

# YEMEN



+ ICRC delegation    + ICRC sub-delegation    + ICRC office  
+ ICRC-supported prosthetic/orthotic centre

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ insecurity, access constraints and restrictions imposed by local authorities hampered the implementation of certain activities, leading the ICRC in some cases to modify its operations, including by reducing staff movements
- ▶ through contacts with authorities, weapon bearers, community leaders and the wider public, the ICRC sought to gain access to people in need, acceptance for its mandate and support for the goals of the Health Care in Danger project
- ▶ 143 people critically wounded during fighting in Dammaj, Sa'ada province, received appropriate medical treatment after being evacuated to hospital by the ICRC, acting as a neutral intermediary, in 5 cross-line operations
- ▶ people in conflict-affected areas accessed good-quality health/medical care at ICRC-supported facilities, including Al-Razi hospital, which an ICRC surgical team supported until its withdrawal in May following security incidents
- ▶ people newly affected by conflict received emergency aid, with others benefiting from early-recovery initiatives that included livelihood support and the restoration of basic health and water services
- ▶ an agreement granting the ICRC comprehensive access to detainees held by various Yemeni authorities was approved by the Council of Ministers, but pending signature at year's end

EXPENDITURE (in KCHF)	
Protection	2,854
Assistance	18,346
Prevention	2,637
Cooperation with National Societies	1,228
General	-
	<b>25,065</b>

of which: Overheads 1,530

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>74%</b>

PERSONNEL	
Mobile staff	49
Resident staff (daily workers not included)	214

The ICRC has been working in Yemen since the civil war in 1962. The ICRC responds to the armed conflicts and other situations of violence in the country by: helping secure the water supply; providing emergency relief, livelihood support and medical assistance to civilians; monitoring the treatment and living conditions of people held in relation to the situation; and enabling them, other nationals and refugees restore contact with their family members, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The Yemen Red Crescent Society is the ICRC's main partner.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	4,996
RCMs distributed	2,350
Phone calls facilitated between family members	363
People located (tracing cases closed positively)	64
People reunited with their families	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	5,986
Detainees visited and monitored individually	59
Number of visits carried out	42
Number of places of detention visited	17
Restoring family links	
RCMs collected	12
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	10

ASSISTANCE	Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 21,000	10,638
Essential household items	Beneficiaries 42,000	44,897
Productive inputs	Beneficiaries 252,000	321,715
Cash	Beneficiaries	48,627
Water and habitat activities	Beneficiaries 1,229,000	1,266,599
<b>Health</b>		
Health centres supported	Structures 20	16
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	3
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	187
<b>Physical rehabilitation</b>		
Centres supported	Structures 5	4
Patients receiving services	Patients	68,136

## CONTEXT

Overlapping armed conflicts and other situations of violence continued throughout Yemen even as the National Dialogue Conference – an opportunity for different groups to resolve the political stalemates in the country – was under way.

In the north, fighting between Salafi supporters and the Houthis intensified towards the latter part of the year, notably in the village of Dammaj, the only part of Sa'ada province not under Houthi control. The Houthis laid siege to Dammaj and its residents, including thousands of foreigners at the religious school, while Salafi supporters cut supply roads leading to Sa'ada, with the fighting spreading to nearby districts.

In the south, particularly in Aden, demonstrations by the Al-Hirak separatist movement sometimes escalated into armed clashes with security forces. State measures and US-backed air strikes against armed groups such as Al-Qaeda in the Arab Peninsula (AQAP) and Ansar al-Sharia (AAS) reportedly intensified. Government-sanctioned militias known as Popular Committees maintained security in some areas.

All this exacerbated existing socio-economic difficulties, disrupted supply lines and basic services, severed family links, and caused large-scale displacement, injury, death and, reportedly, arrests.

Reports of attacks against health-care services were frequent, including one on the Ministry of Defence compound that killed staff at the military hospital. The increased risk of kidnapping and the abduction of three ICRC staff members in May, among other security incidents, also had an adverse impact on humanitarian activities.

