

AFGHANISTAN



+ ICRC delegation + ICRC sub-delegation + ICRC office/presence + ICRC-supported hospital
 + ICRC regional logistics centre + ICRC-supported prosthetic/orthotic centre
 * Hospital run fully by the ICRC ** Map shows structures supporting ICRC operations in Afghanistan

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ following an attack on the ICRC office in Jalalabad on 29 May, the ICRC changed its set-up, adjusting some of its programmes and working with fewer offices and with some of its staff based abroad
- ▶ dialogue with parties to the conflict, including at high level, encouraged them to respect IHL, resulting in fewer ambulances being delayed at checkpoints in two areas and the restoration of disrupted ICRC supply lines
- ▶ detainees visited by the ICRC saw their treatment and living conditions improve, notably as a result of feedback given to the authorities, access to family-links services and rehabilitated infrastructure
- ▶ Afghan Red Crescent Society clinics and community-based volunteers improved the quality of their services with Swedish Red Cross/ICRC support for their capacity-building efforts
- ▶ Afghan authorities took steps to protect health services, including in Mirwais hospital where the authorities reconfigured entrances/rooms and confirmed their commitment to ensuring security
- ▶ in spite of limited access, thousands of particularly vulnerable people, including disabled patients, received National Society/ICRC assistance to meet their nutritional needs and restore their livelihoods

EXPENDITURE (in KCHF)	
Protection	12,529
Assistance	57,415
Prevention	4,410
Cooperation with National Societies	2,462
General	-

76,816

of which: Overheads **4,688**

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%
PERSONNEL	
Mobile staff	116
Resident staff (daily workers not included)	1,613

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: protecting detainees and helping them keep in contact with their families; monitoring the conduct of hostilities and working to prevent IHL violations; assisting the wounded and 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.)	
Red Cross messages (RCMs)	
RCMs collected	6,919
RCMs distributed	9,193
Phone calls facilitated between family members	3,122
People located (tracing cases closed positively)	1,081
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	29,440
Detainees visited and monitored individually	3,053
Number of visits carried out	173
Number of places of detention visited	80
Restoring family links	
RCMs collected	9,507
RCMs distributed	6,320
Phone calls made to families to inform them of the whereabouts of a detained relative	870

ASSISTANCE		Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	134,050	112,261
Essential household items	Beneficiaries	114,150	82,335
Productive inputs	Beneficiaries	91,000	625,690
Cash	Beneficiaries	5,110	80,170
Vouchers	Beneficiaries		11,200
Work, services and training	Beneficiaries	560	255,141
Water and habitat activities	Beneficiaries	220,000	386,390
Health			
Health centres supported	Structures	48	45
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	2	24
Water and habitat			
Water and habitat activities	Number of beds		896
Physical rehabilitation			
Centres supported	Structures	8	8
Patients receiving services	Patients	80,000	94,868

CONTEXT

Responsibility for security was handed over to Afghan forces, while international troops continued their departure. Having begun the process in 2012, the United States of America (hereafter US) completed in May the transfer to Afghan authority of some 4,000 detainees/internees held at the Parwan detention facility.

As the security situation deteriorated, humanitarian needs grew. Civilians bore the brunt of the fighting, which caused death, injury and displacement, and impeded access to essential services. Many lost their mainly agriculture-based livelihoods; infrastructure, where not destroyed, was in disrepair.

The fragmentation of the political/military landscape and the volatility of the situation complicated matters, blurring communication lines and further restricting access. Humanitarian workers continued to be attacked. On 29 May, the ICRC office in Jalalabad was attacked by unknown persons, resulting in the death of one ICRC staff member and injuries to others.

ICRC ACTION AND RESULTS

The ICRC reviewed its operations in light of the insecurity, consulting the authorities and other key stakeholders as it did so. While it aimed to reduce the risks to its staff, the ICRC remained committed to providing humanitarian assistance in Afghanistan; hence, following the partial suspension of its activities in the immediate aftermath of the Jalalabad attack, it resumed its activities with a revised set-up, adjusting some programmes and working with fewer offices and with some staff members based abroad.

