REPORT

SUPPORTING CONFLICT-AFFECTED PEOPLE IN LEBANON THROUGHOUT THE ESCALATION OF HOSTILITIES IN THE REGION

ICRC

THE ICRC'S OPERATIONS IN LEBANON IN 2024

Tibnin. The ICRC carries out a distribution of emergency aid, as part of its efforts to assist displaced and other people affected by conflict in meeting their needs.

SITUATION

The armed conflict between Israel and Hezbollah in Lebanon intensified, especially in late 2024, in connection with the escalation of hostilities between Israel and Hamas and other armed groups in the Gaza Strip. From September to November 2024, the conflict – characterized by air strikes and ground operations by military forces – expanded and took in southern Lebanon, northern Bekaa and the southern suburbs of Beirut. On 27 November 2024, the parties to the conflict concluded a ceasefire agreement; however, several attacks and military operations have been subsequently reported.

Thousands of people were reported to have been wounded or killed during the conflict. More than 1.2 million people were displaced; over 190,000 of them were in emergency shelters. Hundreds of thousands of people, including Syrians who had been taking refuge in Lebanon, crossed into the Syrian Arab Republic (hereafter Syria).

After the ceasefire announcement, IDPs rushed back to their homes, only to find that many of them had been destroyed. Returnees and other conflict-affected people were without water, power and health care because of the damage to infrastructure. Authorities reported that dozens of hospitals were damaged, and some had ceased functioning. IDPs were unable to resume their livelihoods and struggled to obtain food and other essentials. The presence of unexploded ordnance further endangered returnees.

Following the changes in the political situation in Syria, cross-border movement took place between Lebanon and Syria. These circumstances added to the 1.5 million Syrian refugees in Lebanon prior to 2024.

Around 200,000 Palestinian refugees continued to live in 12 overcrowded camps across Lebanon.

Numerous missing-persons cases linked to past conflicts remained unresolved.

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OUR RESPONSE

CIVILIANS

Key figures

293,505 people received food and benefited from other activities to improve their **food consumption**

17,675 people were cash as part of **income support**

249,725 people benefited from donations of hygiene kits and other items to improve their **living conditions**

2,500,709 people benefited from repairs to water infrastructure and other **water and habitat activities**

We strove to meet the humanitarian needs of conflict-affected people, including IDPs, returnees, residents, people from Syria and Palestinian refugees. We did so in partnership with the Lebanese Red Cross, the Lebanon branch of the Palestine Red Crescent Society and the International Federation and other Movement components, and in coordination with the authorities and the United Nations Refugee Agency (UNHCR), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and other organizations.

Parties involved are urged to protect conflict-affected people

The ICRC monitored the situation of conflict-affected people and documented their concerns. We reinforced its confidential, bilateral dialogue with parties to conflict, urging adherence to IHL and other pertinent norms. We underscored the importance of protecting civilians, ensuring their safe passage to less dangerous areas, and safeguarding health infrastructure, civilian facilities and humanitarian services. In connection with Syrians, we continued to promote respect for the principle of non-refoulement – the principle that no person can be transferred to a country where he or she would be in danger of being subjected to torture or other form of ill-treatment, arbitrary deprivation of life or persecution on account of his or her race, religion, nationality, political opinion or membership in a particular social group.

Round tables, workshops and other events enabled the ICRC and weapon bearers, such as the Internal Security Forces (ISF), the Lebanese Armed Forces (LAF) and UN peacekeeping troops, to discuss IHL, international standards for law enforcement and other issues of common concern.

M. Yasin/ICRC

Tyre. At a school, and with the Lebanese Red Cross, the ICRC distributes blankets, hygiene kits, mattresses and other essential items to people displaced by the escalating violence.

Conflict-affected people meet their immediate needs

The ICRC, together with the Lebanese Red Cross and other National Societies, and other humanitarian organizations, endeavoured to meet the immediate needs of conflict-affected people.

We expanded activities in response to the growth in humanitarian needs. Food parcels were distributed to 239,505 people (47,901 households) in conflict-affected areas; 249,725 people (49,945 households) in emergency shelters received hygiene kits, kitchen sets, mattresses and other essentials.

A total of 17,675 people (3,535 households), including missing people's families, were given cash to meet their immediate needs.

Infrastructural improvements help sustain critical services

In the South and in Beirut, Bekaa and Mount Lebanon governorates – the areas most affected by the conflict – repairs and improvements were made at some 40 water pumping stations; we also donated 13 generators to power water infrastructure. By these means, and by carrying out various other activities, the ICRC sought to ensure an uninterrupted supply of water for people in these areas.

