

A photograph of three young boys standing in a refugee camp in Pakistan. The boy in the center is wearing a light-colored, long-sleeved shirt and is smiling. The boy on the left is wearing a blue shirt and is looking towards the camera. The boy on the right is wearing a blue shirt and is looking towards the camera. In the background, there are several white tents and a person walking in the distance.

Response to NWFP humanitarian crisis

and other activities in Pakistan
June-July 2009

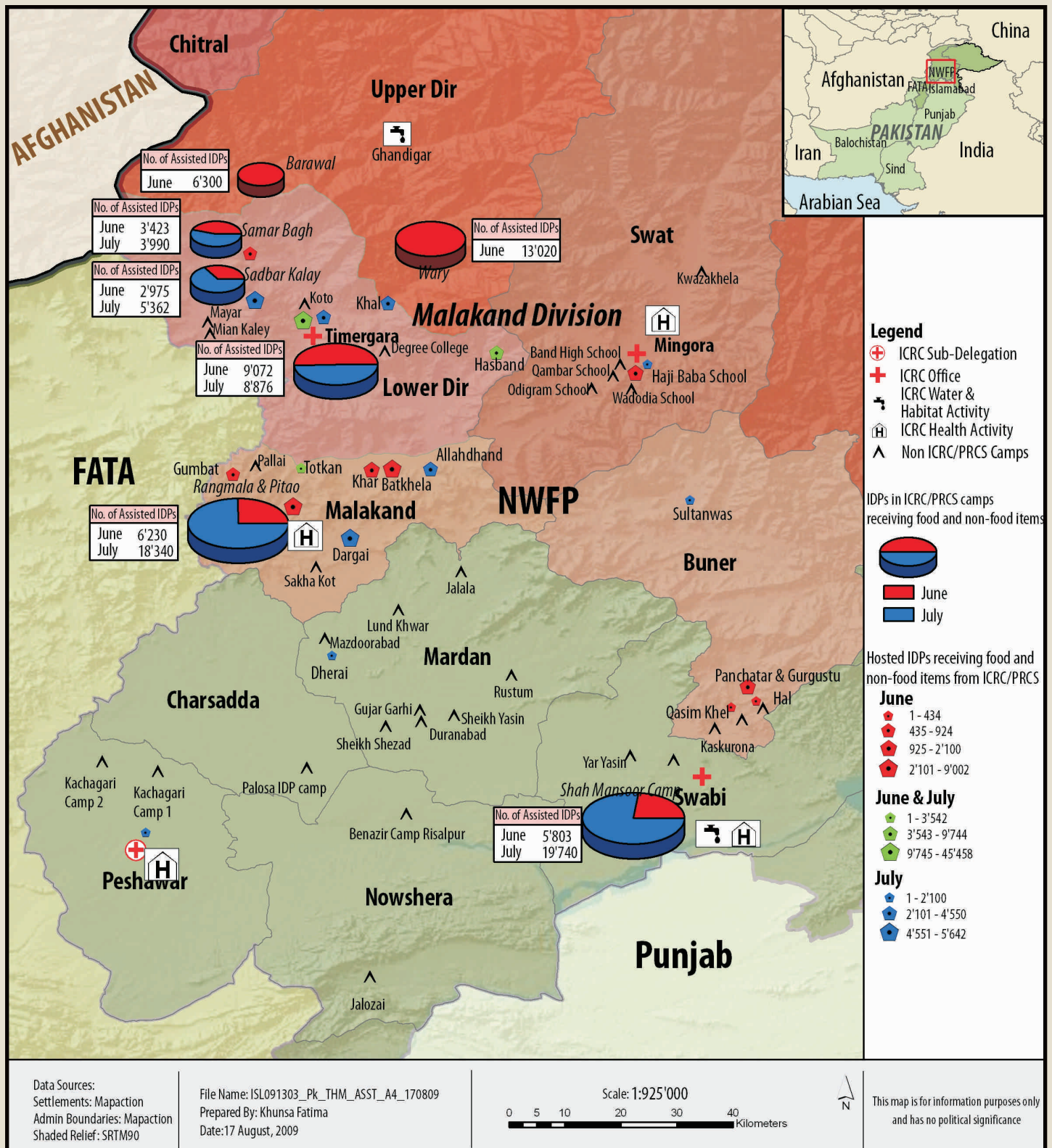
KEY FACTS

- First humanitarian organization to get back in to Swat, Lower Dir and Buner after the outbreak of hostilities.
- Setting up a permanent presence in Swat to organize humanitarian operations there.
- Supporting IDP camps of Pakistan Red Crescent Society (PRCS), its national partner.
- Reaching out to IDPs in host families in remote areas.
- Re-establishing family links for people separated from their relatives by the situation in NWFP.
- Has a unique surgical hospital for weapon wounded patients in Peshawar, which is treating patients from the areas affected by the fighting.
- Working with the wider Red Cross/Red Crescent Movement to make a difference.



ICRC

ICRC/PRCS Assistance Activities to NWFP IDPs



BACKGROUND

The Pakistani Armed Forces (PAF) launched a military operation in late April in Buner, Swat and Dir districts of the North West Frontier Province (NWFP). Within a few weeks, the fighting triggered the displacement of about one and a half million people. They joined more than half a million others who had fled their homes due to fighting in Bajaur and Mohmand Agencies in the Federally Administered Tribal Areas (FATA) in 2008.

By mid-June, about two million internally displaced persons (IDPs) were living in either rented accommodation, host families, public buildings like schools or in the camps which had been set up to handle the previous waves of displacement. Organisations like the Pakistan Red Crescent Society (PRCS), with the help of the ICRC, scrambled to expand and upgrade existing camps and establish new ones.

