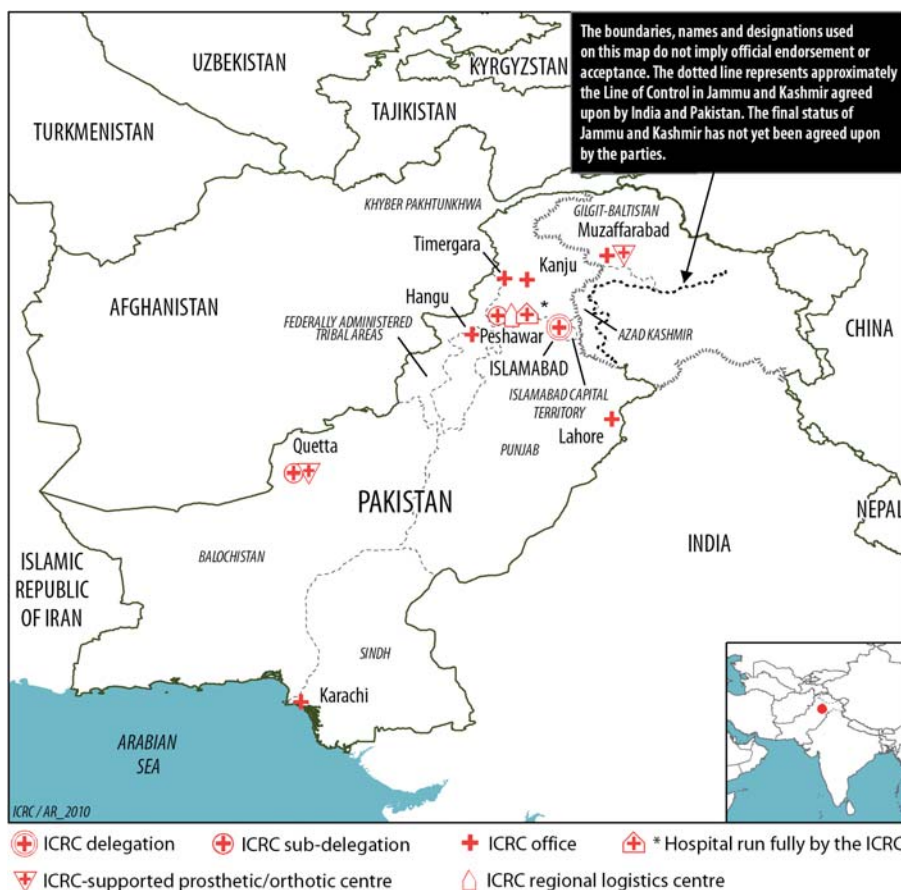


# PAKISTAN



## EXPENDITURE (IN KCHF)

Protection	5,211
Assistance	106,925
Prevention	6,317
Cooperation with National Societies	4,040
General	-

► **122,494**

of which: Overheads 7,635

## IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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## PERSONNEL

Expatriates	112
National staff (daily workers not included)	922

## KEY POINTS

In 2010, the ICRC:

- with the National Society, distributed at least 1 four-week food ration to some 2,168,000 violence- and flood-affected civilians
- with the National Society and authorities, enabled more than 554,000 people to resume income generation
- supported the Sindh authorities' prison reform programme, including by improving living and health conditions for 7,000 inmates through water and sanitation rehabilitation projects
- contributed to the treatment of 1,146 weapon-wounded patients in its hospital in Peshawar or through support provided to other hospitals, in particular in Quetta
- provided supplies and other support to 13 primary health care facilities, which treated 152,783 patients, and 4 diarrhoea treatment centres, which treated 3,352 patients
- enabled 11,719 disabled patients to receive physical rehabilitation services

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan. Its current operations focus on: visiting security detainees; assisting residents and displaced victims of armed violence and natural disaster; supporting the Pakistan Red Crescent Society; ensuring care of the weapon-wounded and the disabled; promoting compliance with IHL among officials and military forces; and fostering dialogue with religious leaders, academic institutions and the media on IHL-related issues, the conduct of hostilities and neutral and independent humanitarian action.

## CONTEXT

Fighting between the Pakistani armed forces and armed groups continued in Khyber Pakhtunkhwa (KP, formerly North-West Frontier Province) and the Federally Administered Tribal Areas (FATA). Although the return of people displaced to Bajaur and FATA in 2009 was completed in June 2010, ongoing security operations in FATA caused further large-scale displacements. In Balochistan, low-level insurgency took the form of targeted attacks, mainly on infrastructure and central government representatives. There were reports of increased civilian casualties and new arrests. Attacks by armed elements against army and police personnel persisted, and suicide and bomb attacks continued

to kill civilians in KP, FATA and Punjab. Sectarian violence, in particular against Shia communities, continued.

