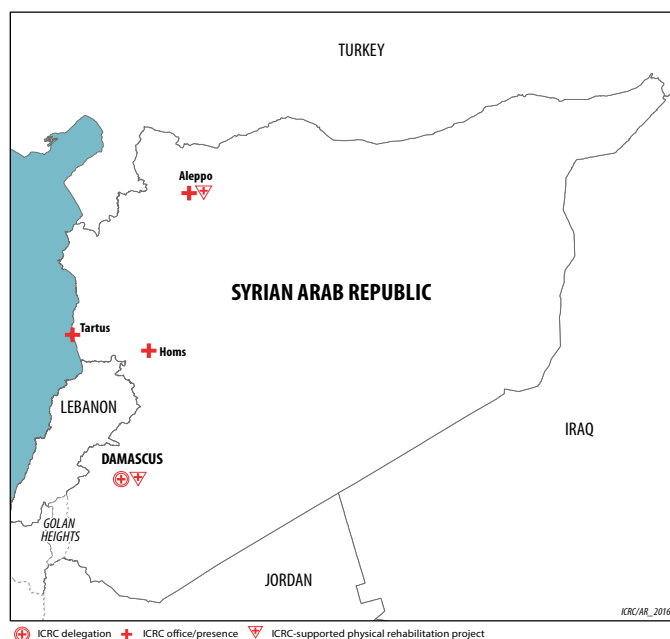


SYRIAN ARAB REPUBLIC



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The Syrian Arab Red Crescent and the ICRC conducted more field trips, including trips to assess needs and deliver aid to people in besieged areas, than in past years. Impediments to principled humanitarian action, however, remained.
- ▶ Millions of IDPs and residents, among them people in besieged and/or hard-to-reach areas, addressed their basic needs using food, water and household essentials provided through the coordinated efforts of the National Society and the ICRC.
- ▶ Where security conditions were relatively stable, thousands of vulnerable households – headed by women or by disabled people – began to improve their livelihoods with the help of ICRC-provided material input, such as tools.
- ▶ Wounded or sick people had access to preventive and curative care at National Society-run or other local facilities, to which the ICRC managed to increase its material support. Deliveries of surgical supplies were still rarely allowed.
- ▶ Detainees at central prisons received visits from the ICRC. While it sought to bolster dialogue on its procedures for such visits with the pertinent authorities, the ICRC put its detention activities on hold, starting from September.
- ▶ Parties to the conflict were reminded by the ICRC – via bilateral meetings, reports and public statements – to uphold IHL and other pertinent norms: notably, to protect civilians and ensure their access to medical and humanitarian aid.

EXPENDITURE IN KCHF

Protection	3,475
Assistance	150,304
Prevention	2,431
Cooperation with National Societies	3,228
General	299
Total	159,737
<i>Of which: Overheads</i>	<i>9,727</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	79
Resident staff (daily workers not included)	345

The ICRC has been present in the Syrian Arab Republic since the 1967 Arab–Israeli war. It works with the Syrian Arab Red Crescent to help people affected by armed conflict receive emergency relief and access safe water and medical care. It aims to visit all people held in relation to the conflict and to foster respect for IHL by all parties, notably in relation to sick and wounded patients and medical services. It acts as a neutral intermediary for issues of humanitarian concern between the Israeli-occupied Golan and the Syrian Arab Republic. It helps separated relatives maintain contact.

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	171
RCMs distributed	193
Phone calls facilitated between family members	2
Tracing cases closed positively (subject located or fate established)	164
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	18,330
Detainees visited and monitored individually	39
Number of visits carried out	30
Number of places of detention visited	8
Restoring family links	
RCMs collected	11
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	28

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 ¹ Beneficiaries	12,750,000	10,008,119
Essential household items Beneficiaries	1,980,000	2,154,717
Productive inputs Beneficiaries	27,500	161,180
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities Beneficiaries	16,002,100	15,000,096
Health		
Health centres supported Structures	18	14
WOUNDED AND SICK		
Hospitals		
Hospitals supported Structures		61
Water and habitat		
Water and habitat activities Number of beds	300	2,501
Physical rehabilitation		
Projects supported Projects	2	2
Patients receiving services Patients	1,200	2,340

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 armed conflict between government forces and numerous armed groups, and clashes between these groups, continued throughout the Syrian Arab Republic (hereafter Syria). Ceasefire agreements were implemented during certain periods – notably in end-December, following heavy clashes in eastern Aleppo. Violence went on in several areas, regardless. Third-party States conducted air strikes against the Islamic State group.