The Afghan Red Crescent Society and the ICRC faced difficulties throughout the year in reaching many parts of the country and in conducting their activities. For instance, the main armed group sporadically placed restrictions on the transport of ICRC supplies throughout the year, often disrupting the delivery of aid. The ICRC therefore focused on maintaining/developing its dialogue with the parties to the conflict, with a view to furthering their understanding of the National Society/ICRC's work and improving access to the people affected. In these – sometimes high-level – discussions, the ICRC reminded the Afghan and international forces and the main armed group of their obligations under IHL, including protecting medical services, for which various ministries began initiatives. The ICRC also called the parties' attention to alleged IHL violations. ICRC presentations and materials, delivered to military/police personnel, government officials and influential community leaders, reinforced the dialogue at the working level. This resulted in fewer ambulances being delayed at checkpoints in two areas, resumption of ICRC visits to detainees held under the authority of the Afghan National Police, and, in spite of continuing challenges, the restoration of some of the ICRC's supply lines.

Delegates continued to visit detainees under Afghan, NATO/International Security Assistance Force (ISAF) and US authority according to standard ICRC procedures and shared their findings and recommendations confidentially with the authorities concerned. Through briefings and dialogue, the ICRC supported Afghan and US authorities in safeguarding the rights of the detainees transferred from US to Afghan custody at the Parwan detention facility. It enabled detainees/internees to contact their families, including through a new phone system adapted to reach remote areas, and foreign detainees to get in touch with their consular

officials. The ICRC helped the authorities respond to emergencies and sustainably improve detainees' living conditions by supporting the repair/rehabilitation of water, sanitation and health infrastructure and by advising prison staff on health issues.

Despite the constraints mentioned above, the soundness of their working relationship enabled National Society/ICRC teams, with local partners, to reach some of the most affected communities.

The National Society/ICRC helped address health needs by taking a comprehensive approach throughout the casualty care chain. First-aid training enabled volunteers, including women, and weapon bearers to save lives, while an ICRC-funded transport system in the south evacuated the wounded to hospital. Providing supplies, equipment and training, the ICRC and other Movement partners helped the National Society improve services offered by its clinics and community-based first-aiders. Regular support to the Health Ministry-run Mirwais and Shiberghan hospitals, ad hoc provisions of supplies to other hospitals and training for health professionals helped boost the quality of higher-level care. Services provided by ICRC-run physical rehabilitation centres helped the disabled to regain self-sufficiency and reintegrate into their communities.

The ICRC also worked to effect long-term improvement in conflict-affected communities. It enlisted community support in rehabilitating irrigation systems and other damaged infrastructure in exchange for food or cash, which helped people earn an income and boosted communal resources. The ICRC assisted communities in resuming/protecting income-generating activities through micro-credits, animal health programmes and provision of agricultural inputs. It supported the repair/construction of water systems to improve water quality and sanitation in rural and urban areas.

National Society/ICRC teams helped conflict-affected families meet their urgent needs through distributions of one-month rations of food and household essentials.

Under an approach emphasizing joint service delivery, the National Society worked alongside the ICRC in assisting victims while developing its institutional and branch-level capacities. While preserving its independence, the ICRC regularly met with other humanitarian organizations to ensure maximum coverage of needs and to avoid duplication.

CIVILIANS

Civilians continued to suffer, many being killed, wounded, displaced or hindered from accessing basic services. People reported IHL violations to the ICRC; the reports formed the basis of the ICRC's dialogue with the alleged perpetrators. Such dialogue aimed to urge respect for IHL and prevent further violations, although the sheer number of actors often made follow-up difficult (see *Authorities, armed forces and other bearers of weapons, and civil society*).

The main parties called on the ICRC to act as a neutral intermediary in the handover of the remains of fallen fighters to their families, who were often identified/located through active tracing efforts by National Society/ICRC teams. Some families buried their relatives with ICRC help. Relatives separated by the conflict used Movement family-links services to restore/maintain contact (see *People deprived of their freedom*). Using its

strengthened capacities, the National Society clarified the fates of 808 people sought by Afghans abroad and continued to handle these services in the north.

Helped by training and/or ICRC-donated equipment, Health Ministry and mortuary staff and National Society volunteers improved their management of human remains, thereby facilitating their identification and thus helping prevent future cases of people becoming unaccounted for.

Restrictions affect aid delivery in the south-west

Insecurity and disruption of ICRC supply lines – the result of restrictions imposed by armed groups – limited humanitarian access and response, particularly in the south-western regions. However, some communities received assistance following programme adjustments and the establishment of remote management approaches by National Society/ICRC teams.

Conflict-affected communities boost their income and food security

Some 79,400 conflict- or disaster-affected people (11,300 households, of which over 8,000 were IDPs), eased their daily conditions through four-week food rations, with 55,500 of them also receiving household essentials.