Torrential monsoon rains mid-year caused devastating flooding across more than a third of the country, affecting 20 million people. Homes and possessions were swept away, livestock was lost, and damage to infrastructure and agricultural land severely jeopardized food production. Crops that were not washed away died. Damage to or destruction of infrastructure complicated efforts to assist the victims. Some of the worst-affected populations, including those living in Balochistan and KP, also bore the brunt of military operations and attacks by armed elements and were difficult for humanitarian workers to reach.

### MAIN FIGURES AND INDICATORS

#### PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)				
<b>Red Cross messages</b>		<b>Total</b>	<b>UAMs/SCs*</b>	
RCMs collected		504		
RCMs distributed		563		
Phone calls facilitated between family members		1,470		
<b>Reunifications, transfers and repatriations</b>		<b>Total</b>		
People reunited with their families		2		
	<i>including people registered by another delegation</i>	1		
People transferred/repatriated		1		
<b>Tracing requests, including cases of missing persons</b>		<b>Total</b>	<b>Women</b>	<b>Minors</b>
People for whom a tracing request was newly registered		120	18	40
People located (tracing cases closed positively)		54		
	<i>including people for whom tracing requests were registered by another delegation</i>	1		
Tracing cases still being handled at 31 December 2010 (people)		166	14	31
<b>UAMs/SCs,* including unaccompanied demobilized child soldiers</b>		<b>Total</b>	<b>Girls</b>	<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		1		
UAMs/SCs reunited with their families by the ICRC/National Society		1		
<b>Documents</b>				
People to whom travel documents were issued		11		
Official documents relayed between family members across borders/front lines		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
<b>ICRC visits</b>		<b>Total</b>	<b>Women</b>	<b>Minors</b>
Detainees visited		30,591		
Detainees visited and monitored individually		139	1	6
Detainees newly registered		110	1	6
Number of visits carried out		69		
Number of places of detention visited		41		
<b>Restoring family links</b>		<b>Total</b>		
RCMs collected		52		
RCMs distributed		12		
Phone calls made to families to inform them of the whereabouts of a detained relative		3		
People to whom a detention attestation was issued		2		

\* Unaccompanied minors/separated children

#### ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat			<b>Total</b>	<b>Women</b>	<b>Children</b>
Food		Beneficiaries	2,167,858	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	310,303		
Essential household items		Beneficiaries	2,744,567	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	548,464		
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	554,449	28%	32%
	<i>of whom IDPs</i>	Beneficiaries	16,177		
Water and habitat activities		Beneficiaries	569,603	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	20,956		

MAIN FIGURES AND INDICATORS				
ASSISTANCE				
Health		Total	Women	Children
Health centres supported	Structures	13		
Average catchment population		222,418		
Consultations	Patients	152,783		
	<i>of which curative</i>		47,871	69,203
	<i>of which ante/post-natal</i>		2,650	
Immunizations	Doses	25,697		
	<i>of which for children aged five or under</i>	24,209		
	<i>of which for women of childbearing age</i>	1,488		
Referrals to a second level of care	Patients	1,419		
Health education	Sessions	14,392		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Water and habitat activities	Beneficiaries	7,000		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	24		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	16		
	<i>of which provided data</i>	5		
Admissions	Patients	1,146	80	168
	<i>of whom weapon-wounded</i>	1,146	80	168
	<i>(including by mines or explosive remnants of war)</i>	67		
Operations	Operations performed	3,488		
Outpatient consultations	Patients	6,191		
	<i>of which surgical</i>	6,191		
Water and habitat				
Water and habitat activities	Number of beds	120		
Physical rehabilitation				
Centres supported	Structures	4		
Patients receiving services	Patients	11,719	1,712	2,746
New patients fitted with prostheses	Patients	1,130	140	85
Prostheses delivered	Units	1,386	169	87
	<i>of which for victims of mines or explosive remnants of war</i>	517		
New patients fitted with orthoses	Patients	1,530	226	685
Orthoses delivered	Units	2,397	316	1,168
	<i>of which for victims of mines or explosive remnants of war</i>	262		
Crutches delivered	Units	1,894		
Wheelchairs delivered	Units	206		

## ICRC ACTION AND RESULTS

Given the ongoing fighting and prolonged displacement, the needs of Pakistan's violence-affected populations in 2010 were substantially greater than predicted – a situation further exacerbated by the floods, which affected many in already volatile areas. To meet the population's growing needs, the ICRC appealed for additional funding in August.

