

SOMALIA



ICRC / AR, 2013

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it focuses on providing emergency aid to people directly affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It visits detainees and endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It works closely with and supports the National Society.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ dialogue with all the parties to the conflict resulted in the resumption of activities in areas controlled by the Harakat al-Shabaab al-Mujahideen in southern and central Somalia
- ▶ the ICRC continued to support an average of 34 functioning Somali Red Crescent Society clinics in 2013, despite the restriction of assistance activities caused by security and access constraints in certain parts of Somalia
- ▶ wounded/sick people, including some 2,400 weapon-wounded, received treatment at ICRC-supported hospitals, including in Kismayo, where a new stabilization centre for malnourished children was opened
- ▶ detainees in Somaliland – in addition to people held in Baidoa, Belet Weyne, Mogadishu and Puntland – received ICRC visits for the first time, following an agreement with the authorities concerned
- ▶ vulnerable households, including some headed by women, attained a degree of self-sufficiency through ICRC-supported agricultural activities or small businesses
- ▶ conflict/flood-affected families met their basic needs through cash transfers and rations of food and household items, saving livelihood assets they would otherwise have exchanged for food

EXPENDITURE (in KCHF)	
Protection	2,409
Assistance	56,584
Prevention	3,558
Cooperation with National Societies	1,532
General	-
	64,083

of which: Overheads 3,876

IMPLEMENTATION RATE	
Expenditure/yearly budget	97%

PERSONNEL	
Mobile staff	29
Resident staff (daily workers not included)	67

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	11,837
RCMs distributed	9,757
Phone calls facilitated between family members	17,124
People located (tracing cases closed positively)	198
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3,771
Detainees visited and monitored individually	157
Number of visits carried out	45
Number of places of detention visited	19
Restoring family links	
RCMs collected	72
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	182

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 120,000	202,764
Essential household items	Beneficiaries 120,000	181,356
Productive inputs	Beneficiaries 372,000	1,570,542
Cash	Beneficiaries 3,000	61,380
Work, services and training	Beneficiaries 3,000	1,170
Water and habitat activities	Beneficiaries 550,720	374,836
Health		
Health centres supported	Structures 38	34
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 2	11
Water and habitat		
Water and habitat activities	Number of beds	240

CONTEXT

Fighting continued between military forces supporting the Somali government, including the African Union Mission in Somalia (AMISOM), and the Harakat al-Shabaab al-Mujahideen, better known as al-Shabaab. The government made efforts to consolidate the various sections of the country into a federal State; at the same time, al-Shabaab continued to control a number of areas in southern and central Somalia. In November, a UN Security Council resolution requested the African Union to send more troops to AMISOM.

In the south, a dispute between the government and supporters of an autonomous Jubaland administration led to clashes in Kismayo.

In the north, the disputed areas between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland remained tense. Intercommunal fighting over the control of land and other assets intensified.

People throughout Somalia continued to endure the consequences of protracted armed conflict and climate shocks, such as flooding in Middle Shabelle and a cyclone in Puntland. The precarious security situation limited humanitarian activities; attacks and threats against medical/humanitarian workers resulted in restricting people's access to aid. In August, Médecins Sans Frontières (MSF) announced the closure of all its programmes in Somalia.

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Somali Red Crescent Society, continued to address the needs of conflict-affected people across Somalia. National Society/ICRC staff adapted to security and access constraints (see *Context*) and worked with community leaders to implement assistance activities, adjusting ICRC monitoring procedures to ensure accountability. The National Society, as the ICRC's main operational partner, received support to strengthen its capacities to assist vulnerable communities and promote the Movement's work.

The ICRC reminded the authorities and weapon bearers concerned of their responsibility under IHL to respect those not/no longer participating in hostilities and facilitate their access to humanitarian aid. It worked with Somali government forces to incorporate IHL in their training. Dissemination sessions increased acceptance for the ICRC's mandate and working methods among its beneficiaries.