## ICRC ACTION AND RESULTS

The shifting dynamics of the armed conflicts and other situations of violence in Yemen made it necessary for the ICRC to adapt to the prevailing situation, adjusting its operations to the population's differing needs while ensuring the security of its own staff.

Amidst the fighting, the ICRC urged all actors with bearing on the conflicts or unrest to abide by their obligations under IHL or other applicable norms, emphasizing the need to protect people not or no longer participating in hostilities, including humanitarian workers and those seeking or providing medical care. It worked continuously to secure access to communities and gain acceptance for its neutral, impartial and independent humanitarian action among authorities, weapon bearers, community leaders and the public. Even so, the volatility of the situation, security incidents, access constraints and restrictions imposed by local authorities hindered the implementation of certain activities, in some cases leading to their cancellation, and prompted the ICRC to limit staff movements in some areas. In December, security threats led to the temporary closing of the Amran sub-delegation.

Nevertheless, the ICRC maintained its capacity to address needs triggered by sudden bouts of fighting, distributing food and household essentials or trucking in fresh water for residents and IDPs in several provinces. Where the situation permitted, it focused on helping communities recover from the consequences of the conflicts/violence, in cooperation with the authorities. Livelihood-support activities – provision of agricultural inputs, livestock vaccinations, cash-for-work programmes, micro-economic initiatives – enabled residents and returnees to restore their

self-sufficiency and contribute to boosting community resources. The rehabilitation/construction of water storage/distribution facilities, undertaken with local water boards, helped over 1,200,000 people gain long-term water services. Regular provision of drugs, equipment and training for staff at primary health care centres, and support for immunization campaigns, helped raise the quality of preventive/curative care, including for women and children.

First-aid courses for health staff, weapon bearers and Yemen Red Crescent Society volunteers, as well as war-surgery seminars for local surgeons, increased the likelihood that those injured in the violence would receive timely and appropriate treatment. Hospital care in and near Abyan province improved with regular medical supplies and hands-on training at Al-Razi hospital, which was assisted by an ICRC surgical team until security incidents forced the team to pull out in May. Responding to emergency needs, the ICRC provided health/medical facilities with ad hoc supplies and surgical kits to help them deal with sudden influxes of patients, and set up a mobile clinic in Abyan. In Dammaj, acting as a neutral intermediary, the ICRC evacuated critically wounded people to hospital through cross-line operations. It retrieved the remains of people killed in the fighting and handed them over to the authorities concerned.

The ICRC visited detainees under the purview of the Interior Ministry, as well as people held by other authorities, including a first visit to the Sa'ada Central Prison. With a view to securing access to all detainees in Yemen, it proposed a detention framework agreement to the Yemeni presidency; this was approved by the Council of Ministers but pending signature at year's end. Dialogue with the relevant actors enabled it to visit people held in relation to fighting in Sa'ada province.

National Society/ICRC family-links services helped separated family members – including detainees, people with relatives detained abroad, refugees and asylum seekers – to stay in touch.

Coordination among Movement partners and with other humanitarian actors helped meet the population's needs and avoid duplication.

## CIVILIANS

Amidst the fighting, air strikes and other violence, the ICRC urged the various authorities, weapon bearers and other actors with bearing on the conflicts or unrest to abide by their respective obligations under IHL, international human rights law or other applicable norms. Based on reported violations, they were reminded orally and in writing to: respect the principles of distinction, proportionality and precaution; protect those not or no longer participating in hostilities, including those seeking or providing medical care (see *Wounded and sick*); and exercise restraint when using force during law enforcement operations.

### Residents/IDPs rely on trucked-in water/emergency relief

IDPs and vulnerable residents grappling with the consequences of fighting in several provinces met their basic needs with National Society/ICRC assistance. Over 10,500 people (1,772 households) improved their diet, mainly through one-off food distributions. Some 44,900 people (6,712 households) set up temporary homes with tarpaulins, blankets, mattresses, hygiene kits and other household items. In Taiz, 16 Syrian refugee families (112 individuals) received food and cash.