In KP and FATA, military operations, government security restrictions and attacks by armed elements continued to hamper humanitarian access to victims. Flood damage to infrastructure also hindered access, and security concerns led to some ICRC activities being placed on hold, causing delays in their implementation or necessitating their cancellation. Nevertheless, the ICRC and the Pakistan Red Crescent Society, through an extensive network of volunteers, were able to conduct a large-scale relief operation, including in Balochistan. Often having to operate via "remote management", the ICRC put in place procedures and control mechanisms

to ensure its activities could be properly monitored. These mechanisms required constant adaptation in order to respond to the challenges posed by the size of the operation. The National Society received financial, technical and material support to boost its capacities to carry out joint operations with the ICRC, to run and expand its own programmes and to lead Movement coordination for the response to the needs arising from the floods, according to the Movement's Fundamental Principles.

As the ability to deliver aid relied on safe and unimpeded access to the victims, the ICRC raised awareness of the National Society/ICRC's neutral, impartial and independent approach during all contact with military and civilian authorities, armed elements and traditional leaders, to obtain the necessary assurances of respect for Movement activities.

The distribution of food rations and essential household items contributed to the survival of over 2.1 million people, including IDPs and returnees in violence-prone areas and flood-affected people

in districts of Balochistan, FATA, KP, Pakistan-administered Kashmir, northern Sindh and southern Punjab. Livelihood-support projects, including the provision of cows to widows and cash-for-work schemes, although delayed by insecurity and the flood response, were eventually launched in KP and FATA, as was agricultural support to farmers who had lost land, crops and/or cattle. Technical and financial support to the National Society and other organizations running services in IDP camps, as well as to flood-affected communities, contributed to improvements in water supply, sanitation infrastructure and habitat for nearly 570,000 people.

The ICRC helped ensure that displaced people or resident communities affected by the fighting and/or floods had access to adequate primary health care by supplying health centres and supporting National Society-run facilities, both fixed and mobile. Diarrhoea treatment centres were established following the floods to treat people with water-borne diseases, and the ICRC's hospital in Peshawar attended to bomb-blast victims and weapon-wounded people. Plans for a second ICRC hospital in Quetta were cancelled, but support was maintained to private medical facilities there. Local health workers were trained in first aid, and other hospitals received essential supplies. Disabled people were fitted with artificial limbs and mobility devices at ICRC-supported physical rehabilitation centres, and patients at the Muzaffarabad centre received training and grants to enable them to run small businesses.

ICRC delegates continued to visit people held under the authority of the Ministry of Interior and shared their findings and recommendations confidentially with the authorities. No progress was made in obtaining access to all individuals held in connection with the ongoing violence. The ICRC also followed the cases of former detainees/internees repatriated from Afghanistan and the US internment facility at Guantanamo Bay Naval Station in Cuba and helped families in Pakistan maintain contact with relatives detained/interned in Pakistan or abroad. In a number of facilities, maintenance work and training of prison staff helped improve inmates' living conditions.

As in previous years, the ICRC worked to promote IHL among members of the government and the armed and security forces and to raise public awareness of humanitarian issues and principles.

While preserving its independence, the ICRC kept in close contact with other actors, including the government, UN agencies and NGOs, to ensure relief activities were coordinated and to contribute to policy development in fields related to its core mandate.

## CIVILIANS

Security operations continued to affect civilians, but restricted access to affected areas prevented the ICRC from systematically monitoring their needs. Consequently, dialogue with the authorities and weapon bearers remained general, recalling

their obligations to protect civilians, to allow all wounded to reach medical treatment, to respect medical personnel, equipment and infrastructure, and to ensure that displaced people could return to their homes with dignity, under voluntary and safe conditions.

### Civilians assisted in coping with the immediate consequences of fighting and flooding

Structured on-the-job training of National Society staff boosted their ability to conduct relief and livelihood-support programmes and run seven IDP camps in KP.

