



+ ICRC delegation    + ICRC sub-delegation    + ICRC office  
+ ICRC-supported prosthetic/orthotic centre    \* Amman: Iraq support office

The ICRC has been present in Iraq since the outbreak of the Iran-Iraq war in 1980. Protection activities focus on people detained by the Iraqi government and the Kurdistan regional authorities and on efforts to clarify the fate/whereabouts of missing persons. Assistance activities involve helping IDPs and residents restore their livelihoods in remote and/or neglected areas prone to violence, primarily assisting households headed by women, supporting physical rehabilitation and primary health care centres and repairing and upgrading water, health and detention infrastructure. The ICRC continues to promote IHL among weapon bearers and to support the Iraqi Red Crescent Society.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action HIGH

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ vulnerable households and communities in violence-affected and neglected areas, although fewer than planned for the year, received assistance thanks to expanded ICRC field presence and the support of local actors
- ▶ some 7,000 destitute households headed by farmers, disabled people or female breadwinners improved their living conditions with the help of higher incomes earned through small businesses and agricultural production
- ▶ people in violence-prone areas, including IDPs, women and children, enhanced their well-being after gaining access to clean water and to medical services at ICRC-supported facilities
- ▶ more than 20,000 people, mostly IDPs and Syrian refugees, eased their distress through emergency assistance in the form of food, hygiene items and household supplies
- ▶ detainees visited by the ICRC saw their detention conditions improve following measures taken by the authorities and rehabilitation and other projects directly supported by the ICRC
- ▶ 324 sets of human remains were repatriated, under ICRC auspices, to the Islamic Republic of Iran as part of the joint Iranian-Iraqi effort to clarify the fate of persons missing in relation to the 1980–88 Iran-Iraq war

EXPENDITURE (in KCHF)	
Protection	14,055
Assistance	32,862
Prevention	8,287
Cooperation with National Societies	1,278
General	-
	<b>56,481</b>

of which: Overheads 3,447

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>85%</b>

PERSONNEL	
Mobile staff	98
Resident staff (daily workers not included)	736

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	208
RCMs distributed	293
Phone calls facilitated between family members	374
People located (tracing cases closed positively)	40
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	39,563
Detainees visited and monitored individually	604
Number of visits carried out	209
Number of places of detention visited	74
Restoring family links	
RCMs collected	927
RCMs distributed	588
Phone calls made to families to inform them of the whereabouts of a detained relative	2,192

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	18,000	8,466
Essential household items	Beneficiaries	18,000	20,540
Productive inputs	Beneficiaries	63,000	18,648
Cash	Beneficiaries	34,200	17,829
Work, services and training	Beneficiaries		30,550
Water and habitat activities	Beneficiaries	1,266,000	807,448
<b>Health</b>			
Health centres supported	Structures	20	13
<b>WOUNDED AND SICK</b>			
Hospitals			
Hospitals supported	Structures	2	3
<b>Physical rehabilitation</b>			
Centres supported	Structures	13	13
Patients receiving services	Patients		32,804

## CONTEXT

Iraq's political situation remained unstable, with controversial issues unresolved and key ministerial positions still vacant. Tensions persisted between the Iraqi central government and the Kurdistan regional government, despite joint attempts to resolve disagreements over the allocation of oil revenues and control of the disputed territories.

Intense and widespread violence occurred regularly, particularly between April and December. In central Iraq, the disputed territories and, to some extent, the generally calmer southern governorates, security incidents resulted in thousands of casualties and in similarly large numbers of people being driven from their homes. Tensions along the border shared with Turkey had reportedly eased.

Most Iraqis still lacked access to basic services and adequate infrastructure, especially in rural and neglected violence-prone areas. Vulnerable households continued to rely on government assistance to meet their needs.

Tens of thousands of refugees from the Syrian Arab Republic had settled in camps and host communities in the Iraqi Kurdistan region.

## ICRC ACTION AND RESULTS

The ICRC fully redeployed its delegation in Iraq in 2013, with the support office in Jordan closed in August. With its expanded field presence in central Iraq, Baghdad and the disputed territories, the ICRC was better placed to address the needs of vulnerable people and to coordinate with local authorities. However, it reached fewer beneficiaries than planned for the year because of constraints related to security and human resources.