Security guarantees from the authorities and weapon bearers concerned enabled National Society/ICRC teams to assist communities accessible to few/no other organizations. The ICRC increased the size of its Mogadishu staff and the frequency of their field visits, particularly in Baidoa, Belet Weyne, Galkayo, Kismayo, Puntland and Somaliland; it maintained a base in Nairobi, Kenya. At the request of community leaders, the ICRC resumed, for the first time since January 2012, assistance programmes in areas controlled by al-Shabaab. However, movement restrictions and security conditions continued to hamper activities, such as provision of health care services.

Out of the 51 National Society-run clinics that provided health care across Somalia throughout 2012, an average of 26 fixed and 8 mobile clinics were functioning in 2013. With ICRC support, these clinics continued to provide free health care to violence/

disaster-affected Somalis, including malnourished children and victims of sexual violence. Comprehensive support for Keysaney and Medina hospitals in Mogadishu continued, enabling them to cope with the influx of wounded and sick people. Doctors from these hospitals assisted Kismayo hospital staff in treating casualties of the heavy fighting. Following MSF's departure, the ICRC established a stabilization centre in Kismayo for severely malnourished children. Ad hoc deliveries of supplies to medical facilities benefited weapon-wounded people from all sides of the conflict.

The ICRC's priorities shifted, from emergency aid to early-recovery initiatives; it therefore stepped up efforts to strengthen communities' resilience to the effects of conflict. Farmers/herders were enabled to increase their supply of food and augment their income through provision of seed and tools, treatment for livestock and upgraded irrigation and flood-prevention structures. Some households established small businesses with cash grants/training provided by the ICRC.

Emergency response remained a necessity, especially after the disasters that struck vulnerable communities in Middle Shabelle and Puntland. IDPs and residents met their immediate needs through National Society/ICRC distributions of food/essential household items and water trucking. Repairs to flood-control and water infrastructure mitigated flood damage.

ICRC delegates visited detainees in Baidoa, Belet Weyne, Mogadishu, Puntland and, for the first time, in Somaliland, to monitor their treatment and living conditions. Meanwhile, the ICRC continued to seek access to all detainees under its purview. Following discussions with the ICRC, the prime minister of Somalia agreed in principle to allow it to visit people detained by the National Intelligence and Security Agency. AMISOM was encouraged to adopt detention guidelines to ensure the welfare of people held by its forces. Living conditions for inmates of some of the prisons visited improved following infrastructural upgrades and distributions of hygiene items. Detainees restored contact with their relatives through family-links services. Six foreign detainees received ICRC assistance for returning home after their release.

To maximize their effectiveness, the National Society and the ICRC coordinated their activities with other humanitarian and international organizations in Kenya and Somalia.

CIVILIANS

Local authorities permit resumption of assistance activities

Security constraints restricted first-hand monitoring of the situation of civilians. The ICRC made representations to the parties to the conflict – based on allegations documented by local field officers – reminding them of their obligation under IHL to safeguard those not/no longer taking part in hostilities and to facilitate their access to medical and other humanitarian assistance.

Dialogue with authorities, community leaders and weapon bearers throughout Somalia enabled the National Society/ICRC to assist communities accessible to few/no other organizations, and ICRC staff to increase their field visits. These communities benefited from a multidisciplinary response that combined provision of emergency supplies and medical services with, whenever possible, long-term livelihood support. At the request of community leaders and with the local authorities' consent, Somali Red Crescent/ICRC teams resumed – for the first time since January 2012 – water infrastructure and livelihood-support activities in areas controlled

by al-Shabaab in southern and central Somalia. However, movement restrictions and insecurity limited their activities, such as provision of health care services.

Conflict/disaster-affected civilians meet their immediate needs

Over 202,700 people (33,794 households) covered their food needs via National Society/ICRC one-off rations that mostly lasted for one month, allowing them to preserve livelihood assets that they would otherwise have exchanged for food. Especially vulnerable people – children, pregnant women and the elderly – received high-energy food supplements. Most of these households also built temporary shelters and/or improved their living conditions using household/hygiene items. In parts of Kismayo and Mogadishu with functioning markets, 9,800 households (58,800 people) purchased food for one to four months with cash vouchers obtained through a mobile phone platform.