Unabated fighting and the lack of dialogue between opposing parties stymied efforts, including peace talks backed by the international community, to find a political solution and facilitate humanitarian aid.

Breaches of IHL and other applicable norms, serious and recurrent, continued to be alleged. From the beginning of the conflict in 2011 to the end of the reporting period: an estimated 400,000 people had been killed; over 1.5 million injured; tens of thousands reportedly missing or detained; and over 6.5 million people internally displaced. Millions more had fled abroad.

The protracted violence and international sanctions continued to cripple Syria's economy, infrastructure and services. Increasingly more people were driven into destitution and aid dependency. Needs were particularly severe in areas besieged by either government forces or armed groups, and in locations difficult to reach owing to security or logistical constraints.

Between March 2011 and December 2016, 57 workers from the Syrian Arab Red Crescent and 8 from the Syrian branch of the Palestine Red Crescent Society were killed. The 2013 abduction of three ICRC staff members remained unresolved.

ICRC ACTION AND RESULTS

In partnership with the Syrian Arab Red Crescent, and in coordination with Movement partners and other organizations, the ICRC sustained its multidisciplinary response to humanitarian needs in Syria, adapting to evolutions in the situation. Widespread violence, the large number of armed groups, and government consent continued to hamper the implementation of the organization's activities and challenge the security of its field teams. Impediments to principled humanitarian action were particularly severe in besieged areas.

In this complex and challenging environment, the ICRC worked to foster acceptance for its mandate and activities. It sought contact with authorities, community leaders and armed groups. It continued to pursue its limited dialogue, on IHL and other applicable norms, with the parties to the conflict. Particularly, it reminded these parties, through bilateral meetings, reports and public statements, to protect civilians and to ensure their access to medical and humanitarian aid.

Owing partly to these efforts, the National Society and the ICRC continued to see some improvement in their proximity to beneficiaries: they conducted more field trips and cross-line activities than in the past, including needs assessment and aid delivery in besieged and/or hard-to-reach areas, where distributions were sometimes conducted in coordination with the UN. The ICRC built on this by expanding its emergency response, especially its relief distributions, supported by a budget extension

appeal launched in May.¹ Millions of IDPs and residents across Syria accordingly received food and household essentials, including hygiene items.

Despite widespread destruction, millions of people, including those at IDP centres, had drinking water and safer conditions, partly through the ICRC's projects with the National Society and its large-scale support for local water and electricity providers. These projects, carried out in coordination with the water ministry, local authorities or some armed groups, included repairs to water and sanitation systems, water-trucking operations and waste-management initiatives.

Health needs continued to outweigh available services, and opportunities to provide material support remained limited. Compared with previous years, however, the ICRC managed to conduct more deliveries, mostly of basic medical supplies, to health facilities; those for surgery were still rarely allowed. The ICRC continued to provide comprehensive support to the National Society, for sustaining the operations of its mobile health units and polyclinics, and boosting the skills of its first-aiders. Other local health actors also drew on the ICRC to sustain their services. Wounded or sick people thus had access to care.

During visits conducted according to its standard procedures, the ICRC monitored the treatment and living conditions of detainees at eight central prisons, afterwards sharing feedback confidentially with the authorities. It helped ease the situation of detainees by enabling them to contact relatives, donating essential supplies and repairing facilities in several prisons. It continued to develop its joint work with the authorities in pursuing longer-term solutions for alleviating detainees' harsh circumstances, such as through pilot farming projects in two prisons, where detainees helped diversify the food supply. Efforts aimed at gaining access to all detainees in Syria, including those detained by security forces and those held by armed groups, continued. While it sought to bolster dialogue on its standard procedures for visits to detainees with the pertinent authorities, the ICRC put its detention activities on hold, starting from September.