Amid the insecurity in the country, the ICRC maintained its dialogue and broadened its contact with central and regional authorities, weapon bearers and traditional and religious leaders to build acceptance for humanitarian principles and for the ICRC and its activities. These efforts helped secure safe access to vulnerable populations. Regularly held meetings with the armed forces focused on their obligations under IHL to respect civilians and on the integration of IHL provisions into military doctrine, training and operations. No progress was made in promoting the integration of IHL in domestic legislation and establishment of a national IHL committee.

On the basis of regular ICRC visits to detainees held by the Iraqi central government and by the Kurdistan regional government, delegates provided the authorities with confidential feedback and, when necessary, made recommendations regarding inmates' treatment and living conditions. They continued to pay particular attention to the treatment of inmates during the initial phase of detention, their access to health care, and the need to ensure respect for judicial guarantees. The authorities took some steps to improve detention conditions, with ICRC support.

The ICRC distributed food/essential items to IDPs and Syrian refugees in response to emergencies or unmet needs. It also donated medical supplies to health facilities in areas most affected by clashes. At the same time, the ICRC continued working alongside the authorities to restore or protect livelihoods and to strengthen local capacities for addressing the basic needs of the population in

a sustainable manner. It targeted those most vulnerable, such as IDPs and households headed by women or disabled persons.

Hundreds of female and disabled breadwinners started small businesses that helped them earn more money to cover their basic needs. Destitute farming households secured their livelihoods through infrastructure rehabilitation projects, donations of agricultural supplies/equipment and cash-for-work initiatives that helped boost their agricultural production. Households headed by women received financial support to help them register for government allowances, although fewer than planned were reached. This was owing to adjustments made to the process of assisting them amid limitations on the part of the State institutions to register ICRC-supported women.

People in violence-prone areas, including thousands of IDPs, enhanced their well-being after gaining access to clean water and improved primary health care services following projects implemented by the ICRC and the local authorities. These included the rehabilitation of water supply and distribution systems and provision of support to primary health care centres, including for upgrading their facilities.

The ICRC helped the Iraqi Red Crescent Society boost first-aid capacities countrywide and supported the emergency departments of three hospitals, helping ensure that wounded and sick people had access to medical services. It continued supporting physical rehabilitation centres treating disabled patients, and trained physical rehabilitation personnel, the staff of Iraq's only prosthetic/orthotic school and various instructors to help hone their skills.

With the ICRC acting as a neutral intermediary between the countries concerned, efforts to clarify the fate of people missing in relation to the 1980–88 Iran-Iraq war and the 1990–91 Gulf War continued. The ICRC provided technical and training support to help local institutions strengthen their forensic and data-management capacities.

The National Society and the ICRC strengthened their operational partnership, particularly in emergency response. Together with Movement partners, the ICRC helped the National Society draft a five-year strategic plan. Coordination with other humanitarian organizations helped maximize efforts, prevent duplication and address unmet needs.

## CIVILIANS

Contributing to the protection of the population and helping people cope with the humanitarian consequences of violence remained priorities for the ICRC. Authorities and weapon bearers were reminded of their obligations under IHL and other applicable norms to protect civilians, including patients and medical personnel/infrastructure, IDPs facing eviction-related violence, and foreigners at risk of *refoulement*. Reports of alleged violations were documented and followed up with the pertinent parties.

In particular, abuses committed against patients and medical services during clashes, as in Kirkuk in April, were monitored and analyzed, in line with the goals of the Health Care in Danger project. Through dialogue and activities carried out on this basis, pertinent stakeholders broadened their awareness of their obligations regarding health care. During a National Society-led workshop, local experts discussed ways to address impediments to health care access and delivery in Iraq.

### **Displaced people receive food and household items**

Over 14,700 individuals (some 4,600 households), including IDPs who had fled outbreaks of violence or natural disasters, covered their immediate needs using household supplies distributed by the National Society/ICRC. Of them, 4,228 individuals (763 households) also received food (usually for one month). With the ICRC filling in gaps in aid from other sources, nearly 5,700 Syrian refugees (over 1,000 households) in Anbar and the Iraqi Kurdistan region received hygiene kits and other essential items; more than 4,200 refugees (over 900 households) benefited from food aid.