People bolster their self-sufficiency after emergencies

Some 99,000 people, including those displaced by floods/violence in Middle Shabelle and by the cyclone in Puntland, benefited from the installation of latrines and relied on emergency water rations, using chlorine tablets to purify their drinking water. Meanwhile, National Society/ICRC teams reinforced riverbanks to control the flooding.

In Gedo, over 67,000 drought-affected people benefited from water rations, while later repairs to rainwater catchments increased their water storage capacities. In total, 275,000 people (less than projected due to an overestimation of the catchment population) and their livestock in some 50 locations benefited from long-term improvements in water supply through the installation/rehabilitation of infrastructure and the training of local technicians in their maintenance. For instance, 4,500 people regained access to water in drought-affected areas of Mudug following borehole repairs.

Community members contributed to these projects by participating in cash-for-work initiatives. Some 27,000 breadwinners, who repaired rainwater catchments and flood-control structures serving over 870,000 people, earned enough money to cover their families' needs for one month. In Gedo, Lower Shabelle and Mogadishu, 625 heads of vulnerable households (3,750 people), some of whom were women, found employment or started small businesses through vocational training/cash grants.

Except where floods had destroyed crops, 78,015 farming households (about 471,800 people) in south-central Somalia increased their food supply with the help of staple and vegetable seed (benefiting 57,500 and 19,500 households respectively) and tools, including irrigation pumps for some 1,000 of them. Through ICRC-provided training/materials/equipment, 20 new agricultural cooperatives began to produce high-quality seed that the ICRC will purchase and distribute to farmers in 2014. Date palm seedlings were prepared for distribution in community-built nurseries in Puntland.

In Puntland, Somaliland and southern and central Somalia, 34,965 pastoralist households (some 209,800 people) had healthier herds after roughly 3 million animals were treated for parasites and immunized against disease by ICRC-assisted animal health departments. More beneficiaries than planned were reached, as the herd size per household was smaller than foreseen. Sixty ICRC-trained veterinary workers in Puntland and Somaliland enhanced access

to veterinary services for communities in remote areas, where animal health clinics were being rehabilitated. Fifteen veterinary pharmacies received supplies.

Some 3,745 households (22,470 people) resettled in Bay and Lower Shabelle, raising goats provided along with household items and cash to cover their expenses for three months. About 1,550 people in coastal and riverside communities learnt fishing techniques and made their own tools after undergoing training conducted in cooperation with community-based organizations in Lower Juba and Lower Shabelle.

Malnourished children and other vulnerable people access health care

In 2012, 39 fixed and 12 mobile National Society-run clinics were functioning; owing to security and access constraints, for most of 2013, those figures had dropped to an average of 26 and 8 respectively. In November, a temporary clinic was set up to serve weapon-wounded people (see *Wounded and sick*) and others displaced by floods and violence in Jowhar (see above); wounded/sick people were referred to hospitals as needed. By year-end, four fixed clinics in south-central Somalia had reopened with the local authorities' approval; however, another two had closed down in a different region. Thus, 28 fixed clinics were open by end-2013.

Despite the constraints, ICRC-assisted National Society clinics provided an average catchment population of 385,600 with health services, including mother and child care and health-education sessions. Vulnerable women, including victims of sexual violence, availed themselves of specialized care from ICRC-trained midwives in managing health concerns related to rape, sexually transmitted diseases and malnutrition. Over 23,000 children, and 6,000 pregnant and lactating women, with severe acute malnutrition benefited from therapeutic feeding at most of these clinics. Following nutritional surveys, people with complicated acute malnutrition – including nearly 260 children – received treatment at a stabilization centre established in Kismayo in November to cover gaps created by MSF's departure (see *Context*). Those cured received follow-up care at National Society clinics.

These clinics provided immunization, but, owing to the difficulty of delivering supplies and getting the local authorities' consent for vaccination campaigns, many children were susceptible to wild polio, which had recently re-emerged in Somalia.