Vulnerable people supported themselves and their families (totaling 74,333 people) by repairing vital infrastructure such as irrigation canals and roads in 325 communities in exchange for food (936 participants) or, owing to food supply disruptions or security constraints, cash (9,683 participants); their work directly benefited an estimated 600,000 people. Some 170 households started businesses with micro-loans from a newly established community revolving fund that benefited more people once the initial loans were repaid. Thousands of families increased their sources of income/food with ICRC-donated supplies and equipment: 213 households planted almond orchards; also using vouchers for seeds, 1,600 farmers grew high-quality wheat; and 1,206 female-headed households raised poultry. Over 940 pastoral farmers in the central and southern regions managed their herds better with fodder, basic items and knowledge gained from animal husbandry training. Some 34,200 families (240,000 people) raised healthier animals, helped by deworming and treatment programmes facilitated by 74 ICRC-equipped veterinary workers.

Disabled people (see *Wounded and sick*) and their families became more self-sufficient: 346 breadwinners (with 2,076 dependents) availed ICRC micro-credits for the first time to boost/begin livelihood activities; 358 people started vocational training; 1,128 students received stationery kits; and 220 children benefited from home tuition. Some 3,760 homebound people with spinal cord injuries and their families (totalling 26,341 people) received food rations and hygiene and medical items.

Communities face less health hazards as they access clean water and health care facilities

Over 310,000 people in rural areas – much more than initially planned – had access to safe drinking water because of new/rehabilitated hand pumps and water supply systems maintained by trained management committees; security conditions forced available resources to focus on this remotely-managed initiative. Another 73,000 people benefited from improved/rehabilitated urban water networks in four provinces.

Civilians received preventive/curative health care at 44 National Society clinics and one ICRC-supported community-run health centre in Korengal, near Jalalabad. Over one million patients were given consultations at the clinics while thousands, including 108,000 pregnant women and 60,000 babies, were vaccinated (478,000 doses). Some 94,000 people obtained treatment/emergency care from trained community-based National Society volunteers, including women.

With Norwegian Red Cross/ICRC support, the National Society enhanced the care available from its volunteers and clinics, in line with the government's Basic Package of Health Services. It provided first-aid training to some 2,000 volunteers and instructors and strengthened its medical logistics and clinic management capacities, improving monthly reporting, for instance.

The Health Ministry and other organizations conducted polio vaccinations in the south, with the ICRC facilitating access.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees/internees under Afghan, NATO/ISAF and US authority received visits; detainees held by the Afghan police were visited after more than a year, following the resumption of dialogue between the Afghan police and the ICRC. All visits were conducted according to standard ICRC procedures, enabling delegates to monitor detainees' treatment and living conditions, including respect for judicial guarantees and for the principle of *non-refoulement*. Particular attention was paid to vulnerable groups such as foreigners, women, minors and the mentally ill. Delegates shared their findings and recommendations confidentially with the authorities.

Detainees benefit from enhanced working relationship between Afghan authorities and the ICRC

Having attended ICRC briefings, National Directorate of Security officials were familiar with the ICRC's standard procedures, which made for smooth visits. High-level authorities and the ICRC discussed a new agreement strengthening their cooperation and increasing the ICRC's access to detainees.

Moreover, the Afghan and US authorities and other stakeholders, with ICRC input, ascertained respect for the rights of the detainees/internees transferred from US to Afghan custody at the Parwan detention facility (see *Context*). The detaining authorities, notably, tackled the legal and humanitarian implications of the transfers and ensured the continuation of family-links services. Afghan National Army units newly in charge of the facility regularly sought the ICRC's guidance in connection with standards of treatment and living conditions for detainees. Foreign detainees remaining in US custody benefited from ICRC representations on their situation and ICRC-facilitated visits from their consular officials.

A working group reviewing Afghanistan's penal code welcomed ICRC advice.

Detainees contact families in remote areas through new ICRC telephone system

Detainees/internees held in Afghanistan and in the US internment facility at Guantanamo Bay Naval Station in Cuba communicated with their families through RCMs, phone/video services, oral messages relayed by delegates during visits, and for detainees in Parwan, through ICRC-organized family visits and a new

telephone system extending the service to their families in remote areas. Families were reassured of the whereabouts of 929 detained relatives through notifications of arrest/transfer/release furnished by US and NATO/ISAF authorities to the ICRC. Five foreigners released from detention returned home with ICRC support.