Movement family-links services helped facilitate contact between members of dispersed families, but thousands remained without news of their missing relatives, including those allegedly arrested or detained in relation to the conflict.

The National Society developed its operational and institutional capacities with ICRC backing. Movement components in Syria met regularly to coordinate their activities, helping increase their impact.

CIVILIANS

Impediments to principled humanitarian action remain

Widespread violence, the large number of armed groups, and limited acceptance for the ICRC continued to hamper the implementation of the organization's activities and challenge the security of its field teams, particularly in besieged areas (see *Context*). Alongside government consent, these factors largely influenced the ICRC's access to vulnerable people. The ICRC regularly adapted its activities, in view of restrictions imposed by parties to the conflict; notably, the processes prerequisite to distributions of assistance were usually lengthy and complicated.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/D6FB9D52FC1ACA8DC12580270022AC50/\\$File/BEA_Syria_REX2016_309_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/D6FB9D52FC1ACA8DC12580270022AC50/$File/BEA_Syria_REX2016_309_Final.pdf)

Owing partly to enhanced contact with key actors (see *Actors of influence*), the Syrian Arab Red Crescent and the ICRC continued to see some improvement in their proximity to beneficiaries: they conducted more field trips and cross-line activities than in the past, including needs assessment and aid delivery in besieged and/or hard-to-reach areas. The ICRC built on this by expanding its emergency response, especially relief distributions (see below). In December, the National Society and the ICRC – acting jointly as a neutral intermediary, in line with agreements reached between the pertinent parties – evacuated tens of thousands of people from eastern Aleppo (see *Context*).

Vulnerable IDPs, residents and returnees address their daily needs

Over 10 million people (2 million households) supplemented their daily diet with: National Society-distributed one-month food parcels – whose nutritional value was increased beginning June, following an ICRC assessment – and canned goods, from the ICRC; meals from local charity kitchens; and/or bread from local bakeries. Several hundred thousand people benefited more than once. The kitchens and bakeries maintained their operations with ICRC-provided bulk rations and/or facility upgrades. Around 2.1 million people (400,000 households) obtained ICRC-donated household essentials, including hygiene items; some also received winter supplies or, for schoolchildren, educational materials, including on mine-risk awareness.

Relief distributions covered places controlled by the government and those held by armed groups. Approximately 30% of the people who received food and nearly 10% of those who obtained household essentials were in besieged or hard-to-reach locations, where distributions were sometimes conducted in coordination with the UN.

National Society staff honed their needs-assessment/response capacities, through ICRC-provided coaching and training.

People have improved living conditions, despite widespread destruction

Almost 15 million IDPs and residents had drinking water and safer conditions through projects – particularly, infrastructural repairs – undertaken by the National Society/ICRC, in coordination with the water ministry, local authorities, or representatives of some armed groups.

Through the ICRC-backed efforts of the National Society: 354,037 people received trucked-in water; at IDP centres, 145,876 people had improved shelter, water-supply, and sanitation facilities; and thousands obtained bottled water as an emergency measure.

In cities and towns with functional infrastructure, millions of IDPs and residents had potable water and electricity after the ICRC supplied local service providers with generators, spare parts and water-treatment chemicals. Around 274,400 people had reduced health risks through ICRC-backed solid-waste management projects.

In some besieged areas, people have access to health services

People in eight provinces had recourse to preventive and curative care at seven mobile health units and seven polyclinics run by the Syrian Arab Red Crescent, with material, financial and technical ICRC support – for instance, the ICRC purchased refrigerated vehicles for the National Society, so as to enable the latter to better transport vaccines. Other National Society-run clinics, and health

facilities in besieged and/or hard-to-reach areas, received basic medical materials, including drugs for acute and chronic diseases, and supplies for childbirth. Assistance to some of these facilities was delivered during operations coordinated with the National Society and the UN (see above).

Local authorities, health professionals and National Society personnel continued to work, with ICRC technical, material and financial support, to curb leishmaniasis and other communicable diseases. People mitigated their risk from such diseases with the help of health-promotion and lice-treatment campaigns, and bed net distributions.

The ICRC continued to develop activities for ensuring the referral of victims of sexual violence to providers of appropriate care.