Fighting and floods saw needs and the number of beneficiaries of National Society/ICRC emergency relief exceed 2009 predictions (see *ICRC action and results*). Mass movements, insecurity and flood damage to infrastructure prevented a systematic approach to relief distributions, particularly of consecutive monthly food rations. However, 2,167,858 people – including 570,108 IDPs and residents in violence-affected areas and 1,320,928 in the worst flood-affected districts of Balochistan, FATA, KP, Pakistan-administered Kashmir, northern Sindh and southern Punjab – received at least one four-week food ration. Similarly, 2,744,567 received essential household items or hygiene kits (including 801,374 and 1,651,618 in violence and flood-affected areas respectively), which helped alleviate the burden on economically disadvantaged host communities. With winter looming, quilts, mattresses, winter clothes, stoves and firewood helped 15,253 people keep warm in violence-affected areas and with homes destroyed or abandoned, emergency shelter kits and tents provided some protection against the elements for 209,895 homeless flood victims.

Public health improved for over 350,000 people, who gained access to clean water. In violence-affected communities, including IDP camps, some 175,000 persons benefited from ICRC-rehabilitated or -constructed boreholes, wells, water tanks, latrines, irrigation systems and a pumping station providing water for household and farming purposes and better sanitation. Following the flooding, water filters, mobile water purification units and water trucking reduced the risk of water-borne illnesses. Insecticide-treated mosquito nets helped protect against malaria.

### Civilians access health care

Access to health care remained difficult for violence-affected communities. Those in IDP camps in KP and FATA relied on ICRC-supplied basic health care units and ICRC-supported National Society mobile health units, where staff received training and incentives. The mobile unit in Dera Ismail Khan became a permanent structure and continued to serve IDPs from Waziristan. Residents attended consultations at ICRC-supported National Society basic health care units and at ICRC-assisted Ministry of Health facilities, including Paroa and Tank rural hospitals in KP, which provided preventive and curative care – including child vaccinations and hygiene lessons aimed at reducing disease. In all, 222,418 people attended consultations at 13 ICRC-supported health facilities. Additionally, 3,352 patients suffering from acute watery diarrhoea contracted from contaminated flood water accessed treatment at four specialized centres.

### **Vulnerable people resume productive activities**

While fighting and flooding restricted income generation, with livestock lost or sold and crops damaged or abandoned, various initiatives launched to support/restore livelihoods benefited 18,371 farmers and their families (128,597 beneficiaries). Following initial delays, structural support to Model Farm Service Centres, through the Department of Agriculture and the Department of Livestock and Dairy Development, began to revive agriculture and livestock production – especially in KP and FATA, where farmers in the eight worst-affected districts gained access to ICRC-donated veterinary and farming equipment. Widows in Buner used ICRC-donated cattle to meet their children's nutritional needs and generate income through calf breeding, while people in Upper and Lower Dir rebuilt flood-damaged infrastructure in return for cash to support themselves and their families. Plans to train and equip community animal health workers in Balochistan were suspended owing to access problems.

In addition, a total of 407,260 people (58,180 households), including returnees and flood-affected people in KP and Balochistan, began crop-production activities with ICRC-donated seed, fertilizer and manual tools, aimed at meeting at least half of their annual food needs. Some 276,822 people (39,546 households) who had received agricultural support in 2009 and 2010 received food aid and hygiene kits while their crops grew.

Cash grants and training enabled 345 patients at the ICRC-supported physical rehabilitation centre in Muzaffarabad (see *Wounded and sick*) to establish businesses, including grocery shops. They opened bank accounts and generated up to 50% of their household income, benefiting 2,415 people in total.

### **People made aware of the dangers of weapon contamination**

At National Society/ICRC sessions, nearly 80,000 people in KP and FATA were alerted to the dangers of mines and other unexploded weapons. Hospital staff learnt about weapon contamination and data collection to help them document accidents, and community mobilizers discovered how to educate others about the risks. Leaflets, posters and radio spots backed up safety messages, particularly during the floods, when people were warned that the waters had moved such weapons.

### **Dispersed family members get back in touch**

Large-scale returns improved communications, decreasing demand for ICRC/National Society tracing and RCM services, though they remained available to those separated during fighting or those wanting to contact family in Pakistan or abroad, including refugees, stateless persons and asylum seekers. Relatives also used the services to maintain contact with Pakistanis detained/interned abroad, including in the Guantanamo Bay internment facility. Those with relatives held at the former Bagram Theater Internment Facility – the new US Parwan detention facility at Bagram airbase – visited them or communicated via videoconferencing calls facilitated by the ICRC. During the floods, free emergency phone calls helped 1,470 people, including unaccompanied children, contact relatives.