While it provided emergency relief to the aforementioned groups, the ICRC used its expanded presence in violence-prone areas to work alongside the authorities to help vulnerable people regain self-sufficiency and enhance their well-being. However, fewer people than planned for 2013 benefited from such assistance initiatives owing to constraints – related to security and human resources – that delayed project assessment/implementation.

### **Vulnerable households restore/increase self-sufficiency**

Households who received livelihood support in 2011 and 2012 reported 15–30% increases in their annual income. Building on this result, over 6,500 destitute households (nearly 45,800 individuals) in Baghdad, central Iraq and the disputed territories boosted their agricultural production in 2013 through various forms of support, such as greenhouses and farming tools, or participation in cash-for-work initiatives repairing irrigation canals, thus benefiting the entire community. Similarly, 875 disabled or female heads of households (4,479 individuals) started small businesses using cash grants and other forms of support, helping them earn more and cover their essential needs independently.

Between 2011 and 2013, 55% of the 5,593 women-headed households supported – through a combination of relief and advocacy efforts – by the ICRC in applying for State allowance had completed their registration. Among them were 188 households who completed theirs in 2013 – out of the 3,431 women-headed households (some 13,700 individuals) who processed their applications during the year with the help of ICRC partner NGOs and of cash grants, which enabled them to cover basic expenses for six months. These were fewer beneficiaries than planned for the year, as the approach was adjusted in light of limitations on the part of State institutions that hindered the registration of ICRC-supported women. As part of advocacy efforts, dialogue with the authorities focused on finding an agreement on facilitating the registration of supported women.

### **People in violence-affected communities reduce vulnerability to disease**

Over 800,000 individuals, including 106,000 IDPs, became less vulnerable to disease after gaining access to clean water following the rehabilitation/construction of 33 water supply/distribution systems in violence-affected areas. Implementing all projects in coordination with the local authorities promoted community ownership and sustainability of results. During training, 24 technicians learnt how to operate/manage the facilities independently.

In violence-prone areas, people obtained quality primary health care at 13 State-run centres (estimated catchment population: 293,000). These centres improved their services, particularly maternal/child and emergency care, and their operational capacities, such as in drug storage/management, through training, on-site and material support provided by the ICRC as per an agreement

with the Health Ministry. Four of the centres were rehabilitated; those that treated people wounded during clashes received medical supplies. Dialogue with the health authorities helped reinforce cooperation with them and mobilize more support for the centres.

People minimized their exposure to the effects of weapon contamination in mine-infested areas through awareness-raising initiatives carried out by the National Society, with material/technical ICRC support, including for updating its mine-risk education programme. Mine/ERW victims stood to gain from the efforts of government institutions to improve the national assistance programme. Through meetings with the ICRC, the authorities and local/international companies broadened their awareness of the importance of mitigating the humanitarian consequences of weapon contamination.

### **324 sets of human remains handed over to Iranian authorities**

With the ICRC acting as a neutral intermediary between the parties concerned, efforts to clarify the fate of persons missing in relation to the 1980–88 Iran-Iraq war (see *Iran, Islamic Republic of*) and the 1990–91 Gulf War (see *Kuwait*) continued. Following excavations in Iraq, 324 sets of human remains were handed over to the Iranian authorities, who transferred 82 sets of human remains exhumed from Iranian sites. No remains were found during missions to recover missing Kuwaitis.

Institutions involved in recovery and identification efforts drew on ICRC advice and support to boost their capacities. The staff of Baghdad's Medico-Legal Institute improved their technical and practical knowledge of forensic anthropology, laboratory management and DNA analysis, with the support of an ICRC adviser and through training by experts hired by the ICRC. Helping them boost their skills through first-hand observation, ten of the institute's scientists joined an ICRC-sponsored visit to Cyprus' Committee on Missing Persons and forensic anthropology laboratory. Discussions with Ministry of Human Rights officials helped raise their awareness of best practices in managing and recovering human remains.

Families of missing persons participated in an ongoing assessment of their psychosocial needs, aimed at supplementing ICRC efforts to persuade the authorities to address these needs.