Inmates gain access to safe drinking water and better health services

Mobilizing international stakeholders to invest in prison infrastructure became difficult, with many of them in the process of pulling out. While coordination with all concerned continued, the rising prison population strained the authorities' capacities, prompting the ICRC to combine emergency and long-term support.

Hence, over 38,000 detainees received hygiene items, clothing and other essentials, as did people held by armed groups, while detainees used ICRC-supported libraries to ease the monotony of their confinement.

Some 25,800 inmates had access to safe drinking water and better functioning sanitation facilities following repairs/improvements to infrastructure, including in a prison for women, a juvenile centre in Kabul as well as at the Sarpoza prison clinic. Over 26,000 detainees improved their hygiene using kits and information learnt from health promotion sessions conducted by dedicated committees composed of staff and detainees; they included some 4,000 people facing fewer health risks following scabies and bloody diarrhoea treatment campaigns.

Further to promoting hygiene and controlling disease outbreaks in provincial and central prisons, prison health staff treated ailing inmates, including mentally ill detainees at Pul-i-Charkhi prison, and referred them to hospital. They conducted such activities with the help of ICRC-provided equipment, supplies and technical advice, on standardizing medical screening, for instance. Detainees at Sarpoza prison relied on the ICRC to temporarily provide health services following the withdrawal of the Health Ministry's service provider.

WOUNDED AND SICK

Much of the population continued to have difficulty in obtaining timely and appropriate treatment, as attacks on medical staff/facilities impeded services (see *Civilians and Authorities, armed forces and other bearers of weapons, and civil society*). Despite these challenges, wounded and sick patients benefited from various levels of treatment provided by ICRC partners.

Wounded people given first aid by skilled responders

Injured people received emergency care from National Society volunteers and some 2,700 National Society/ICRC-trained first-aiders, including Health Ministry staff, taxi drivers, police personnel (including 14 instructors) and other weapon bearers. Informal surveys indicated that in Kandahar nearly all weapon-wounded patients received first aid before arriving at hospital, helping save lives.

Some 1,100 weapon-wounded patients in southern Afghanistan reached hospital through an ICRC-funded transport system, with a new referral procedure that improved system monitoring.

Hospitals reduce security-related risks for patients/staff

More than 52,000 inpatients and nearly 265,000 outpatients were treated at the Health Ministry-run Mirwais hospital in Kandahar (420 beds) and Shiberghan hospital in Jawzjan (150 beds). Both hospitals received regular, comprehensive ICRC support, helping them implement the Ministry's Essential Package of Hospital Services.

In Mirwais, patients' treatment, notably in surgery, obstetrics and paediatrics, improved owing to streamlined hospital protocols and management, including use of an infection prevention/control checklist, regular staff assessments and improved hygiene promotion on the premises and among patients and their families. With some guidance, maintenance teams carried out infrastructure repairs; the construction of a new operating theatre in Mirwais met some delays.

PEOPLE DEPRIVED OF THEIR FREEDOM		AFGHAN GOVERNMENT	US FORCES	IN NATO/ISAF CUSTODY PRIOR TO THEIR TRANSFER TO AFGHAN CUSTODY
ICRC visits				
Detainees visited		28,663	645	132
	<i>of whom women</i>	570		
	<i>of whom minors</i>	697	9	5
Detainees visited and monitored individually		2,517	525	11
	<i>of whom women</i>	9		
	<i>of whom minors</i>	90	9	
Detainees newly registered		1,035	401	8
	<i>of whom women</i>	7		
	<i>of whom minors</i>	50	8	
Number of visits carried out		149	9	15
Number of places of detention visited		70	2	8
Restoring family links				
RCMs collected		7,769	1,738	
RCMs distributed		5,665	655	
Phone calls made to families to inform them of the whereabouts of a detained relative		629	241	
Detainees visited by their relatives with ICRC/National Society support		2,595	131	
Detainees released and transferred/repatriated by/via the ICRC		5		
People to whom a detention attestation was issued		26	3	

Prompted by a 2012 security incident, the Health Ministry and the ICRC reduced conflict-related risks in Mirwais by renovating/reconfiguring entrances and rooms and employing other practical measures. They continued to discuss protection for medical services (see *Authorities, armed forces and other bearers of weapons, and civil society*) and their roles with regard to service delivery.

Emergency supplies enabled 22 other hospitals to cope with mass casualties; 52 Afghan surgeons refined their war-surgery techniques at a seminar organized with the Kabul Medical University. The Tirin Kot hospital repaired its water system with ICRC support.