We made repairs at a number of medical facilities, gave them fuel, fire extinguishers and other items, and trucked in water, to help them sustain their services. Providers of emergency medical services (EMS) were given water tanks and supplies. Fuel, generators, maintenance kits and heaters were donated to temporary shelters; a water pipeline was installed at one shelter. Together with the Lebanese Red Cross, we delivered essential supplies to people in hard-to-reach areas, particularly in the South and Bekaa governorates. These supplies included trucked-in water, bottled water and fuel for pumping stations, totaling 2.2 million litres of water and fuel. Lebanon's civil defence was better equipped to put out fires after the ICRC trucked in water and donated fuel, water tanks and fire-fighting equipment. Civil-defence vehicles and stations were marked with protective emblems to facilitate safe operations in conflict-affected areas.

Improvements to an electrical-power system in Tripoli and repairs to damaged electrical networks in Ein el-Helwe, the largest camp for Palestinian refugees – were also completed in 2024.

Overall, over 2.5 million people benefited from the activities mentioned above.

Conflict-affected people have access to health care and psychosocial support

The ICRC scaled up its support for health services. People affected by the hostilities obtained preventive and curative care at 36 ICRC-supported clinics, including one National Society mobile clinic and another that was dispatched by the ICRC and the ministry of social affairs to Marjaayoun, where the conflict had shut down medical facilities. We provided medical supplies, staff training and/or infrastructural upgrades for these clinics. At one of them, we covered the medical expenses of pregnant women and/or people with non-communicable diseases. In partnership with the London School for Hygiene and Tropical Medicine, we introduced holistic care – integrating primary health care, physical rehabilitation and mental-health and psychosocial support – for vulnerable patients living with non-communicable diseases and receiving treatment at a health centre in Akkar.

In September, when the conflict expanded and people began to flee their homes, we provided essential medicines, consumables and emergency drugs in support of the health ministry's activities at medical points along the Lebanon-Syria border.

Over 3,000 people – including health workers and families of people missing in connection with armed conflict in Syria – obtained psychosocial support through counselling sessions with ICRC or ICRC-trained staff. An ICRC community contact centre, established in 2021, helped conflict-affected people connect with family links and other humanitarian services available to them and give their views and suggestions.

Conflict-affected people learn about the dangers of weapon contamination

We conducted risk-education sessions, and distributed leaflets on safe practices around unexploded ordnance and other explosive remnants of war, in weapon-contaminated communities. Other activities related to weapon contamination were put on hold because of resource-related constraints and the volatility of the situation in conflict-affected areas.

W. Andreos/ICRC


S. Berzghal/ICRC

Top: Baalbek district, Arsal village. An ICRC staff member talks to a man collecting water from a well in a region where access to drinking water is difficult. The ICRC, local and other partners, are working to set up a drinking water access system for the region.

Bottom: Beirut. Seventeen metric tons of ICRC medical supplies arrive at the airport, as part of the ICRC's response to escalating violence. The ICRC provides supplies to Lebanese health care providers, to help ensure people are able to obtain good quality medical care.

I. Chaaban/ICRC

The ICRC helps set up a mobile morgue in Dar Al Amal hospital, to help the facility ensure it is able to properly handle human remains and to facilitate their identification even during incidents resulting in casualties.

Authorities strive to ascertain the fate and whereabouts of missing people

The national commission for resolving missing-persons cases was given support for implementing a domestic law on ascertaining the fate of people who have gone missing, including in connection with the conflict. We provided a local association representing missing people's families with support to carry out – together with committees established by the law mentioned above – activities that broadened awareness of the law and assisted relatives of people missing as a result of past conflicts.

We continued to collect biological reference samples from the families of missing people, and other entities concerned in Lebanon. It also made the preparations necessary for handing them over to the national commission on missing people, which is tasked the with the future identification of human remains (see below).

Authorities, NGOs and the public learnt more about the plight of missing people's families at meetings, from the ICRC's social-media posts, and at events – organized with ICRC support – to enable families to memorialize their missing relatives.

People from Syria learn the fate and whereabouts of missing relatives

Members of families separated by conflict, detention or other circumstances reconnected through tracing, Red Cross Messages and other family-links services.