Patients at three other clinics with upgraded facilities benefited from better treatment conditions.

Separated family members re-establish contact

Thousands of people used the National Society/ICRC-run family-links services to locate and exchange news with their relatives in Somalia – including detainees – and abroad. Families re-established/maintained contact through over 17,000 calls using telephone services provided at an IDP camp in Mogadishu. Others tried to locate some 9,000 relatives by having their names read out on the "Missing Persons" radio programme on the BBC Somali service, or consulted the list of almost 16,000 missing persons registered by the Movement's Family Links Network on the ICRC's family-links website (familylinks.icrc.org). Two coordination meetings between National Society and ICRC tracing specialists, and a regional meeting held in Somaliland, which was also attended by ICRC tracing officers from Djibouti and Yemen, helped process cases in Somalia and abroad.

Thirteen refugees without official identification papers resettled in third countries with ICRC travel documents issued in cooperation with the embassies concerned and UNHCR.

PEOPLE DEPRIVED OF THEIR FREEDOM

Somaliland detainees receive ICRC visits for the first time

Dialogue with the authorities expanded the ICRC's access to detainees throughout Somalia. Delegates continued to visit detainees in Baidoa, Belet Weyne, Mogadishu and Puntland; they began visiting detainees in Somaliland following an agreement with its authorities. Efforts were made to reach a similar written agreement with Puntland authorities, with a view to ensuring regular access to detainees under their authority.

Meetings with the relevant authorities and weapon bearers raised awareness of the ICRC's work in behalf of detainees and helped secure access to all detainees within its purview. Following these meetings, the Somali prime minister gave his preliminary approval for the ICRC to visit people held by the National Intelligence and Security Agency. AMISOM received encouragement to adopt guidelines it drafted in 2012 – with ICRC legal input – for the treatment of detainees and defectors from armed groups (see *African Union*). IHL briefings for AMISOM troops emphasized applicable rules on detention (see *Authorities, armed forces and other bearers of weapons, and civil society*).

Over 3,700 detainees received ICRC visits, carried out according to the organization's standard procedures. Delegates shared their findings confidentially with the authorities and made recommendations as necessary, to ensure that the treatment of detainees complied with IHL and other relevant norms. At their request, 89 foreign detainees had their embassies notified of their detention. Some of them informed their families of their situation through RCMs or phone calls; with ICRC assistance, six detainees returned to their countries voluntarily after their release.

Prison health staff curb outbreaks of disease

In the prisons visited by ICRC teams, which often included a nurse and a water engineer, inmates' conditions were improved by the provision of hygiene/household items. Detainees in Baidoa, Belet Weyne and Mogadishu had healthier surroundings after

infrastructural improvements, such as the installation of water and sanitation facilities. Prison maintenance staff mitigated risks of disease among inmates through hygiene promotion campaigns in eight places of detention.

Dialogue was developed with the authorities on providing regular support for health care services in the Mogadishu prison. Prison health staff in Baidoa and Mogadishu attended a course in preventing the spread of sexually transmitted diseases. In Baidoa, inmates benefited from the delivery of drugs every three months. In Mogadishu, these drugs - supplied on an ad hoc basis - enabled prison staff to curb a cholera outbreak.

In Bossaso, 60 detainees prepared for life after prison through vocational training. Some 3,000 detainees marked Ramadan with food and Korans provided by the ICRC.

WOUNDED AND SICK

Weapon-wounded people receive treatment

Some medical/humanitarian organizations reduced/ended their activities in Somalia because of threats and attacks against their personnel, prompting the ICRC to remind the authorities and weapon bearers concerned of their obligation to ensure access to health care by the wounded and the sick.

Casualties of clashes received first aid from ICRC-trained staff/volunteers at National Society clinics or first-aid posts. Human remains were handled responsibly by National Society volunteers, with their future identification in mind. Following a train-the-trainer course, National Society instructors trained first responders in the proper management of human remains.