The conditions in the camps were never adequate, however. They were crowded, making the respect of female privacy difficult, and increasingly hot as spring turned into summer. Many of the camps also lacked adequate sanitation infrastructure and medical staff. The vast majority of the IDPs therefore elected to stay in rented accommodation or with host families. Some fled as far south as Karachi, where friends and relatives from the large Pashtu community could help them.

Although many IDPs fell ill, and some even died, the much-feared out-break of epidemics never occurred, in large part thanks to the successful measures taken by the authorities and humanitarian organisations, as well as the meritorious hospitality and solidarity of the thousands of ordinary Pakistanis who took care of friends, relatives or even complete strangers.



Fighting off the heat at Shah Mansoor Camp, Swabi

THE RETURN

On 13 July, the authorities launched an ambitious return process for IDPs. They publicly committed themselves to ensuring that the return of displaced persons should be voluntary, informed, dignified, safe and sustainable. In just two weeks, they moved hundreds of thousands of IDPs back to their home areas, giving priority to those living in camps. The return process has been unexpectedly fast and large-scale. According to official figures, nearly one million IDPs have gone home. Several camps in Mardan, Malakand and Nowshera districts and the ICRC/PRCS camp in Swabi have closed as the vast majority of their inhabitants returned home. The government has stated that it plans to complete its operation of assisted returns by the third week of August.

Although conditions on the ground have indeed improved, there are still patches of fighting in Swat, Dir and Buner which are cause for concern. Many returning IDPs have, in fact, not been able to make it back to their homes for fear of being caught up in the shooting and explosions. They are now waiting in the safer parts of their districts for security to improve. There have also been some fresh displacements in recent weeks, even as IDPs were returning to their home areas.

Three months of fighting has taken its toll on infrastructure, homes and livelihoods in Swat, Buner and Dir, though the scale of the damage is uneven. The wheat harvest has been lost, livestock has been decimated, and many residents have lost their livelihoods. It will take all the resilience of the local population, and a good deal of national and international help, to get these districts back on their feet.