Despite the complexity of the situation, we kept up our efforts to locate people who went missing during armed conflict in Syria, or alleged to have been arrested there; many of these people's families have fled to Lebanon. We forwarded tracing requests to the ICRC's delegation in Syria and endeavoured to maintain contact, through periodic phone calls, with the families in Lebanon. We worked with the UNHCR and the UNRWA, and the relevant National Societies, to re-establish contact with enquirers (that is, people seeking information on missing relatives) with whom it had lost touch, such as people who had left Lebanon for other countries because of the conflict or other destabilizing circumstances. We expanded our accompaniment programme for Syrian families of missing people. We responded to their safety-related concerns, and their financial and mental and psychosocial needs, and strengthened their support network.

At the crossing points on the Lebanon-Syria border, family-links kits provided by the ICRC to the Syrian Arab Red Crescent were activated, enabling refugees to reconnect, via the internet, with their families along the border. We coordinated with other actors to collect information about refugees' possible protection-related concerns, particularly in the case of Syrians who crossed back into Syria.

Local forensic capacities are strengthened

We emphasized to the relevant authorities that in order to ensure proper management and identification of human remains, it was necessary to review frameworks, policies and procedures in the medico-legal system. We provided first responders, forensic professionals and mortuary personnel with technical guidance, body bags and/or equipment (e.g. a mobile refrigeration unit) for managing human remains. In October, the ICRC, the National Society and UN peacekeeping troops conducted a joint mission to recover 21 sets of human remains buried under rubble after an attack on the town of Wata El-Khiam in southern Lebanon. A multidisciplinary team from the ICRC – involving both forensic and weapon-contamination staff – provided supervision and technical advice for the recovery of the bodies, which was carried out by the National Society's urban search-and-rescue team.

We provided the ISF with DNA analysis kits and other supplies and its forensic staff with expert guidance in DNA analysis and similar procedures. With such help from the ICRC, the ISF laboratory stored DNA samples to aid future identification of human remains, a task that would be carried out by the national commission on missing people with our support.

PEOPLE DEPRIVED OF THEIR LIBERTY

Key figures

7,468 people benefited from ICRC-maintained generators and other **water and habitat activities**

55 visits were made to **20** places of detention

The ICRC visited, in accordance with its standard procedures, detainees at 20 facilities run by the LAF, the ISF, the General Directorate of General Security (GSO) and the General Directorate of State Security. We followed up 706 detainees individually and referred some of them for medical or legal assistance. Findings and recommendations from the visits were communicated confidentially to the authorities, to help them meet internationally recognized standards for detention.

We assessed detainees' access to family-links services and enabled them – particularly those who had been evacuated from conflict-affected areas – to send RCMs to their relatives. We helped detained foreigners notify their embassies – or the UNHCR, in the case of asylum seekers – of their imprisonment.

We discussed a number of important detention-related issues with the pertinent authorities and security forces: treatment and living conditions of detainees; overcrowding; access to basic services such as food and health care; international standards for the use of force; and respect for judicial guarantees. At ICRC round tables and workshops, LAF personnel learnt more about best practices in prison management, including implementation of a multidisciplinary approach that included both provision of health care and mental-health and psychosocial support. The ISF was given training in preventive maintenance of essential infrastructure.

We interviewed foreign detainees facing deportation after their release from detention facilities in Lebanon. We did so to assess concerns about their safety if they are repatriated. It maintained regular dialogue with the GSO and the General Prosecutor about the principle of non-refoulement and made representations on individual cases, whenever required.

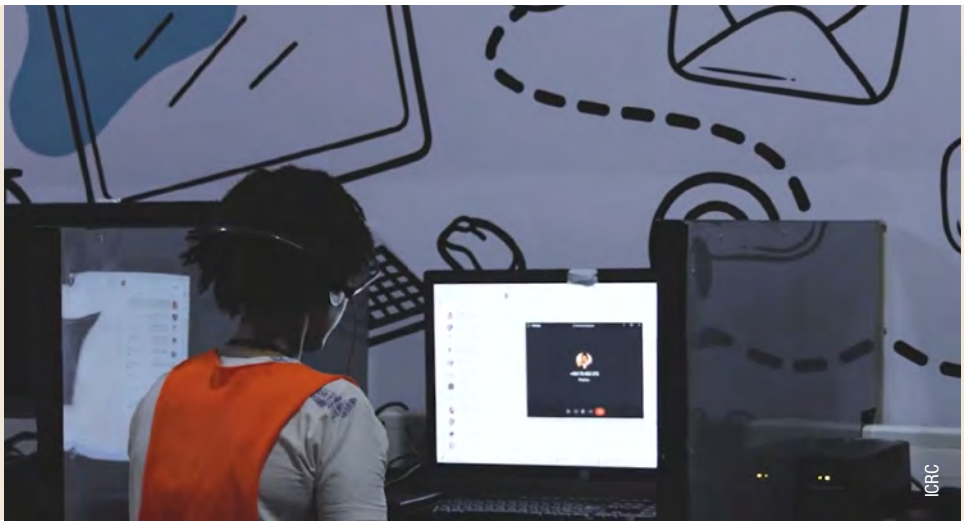
Prison authorities are given help to ensure the proper functioning of detention facilities