Vulnerable households work to regain self-sufficiency

Where security conditions were relatively stable, resident and returnee households took steps to improve their livelihoods, with National Society/ICRC support. A Hassakeh flour mill maintained its operations with an ICRC-provided generator, benefiting 26,000 households (130,000 people). In Hamah, Homs, Kuneitra, and Rural Damascus, 5,850 farmers (supporting 29,250 people) increased their production, using seed and fertilizer purchased by the ICRC and delivered by the National Society. Ninety-five farmers (supporting 475 people) in Tartus planted crops in greenhouses they built using ICRC-donated plastic sheets. In Aleppo and Homs, 291 female or disabled breadwinners (supporting 1,455 people) earned from their small businesses, expanded or started using ICRC-provided material input, such as tools.

Parties to the conflict are urged to respect IHL

The ICRC continued to pursue its limited dialogue, on the need to uphold IHL and other applicable norms, with the parties to the conflict (see *Actors of influence*). Particularly, it reminded these parties to: respect people not or no longer participating in hostilities – including medical and humanitarian workers – and protect them from abuse, notably sexual violence; heed the prohibition against indiscriminate attacks; ensure people's safe access to essential services and humanitarian aid; and respect and protect the red cross and red crescent emblems.

Many people are still unable to contact their families

People in and outside Syria continued to seek the ICRC's support in locating their relatives in the country, or reuniting with them abroad: 1,465 tracing requests were newly registered in 2016. Although 164 of all pending cases were resolved, thousands of families remained without information on their relatives, including those allegedly arrested or detained in relation to the conflict (see *People deprived of their freedom*). Particularly vulnerable people who used ICRC family-links services received ad hoc assistance, such as transportation allowances. Some residents of the Israeli-occupied Golan exchanged official documents with relatives in Syria proper. However, the ICRC facilitated no travel for humanitarian reasons owing to tensions along the demarcation line between these areas.

The ICRC continued to back local actors in developing their ability to address the issue of missing persons, with a focus on the proper management of human remains. The National Commission of Forensic Medicine (NCFM), with which the ICRC signed a cooperation agreement, received books, digital cameras, gloves and other supplies, for distribution to forensic institutions. NCFM personnel, alongside other forensic specialists, advanced their knowledge of such

topics as humanitarian forensics, during workshops. These facilitated the ICRC's dialogue with the defence ministry and with the reconciliation ministry, on prospectively co-developing forensic strategies. The National Society helped manage the remains of people following emergencies, drawing on ICRC-provided training and supplies.

PEOPLE DEPRIVED OF THEIR FREEDOM

During visits conducted according to its standard procedures, the ICRC monitored the treatment and living conditions of 18,330 detainees in eight central prisons run by the interior ministry, and shared confidential feedback with the authorities afterwards.

Although means of contacting relatives, like telephones, were available in the prisons, some particularly vulnerable detainees, such as foreigners and minors, used ICRC family-links services – provided during the above-mentioned visits – to reconnect with relatives. The ICRC followed up, with the authorities and with some armed groups, on enquiries from the families of people allegedly arrested or detained in relation to the conflict, eliciting complete or partial answers regarding the whereabouts of 1,319 people.

The ICRC continued to pursue efforts aimed at gaining access to all people deprived of their freedom in Syria, including those detained by security forces and those held by armed groups. Meetings with government officials and with representatives of some armed groups focused on explaining the ICRC's standard procedures when working in behalf of detainees. While it sought to bolster dialogue in this vein with the pertinent authorities, the ICRC put its detention activities on hold, starting from September.

In two prisons, detainees help diversify food supply

Detainees visited by the ICRC eased their confinement with donated hygiene items, clothes and other essential supplies. Across several prisons, 17,600 detainees saw improvements in their situation after the ICRC upgraded key facilities, such as water points and waiting areas for families, and donated tools and spare parts for maintaining electricity and ventilation systems. In four prisons, detainees had access to health care at clinics that the ICRC provided with supplies and equipment.

The authorities and the ICRC continued to develop their joint work in pursuing longer-term solutions for alleviating detainees' harsh circumstances. In two prisons, some detainees helped diversify the food supply and eased the monotony of their situation, through ICRC-led pilot farming projects. Three government representatives enhanced their knowledge of health care in detention at a regional workshop (see *Jordan*), the first such ICRC workshop attended by Syrian authorities.