Against a backdrop of fighting and natural disaster, 30 health and forensic specialists learnt more about the proper handling of human remains and the preservation of data for future identification at an ICRC introductory course. Several government officials participated in two courses abroad with a view to developing a clear national mechanism to deal with the issue of missing persons.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

Detainees held under the authority of the Ministry of Interior in Sindh, Pakistan-administered Kashmir and Gilgit-Baltistan received visits from delegates, according to standard ICRC procedures, who assessed their treatment and living conditions. Visits focused on vulnerable individuals, including those held for security reasons or sentenced to death, foreigners and children. Delegates confidentially reported their findings to the authorities, making recommendations where necessary. Visits in Punjab, suspended in July 2010 owing to difficulties encountered by the ICRC in following its standard procedures, did not resume. Despite increased networking efforts, a response to the ICRC's 2009 offer to visit all people held in relation to the fighting in KP and FATA, regardless of the detaining authority, had yet to be received. The ICRC was also awaiting a response to a similar offer made in 2010 to visit individuals held in Pakistan in relation to the conflict in Afghanistan.

Detainees used RCMs and phone calls to maintain contact with relatives, and foreign embassies were notified of the detention of their nationals. Former detainees/internees repatriated from abroad (including Afghanistan or the Guantanamo Bay internment facility), who were visited by the ICRC while in custody, received follow-up home visits, and 24 former detainees/internees were given ICRC assistance upon their release.

Following a request from the Sindh home secretary for assistance in monitoring the province's prison reform process, the ICRC compiled a comprehensive report on 22 prisons, containing recommendations. To enhance prison personnel's knowledge of their duties, the National Academy for Prison Administration received reference books for use in training. Before the suspension of ICRC visits, staff at Lahore Central Jail discussed internationally recognized standards for the treatment of detainees during an ICRC-organized seminar.

### **Detainees see conditions improve**

Some 7,000 inmates at Sindh prisons enjoyed better health and hygiene conditions thanks to ICRC-supplied medical stocks, hygiene kits and anti-scabies treatment and to ICRC technical expertise in infrastructure repair and management, including of sanitation systems. Before the suspension of visits in Punjab, prison health experts attended an ICRC-organized seminar aimed at improving the province's prison health care system.

The planned provision of seed and tools to detainees and wardens, and the start of vocational training for young detainees in the three

central prisons of Balochistan, KP and Punjab, were hampered by access problems. However, books were distributed to prisons to set up libraries.

## WOUNDED AND SICK

The weapon-wounded from Pakistan and Afghanistan accessed high-quality surgical care at the ICRC field hospital in Peshawar, provided by the Finnish Red Cross and supplied and managed by the ICRC. The hospital's capacity doubled in 2010 from 60 to 120 beds. Although administrative difficulties prevented the ICRC establishing a hospital in Quetta, shelving plans to establish a systematic referral system for women with pregnancy complications, the wounded received emergency treatment at ICRC-supported hospitals and clinics in the town. Patients were transferred, when necessary, to the ICRC surgical hospital in Peshawar using ICRC-supported National Society ambulances, which also responded to emergencies, such as bomb blasts.

The ICRC continued supporting local hospitals through rehabilitation work and the provision of equipment, regular supplies of consumables and, when necessary, staff incentives, and local health workers received first-aid training. In KP, agreements between hospitals and the ICRC were signed towards the end of 2010 to further develop cooperation.

Some 180 Pakistani surgeons honed their skills at war-surgery seminars in Karachi, Lahore and Peshawar and nurses received on-the-job training, including in pain- and infection-control.

### Disabled people undergo physical rehabilitation

The disabled and amputees, including patients from Afghanistan, were fitted with artificial limbs or other mobility devices through the ICRC's comprehensive referral system. More than 11,700 patients received services at ICRC-supported centres, including the Muzaffarabad Physical Rehabilitation Centre, the Pakistan Institute of Prosthetic and Orthotic Sciences in Peshawar and the Christian Hospital Rehabilitation Centre in Quetta. Discussions regarding the handover of the running of the Muzaffarabad centre to the Ministry of Health continued, while its patients applied for livelihood support through an ICRC-run programme (see *Civilians*). Staff at the centres underwent on-the-job training or studied at the Tanzania Training Centre for Orthopaedic Technologists to obtain a Bachelor's degree in prosthetics and orthotics.

Patients with spinal cord injuries received home visits before activities were suspended in late June owing to insecurity.

