

PAKISTAN



ICRC / AR, 2015
 ⊕ ICRC delegation ⊕ ICRC sub-delegation ▽ ICRC-supported prosthetic/orthotic project
 ⊕ ICRC regional logistics centre

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Disabled people obtained good-quality physical rehabilitation services/assistive devices at ICRC-supported centres. The authorities, local organizations and the ICRC built a new centre in Lahore.
- ▶ A hospital in Peshawar benefited from comprehensive ICRC support; staff from other health facilities participated in ICRC-organized training courses, and strengthened their ability to treat wounded patients.
- ▶ Communities affected by weapon contamination learnt to protect themselves through dissemination sessions and communication materials provided by the Pakistan Red Crescent with ICRC help.
- ▶ Government and civil society representatives from various countries discussed contemporary IHL issues during an IHL training course held in Pakistan and organized jointly by a local institute and the ICRC.

EXPENDITURE IN KCHF

Protection	1,012
Assistance	9,308
Prevention	3,453
Cooperation with National Societies	2,118
General	117
Total	16,008
<i>Of which: Overheads</i>	973

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	234

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan and continues to support operations there. Its dialogue with the authorities aims to encourage the provision of care for violence-affected people, particularly the weapon-wounded. It fosters discussions on the humanitarian impact of violence and on neutral and independent humanitarian action with the government, religious leaders and academics. It supports rehabilitation services for the disabled and IHL instruction among the armed forces, while working with the Pakistan Red Crescent Society to provide primary health care and family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	134
RCMs distributed	175
Phone calls facilitated between family members	316
People located (tracing cases closed positively)	46
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	2

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security¹ (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	350
Essential household items	Beneficiaries	350
Cash	Beneficiaries	5
Health		
Health centres supported	Structures	6
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	1
		2
Physical rehabilitation		
Projects supported	Structures	5
		21
Patients receiving services	Patients	20,270
		19,927

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

CONTEXT

The Pakistani authorities implemented a national action plan to address security issues in parts of the country. This entailed the intensification of operations against armed elements in the Federally Administered Tribal Areas (FATA) – specifically North Waziristan – Khyber Pakhtunkhwa (KP) and Balochistan. According to government sources, these operations helped curb attacks by militants in 2015. Tensions remained high along the border with India.

Relief efforts by the government, particularly for the displaced, were in progress; a number of displaced people returned to their places of origin in FATA and KP.

In FATA, KP and Pakistan-administered Kashmir, weapon contamination from past armed conflicts remained a concern, causing injuries and casualties among civilians going about their daily activities.

Some international humanitarian organizations reduced their activities owing to government restrictions and security concerns.

Natural disasters were a common occurrence.

ICRC ACTION AND RESULTS

The ICRC in Pakistan focused on the activities defined in the 1994 headquarters agreement and on others mutually agreed upon with the government, to address the needs of violence-affected communities within the limited humanitarian space in which it was able to operate. It worked closely with the Pakistan Red Crescent and other local actors to carry out family-links services and health-related activities, and to promote IHL, while providing comprehensive support to the National Society. Cooperation with the National Society and other partners increased the ICRC's access to vulnerable people and the impact of its work.

Support for National Society-run health units in Balochistan, FATA and KP helped vulnerable groups – children, women and displaced people – obtain good-quality primary health care. First-responders, journalists and female health workers received first-aid training and kits from the National Society/ICRC, which enhanced their ability to provide life-saving care. Comprehensive ICRC assistance to the Lady Reading Hospital in Peshawar, for treating victims of violence, began; ad hoc material support to health facilities in KP helped staff there care for bombing casualties. Staff from various hospitals in cities affected by fighting benefited from war surgery and emergency-room trauma courses organized by the ICRC.

Disabled people obtained free, good-quality specialized care and assistive devices at ICRC-supported physical rehabilitation centres; some of them received financial assistance for covering their transport/food/accommodation costs. To strengthen the sustainability of these centres, staff members were sponsored for training abroad and given technical guidance. The ICRC formed local partnerships to develop the national physical rehabilitation sector, one of which resulted in the construction of a new centre in Lahore. To promote the social integration of disabled persons, the ICRC supported sporting events for them; it also provided financial support for schooling and corrective surgery for disabled children.

Communities affected by weapon contamination in FATA, KP and Pakistan-administered Kashmir learnt to protect themselves more effectively through risk-education sessions and informational materials provided by the National Society with ICRC support.