People across Iraq, including Syrian refugees in Al Qaim, restored/maintained contact with their relatives using Movement family-links services. Over 250 individuals received ICRC travel documents, facilitating their resettlement in third countries.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

Over 39,500 detainees held by the Iraqi central government and the Kurdistan regional government in 74 detention facilities received 209 visits conducted according to standard ICRC procedures. Their treatment – particularly during the initial phase of detention and while under interrogation – and living conditions were monitored, with the situation of those particularly vulnerable, such as female detainees, followed up individually.

Detaining authorities received confidential oral/written feedback and, when necessary, recommendations for improvement. Dialogue with the central and regional authorities continued to focus on the need to ensure respect for judicial guarantees; judges in the Kurdistan region participated in round-tables on the subject.

### Detainees see concrete improvements in living conditions

Despite the lack of structural reforms at central or regional levels, detainees had better living conditions thanks to local authorities' efforts to: reduce overcrowding in detention facilities; ensure detainees' access to fresh air; and improve conditions for and duration of family visits. Additionally, 2,150 inmates benefited from ICRC-led upgrades to water supply and other facilities in three prisons; similar projects were ongoing in other prisons. Women, minors and foreigners received hygiene and educational/recreational items to help ease their confinement.

Discussions progressed on the need for joint action by detaining and health authorities to improve inmates' access to health services, including for psychological distress and physical disabilities. At the central government level, the Health Ministry's Public Health Department and the Justice Ministry approved in principle a joint assessment of detainees' health care needs. The Kurdistan regional Health Ministry committed to cooperating with the ICRC in institutionalizing initial medical screenings in detention facilities under its jurisdiction.

### Inmates inform family members of their whereabouts

Marked improvement was noted in cases of families being informed by the central detaining authorities when a relative was brought to temporary places of detention. Representations were made to the authorities, encouraging them to clarify the whereabouts of individuals allegedly arrested but not yet accounted for.

Detainees maintained contact with family members through RCMs or oral messages relayed by ICRC delegates; some 110 inmates received visits from their relatives. Planned family visits for selected Saudi detainees did not take place, as the Iraqi and Saudi authorities began direct talks on potential repatriations of detainees within the framework of a bilateral agreement.

With ICRC support, foreign detainees notified their embassies or UNHCR of their whereabouts; coordination with UNHCR continued to help ensure that the pertinent authorities respect the principle of *non-refoulement*. Former detainees became eligible to apply for administrative/legal proceedings after receiving ICRC-issued detention attestations.

### WOUNDED AND SICK

#### Wounded people receive timely care from trained providers

People in violence-prone areas had access to emergency care partly owing to ICRC support for the National Society's first-aid programme and for hospitals. The number of first responders in these areas increased after volunteers, civil defence officers and local health workers trained in first-aid delivery at workshops led by ICRC-supported National Society instructors, 21 of whom were certified in 2013. National Society first-aiders made themselves more identifiable using ICRC-provided uniforms.

In Baghdad and Hilla, wounded people in need of higher-level care received treatment at three ICRC-supported hospitals. Staff of the hospitals' emergency units drew on the expertise of an ICRC surgeon to boost their capacities to manage mass casualties and emergency surgeries. An emergency care manual – developed with the management of a Baghdad hospital – was shared with the Health Ministry, which requested the ICRC to provide similar on-site support to other hospitals.

Patients at Al-Rashad Psychiatric Hospital received ICRC-sponsored occupational therapy, while staff members – through courses conducted by a Geneva-based hospital – developed their capacities to provide treatment unsupervised, in line with a project concluded in December. Provision of family-links services was discontinued owing to a lack of need for it.

#### Doctors become more adept at orthotic patient care

Over 32,800 disabled patients obtained appropriate treatment at 10 State-run physical rehabilitation centres and one managed by the ICRC. Of them, 1,728 travelled to the centres with ICRC financial support.

Although the State-run centres, as well as one stand-alone crutch production unit, used ICRC-provided raw materials and received on-site support, the Health Ministry gradually assumed more managerial and financial responsibilities, notably by purchasing materials and covering the centres' operating costs. Efforts to encourage the central and the regional authorities to develop a long-term approach to physical rehabilitation continued, including through regular coordination.