Some 2,400 weapon-wounded patients received care at eight ICRC-supported hospitals that provided data to the organization. Most of these patients were treated at the National Society-run Keysaney and community-run Medina hospitals in Mogadishu, where ICRC-provided training, materials and infrastructure maintenance helped them strengthen their capacities. In October, the Kismayo hospital started receiving similar support. A surgical team from the Keysaney and Medina hospitals assisted staff in Galkayo North in treating casualties transferred from Kismayo.

PEOPLE DEPRIVED OF THEIR FREEDOM	SOMALIA	PUNTLAND	SOMALILAND
ICRC visits			
Detainees visited	1,390	979	1,402
<i>of whom women</i>	28	23	25
<i>of whom minors</i>	23		73
Detainees visited and monitored individually	41	99	17
<i>of whom women</i>		1	
<i>of whom minors</i>	4	6	2
Detainees newly registered	27	99	17
<i>of whom women</i>		1	
<i>of whom minors</i>	2	6	2
Number of visits carried out	25	12	8
Number of places of detention visited	7	5	7
Restoring family links			
RCMs collected	9	48	15
RCMs distributed	2	2	1
Phone calls made to families to inform them of the whereabouts of a detained relative	19	133	30
Detainees released and transferred/repatriated by/via the ICRC	5	1	
People to whom a detention attestation was issued		1	

Ad hoc delivery of supplies to hospitals in Baidoa, Belet Weyne, Bossaso, Bulo Hawa, Daynile, Galkayo, Jowhar, Kismayo and Merka, and National Society clinics helped ensure that wounded people from all sides of the conflict had access to medical care. Such assistance also helped a hospital remain functional after the withdrawal of support by foreign agencies.

Upgraded medical facilities improve health care

Hospitals enhanced the quality of their services with the help of infrastructural upgrades. In Medina hospital, pregnant women received better care after repairs to the maternity ward. Rehabilitation of sanitation and other facilities were planned for the Keysaney hospital. Upgrading of the Kismayo hospital's surgical facilities got under way.

Owing mainly to security constraints, a refresher course for local surgical teams and an internship in surgery for newly graduated doctors were put on hold.

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

Authorities and weapon bearers urged to ensure protection for civilians

National Society/ICRC dialogue with a broad range of weapon bearers facilitated the provision of essential services, including health care, to vulnerable populations. Nine radio stations in Mogadishu and Mudug promoted respect for civilians by broadcasting programmes on the subject; parallels were drawn between IHL and traditional Somali rules of warfare, with a view to furthering understanding and acceptance of IHL among young people, including weapon bearers.

The Somali military/police forces worked with the ICRC to incorporate IHL in their training, which would bolster long-term compliance with IHL. Nearly 100 senior officers studied IHL norms on the conduct of hostilities and received booklets on the subject. The European Union Training Mission used 200 of these booklets to supplement their training for Somali troops. AMISOM personnel attended IHL briefings in their countries of origin (see *Nairobi* and *Uganda*).

After attending local and regional seminars on domestic IHL implementation (see *Nairobi*), Somali government officials agreed to take steps to accede to the three Protocols additional to the Geneva Conventions of 1949. Efforts to incorporate IHL in AMISOM's normative frameworks continued (see *People deprived of their freedom* and *African Union*).

Dialogue with community leaders broadens acceptance for the ICRC's work

The ICRC sought, through meetings with the authorities, including the president of Somalia, to gain further acceptance for its activities in the country – for those carried out in behalf of detainees as well (see *People deprived of their freedom*). Talks with al-Shabaab resulted in the resumption of selected programmes in southern and central Somalia (see *Civilians*). The National Society's discussions with community representatives contributed to securing their acceptance of the Movement's working methods, and to ensuring the smooth implementation of activities.

Religious leaders, academics, NGOs, diplomatic personnel and international organizations in Somalia learnt more about IHL and humanitarian principles during meetings and dissemination

sessions. They also enhanced their awareness of the Movement's activities through events, such as photo exhibitions staged with the British Red Cross (see *London*), and workshops abroad (see *Kuwait* and *Nairobi*). Local and international media used ICRC press releases, including via social media, to report on humanitarian issues and the Movement's activities. Public communication in three languages – Arabic, English and Somali – helped raise the public's awareness of humanitarian affairs.