WOUNDED AND SICK

Disregard for the safety of people seeking or providing health care (see, for example, *Context*) and of medical facilities remained widespread. In line with the Health Care in Danger project, the ICRC documented abuses against health services, including attacks and situations of systematic denial or obstruction of access. On this basis, parties to the conflict were reminded – through bilateral dialogue, reports and public statements – of the protection due to patients and medical workers and facilities, regardless of their affiliation, under IHL and other applicable norms.

Patients benefit from increased deliveries of medical aid

Health needs continued to outweigh available services, especially in areas controlled by armed groups and places besieged by either

government forces or armed groups. Opportunities for the ICRC to provide material support to health facilities remained limited. Compared with past years, however, the organization managed to conduct more cross-line deliveries, mostly of basic medical materials; those for surgery were still rarely allowed, and only in small quantities. Ill or injured people, including some weapon-wounded, thus had access to care (see also *Civilians*).

Twenty-two health facilities, including ten located across front lines, obtained supplies for 29,250 haemodialysis sessions; several also benefited from trucked-in or bottled water. Health workers at 28 facilities performed their duties with the help of specialized equipment and spare parts donated or maintained by the ICRC. Three hospitals sustained their services, supported by ICRC-led repairs, as did one National Society-run hospital, with the help of ICRC training for maintenance personnel.

Among the eastern Aleppo evacuees (see *Civilians*), 811 wounded people, many with serious injuries, underwent treatment through National Society/ICRC efforts.

During ICRC-supported courses: 1,066 National Society personnel honed their ability to provide first aid – and, for some, to train others in this field – and received key supplies and equipment; and 141 surgeons and other health professionals learnt more about weapon-wound management and the goals of the Health Care in Danger project.

Physically disabled people obtain specialized services

In Damascus, 1,582 disabled people availed themselves of services at a physical rehabilitation centre run by the National Society, with material, technical and financial ICRC input. The centre's staff received on-site support from ICRC specialists, helping ensure the quality of the centre's services, including psychosocial-care provision. In Aleppo, 758 physically disabled people received treatment at an ICRC-run centre, which trained an additional staff member, increasing its capacity. This centre was closed for certain periods in May and in August, because of particularly poor security conditions.

Disabled people throughout the country benefited from wheelchairs and other assistive devices distributed by the ICRC through the National Society.

Selected patients of the Aleppo centre received livelihood support (see *Civilians*).

ACTORS OF INFLUENCE

Contact and coordination with local and central government authorities, community leaders, and some armed groups helped facilitate the access of National Society/ICRC teams to vulnerable people, but impediments to principled humanitarian action remained (see *Civilians* and *Wounded and sick*).

During meetings – between government officials and the ICRC's president, for instance – and in reports and public statements, the ICRC emphasized the right of all wounded people to receive medical treatment and of all civilians, including those in besieged and/or hard-to-reach areas, to receive humanitarian assistance (see also *Civilians*). Members of the national IHL committee began, with ICRC support, to discuss an action plan for promoting IHL; two joined their peers at a meeting in Geneva, Switzerland (see *International law and policy*). The ICRC's interaction, in Syria and

abroad, with representatives of some armed groups – notably, those based in the northern and southern parts of the country – helped familiarize them with humanitarian principles, basic IHL rules, and the Movement. Broader, systematic dialogue on protection-related issues could not be established with the parties to the conflict, however.

Students at a national public-administration institute strengthened their grasp of IHL through ICRC-organized courses. Discussions with academics led to the integration of IHL into the curricula of a police college and a public university; talks to this end with other public universities were ongoing.

Journalists help broaden awareness of the ICRC

Over 30 media professionals became more familiar with humanitarian concerns, IHL and the Movement during workshops organized by the information ministry, the National Society, and the ICRC. The ICRC continued to interact with local and international reporters, regardless of affiliation in relation to the conflict, contributing to their coverage of the situation in Syria. People in Syria, including potential beneficiaries, and abroad kept abreast of the humanitarian consequences of the conflict – such as the issues covered by the Health Care in Danger project – and of the ICRC’s activities, especially in besieged and other areas inaccessible to journalists. They did so partly via multi-format informational materials, including operational updates and news releases, produced and disseminated by the organization through various platforms.