## AUTHORITIES

Dialogue with the authorities at all levels remained essential to ensuring the protection of civilians and access to victims of the fighting and floods. Meetings with the Foreign Affairs, Law and Justice, and Human Rights Ministries provided opportunities to

raise awareness of the ICRC/National Society, neutral, impartial and independent humanitarian action, and the importance of IHL implementation. Such a meeting took place for the first time with representatives of the Defence Ministry. Various embassies and donor agencies were kept abreast of ICRC/National Society activities through regular meetings with delegates.

Despite other priorities, such as dealing with the widespread flooding, the Pakistani authorities pursued efforts to implement IHL. A national conference helped identify IHL treaties Pakistan could accede to, such as the 1977 Additional Protocols, or implement, such as the Biological Weapons Convention and the Hague Convention on Cultural Property. Representatives of the Foreign Affairs and Human Rights Ministries attended the South Asian Teaching Session on IHL in Kathmandu (see *Nepal*), further strengthening IHL understanding within government circles. To ensure long-term support on these issues, future high-level government employees learnt more about the ICRC, Pakistani Red Crescent and IHL implementation at training sessions held at the Foreign Service Academy in Islamabad and the Civil Service Academy in Lahore.

## ARMED FORCES AND OTHER BEARERS OF WEAPONS

At meetings with representatives of the armed and security forces, and during limited contact with armed groups, the ICRC reminded them of the need to protect civilians, to respect medical staff and infrastructure and humanitarian workers, and to allow the ICRC and Pakistani Red Crescent, as neutral, impartial and independent organizations, access to people affected by the fighting.

With the focus on operational deployment – particularly during the floods – the integration of IHL into the doctrine, training and operations of the armed forces remained relatively slow. Nevertheless, high-ranking officers from all three forces attended ICRC-run training sessions in which they learnt more about IHL and discussed its application. Those involved in UN peacekeeping missions were briefed on IHL and the ICRC prior to their deployment.

Through bilateral meetings and regular ICRC visits to police stations (see *People deprived of their freedom*), federal and provincial command teams became familiar with the organization's mandate, its activities for detainees, and best practices in arrest, interrogation and detention. Such activities led the Punjab police to conduct a doctrine review, which assisted the provincial government's taskforce on prisons in drafting new legislation.

Senior police officers shared their experiences with counterparts at regional events, such as the first International Conference for Senior Law Enforcement Officials in Geneva, Switzerland, attended by the inspector general of KP. A pocket guide for supervisory officers was written by the National Police Academy, with ICRC support, to serve as a handy best practice reference. In Balochistan, inspectors and superintendents from every police division learnt more about mass-casualty first aid and disaster-victim identification.

## CIVIL SOCIETY

Given the ongoing violence, it remained imperative that the general public understood and supported the National Society/ICRC's work. Drawing on ICRC news releases, interviews and briefings in English and Urdu, the Pakistani and international media covered humanitarian issues and National Society/ICRC activities. During ICRC-run seminars, journalists in KP, Sindh, Punjab and Balochistan learnt first aid and explored humanitarian issues, along with their rights and obligations when reporting in armed conflict and other situations of violence.

Traditional and religious leaders and scholars gained a better understanding of the National Society/ICRC and its neutral, impartial and independent humanitarian action through bilateral meetings, seminars on IHL and Islamic law, or participation in IHL courses abroad.

Academic institutions continued to promote IHL using ICRC-supplied teaching materials. At its request, the Islamic Studies Department of Abdul Wali Khan University, Mardan, for example, received two sets of reference books and copies of the 1949 Geneva Conventions. Students of law, international relations and political science from the University of Balochistan and Lahore University of Management Sciences attended ICRC presentations on IHL. Owing to visa difficulties, several students and lecturers were unable to attend such events abroad.

## RED CROSS AND RED CRESCENT MOVEMENT

The Pakistani Red Crescent remained the ICRC's main operational partner in joint activities to provide essential relief and services to people affected by fighting and flooding (see *Civilians*). Given the size of the emergency operation and the expanded partnership with the ICRC, in addition to training in relief, livelihood support and camp management, the National Society received increased material, financial and technical support to boost its overall emergency response capacity. This included office and IT equipment, support for vehicle fleet management, and training in the Safer Access approach. Such support also allowed the National Society to run its own programmes, including emergency first-aid and ambulance services, after bomb blasts throughout the country. With ICRC support, it also enhanced its ability to restore contact between separated family members and to spread awareness of IHL and the Fundamental Principles.

Under the leadership of the Pakistani Red Crescent, coordination between Movement partners was strengthened to ensure the most effective and timely response to the humanitarian needs of those affected by the floods.