Disabled people improve their mobility

Some 94,000 disabled Afghans benefited from physiotherapy and prosthetic/orthotic devices provided by one component factory and seven ICRC-run physical rehabilitation centres managed by disabled employees educated and trained with ICRC assistance. Patients from remote areas were transported to the centres or referred to specialist care, while those with spinal cord injuries received some 8,000 home visits. Disabled people became more self-sufficient (see *Civilians*) and added to their well-being through sports.

Construction of a new centre in Faizabad was suspended owing to technical problems, but work was carried out on other facilities: for instance, construction work on a sports facility for the disabled in the centre in Kabul and repairs to the roof of the Jalalabad centre.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Parties to the conflict encouraged to comply with IHL and grant humanitarian access

Parties to the conflict were reminded of their obligation under IHL to respect the principles of distinction and proportionality in the conduct of hostilities. In particular, they were reminded to protect people not/no longer participating in the fighting and to allow civilians access to basic services, including by protecting medical services.

The parties were contacted regularly, with a view to securing acceptance for neutral, impartial and independent humanitarian action and support for National Society/ICRC access to people affected. High-level meetings with the parties resulted in the restoration of some of the ICRC's supply lines (see *Civilians*) and helped shape the ICRC's thinking about its operations after the Jalalabad attack (see *Context* and *ICRC action and results*). Contact at working level, including with influential members of civil society, resulted in, for example, fewer ambulances being delayed at checkpoints in Helmand and Kandahar and renewed ICRC access to detainees in certain places of detention (see *People deprived of their freedom*). ICRC dialogue with Afghan and international forces in Afghanistan and abroad (see *Brussels, London and Washington*) helped address humanitarian issues related to the conduct of hostilities and detention and helped advance the debate on the use of remotely piloted aircraft and other IHL-related topics.

Afghan authorities increase protection for medical services

Incorporating ICRC recommendations, the Defence, Health and Interior Ministries worked on a joint agreement safeguarding medical services. The Interior Ministry assigned a focal point to monitor police conduct towards ambulances and medical personnel at checkpoints and facilities. The Health

Ministry continued discussions on safeguarding the neutrality and impartiality of health services. International forces issued specific orders for protecting medical personnel/facilities and trained their troops accordingly.

Afghan armed forces and police include IHL in training

The Interior Ministry, with ICRC input, enacted a policy to teach IHL regularly across the police force, similar to a 2009 Defence Ministry directive incorporating IHL in army doctrine, training and operations.

Hence, over 250 army and police instructors honed their IHL teaching skills at ICRC courses. Military and police personnel (e.g. three participants to San Remo, some 130 senior Afghan National Security Force (ANSF) officers attending the Command and Staff College and over 9,000 ANSF and police troops), Afghanistan-bound international personnel on predeployment training, and members of armed groups increased their knowledge of IHL through ICRC briefings and materials.

Community/religious leaders enhance their support for the Movement

About 5,000 influential community leaders, including elders, religious teachers and *shura* council members, diplomats and representatives of international organizations, deepened their understanding of IHL and the Movement through presentations and ICRC materials, some in local languages. Religious scholars/leaders and sharia law students discussed the links between IHL and Islam at conferences and courses in Afghanistan and abroad (see *Lebanon*).

The public learnt more about Movement activities and their rights and obligations under IHL through local-language radio programmes broadcast across the country. Using ICRC materials for their stories and guided by insights from ICRC seminars on conflict reporting, international and local media highlighted humanitarian issues, including those raised by the Health Care in Danger project, and helped rally support for Movement activities, such as those related to health care.

Progress in IHL treaty ratification remains slow

Treaty implementation remained stalled by the conflict. Nevertheless, publications, including an IHL handbook in Dari and Pashto for parliamentarians, round-tables and conferences, some abroad (see *Bangladesh* and *Nepal*), encouraged Afghan authorities and civil society representatives to incorporate IHL provisions into domestic legislation, particularly recognition/protection of the red cross and red crescent emblems. The authorities considered forming a national IHL committee. After a participant in a past ICRC IHL conference circulated a proposal, including to the Ministry of Foreign Affairs and the president's office, the matter was discussed at a round-table.

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent remained the ICRC's main partner and, governed by an approach emphasizing joint service delivery, worked alongside it in assisting victims (see *Civilians* and *Wounded and sick*), many of whom were beyond the reach of overstretched/unreliable government services or other humanitarian actors.