Approximately 9,900 residents in Sa'ada Old Town each had at least 15 litres of drinking water daily through ICRC water-trucking operations. These went on until repairs to the urban water supply system, conducted in coordination with local authorities, provided a sustainable solution as of June. Similarly, in Mandaba camp near Sa'ada's border with Saudi Arabia, some 2,500 IDPs and migrants had 44,000 litres of water trucked in daily. Originally undertaken as a provisional measure, ICRC water-trucking ended in November owing to a lack of direct access to the area and of authorization to work with local communities on developing sustainable water sources.

### **Local water boards contribute to restoring water supply**

Elsewhere, local water boards and the ICRC repaired damaged or neglected water storage/distribution facilities or constructed new ones, thereby ensuring long-term services for communities. Such cooperation also provided opportunities to discuss responsibilities regarding water management. In all, over 1,200,000 people in Abyan, Aden, Sa'ada and Taiz gained access to sufficient water through various projects. For example, electromechanical equipment provided and installed in Aden improved the water supply of some 855,000 people; in Abyan, flood-protection mechanisms complemented the rehabilitation of floodwater storage and irrigation systems for 42,000 people; and work with local water boards notably in Sa'ada and Taiz benefited 68,000 and 90,000 people respectively.

### **Struggling communities work towards self-sufficiency**

Where access and security permitted, returning IDPs/other vulnerable residents participated in initiatives aimed at restoring their self-sufficiency by increasing their food supply and securing their livelihoods.

In Abyan, 7,864 households (55,048 people) resumed farming and increased their yields with donated seed and fertilizer. Over 330 households (2,359 people) cultivated fruit trees and honey bees, also with ICRC-provided supplies and equipment. The rehabilitation of an irrigation system through a cash-for-work programme in southern Abyan enabled farmers to tend their fields again, benefiting 26,372 people. In Abyan and Taiz, 190 households (1,330 individuals) with a disabled family member received cash, including as support for livelihood activities, to ease the extra hardships they faced.

In Amran, 3,000 households (21,000 people) farmed more productively with newly acquired/repaired tractors. Through a vaccination campaign organized with the Ministry of Agriculture, 32,137 households (224,952 individuals) protected their livestock (over 710,000 animals) against endemic diseases. In Al Sawad district, 50 women-headed households (350 people) had their cows treated for various diseases.

In Sa'ada, 65 families (455 individuals) augmented their household incomes by participating in a cash-for-work programme. Some 600 families (4,265 people) in Sa'ada's old city earned income from small businesses they launched using ICRC cash grants, and 20 heads-of-household (100 people) gained employable skills at vocational centres supported by the ICRC with training materials and equipment. Planned agricultural initiatives were cancelled owing to restrictions imposed by local authorities.

### **Women and children receive good-quality preventive/curative care**

Some 220,000 people, including women and children, accessed good-quality primary health care at 11 health centres regularly supported by the ICRC in Abyan, Amran, Sa'ada and Sana'a provinces; rehabilitation work in six of them translated into 406 additional consultations per day. On-site supervision and drug/equipment donations helped the centres provide consultations and mother/child care. Health staff took training courses regularly, strengthening their ability to manage pharmacies, maintain hygiene standards, observe proper waste management, treat diarrhoea or malaria cases and administer first aid.

Vaccinations carried out through the 11 centres (in all, over 142,000 doses) benefited mainly children. They included some 7,800 children vaccinated against polio and some 7,200 against measles in Amran's Harf Sufyan district, a result of cooperation with the Health Ministry focusing on controlling the spread of communicable diseases. In Sana'a, thousands received mosquito nets.

Other health centres benefited from ad hoc support. For example, in response to an outbreak of violence in Al Bayda, one health centre and one mobile clinic responded to the needs of IDPs in remote areas with ICRC-provided medical materials for two months.

Some centres did not receive support as planned owing to difficulties accessing them, including because of limitations put in place by the local authorities. Discussions continued with the Health Ministry on allowing the ICRC more opportunities to assess supported centres.

### **Families learn the fate of relatives**

Refugees and asylum seekers, mainly from the Horn of Africa, contacted their families at home or elsewhere through RCMS. Yemeni nationals used the same to contact relatives detained/interned abroad, including in Afghanistan and the US internment facility at Guantanamo Bay Naval Station, Cuba; they also made ICRC-facilitated phone/video calls and sent food parcels.