Members of families dispersed by fighting, natural disasters and migration – or for other reasons – restored/maintained contact with relatives through National Society/ICRC family-links services. People communicated with relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba and elsewhere. The ICRC helped people in Pakistan to visit relatives detained/interned abroad.

At ICRC-organized courses, authorities learnt more about the management of human remains during emergencies; institutions involved in human remains management – including a foundation that provided emergency services – received material/technical support.

The authorities, military/police forces, members of civil society and beneficiaries learnt more about IHL and other relevant norms, and about the ICRC, during various dissemination/training activities organized by the ICRC and its local partners. ICRC sponsorship to events abroad enabled some of them to reinforce their knowledge. During a training course, co-organized with the Research Society of International Law (RSIL), government officials and civil society representatives from nine countries in the region discussed contemporary IHL issues. In Karachi, ICRC-supported efforts in connection with the Health Care in Danger project resulted in the public launch of two reports detailing the effects of violence on health-care workers and its related legal implications.

Dialogue on detention-related matters, between the authorities/other parties concerned and the ICRC, did not take place.

CIVILIANS

More women obtain antenatal care from female staff at National Society facilities

Communities affected by fighting benefited from preventive and curative health care at six facilities run by the Pakistan Red Crescent with ICRC support: one in FATA; one in the Bakka Khel camp in Bannu, KP, for people displaced from North Waziristan; and four in Balochistan, one of them a mobile clinic. Support for three clinics in Balochistan concluded at the end of the year.

Over 140,000 people had medical consultations for respiratory infections, diarrhoea, and other illnesses; in the Bakka Khel camp alone, nearly 75,000 people received check-ups. Children were screened for malnutrition at all the health facilities and 1,400 doses of vaccine were administered, mostly to those under the age of five. The presence of female staff at the facilities helped ensure that women and female children availed themselves of health services; consultations for pregnant women increased by nearly 50% from last year: 4,451 received antenatal care. Women also had access to family-planning services.

Communities most affected by weapon contamination learn to protect themselves

The National Society, with ICRC material/technical support, continued to undertake awareness-raising activities and organize events – in connection with the International Day of Mine Awareness and Assistance in Mine Action, for instance – to mitigate risks for communities in weapon-contaminated areas of FATA, KP and Pakistan-administered Kashmir. At National Society/ICRC-organized workshops, journalists and religious scholars learnt more about the dangers of weapon contamination, and also about their role in broadening public awareness of the issue.

Over 317,000 people – including more than 127,000 people returning to their homes after being displaced – learnt how to protect themselves during risk-education sessions; these efforts were supplemented by informational materials such as posters and illustrated booklets. Training sessions and train-the-trainer workshops helped National Society staff to strengthen their ability to provide information/instruction for people in weapon-contaminated areas.

No progress was made in establishing a network, involving NGOs and medical personnel, for gathering data on weapon contamination-related incidents; however, victims of mines/ERW were referred by the National Society to ICRC-supported physical rehabilitation centres for treatment (see *Wounded and sick*).

People restore and maintain contact with their relatives in Pakistan and abroad

Members of families separated from relatives by violence, natural/man-made disasters and migration, or for other reasons, reconnected through National Society/ICRC family-links services, including RCMs and phone/video calls.

Almost 90 families communicated with relatives held at the Guantanamo Bay internment facility, at the Parwan detention facility (see *Afghanistan*), and in Azerbaijan. Four families in Pakistan visited relatives detained in Afghanistan, and one family visited a relative detained in Algeria.

The National Society continued, with ICRC technical/financial assistance, to strengthen its family-links services; additional permanent staff were hired, and staff, volunteers, authorities and first responders received training in the provision of family-links services and/or referrals.

Authorities learn more about the management of human remains

Sixty representatives from the military, the police, medico-legal and emergency management services, and volunteer organizations learnt more about the management of human remains from local experts during two ICRC-organized courses. The courses included discussions on the proper recovery, documentation and identification of remains and on the provision of support for bereaved families, as well as locally developed simulations and field exercises.

Five institutions involved in human remains management – including a foundation that provided emergency services – received technical guidance and embalming materials that helped facilitate families' identification of missing relatives' remains; a morgue in Karachi undertook improvements, upon ICRC encouragement. Owing to limited dialogue with the authorities, no progress was made in the development of national guidelines for human remains management.

PEOPLE DEPRIVED OF THEIR FREEDOM

No discussions took place between the authorities/other stakeholders and the ICRC on detention-related topics, including the possibility of the ICRC visiting detainees.