In response to the expansion of the conflict, we implemented measures (e.g. donation of water and fuel tanks, maintenance of generators) at some 30 detention facilities, including the largest prison in Lebanon, the Roumieh Central Prison (RCP), to ensure their proper functioning even during hostilities. Some 7,000 detainees benefited from this support. At the most conflict-affected detention facilities, detainees received ad hoc distributions of hygiene kits, mattresses, food parcels and other essentials to ease their living conditions.

Besides the activities mentioned above, maintenance work at the RCP continued, in line with a comprehensive maintenance plan drafted in 2022 by the ICRC and the ISF; maintenance staff were given the necessary training. ISF officials attended an ICRC workshop on responding to emergencies.

Detainees have access to health services

We donated medical supplies to three prisons, particularly those in or near conflict-affected areas. Detainees needing immediate medical attention or specialized care (e.g. pregnant women, people with physical disabilities) were referred to the Rafik Hariri University Hospital in Beirut (RHUH), the Tripoli Governmental Hospital (TGH) or physical rehabilitation centres. Prison health workers were trained in medical management and in abiding by medical ethics. We gave the authorities technical support to provide primary health care at the RCP. It continued to work with the technical working group, established in 2023 at the ICRC's recommendation, to ensure the provision of health care in places of detention.



As part of its commitment to improving conditions in places of detention and helping restore family links, the ICRC has helped create spaces where detainees can speak with their relatives through phone calls.

WOUNDED AND SICK

Key figures

377 people learnt **first aid**

42 **hospitals** supported

7 **physical rehabilitation projects** supported

2 health facilities benefited from **water and habitat activities**

Beirut, Rafik Hariri University Hospital. An ICRC staff member and a young patient are coloring. People obtain psychosocial support from the ICRC or providers it supports at the hospital.

The ICRC helps sustain the continuum of care during conflict

We sought to make health-care providers more capable of responding to emergencies created by the conflict. To that end, the ICRC trained personnel at ICRC-supported hospitals, and from EMS providers, in managing mass casualties and treating weapon-wounded people. Lessons learnt from mass-casualty-management drills – at the RHUH, for example – were incorporated in the more broadly defined activities related to emergency preparedness that the ICRC carried out across the country in partnership with the health ministry.

We emphasized to the parties to the conflict, and other weapon bearers, that they must safeguard medical services as required by law. Health workers learnt about their rights and responsibilities at ICRC dissemination sessions.

We trained first responders and weapon bearers at refugee camps in first aid and/or fire-fighting, and gave them medical supplies; some of these training sessions were conducted jointly with the Lebanese Red Cross. Providers of EMS received quarterly donations of consumables and basic equipment.

Together with the health ministry, we set up trauma-care centres at the RHUH in Beirut and the Elias Hrawi Governmental Hospital in Zahle. The trauma-care centres prioritized the treatment of conflict-related injuries and urgent care for those most affected by the conflict. ICRC medical teams, including specialists in conflict-related injuries, were stationed at these centres and worked alongside local health professionals to develop their ability to treat the most severe weapon-wound injuries.

An ICRC surgeon provided on-the-job training for staff members of the Marjaayoun Governmental Hospital in southern Lebanon, which served wounded and sick people in conflict-affected areas. The hospital was forced to close when the conflict expanded.

We increased its emergency-response efforts, providing support to more hospitals than initially planned. Besides the hospitals mentioned above, 39 other hospitals – in the governorates of Beirut, Mount Lebanon, Baalbek-Hermel, Bekaa, South, Nabatiye and North – received technical support and medical supplies and/or equipment from the ICRC. Hospitals in conflict-affected areas were given fuel and generators to sustain their functioning.