RED CROSS AND RED CRESCENT MOVEMENT

The Syrian Arab Red Crescent responded to humanitarian needs – in keeping with the Fundamental Principles and the Safer Access Framework – with extensive ICRC financial, material and technical support, provided pursuant to a 2014–2016 agreement. This helped defray the National Society’s operating costs at its headquarters, 12 branches and 13 disaster-response/first-aid centres. The National Society enhanced its operational capacities through joint activities and training with the ICRC, covered by new project agreements that strengthened their partnership in: primary health care; relief and livelihood-support provision; human remains management; and physical rehabilitation (see also *Civilians* and *Wounded and sick*). With ICRC-provided technical input and/or equipment, the National Society: reinforced its public communication; upgraded its radio-communication system; applied safer practices around mines/explosive remnants of war; and developed a risk-management plan. Its volunteers continued to train in providing psychological support to their peers, in line with an ICRC-backed project.

The two organizations also deepened their cooperation in other areas. With the education ministry, they produced mine-risk awareness materials for schoolchildren (see *Civilians*).

The ICRC continued to coordinate with the Palestine Red Crescent, which was helping Palestinian refugees in Syria, and provided it with vehicles for transporting patients, and needs-assessment/response training.

Movement components in Syria met regularly to coordinate their activities, helping increase their impact.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	171			
RCMs distributed	193			
Phone calls facilitated between family members	2			
Reunifications, transfers and repatriations				
People transferred or repatriated	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,465	76	67	85
<i>including people for whom tracing requests were registered by another delegation</i>	863			
Tracing cases closed positively (subject located or fate established)	164			
<i>including people for whom tracing requests were registered by another delegation</i>	56			
Tracing cases still being handled at the end of the reporting period (people)	6,574	378	264	329
<i>including people for whom tracing requests were registered by another delegation</i>	4,668			
Documents				
People to whom travel documents were issued	13			
Official documents relayed between family members across borders/front lines	15			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	18,330	1,014	232	
		Women	Girls	Boys
Detainees visited and monitored individually	39	9		
Detainees newly registered	25	4		
Number of visits carried out	30			
Number of places of detention visited	8			
RCMs and other means of family contact				
RCMs collected	11			
RCMs distributed	10			
Phone calls made to families to inform them of the whereabouts of a detained relative	28			
People to whom a detention attestation was issued	3			

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 ¹	Beneficiaries	10,008,119	3,002,441	4,003,237
	<i>of whom IDPs</i>	8,006,493	2,401,950	3,202,593
Essential household items	Beneficiaries	2,154,717	646,426	861,865
	<i>of whom IDPs</i>	1,723,769	517,134	689,501
Productive inputs	Beneficiaries	161,180	48,357	64,466
	<i>of whom IDPs</i>	128,095	38,430	51,235
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	15,000,096	4,500,000	6,000,000
	<i>of whom IDPs</i>	4,500,000	1,350,000	1,800,000
Health				
Health centres supported	Structures	14		
Average catchment population		2,558,000		
Consultations		280,932		
	<i>of which curative</i>	262,404	83,455	77,182
	<i>of which antenatal</i>	18,528		
Immunizations	Patients	9,510		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	3,319		
Referrals to a second level of care	Patients	8,358		
	<i>of whom gynaecological/obstetric cases</i>	2,498		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	17,600	1,584	
Health				
Visits carried out by health staff		6		
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	61		
Water and habitat				
Water and habitat activities	Number of beds	2,501		
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services	Patients	2,340	427	416
New patients fitted with prostheses	Patients	180	27	23
Prostheses delivered	Units	549	85	88
	<i>of which for victims of mines or explosive remnants of war</i>	27	1	2
New patients fitted with orthoses	Patients	83	20	17
Orthoses delivered	Units	168	34	62
Patients receiving physiotherapy	Patients	1,150	212	198
Walking aids delivered	Units	180	27	11
Wheelchairs or tricycles delivered	Units	20	6	1

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