid safely

The National Society and the ICRC strengthened their partnership by planning joint activities and incorporating the Safer Access Framework in them. The National Society received support from

the ICRC – workshops, including one on disaster management, and material and technical assistance – which helped it reinforce its capacities in such areas as first aid, managing human remains and restoring family links (see *Civilians* and *Wounded and Sick*). ICRC financial support enabled the National Society to pay the salaries of key staff and cover operating expenses and/or the cost of equipment – internet connection and solar panels – in some of its branches and local committees, all in eastern DRC. Some 3,400 volunteers received insurance coverage from the ICRC.

National Society staff developed leadership skills at workshops in the Kivu provinces and Tshopo. Discussions with the National Society covered numerous subjects: its legal status, strategic plan for 2014–2018 and partnership agreement with the ICRC. With ICRC support, the National Society reorganized its structure in line with the country's new provincial boundaries, redrawn in June 2015.

Meetings were held regularly between National Society branches in Kinshasa and in the eastern provinces; an ICRC representative attended these. Meetings with Movement components also took place regularly. They helped to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		42,317	1,421		
RCMs distributed		35,654	487		
Phone calls facilitated between family members		1,139			
Reunifications, transfers and repatriations					
People reunited with their families		363			
	<i>including people registered by another delegation</i>	16			
People transferred or repatriated		277			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		463	97	126	61
	<i>including people for whom tracing requests were registered by another delegation</i>	145			
Tracing cases closed positively (subject located or fate established)		321			
	<i>including people for whom tracing requests were registered by another delegation</i>	109			
Tracing cases still being handled at the end of the reporting period (people)		475	78	131	79
	<i>including people for whom tracing requests were registered by another delegation</i>	181			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		883	279		263
UAMs/SC reunited with their families by the ICRC/National Society		343	78		180
	<i>including UAMs/SC registered by another delegation</i>	12			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		707	287		74
Documents					
Official documents relayed between family members across borders/front lines		7			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		22,618	512	861	
			Women	Girls	Boys
Detainees visited and monitored individually		2,282	18	13	228
Detainees newly registered		1,613	11	11	202
Number of visits carried out		246			
Number of places of detention visited		53			
RCMs and other means of family contact					
RCMs collected		3,025			
RCMs distributed		1,382			
Phone calls made to families to inform them of the whereabouts of a detained relative		35			
People to whom a detention attestation was issued		57			

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	139,319	45,546	60,028
	<i>of whom IDPs</i>	54,190	18,227	21,568
Essential household items	Beneficiaries	88,672	29,325	36,299
	<i>of whom IDPs</i>	38,860	13,246	14,968
Productive inputs	Beneficiaries	140,421	49,485	50,454
	<i>of whom IDPs</i>	12,706	4,410	5,157
Cash	Beneficiaries	3,399	1,368	871
Services and training	Beneficiaries	1,200	600	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	671,984	201,595	268,794
Health				
Health centres supported	Structures	14		
Average catchment population		199,333		
Consultations		76,248		
	<i>of which curative</i>	63,127	3,226	19,017
	<i>of which antenatal</i>	13,121		
Immunizations	Patients	99,727		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	18,705		
Referrals to a second level of care	Patients	1,592		
	<i>of whom gynaecological/obstetric cases</i>	495		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	4,664	68	348
Essential household items	Beneficiaries	25,323	461	593
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	10,324	516	103
Health				
Visits carried out by health staff		59		
Places of detention visited by health staff	Structures	12		
Health facilities supported in places of detention visited by health staff	Structures	11		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	22		
	<i>of which provided data</i>	20		
Patients whose hospital treatment has been paid for by the ICRC		277	41	32
Admissions	Patients	12,366	5,061	3,906
	<i>of whom weapon-wounded</i>	1,502	194	157
	<i>(including by mines or explosive remnants of war)</i>	44	4	13
	<i>of whom surgical cases</i>	1,356	791	129
	<i>of whom internal medicine and paediatric cases</i>	7,498	2,066	3,620
	<i>of whom gynaecological/obstetric cases</i>	2,010		
Operations performed		4,051		
Outpatient consultations	Patients	8,787	4,811	2,417
	<i>of whom surgical cases</i>	198	36	30
	<i>of whom internal medicine and paediatric cases</i>	5,556	1,742	2,387
	<i>of whom gynaecological/obstetric cases</i>	3,033		
First aid				
First-aid posts supported	Structures	12		
	<i>of which provided data</i>	10		
Wounded persons treated	Patients	84	6	8
Water and habitat				
Water and habitat activities	Number of beds	941		
Physical rehabilitation				
Projects supported	Projects	5		
Patients receiving services	Patients	1,150	224	130
New patients fitted with prostheses	Patients	248	58	22
Prostheses delivered	Units	438	98	64
	<i>of which for victims of mines or explosive remnants of war</i>	8	1	1
New patients fitted with orthoses	Patients	124	33	26
Orthoses delivered	Units	209	47	67
Patients receiving physiotherapy	Patients	465	113	78
Walking aids delivered	Units	1,011	163	79
Wheelchairs or tricycles delivered	Units	26	3	1