IDPs heading home

ICRC RESPONSE

Within weeks of the outbreak of fighting, the ICRC chalked out its 3-level strategy in close collaboration with the Pakistan Red Crescent Society (PRCS). The ICRC's priority was to get into the combat areas to help the residents who had stayed behind. These civilians had been deprived of running water, electricity, medical care and phone lines since the outbreak of fighting. Some PRCS staff actually never left; they continued providing a modicum of humanitarian relief throughout the crisis despite their supply lines being cut off. The ICRC was able to re-enter these areas by late May, early June, to provide emergency relief. The second level concerned the IDPs in host families who, at the time, were receiving a fraction of the humanitarian aid available despite being the numerical majority. The final level was the



A young girl at Khungi Shah Camp, Lower Dir

growing camp population, where the PRCS was already present at the outbreak of the crisis with camps hosting Bajauri IDPs from 2008. With the help of the ICRC, the PRCS expanded and upgraded its existing camps and opened a few more. Finally, the ICRC's surgical hospital for weapon-wounded patients in Peshawar was expanded from its original 60-bed capacity to 91 beds to cater for the influx of new patients from NWFP.

In June and July, the ICRC and PRCS have been able to provide

over 300,000 people affected by the fighting with food and other essential items, almost 40,000 IDPs with clean water. More than the overall numbers, however, the key characteristic of Red Cross/Red Crescent help is that it has focused on groups and areas out of reach of most other humanitarians. As the security situation has improved, they have been able to gradually expand their activities and range within Swat, Dir and Buner as the following text, maps and tables illustrate. There are still parts of these districts where no humanitarian has yet been able to work, however. These regions still need emergency assistance. In the more stable parts of Swat, Dir and Buner, the Red Cross/ Red Crescent Movement will introduce livelihoods recovery schemes when conditions allow. In the meantime, the IDPs who have not been able or wanted to go home will not be forgotten.

While access to Waziristan, a part of the FATA marked by fighting, remains impossible at this juncture, the ICRC has already begun distributing food and other essential relief goods to thousands of Waziris displaced to Baluchistan. It is in the process of establishing an office in Bhakhar, just across the river from the main area of displacement, from which to lead its humanitarian operations in favour of victims of events in Waziristan.

BUNER

This district was the starting point of the military operation in NWFP and parts of the district have been heavily affected by the fighting. During the months of June and July, the ICRC, in collaboration with the PRCS, assisted the IDPs in camps and outside by providing them with food supplies. It supported

Daggar District Hospital and Totalai Civil Hospital by supplying drugs, fuel, war-wounded kits and offered free phone calls to re-establish contact between family members separated due to the situation. IDPs have returned to this district in droves since mid-July as conditions improved and basic public services were restored, even if there have been



An IDP collecting ICRC assistance in Buner

some fresh outflows of civilians from Chagazai fleeing fighting. To help cater for them, new relief camps have been urgently set up in the middle of the district capital – Daggar – where the ICRC assisted over 15,000 people with food and non-food items this past week.

ASSISTANCE	DESCRIPTION	LOCATION
Food and Non-Food items*	Distribution to 4,242 IDPs out of camps	Panchtar, Hal, Qasim Kahel, Gharghosto, Sultan Was
Medical Assistance	1 war wounded medivaced to ICRC hospital. Donation of 1 BHU, 1 war wounded kit and 1,200L of fuel	DHQ Hospital Daggar

*

- The ICRC standard food package consists of one month's supply of wheat flour, rice, split peas, ghee, sugar, tea and salt (117kg).
- The non-food items package includes: laundry soap, body soap, kitchen set, bucket, basin/tubs, tarpaulins, blankets, restricted cloth kits, jerry-can, hygiene kit (according to the needs of the IDPs).

SWAT

This district has been one of the foci of the fighting between the armed forces and the militants. The ICRC was the first international humanitarian organisation to get back into the district after over a month of heavy fighting. On 5 June, one of its teams brought medical supplies to the stranded Saidu Sharif Teaching Hospital to help the facility to get up and running again. They provided the hospital with medicine to treat up to 30,000 patients as well as a surgical kit to operate on up to 3,000. The ICRC also provided the hospital with a generator while there was no more electricity in the city of Mingora. The team ended up helping to evacuate some wounded patients to the ICRC's surgical hospital in Peshawar. Over the next few weeks, ICRC teams brought in more medical supplies to the hospitals in Mingora and Kwaza Khela, allowed residents to re-establish family links with their relatives who had fled further south and brought food to over 7,000 residents of Mingora and the surrounding villages.