Five persons previously detained in Afghanistan continued their ICRC-supported medical treatment after they returned to Pakistan, which helped alleviate their post-release situation. Twenty-three vulnerable families of people detained abroad met their basic needs with food, essential items and school supplies provided by the ICRC.

WOUNDED AND SICK

Police officers, ambulance drivers and journalists acquire first-aid skills

Over 670 first responders, such as police officers, female health workers and journalists, learnt to administer life-saving care to weapon-wounded people through National Society/ICRC first-aid training, supplemented by the provision of first-aid kits; they included 119 ambulance drivers from FATA and KP.

In addition, around 4,500 people, including community volunteers and first responders, were trained during an ICRC-supported National Society first-aid programme. The development of the National Society's national first-aid training curriculum, based on a 2014 first-aid policy, was delayed.

Hospital in Peshawar receives comprehensive support

Support to the Lady Reading Hospital in Peshawar, for treating violence-affected people in FATA and KP, began; it consisted of training for health staff, rehabilitation/maintenance of infrastructure, and provision of medical supplies, drugs and equipment.

Some 200 doctors and nurses from hospitals in FATA and KP (including military hospitals), and in Karachi and two other cities, refined their skills at war-surgery seminars and emergency-room trauma courses in Pakistan and abroad. Health facilities in KP treated bomb-blast victims with the help of ad hoc ICRC donations of medical supplies. ICRC assessments for the provision of medical evacuation services were no longer pursued.

Local institutions, together with the ICRC, construct a rehabilitation centre in Lahore

ICRC assistance for physical rehabilitation centres expanded: 19 centres and satellite facilities across four provinces received comprehensive support. Almost 20,000 patients regained their mobility and/or received specialized care at these centres; 4,800 of them, and their attendants, had their transport/food/accommodation costs covered. In Peshawar, 266 people with spinal-cord injuries benefited from follow-up visits made by the Paraplegic Centre Hayatabad's home-care team.

Eighteen ICRC-supported centres produced more than 11,000 prosthetic/orthotic devices using raw materials and equipment provided; patients received them free of charge. To ensure the centres' sustainability, staff enhanced their skills with ICRC-sponsored training abroad, technical guidance and/or mentoring; for instance, 50 technicians and physiotherapists furthered their education with the help of scholarships and short courses.

Partnerships between local organizations and the ICRC sought to strengthen the national physical rehabilitation sector, including its supply chain; for example, the Chal Foundation, the Indus Hospital, the provincial government of Punjab and the ICRC jointly constructed a rehabilitation centre in Lahore, with a view to reaching more people in the province. A private body, slated to take over the distribution of ICRC materials to partner organizations, began to go through the necessary administrative procedures.

Efforts to facilitate the social reintegration of disabled people, primarily children and those living in remote areas, continued. For example, beneficiaries received sponsorship for their education and for corrective surgery, as well as for participation in camps and sporting events; 17 people with spinal-cord injuries competed in a national wheelchair cricket tournament.

ACTORS OF INFLUENCE

Senior military officers strengthen their IHL teaching skills

Partnerships with the authorities and members of civil society, and various activities carried out for/with them, sought to further their understanding/acceptance of IHL and the ICRC's activities.

Army, navy and air force personnel learnt more about IHL and other relevant norms at dissemination sessions; 40 officers participated in a discussion on the applicability of IHL to cyber warfare, which was hosted by the National University of Sciences and Technology Centre for International Peace & Stability (NUST-CIPS) and the ICRC.

Senior military officers attended events abroad, such as a workshop on rules governing military operations (see *International law and policy*), with ICRC support. At a train-the-trainers course, 15 instructors from the Pakistan Marines strengthened their IHL teaching skills. Dialogue on the incorporation of IHL in the training curriculum of the air force and naval colleges continued.

Troops leaving for peacekeeping missions learnt more about the protection of civilians and the prevention of sexual violence in armed conflict. One NUST-CIPS faculty member, sponsored by the ICRC, strengthened his IHL teaching capacities at a training course abroad.

High-level discussions with the police on possible areas of cooperation were maintained. The staff and students of police training institutions, and police officers, learnt more about internationally recognized policing standards and/or first aid through ICRC publications and training (see *Wounded and sick*).

Officials from various countries discuss current IHL issues at a regional training course in Pakistan

During an IHL training course in Islamabad, organized by the RSIL and the ICRC, government officials and academics from nine countries in the region discussed contemporary IHL issues, including detention and internment. Pakistani officials also attended IHL conferences abroad (see, for example, *Sri Lanka*).