	IRAQ CENTRAL GOVERNMENT	IRAQ KURDISTAN REGIONAL
<b>ICRC visits</b>		
Detainees visited	36,061	3,502
<i>of whom women</i>	1,010	4
<i>of whom minors</i>	1,538	2
Detainees visited and monitored individually	412	192
<i>of whom women</i>	18	4
<i>of whom minors</i>	11	2
Detainees newly registered	159	82
<i>of whom women</i>	4	3
<i>of whom minors</i>	9	2
Number of visits carried out	163	46
Number of places of detention visited	56	18
<b>Restoring family links</b>		
RCMs collected	885	42
RCMs distributed	568	20
Phone calls made to families to inform them of the whereabouts of a detained relative	2,143	49
Detainees visited by their relatives with ICRC/National Society support	118	
People to whom a detention attestation was issued	1,900	285

Helping boost local capacities, 14 doctors developed their expertise in treating patients requiring lower-limb orthoses at a workshop organized with the Health Ministry and the Red Crescent Society of the Islamic Republic of Iran. Physiotherapy instructors in Baghdad and Erbil updated their skills at seminars. With ICRC support, Iraq's only prosthetic/orthotic school and a physiotherapy school worked to meet internationally recognized standards; students advanced their skills through courses/events abroad.

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

### Officials facilitate provision of assistance to vulnerable people

Amid violence and security constraints in Iraq, dialogue and networking with central and regional authorities, armed/security forces and religious/traditional leaders remained crucial for facilitating ICRC activities. Their acceptance of and support for humanitarian principles, IHL and the ICRC helped secure safe access to beneficiaries in violence-affected areas.

Discussions with the authorities at all levels and with senior military/security officials focused on promoting respect for the population (see *Civilians*) and building support for the ICRC's activities for detainees and violence-affected people. At briefings supplementing this dialogue, over 2,000 security/police officers and government officials developed their knowledge of IHL, international human rights law and other applicable norms. Through networking, messages on these topics were passed on to members of armed groups.

### Various actors broaden their awareness of humanitarian issues

Religious/traditional leaders discussed humanitarian principles and enhanced their understanding of Movement activities

during meetings and local/international workshops. Two religious scholars discussed IHL and its compatibility with Islam at a course in Lebanon (see *Lebanon*). Public awareness of IHL, the humanitarian consequences of violence, and the ICRC developed thanks to broad media coverage of these matters and to ICRC dissemination sessions, particularly those for potential beneficiaries. Cooperation was maintained with local NGOs supporting women (see *Civilians*). Through ICRC briefings, foreign diplomats kept abreast of humanitarian issues, including those related to the Health Care in Danger project.

### Iraqi military expands pool of IHL trainers

Both central and Kurdistan regional armed forces took steps to incorporate IHL provisions in their doctrine and training, with a view to ensuring that officers respect IHL during operations.

The Iraqi armed forces began formally incorporating IHL in its doctrine, although ministerial approval for advancing the process remained pending. Backing this process, 47 officers trained to be IHL instructors while 131 Iraqi commanders discussed the legal framework operational application during a course on IHL integration.

With previously trained instructors already teaching IHL to fellow officers, the Kurdistan military worked to further develop its IHL training capacity. To this end, senior members of the Peshmerga IHL committee refined their knowledge of IHL in San Remo and at the Senior Workshop on International Rules Governing Military Operations held in Colombia (see *International law and cooperation*).

### Domestic implementation of IHL stalls

Attempts to encourage the central government to incorporate IHL provisions in domestic law and establish a national IHL committee