By the end of July, the situation had improved in southern Swat and many IDPs were returning home. Access to the west bank of the river remained limited however. The PRCS was nevertheless manning a health facility in Kanju, just across the river from Mingora, from which three ambulances cover about 100,000 residents who remain in that area of the district. The ICRC and PRCS are about to launch a series of food distributions on both sides of the Swat River.

ASSISTANCE	DESCRIPTION	LOCATION
Food and Non-Food items	Distribution to 7,931 IDPs out of camps	Haji Baba, Usmanabad, Tahiabab, Banar, Nawakalay, Green Maira, Shuneri Mosque, Saidu Sharif hospital
Medical Assistance	Donation of 1 war wounded, 1 BHU kit, 2 basic & 2 dressing modules able to treat 16,050 patients. 6 patients transferred to ICRC hospital Peshawar & 250 KW generator borrowed for few weeks with fuel.	Saidu Sharif Hospital

MALAKAND

The ICRC has supported the PRCS camps in the district as well as thousands of displaced people staying outside of camps throughout the period under review. It has provided food and other essential items as well as firewood to prepare cooked meals for the displaced people in Rangmela and Palai camps as well as more than 1,000 IDP families living out of camps. It has also assisted the PRCS with medical supplies and material need for the water and sanitation facilities. The ICRC is providing assistance in this district on monthly basis.

ASSISTANCE	DESCRIPTION	LOCATION
Food and Non-Food items	Distribution to 24,570 IDPs in camps and 84,567 IDPs out of camps Total IDPs Assisted: 109,137	Rangmala, Pitao, Khar High School, Jholagram, Batkhela School, Oxford school, Allahdhand, Dherai, Dargai, Wartair, Kharkai timber, Hero Shah, Mehdari, Shahkot badajat, Ghari, Skhakot Jadeed
Medical Assistance	Drug supply for 2 months, support to PRCS BHU	Rang Mala
	Drug Supply for 2 months and donation of medical equipments	Pitao and DHQ Hospital Dargai

DIR

This district was already hosting thousands of people who had fled fighting in Bajaur in 2008 and 2009 when it was overtaken by the military operations under way in neighbouring Swat. Though cut off from the rest of the country for the first few weeks, the ICRC-supported PRCS camps did not close down during the fighting and were manned by just a few remaining PRCS staff. They were rapidly assisted as soon as the ICRC was able to get staff and supplies back into the



New residents in Gandigar Camp, Upper Dir

district in early June. Though many IDPs are returning, some new IDPs have emerged out of Maidan and other areas still affected by the ongoing operations. The ICRC and PRCS are setting up a new camp at Khungi Sha in Timergara to cater for them, as well as to take in IDPs who have been staying in schools, which the government would like to re-open for the new school year. The ICRC and PRCS are also assisting thousands of IDPs outside of camps. In total, over 170,000 people received assistance in and outside the camps in the lower and upper part of the District during June and July.

ASSISTANCE	DESCRIPTION	LOCATION
Food and Non-Food items	Distribution to 47,418 IDPs in the camps and 110,985 IDPs out of camps Total IDPs Assisted: 158,403	Girls Degree College, Sadbar Kalay, Samer Bagh, Commerce College, Technical college, Barawal, Wary, Hasband, Timergara, Koto, Rabt Rani, Khungi, Khal, Balambat, Chakdara, Taza Ghram, Badwan, Ouch
Water and Sanitation	Rehabilitation of water supply lines, distribution network, construction of community kitchen, latrines and showers	Girls Degree College, Commerce College, Ghandigar, Khungi
Medical Assistance	Supply of basic drugs to the PRCS	Girls Degree College, Commerce Collge
	Donation of 1 BHU each	Wary and Ghandigar
	Donation of 1 dressing module	DHQ Hospital Upper Dir

MARDAN

In Mardan, the ICRC assisted displaced people living outside camps and provided some medical supplies to the PRCS. The ICRC helped re-establish severed family contacts until the closure of the different camps in July.