Round-tables on IHL for government officials, the translation of the Geneva Conventions into Urdu, and RSIL research papers – on such subjects as detention – helped facilitate domestic implementation of IHL. They also stimulated discussions with various parties concerned, including judicial and security officials, on the relevance of IHL in violence-affected areas.

Officials, health workers and the public in Karachi learn more about the Health Care in Danger project

Academics completed ICRC-supported research on the effects of violence on health-care provision in Karachi, while the RSIL analysed the legal framework governing the issue. These efforts resulted in the publication of two reports, which were intended for health-care workers and government officials, as well as the general public; the media covered the reports' public release. Based on the findings of these reports, stakeholders drafted a training programme on de-escalating violence against health-care workers, made preparations for a media campaign in this connection, and held discussions on lobbying for legislative changes.

Students further their understanding of the links between Islamic law and IHL

Religious leaders, students and professors learnt more about the similarities between Islamic law and IHL, and about the ICRC's activities, at dissemination sessions and courses in the country and abroad (see *Lebanon*). IHL materials for religious and educational institutions – including IHL resource centres for those in Balochistan and KP – supplemented such activities and helped expand their scope of instruction. Law students from South Asian countries demonstrated their grasp of IHL during a regional moot court competition organized by the Lahore University of Management Sciences/ICRC. Students, sponsored by the ICRC, also participated in competitions abroad.

Beneficiaries become more familiar with the Movement

The general public, including beneficiaries, learnt more about the ICRC's work and the Movement through awareness-raising activities and informational materials put together by the National Society/ICRC; these included short documentaries on family-links services, the Health Care in Danger project and physical rehabilitation services. ICRC activities were promoted online in English and Urdu.

At a seminar, journalists learnt more about the role of humanitarian organizations during emergencies.

RED CROSS AND RED CRESCENT MOVEMENT

The Pakistan Red Crescent expanded its presence in two violence-affected areas in FATA. It continued to work together with the ICRC to assist vulnerable communities, conduct first-aid training and promote humanitarian principles and the Movement (see above).

The National Society's FATA and KP branches strengthened their operational capacities through various forms of ICRC support, such as training in financial/project management and first aid, and peer-to-peer exchanges. Such support also helped the National Society deploy emergency response teams: for instance, during the earthquake in October 2015, they distributed shelter construction materials to thousands of victims.

During a meeting of the Movement Reference Group for the Health Care in Danger project in Switzerland, the National Society described its efforts to address the violence affecting health-care services. These included conducting awareness-raising sessions on the topic for key staff at its branches in Pakistan-administered Kashmir, Balochistan and FATA.

The National Society received follow-ups on pledges it made in preparation for the 32nd International Conference from the ICRC.

Bilateral meetings with Movement partners continued to take place.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		134	4		
RCMs distributed		175			
Phone calls facilitated between family members		316			
Reunifications, transfers and repatriations					
People reunited with their families		2			
People transferred/repatriated		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		144	32	41	22
<i>including people for whom tracing requests were registered by another delegation</i>		5			
People located (tracing cases closed positively)		46			
<i>including people for whom tracing requests were registered by another delegation</i>		6			
Tracing cases still being handled at the end of the reporting period (people)		147	31	37	28
<i>including people for whom tracing requests were registered by another delegation</i>		3			
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		5			
UAMs/SC reunited with their families by the ICRC/National Society		2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		3			
Documents					
Official documents relayed between family members across borders/front lines		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)¹				
Cash	Beneficiaries	5		
Health				
Health centres supported	Structures	6		
Average catchment population		67,167		
Consultations	Patients	147,097		
	<i>of which curative</i>		37,875	77,373
	<i>of which ante/post-natal</i>		4,451	
Immunizations	Doses	4,951		
Referrals to a second level of care	Patients	959		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Cash	Beneficiaries	5		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
First aid				
First-aid posts supported	Structures	8		
Physical rehabilitation				
Projects supported	Structures	21		
Patients receiving services	Patients	19,927	2,141	8,770
New patients fitted with prostheses	Patients	2,207	283	204
Prostheses delivered	Units	2,770	355	293
	<i>of which for victims of mines or explosive remnants of war</i>	392		
New patients fitted with orthoses	Patients	4,465	521	2,517
Orthoses delivered	Units	8,439	727	5,638
	<i>of which for victims of mines or explosive remnants of war</i>	140		
Patients receiving physiotherapy	Patients	11,921	1,687	4,664
Crutches delivered	Units	2,086		
Wheelchairs delivered	Units	305		

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