At the RHUH and the TGH, and at other hospitals, we subsidized or fully covered treatment costs for wounded people and gynaecological/obstetric emergencies. It made repairs and improvements at the RHUH, and carried out ad hoc infrastructural work in support of the trauma-care centre. At the TGH, work began on the installation of a provisional emergency department and the construction of a primary-health-care centre.

People with disabilities and others obtained mental-health and psychosocial support from ICRC or ICRC-supported psychologists at the RHUH and TGH.

People with disabilities obtain physical rehabilitation services

Over 1,000 people[1] with disabilities benefited from assistive devices, rehabilitative care and social-inclusion activities from four ICRC-supported physical rehabilitation centres and three disability organizations (see below).

In collaboration with the Forum for the Rights of Persons with Disability, we implemented career-development workshops to help people with disabilities find employment. We worked with disability organizations – the Lebanese Paralympic Committee and the Lebanese Mountain Trail Association – to advance the social inclusion of people with disabilities through wheelchair-basketball events and other sporting activities.

ICRC staff and National Society volunteers took part in sessions aimed at raising awareness about improving the social inclusion and well-being of people with disabilities. To help strengthen local capacities in physical rehabilitation, we organized several training sessions, such as one for physiotherapy students in the rehabilitation of amputees.

1. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

W. Andraos/ICRC

An ICRC-organized event commemorating the 75th anniversary of the Geneva Conventions.

ACTORS OF INFLUENCE

Parties to the conflict, authorities and weapon bearers strengthen their understanding of IHL

We maintained our dialogue – on their obligations under IHL and other norms – with the parties to the conflict. We emphasized the norms governing the conduct of hostilities and the protection due to all civilians and civilian property.

At round tables and other ICRC events, LAF, ISF and GSO personnel learnt more about their obligations under international norms. Senior GSO and LAF officers were sponsored to attend events on IHL and international human rights law, including an IHL course at Sanremo. ISF and LAF personnel attended workshops on international standards for law enforcement, at which they also learnt about their obligation to protect civilians and safeguard and ensure access to health services. The ICRC also carried out a sustained dialogue on IHL with the Israel Defense Forces and the Israeli authorities through its delegation in Israel and the occupied territories.

We raised awareness – among armed groups, and community leaders in Ein el-Helwe and other Palestinian refugee camps – of the lawful use of force; the protection granted to refugees and other violence-affected people under international human rights law; humanitarian principles; and the ICRC's activities.

Civil society learns about pressing humanitarian issues and the Movement's activities

Through traditional media, social-media posts and a podcast, we drew the attention of civil society, in Lebanon and the wider region, to the humanitarian consequences of the conflict and other humanitarian issues, and to its own neutral, impartial and independent humanitarian work. It helped journalists to navigate the complexities of humanitarian reporting during times of conflict and explained how IHL protected them, with a view to ensuring their safety. At an ICRC lecture, students at a university in Beirut learnt how the ICRC, together with the national commission on missing people, was advancing the work being done to ascertain the fate of people missing in connection with past conflict. The Lebanese and the international media drew on ICRC materials to cover such subjects as IHL, the importance of mental-health care and the plight of missing people and their families.

A community contact centre enabled violence-affected people to learn about the humanitarian services available to them and comment on services they had already received.

RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross, the country's principal provider of EMS, remained the ICRC's main partner in helping conflict-affected people. We continued to give it technical guidance, financial support and supplies for organizational development; restoration of family links and other activities; logistics; and public communication. The National Society carried out all its work in accordance with the Safer Access Framework.

When the conflict expanded, Movement components met to ensure a coordinated and coherent collective response to the humanitarian needs that had arisen. The National Society and the ICRC stepped up their activities in order to deliver a robust emergency response to the situation in which conflict-affected people found themselves.

FINANCIAL INFORMATION

The table below shows the breakdown of our total expenditure in Lebanon in 2024, by programme.

EXPENDITURE IN KCHF	
Protection	7,118
Essential services	36,452
Prevention	2,000
Cooperation with National Societies	5,374
General	115
Total	**51,059**

THANK YOU

We thank **Fondation Ead Samawi** for supporting the ICRC's operations in Lebanon in 2024. Your generous donation of **CHF 100,000** was critical to ensuring the continuity of ICRC efforts to protect and assist people affected by conflict and other violence, including those affected by the escalation of hostilities in the Gaza Strip.

In 2025, we will continue to strive to help people affected by armed conflict and other situations of violence around the world in line with our unique mandate and, whenever possible, carrying out our role as a neutral intermediary between the pertinent parties. Your support for our operations goes a long way in ensuring the people who most need it receive critical humanitarian aid.