FATA

Due to sporadic military operations in the Federally-Administered Tribal Areas (FATA), namely in Waziristan, Kurram, Orakzai, and Bannu, access and security is fraught, even for the ICRC. That said, the organisation has nevertheless been active and plans to donate medical supplies to some hospitals in the region. From its new office in Bhakkar, the ICRC intends to reach out to the displaced people from Waziristan who have settled in Dera Ismael Khan and Tank districts..

OTHER ICRC ACTIVITIES IN PAKISTAN

Surgical Hospital in Peshawar

The surgical hospital for weapon-wounded patients in Peshawar was inaugurated in April 2009 by the President of the ICRC, Dr. Jakob Kellenberger, just in time to help treat the upsurge in injuries due to outbreak of fighting NWFP. The decision was rapidly taken to expand the hospital's capacity from 60 to 100 beds to cope with the influx.

The hospital offers specialized surgery for weapon-related wounds, with an international staff of experts in this special field. It is fully equipped with X-ray machines, an operating theatre, an intensive care unit, a laboratory and even physiotherapy services.)

The hospital is a neutral humanitarian space, freely accessible to all weapon-wounded



A young patient undergoing surgery

Re-establishment of family links

The ICRC strives to restore the family contacts of people in the face of recent fighting in Malakand. The ICRC also facilitates re-establishing family links of Pakistanis detained in Afghanistan, Guantanamo, Iraq and Pakistan. During the period of June-July, the ICRC with the help of the PRCS restored 2,070 family contacts with the help of its free Red Cross Message service and phone calls. It also tries to locate missing members of displaced families with a view to reunite them. For instance, 42 tracing cases have been registered during the mentioned period including a minor who has been reunited with his family in Lower Dir, NWFP.



Exchanging news with his loved ones

KASHMIR

ICRC Physical Rehabilitation Centre Muzaffarabad

The ICRC set up this facility in the wake of the 2005 earthquake in response to the high number of casualties. A multidisciplinary team of doctors, prosthetics specialists and physiotherapists treat the disabled patients according to internationally recognized standards. The team manufactures its own orthopaedic devices. The ICRC will eventually hand over the facility to the Ministry of Health, Pakistan-administered Kashmir.

Micro Economic Initiatives

The ICRC runs a Micro Economic Initiative (MEI) programme to help its disabled patients restore their livelihoods and dignity following their treatment. Patients are trained in how to prepare and present feasible projects, which the ICRC then finances. ICRC experts train them in basic business management and even provides those who need it with vocational training.



Ready to play football after getting artificial limb

BALUCHISTAN

The ICRC supports the treatment of weapon-wounded patients coming from the entire region, but mostly from Afghanistan, through three hospitals based in Quetta. Plans are afoot to open a specialised ICRC surgical facility, after the Peshawar model, in response to the increasing caseload of patients out of Waziristan.



Patient with new limb in Quetta

In Sindh, the ICRC visits detainees in twelve jails to assess their detention conditions and treatment and help improve them. After each visit, the ICRC team shares its findings with the concerned authorities and discusses measures which could be taken to improve them.