ICRC-facilitated communication training helped National Society staff promote support for the Movement.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent remained the ICRC's main partner in delivering humanitarian aid and promoting Movement principles (see above). Owing to the volatility of their working environment, its volunteers were trained to apply the Safer Access Framework in their activities.

With the support of Movement partners, the National Society began the implementation of a comprehensive financial management system and adopted a five-year strategy to enhance its health care services. During assistance operations, Movement partners received support from the ICRC, including the use of its aircraft to transport staff and goods.

The Somali Red Crescent chaired the periodic Movement meetings attended by the ICRC and other National Societies working in the country. To maximize impact and minimize the duplication of activities, the ICRC maintained contact with international aid organizations and attended meetings of Nairobi-based coordination bodies for Somalia.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected	11,837			
RCMs distributed	9,757			
Phone calls facilitated between family members	17,124			
Names published in the media	8,911			
Names published on the ICRC family-links website	15,877			
Tracing requests, including cases of missing persons				
			Women	Minors
People for whom a tracing request was newly registered	550	123		314
People located (tracing cases closed positively)	198			
	10			
	<i>including people for whom tracing requests were registered by another delegation</i>			
Tracing cases still being handled at the end of the reporting period (people)	965	224		481
Documents				
People to whom travel documents were issued	13			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
			Women	Minors
Detainees visited	3,771	76		96
Detainees visited and monitored individually	157	1		12
Detainees newly registered	143	1		10
Number of visits carried out	45			
Number of places of detention visited	19			
Restoring family links				
RCMs collected	72			
RCMs distributed	5			
Phone calls made to families to inform them of the whereabouts of a detained relative	182			
Detainees released and transferred/repatriated by/via the ICRC	6			
People to whom a detention attestation was issued	1			

* 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	202,764	17%	65%
	<i>of whom IDPs</i>	34,254		
Essential household items	Beneficiaries	181,356	16%	65%
	<i>of whom IDPs</i>	9,049		
Productive inputs ¹	Beneficiaries	1,570,542	17%	65%
	<i>of whom IDPs</i>	14,083		
Cash	Beneficiaries	61,380	30%	56%
Work, services and training	Beneficiaries	1,170	17%	66%
Water and habitat activities	Beneficiaries	374,836	20%	59%
	<i>of whom IDPs</i>	93,709		
Health				
Health centres supported	Structures	34		
Average catchment population		385,583		
Consultations	Patients	496,005		
	<i>of which curative</i>		149,008	224,288
	<i>of which ante/post-natal</i>		44,272	
Immunizations	Doses	133,134		
	<i>of which for children aged five or under</i>	122,068		
Referrals to a second level of care	Patients	2,655		
Health education	Sessions	2,165		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	2,230		
Essential household items ¹	Beneficiaries	5,319		
Water and habitat activities	Beneficiaries	4,000		
Health				
Number of visits carried out by health staff		23		
Number of places of detention visited by health staff		11		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
	<i>of which provided data</i>	8		
Admissions	Patients	8,621	3,407	829
	<i>of whom weapon-wounded</i>	2,424	515	160
	<i>(including by mines or explosive remnants of war)</i>	149		
	<i>of whom other surgical cases</i>	3,596		
	<i>of whom medical cases</i>	952		
	<i>of whom gynaecological/obstetric cases</i>	1,649		
Operations performed		16,591		
Outpatient consultations	Patients	27,731		
	<i>of which surgical</i>	10,418		
	<i>of which medical</i>	12,176		
	<i>of which gynaecological/obstetric</i>	5,137		
First aid				
First-aid posts supported	Structures	38		
	<i>of which provided data</i>	35		
Wounded patients treated	Patients	311		
Water and habitat				
Water and habitat activities	Number of beds	240		

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