With ICRC support, the National Society developed its institutional and branch-level capacities, including in financial management and project monitoring and evaluation. It also drew

on Swedish Red Cross/ICRC assistance to strengthen its volunteer management by pursuing volunteer registration, establishing data-bases across the country and completing a programme review.

The National Society created a committee to oversee its implementation of the Safer Access Framework and shared its experience in this field at a regional consultation (see *Kuala Lumpur*) and as chair of an experts' workshop at the Council of Delegates.

The organization's constitution remained pending the approval of the president of Afghanistan.

Movement partners met regularly to strengthen their security and access framework and coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		6,919		
RCMs distributed		9,193		
Phone calls facilitated between family members		3,122		
Reunifications, transfers and repatriations				
People transferred/repatriated		1		
Human remains transferred/repatriated		620		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		1,497	103	241
People located (tracing cases closed positively)		1,081		
Tracing cases still being handled at the end of the reporting period (people)		361	57	128
Documents				
Official documents relayed between family members across border/front lines		257		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		29,440	570	711
Detainees visited and monitored individually		3,053	9	99
Detainees newly registered		1,444	7	58
Number of visits carried out		173		
Number of places of detention visited		80		
Restoring family links				
RCMs collected		9,507		
RCMs distributed		6,320		
Phone calls made to families to inform them of the whereabouts of a detained relative		870		
Detainees visited by their relatives with ICRC/National Society support		2,726		
Detainees released and transferred/repatriated by/via the ICRC		5		
People to whom a detention attestation was issued		29		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	112,261	29%	29%
	<i>of whom IDPs</i>	Beneficiaries	58,793	
Essential household items	Beneficiaries	82,335	20%	18%
	<i>of whom IDPs</i>	Beneficiaries	52,037	
Productive inputs	Beneficiaries	625,690	33%	37%
	<i>of whom IDPs</i>	Beneficiaries	24,469	
Cash	Beneficiaries	80,170	33%	36%
	<i>of whom IDPs</i>	Beneficiaries	1,226	
Vouchers	Beneficiaries	11,200	45%	35%
Work, services and training	Beneficiaries	255,141	30%	40%
	<i>of whom IDPs</i>	Beneficiaries	161	
Water and habitat activities	Beneficiaries	386,390	28%	38%
Health				
Health centres supported	Structures	45		
Average catchment population		974,295		
Consultations	Patients	1,076,427		
	<i>of which curative</i>	Patients	276,362	434,055
	<i>of which ante/post-natal</i>	Patients	86,092	
Immunizations	Doses	478,109		
	<i>of which for children aged five or under</i>	Doses	369,316	
Referrals to a second level of care	Patients	311		
Health education	Sessions	9,045		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	38,230		
Work, services and training	Beneficiaries	1		
Water and habitat activities	Beneficiaries	25,804		
Health				
Number of visits carried out by health staff		182		
Number of places of detention visited by health staff		35		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	24		
	<i>of which provided data</i>	Structures	2	
Patients whose hospital treatment has been paid for by the ICRC	Patients	40		
Admissions	Patients	52,474	35,715	2,412
	<i>of whom weapon-wounded</i>	Patients	134	30
	<i>(including by mines or explosive remnants of war)</i>	Patients	950	
	<i>of whom other surgical cases</i>	Patients	13,570	
	<i>of whom medical cases</i>	Patients	8,424	
	<i>of whom gynaecological/obstetric cases</i>	Patients	28,457	
Operations performed		16,253		
Outpatient consultations	Patients	264,919		
	<i>of which surgical</i>	Patients	99,347	
	<i>of which medical</i>	Patients	83,365	
	<i>of which gynaecological/obstetric</i>	Patients	82,207	
Water and habitat				
Water and habitat activities	Number of beds	896		
Physical rehabilitation				
Centres supported ¹	Structures	8		
Patients receiving services	Patients	94,868	14,936	28,945
New patients fitted with prostheses	Patients	1,084	109	87
Prostheses delivered	Units	4,335	401	247
	<i>of which for victims of mines or explosive remnants of war</i>	Units	2,630	
New patients fitted with orthoses	Patients	5,421	1,133	2,228
Orthoses delivered	Units	12,775	2,211	5,998
	<i>of which for victims of mines or explosive remnants of war</i>	Units	40	
Patients receiving physiotherapy	Patients	56,291	9,603	21,965
Crutches delivered	Units	13,812		
Wheelchairs delivered	Units	1,144		

1. Including a component factory