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ANNEX: KEY RESULTS

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	47			
RCMs distributed	105			
Reunifications, transfers and repatriations				
People reunited with their families	1			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	176	16	8	15
including people for whom tracing requests were registered by another delegation	14			
Tracing cases closed positively (subject located or fate established)	93			
including people for whom tracing requests were registered by another delegation	6			
Tracing cases still being handled at the end of the reporting period (people)	8,806	535	222	747
including people for whom tracing requests were registered by another delegation	38			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		**Girls**		**Demobilized children**
UAMs/SC newly registered by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
Protection for the deceased				
Training sessions on the recovery, identification and protection of human remains	12			
People trained	205			
PEOPLE DEPRIVED OF THEIR LIBERTY				
ICRC visits		**Women**	**Minors**	
Places of detention visited	20			
Detainees in places of detention visited	5,894	86	157	
Visits carried out	55			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	706	85	3	36
of whom newly registered	635	85	3	36
RCMs and other means of family contact				
RCMs collected	38			
RCMs distributed	11			
Phone calls made to families to inform them of the whereabouts of a detained relative	75			
Detainees released and transferred/repatriated by/via the ICRC	9			
People to whom a detention attestation was issued	3			

MAIN FIGURES AND INDICATORS: ESSENTIAL SERVICES

CIVILIANS		Total	Women	Children	
Economic security					
Food consumption	People	239,505	88,546	64,789	
Income support	People	17,675	6,550	4,950	
Living conditions	People	249,725	91,924	68,996	
Water and habitat					
Water and habitat activities	People	2,500,709	802,593	941,527	
of whom IDPs		117,754	37,793	44,335	
Primary health care					
Health centres supported	Structures	36			
of which health centres supported regularly		15			
Services at health centres supported regularly					
Consultations		112,745			
of which curative		107,448	5,403	13,405	
of which antenatal		5,297			
Vaccines provided	Doses	8,865			
of which polio vaccines for children under 5 years of age		4,324			
Referrals to a second level of care	Patients	42			
of whom gynaecological/obstetric cases		*			
Mental health and psychosocial support			**Women**	**Children**	***Girls***
People who received mental-health support		3,035			
of whom victims/survivors of sexual violence		*	*		
of whom members of families of missing persons		213			
People who attended sessions to raise awareness about mental health		346			
People trained in mental-health care and psychosocial support		70			

PEOPLE DEPRIVED OF THEIR LIBERTY		Total	Women	Children	
Water and habitat					
Water and habitat activities	People	7,468	444	204	
Health in detention					
Places of detention visited by health staff	Structures	17			
Health facilities supported in places of detention visited by health staff	Structures	3			
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures	42			
including hospitals reinforced with or monitored by ICRC staff		3			
Services at hospitals reinforced with or monitored by ICRC staff			Women	Children	*Girls*
Surgical admissions		1,268			
of which weapon-wound surgical admissions		429	32	*	*
(including those related to mines or explosive remnants of war)		*			
of which non-weapon-wound surgical admissions		839	31	*	
Operations performed		3,761	2,064	268	70
Medical (non-surgical) admissions		1,891	889	56	27
Gynaecological/obstetric admissions		4,466	3,153	160	160
Consultations		54,960			
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)		1,399			
Weapon-wound admissions (surgical and non-surgical admissions)		2,209			
Weapon-wound surgeries performed		48			
Patients whose hospital treatment was paid for by the ICRC		6,136			
First aid					
First-aid training sessions		10			
Participants (aggregated monthly data)		377			
Water and habitat					
Water and habitat activities	Structures	2			
Physical rehabilitation			Women	Children	*Girls*
Projects supported		7			
of which physical rehabilitation centres supported regularly		4			
People who benefited from ICRC-supported projects	Aggregated monthly data	1,234			
of whom service users at physical rehabilitation centres (PRCs)		1,052	242	291	134
of whom participants in social inclusion projects not linked to PRCs		182			
of whom victims of mines or explosive remnants of war		126			
of whom weapon-wounded		165			
Services at physical rehabilitation centres supported regularly					
Prostheses delivered	Units	216			
Orthoses delivered	Units	498			
Physiotherapy sessions		2,831			
Walking aids delivered	Units	274			
Wheelchairs or postural support devices delivered	Units	108			

* This figure has been redacted for data protection purposes.