Families approached the ICRC for help in locating missing relatives, including those allegedly arrested but whose whereabouts remained unknown (see *People deprived of their freedom*); 64 cases were resolved.

An Aden-based humanitarian organization was trained in the proper handling of human remains to facilitate future identification efforts.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Some detainees remain inaccessible to the ICRC**

Following a deterioration in access in 2012, the ICRC pursued dialogue aimed at securing comprehensive access to all detainees in Yemen, including those held in connection with the ongoing armed conflicts/other situations of violence. To this end, it proposed a framework agreement on detention visits to the president of Yemen; this was approved by the Council of Ministers but had yet to be signed at year's end.

The ICRC continued visiting, in accordance with its standard procedures, detainees under the responsibility of the Interior Ministry. It also visited detainees held by the First Armoured Brigade in Sana'a and, for the first time, those held in Sa'ada Central Prison

and by the Popular Committee in Jaar, Abyan. Delegates assessed detainees' treatment and living conditions, including respect for their judicial guarantees, in relation to applicable international law/internationally recognized standards, and shared their findings and recommendations confidentially with the authorities concerned. Individuals held by armed groups in relation to fighting in Sa'ada province also received visits.

Detainees visited by the ICRC contacted their families through Movement family-links services. Some families requested assistance in ascertaining the whereabouts of relatives who had allegedly been arrested; dialogue with the relevant authorities and armed groups helped resolve 30 such cases.

### Detainees see improved living conditions

Approximately 1,650 detainees benefited from infrastructure upgrades. They included: 613 detainees in four remand prisons in Sana'a who had more water for general use following improvements to the prisons' water-storage capacities; some 200 detainees in one prison who benefited from a newly constructed kitchen; and 150 detainees in a facility run by the Criminal Investigation Department who enjoyed outdoor exercise after a new yard was constructed. All other planned work remained pending.

Detainees in places of detention under the Interior Ministry gained access to health services after the authorities established prison clinics as recommended by the ICRC, which contributed logistical equipment. A health-in-detention workshop for medical personnel of the Interior Ministry and the Political Security Organization was postponed.

Irregular migrants held in Sana'a while awaiting deportation saw improved sanitation conditions after the installation of additional latrines and shower facilities, in response to a sharp increase in their numbers. They relied on monthly food rations (until September when the authorities took over), hygiene items and other ad hoc assistance provided through the National Society or the authorities. Plans to provide similar assistance for vulnerable detainees in central prisons fell through owing to other operational priorities.

## WOUNDED AND SICK

### Dialogue urges respect for medical services

Dialogue with the authorities and weapon bearers emphasized the importance of protecting the wounded/sick, medical personnel/transport/facilities, and humanitarian workers from threats,

including from patients and their families – sentiments echoed by staff at Al-Razi hospital in Abyan. All actors concerned were constantly reminded of the need to allow unhindered access to those in need of medical care.

### Wounded people are stabilized and referred to higher-level care

Over 200 potential first-responders, including Health Ministry representatives, weapon bearers and National Society volunteers, underwent first-aid training, increasing the likelihood of people obtaining timely treatment. Staff at all ICRC-supported health centres (see *Civilians*) were trained in stabilizing patients before their transfer to hospitals.

During clashes in Dammaj (see *Context*), 143 critically wounded people were evacuated by the ICRC – acting as a neutral intermediary – to hospitals in Sa'ada and Sana'a in five cross-line operations conducted during temporary ceasefires negotiated by a presidential mediation committee. Delegates checked up on them on subsequent hospital visits. ICRC teams also retrieved the remains of people killed in the fighting and handed them over to the appropriate authorities.

The provision of drugs, medical supplies and surgical kits helped three hospitals cope with sudden influxes of patients, including during intensified violence in the north and after an attack on the Defence Ministry's compound.

### On-site support improves service delivery

People in Abyan and the surrounding areas benefited from improved hospital care, partly owing to the deployment of an ICRC surgical team to Al-Razi hospital.