MAIN FIGURES AND INDICATORS: PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Red Cross messages (RCMs)</b>		UAMs/SCs*	
RCMs collected	208		
RCMs distributed	293		
Phone calls facilitated between family members	374		
<b>Reunifications, transfers and repatriations</b>			
Human remains transferred/repatriated	324		
<b>Tracing requests, including cases of missing persons<sup>1</sup></b>		Women	Minors
People for whom a tracing request was newly registered	127	24	31
People located (tracing cases closed positively)	40		
Tracing cases still being handled at the end of the reporting period (people)	2,379	40	110
<b>Documents</b>			
People to whom travel documents were issued	257		
Official documents relayed between family members across border/front lines	4		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>2</sup></b>			
<b>ICRC visits</b>		Women	Minors
Detainees visited	39,563	1,014	1,540
Detainees visited and monitored individually	604	22	13
Detainees newly registered	241	7	11
Number of visits carried out	209		
Number of places of detention visited	74		
<b>Restoring family links</b>			
RCMs collected	927		
RCMs distributed	588		
Phone calls made to families to inform them of the whereabouts of a detained relative	2,192		
Detainees visited by their relatives with ICRC/National Society support	118		
People to whom a detention attestation was issued	2,235		

\* Unaccompanied minors/separated children the 1980–88 Iran-Iraq

1. including people missing as a consequence of the 1990–91 Gulf War / not including people missing as a consequence of the 1980–88 Iran-Iraq war

2. all detainees notified by the authorities and followed up by the ICRC

did not progress, partly because of the authorities' preoccupation with security issues. Efforts to persuade the parliament to ratify an agreement formalizing some aspects of the ICRC's presence in the country also stalled, although new contacts were developed in this regard.

With the Ministry of Education announcing a directive to require IHL instruction in law faculties, the ICRC's approach to promoting IHL in universities was undergoing adjustments. University students and lecturers participated in discussions and regional courses on IHL and the Movement.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society steps up disaster preparedness

The Iraqi Red Crescent and the ICRC continued their operational cooperation in addressing the needs of violence-affected people (see *Civilians* and *Wounded and sick*). The National Society expanded its capacities in disaster management/response and IHL promotion and pursued efforts to reinforce its legal base, with the ICRC's technical, material and financial support.

Having evaluated its approach to disaster management/emergency preparedness, the National Society established a pool of instructors to boost its training programme. It created emergency response teams and trained them in first aid and in managing human remains. Selected staff/volunteers became specialists in conducting emergency needs-assessments and promoting IHL after attending specific courses. Some branches improved their working environments, thanks to infrastructure renovation and donated office equipment.

With Movement technical/financial support, the Iraqi Red Crescent reviewed its statutes and developed a five-year national strategic plan, which it launched in December. An agreement, together with regular meetings, facilitated coordination among Movement partners.

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	8,466	29%	51%
	<i>of whom IDPs</i>	3,019		
Essential household items	Beneficiaries	20,540	19%	25%
	<i>of whom IDPs</i>	5,386		
Productive inputs	Beneficiaries	18,648	30%	43%
	<i>of whom IDPs</i>	742		
Cash	Beneficiaries	17,829	34%	45%
	<i>of whom IDPs</i>	182		
Work, services and training	Beneficiaries	30,550	28%	44%
	<i>of whom IDPs</i>	10		
Water and habitat activities	Beneficiaries	807,448	30%	40%
	<i>of whom IDPs</i>	106,500		
<b>Health</b>				
Health centres supported	Structures	13		
Average catchment population		292,590		
Consultations	Patients	387,019		
	<i>of which curative</i>		108,416	148,543
	<i>of which ante/post-natal</i>		28,558	
Immunizations	Doses	139,575		
	<i>of which for children aged five or under</i>	134,766		
Referrals to a second level of care	Patients	7,420		
Health education	Sessions	272		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	4		
Essential household items	Beneficiaries	16,150		
Water and habitat activities	Beneficiaries	2,150		
<b>Health</b>				
Number of visits carried out by health staff		63		
Number of places of detention visited by health staff		42		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	3		
<b>Physical rehabilitation</b>				
Centres supported	Structures	13		
Patients receiving services	Patients	32,804	3,996	9,257
New patients fitted with prostheses	Patients	1,017	190	48
Prostheses delivered	Units	3,457	394	126
	<i>of which for victims of mines or explosive remnants of war</i>	1,164		
New patients fitted with orthoses	Patients	7,721	979	4,800
Orthoses delivered	Units	14,332	1,370	10,482
	<i>of which for victims of mines or explosive remnants of war</i>	11		
Patients receiving physiotherapy	Patients	8,235	1,223	2,037
Crutches delivered	Units	893		
Wheelchairs delivered	Units	222		