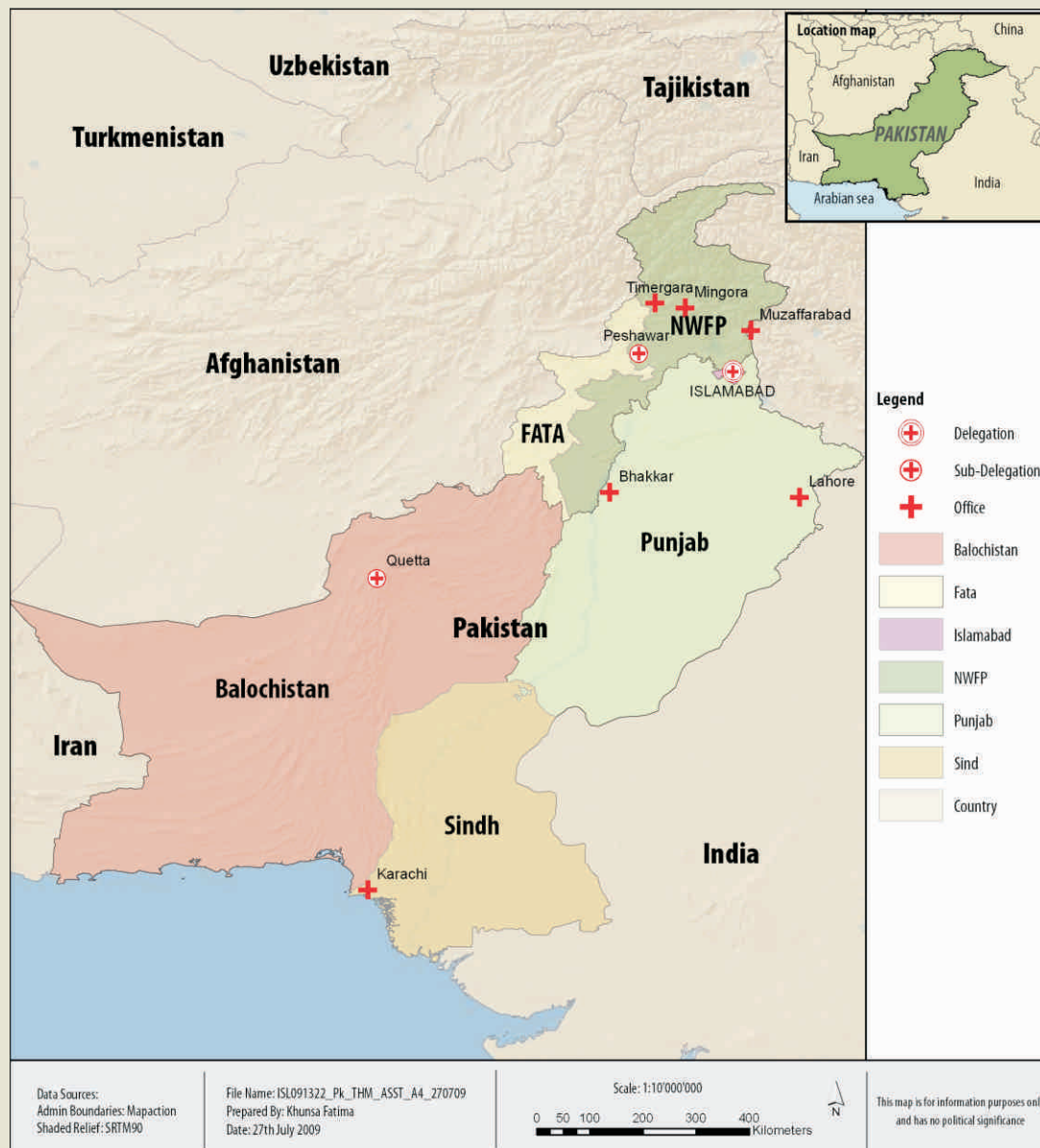
In Karachi Central Jail, the ICRC has constructed shower cabins and pads for washing and drying laundry in a bid to help the authorities improve hygiene. It has also constructed sleeping platforms, installed taps, and provided the jails with pumps or water tanks. In addition, detainees have been sensitised to basic hygiene to stave off the outbreak of disease.

The ICRC also supports the Pakistan Red Crescent Society (PRCS)'s first aid programme with training and material.

ICRC in Pakistan

Mission Statement

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. It directs and coordinates the international relief activities conducted by the Movement in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement.



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