Under the team's guidance, Al-Razi staff performed complex operations and strengthened their surgical capacities, enabling them to treat more patients and refer fewer cases to hospitals in other provinces. They enriched their skills through continuous medical education sessions and two war-surgery seminars co-organized by the hospital and attended by 120 hospital personnel from Abyan, Al Bayda, Sa'ada and Taiz. Such support helped staff provide better care for patients; improvements were also observed in the organization of the operating theatre and wards and in the maintenance of hygiene and nursing standards. Drug/material provisions and infrastructure rehabilitation (restoring 187 bed spaces) complemented these activities.

	YEMEN	ARMED GROUPS
<b>ICRC visits</b>		
Detainees visited	5,969	17
	<i>of whom women</i>	175
	<i>of whom minors</i>	156
Detainees visited and monitored individually	42	17
	<i>of whom minors</i>	4
Detainees newly registered	20	17
	<i>of whom minors</i>	3
Number of visits carried out	40	2
Number of places of detention visited	15	2
<b>Restoring family links</b>		
RCMs collected	12	
RCMs distributed	4	
Phone calls made to families to inform them of the whereabouts of a detained relative	10	
People to whom a detention attestation was issued	6	

Serious security incidents in May (see *Context*), however, prompted the ICRC to restrict staff movements and modify its activities, leading to the surgical team's withdrawal from Al-Razi. ICRC teams continued to visit the hospital to supervise and support non-surgical activities.

Over 68,000 people with disabilities, including conflict amputees, accessed good-quality services at four State-run physical rehabilitation centres in Aden, Mukalla, Sana'a and Taiz, which the ICRC supported with materials, staff training/reinforcement and quality-control supervision. Ten local technicians, including six women, enhanced their skills at a specialist school in India with ICRC support.

Patients and staff at the Aden and Taiz centres benefited from renovations to the facilities. Plans to set up a centre in Sa'ada met delays related mainly to access, ownership and administrative issues. The project was in the preliminary design stage at year's end.

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

### Weapon bearers increase understanding of IHL and humanitarian action

In light of the situation in Yemen, stressing respect for IHL and other applicable norms, and securing acceptance for neutral, impartial and independent humanitarian action were all the more crucial. Continuous dialogue with authorities, weapon bearers and community leaders – including those participating in the National Dialogue Conference and field units deployed at checkpoints – clarified the ICRC's mandate, paved the way for activities to take place and promoted key messages of the Health Care in Danger project (see *Civilians* and *Wounded and sick*).

During dissemination sessions, over 2,000 army officers from Aden, Amran, Sana'a and Taiz and 200 members of armed groups in Al Dhalé, Shabwa and Taiz learnt about IHL and Movement activities. Penitentiary authorities attended a lecture on the Movement and ICRC activities for detainees. The armed forces' monthly magazine, read by Yemeni military personnel and embassy staff worldwide, published 12 articles on IHL, the ICRC and related topics. A colonel gained more insight into IHL at a course in San Remo, Italy, which added to the military's expertise in the subject.

### Media draw attention to dangers facing health-care services

Journalists learnt to report accurately on humanitarian issues through local and regional workshops. They relayed the difficulties confronting people affected by conflict/violence, and the humanitarian response to their plight, to a wider audience, serving as a vector for ICRC access and acceptance among communities. Notably, State radio in Aden and Sana'a and a military-run station for the armed forces broadcast features on the importance of respecting health-care services. Various media outlets passed on the ICRC's calls to protect the population during bouts of unrest (see *Civilians*).

### Influential figures point out compatibility of Islam and IHL

Sessions on the compatibility of Islam and IHL helped reinforce acceptance for IHL among current and future decision-makers. Participants included around 100 people affiliated with the Houthis, including Executive Council members, in Sa'ada; and over 200 academics and religious leaders, including women and AAS/AQAP-affiliated preachers, in Aden and Sana'a. Representatives from the Military Judicial Department, the High Judicial Institute and Al-Rashad, a Salafi political party, tackled the subject at a regional course (see *Lebanon*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		4,996		
RCMs distributed		2,350		
Phone calls facilitated between family members		363		
Reunifications, transfers and repatriations				
People reunited with their families		1		
People transferred/repatriated		141		
Human remains transferred/repatriated		25		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		111	16	22
People located (tracing cases closed positively)		64		
	<i>including people for whom tracing requests were registered by another delegation</i>	3		
Tracing cases still being handled at the end of the reporting period (people)		140	25	28
Documents				
People to whom travel documents were issued		60		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
ICRC visits			Women	Minors
Detainees visited		5,986	175	156
Detainees visited and monitored individually		59		4
Detainees newly registered		37		3
Number of visits carried out		42		
Number of places of detention visited		17		
Restoring family links				
RCMs collected		12		
RCMs distributed		4		
Phone calls made to families to inform them of the whereabouts of a detained relative		10		
People to whom a detention attestation was issued		6		

\* Unaccompanied minors/separated children

## Authorities explore domestic IHL implementation

Contacts with the authorities also created space to promote the incorporation of IHL in domestic law and to encourage officials to move forward in this regard. At workshops/lectures: 24 representatives from several ministries, the parliament and the bar association practised drafting domestic legislation to include IHL; 25 Ministry of Human Rights representatives refreshed their knowledge of IHL principles and mechanisms for its implementation; and over 100 lawyers, future diplomats and university students familiarized themselves with IHL. The libraries of the Diplomatic Institute and the High Judicial Institute received various IHL-related publications.

## RED CROSS AND RED CRESCENT MOVEMENT

The National Society signed a partnership framework agreement with the ICRC in May. It assisted conflict/violence-affected people (see *Civilians* and *Wounded and sick*) and drew on ICRC technical, material, training and financial support to boost its capacities, particularly in responding to emergencies, communicating on its activities and the Fundamental Principles and applying/teaching the Safer Access Framework; it drafted its contingency plan with ICRC input. The National Society also strove to strengthen its legal base, internal management and security; to this end, it approved guidelines for its elections and adopted new security measures.

Movement components met regularly to coordinate their activities and avoid duplication.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	10,638	25%	55%
	<i>of whom IDPs</i>	Beneficiaries		
		3,920		
Essential household items	Beneficiaries	44,897	24%	50%
	<i>of whom IDPs</i>	Beneficiaries		
		9,289		
Productive inputs	Beneficiaries	321,715	26%	54%
Cash	Beneficiaries	48,627	25%	55%
Water and habitat activities	Beneficiaries	1,266,599	29%	42%
	<i>of whom IDPs</i>	Beneficiaries		
		2,534		
<b>Health</b>				
Health centres supported	Structures	16		
Average catchment population		217,775		
Consultations	Patients	162,055		
	<i>of which curative</i>	Patients	47,716	62,762
	<i>of which ante/post-natal</i>	Patients	8,739	
Immunizations	Doses	142,811		
	<i>of which for children aged five or under</i>	Doses		
		141,951		
Referrals to a second level of care	Patients	691		
Health education	Sessions	88		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
Economic security, water and habitat (in some cases provided within a protection programme) <sup>1</sup>				
Essential household items	Beneficiaries	3,491		
Water and habitat activities	Beneficiaries	1,653		
<b>Health</b>				
Number of visits carried out by health staff		56		
Number of places of detention visited by health staff		11		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	3		
	<i>of which provided data</i>	Structures		
		1		
Admissions	Patients	1,348	186	325
	<i>of whom weapon-wounded</i>	Patients	7	4
	<i>of whom other surgical cases</i>	Patients		
		1,236		
Operations performed		1,005		
<b>First aid</b>				
First-aid posts supported	Structures	3		
Wounded patients treated	Patients	198		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	187		
<b>Physical rehabilitation</b>				
Centres supported	Structures	4		
Patients receiving services	Patients	68,136	16,120	28,261
New patients fitted with prostheses	Patients	579	117	158
Prostheses delivered	Units	877	172	317
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		43		
New patients fitted with orthoses	Patients	8,161	2,122	3,068
Orthoses delivered	Units	22,400	5,409	8,155
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		1,563		
Patients receiving physiotherapy	Patients	36,141	8,432	16,907
Crutches delivered	Units	3,114		
Wheelchairs delivered	Units	148		

1. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.