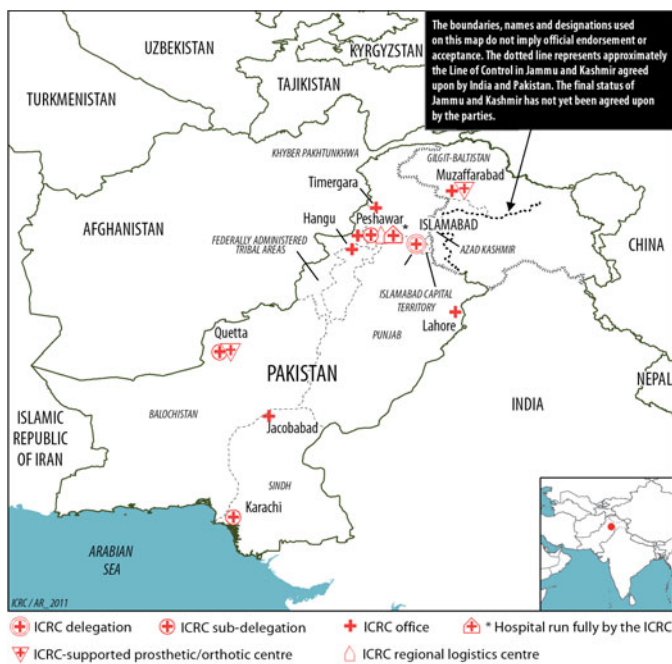


PAKISTAN



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

Military and security operations continued, particularly in Khyber Pakhtunkhwa (KP) and the Federally Administered Tribal Areas (FATA), as did attacks by armed elements, other acts of criminality and deliberate attacks in public places, including in Balochistan. This sometimes led to casualties, displacement and arrests/captures and impeded civilians' access to essential services.

Insecurity and government restrictions limited humanitarian access and thus action.

As the population at large continued its recovery from the 2010 floods, Sindh province in the south was submerged in flood waters again in 2011, affecting some 5.6 million people, destroying yet more homes, livestock and possessions, and damaging agricultural land and infrastructure.

ICRC ACTION AND RESULTS

Given the ongoing fighting, prolonged displacement, the residual impact of the 2010 floods and the effects of the 2011 floods, the humanitarian needs of Pakistan's population remained extensive.

Insecurity (see *Context*) and an increase in restrictions imposed by the authorities limited humanitarian access in large parts of the country. The ICRC was able to reach some affected people, including IDPs, only irregularly, resulting in only partial implementation of planned assistance programmes. Nevertheless, the ICRC and the Pakistan Red Crescent Society, through an extensive network of volunteers, were able to pursue some relief operations in Balochistan, KP, FATA and Sindh. Often obliged to operate via "remote management", the ICRC put in place and constantly adapted procedures and control mechanisms to ensure proper monitoring of its activities. The National Society received ongoing financial, technical and material support to boost its capacities to carry out joint operations with the ICRC and to run and expand its own programmes.

As the ability to deliver aid depended on safe and unimpeded access to the victims, the ICRC and the National Society raised awareness of the Movement's neutral, impartial and independent approach during all contacts with military and civilian authorities and traditional leaders to try to obtain the necessary assurances of respect for their activities. They also strove to promote IHL within the armed and security forces and civil society and, when possible, among government officials.

EXPENDITURE (IN KCHF)

| | |
|-------------------------------------|--------|
| Protection | 3,727 |
| Assistance | 45,443 |
| Prevention | 5,364 |
| Cooperation with National Societies | 2,529 |
| General | - |

► **57,063**

of which: Overheads 3,476

IMPLEMENTATION RATE

| | |
|---------------------------|-----|
| Expenditure/yearly budget | 69% |
|---------------------------|-----|

PERSONNEL

| | |
|--|-------|
| Expatriates | 111 |
| National staff (daily workers not included) | 1,005 |

KEY POINTS

In 2011, the ICRC:

- with the National Society, provided emergency assistance to some 565,000 violence- and/or flood-affected people, including IDPs, and various kinds of support enabling some 451,000 people to resume/improve income generation
- improved access to safe drinking water and community infrastructure for more than 222,000 people, including some 16,000 returnees in Khyber Pakhtunkhwa (KP) province, the Federally Administered Tribal Areas (FATA) and northern Sindh province
- contributed to the medical care of more than 8,700 weapon-wounded, at its hospital in Peshawar or through support to other hospitals, particularly in Quetta
- expanded its support to the physically disabled, making it possible for 14,915 people to access physical rehabilitation services
- with the National Society, alerted more than 69,000 IDPs and residents, including more than 10,000 women, to the dangers of mines and explosive remnants of war in KP and FATA

| Main figures and indicators | | PROTECTION | | Total | |
|---|--|---|--------|-----------|----------------------|
| CIVILIANS (residents, IDPs, returnees, etc.) | | | | | |
| Red Cross messages (RCMs) | | | | | |
| RCMs collected | | | 684 | UAMs/SCs* | |
| RCMs distributed | | | 764 | | |
| Phone calls facilitated between family members | | | 343 | | |
| Reunifications, transfers and repatriations | | | | | |
| People transferred/repatriated | | | 1 | | |
| Tracing requests, including cases of missing persons | | | | | |
| People for whom a tracing request was newly registered | | | 66 | Women | Minors |
| People located (tracing cases closed positively) | | | 57 | | |
| | | <i>including people for whom tracing requests were registered by another delegation</i> | 5 | | |
| Tracing cases still being handled at 31 December 2011 (people) | | | 134 | 10 | 32 |
| UAMs/SCs*, including unaccompanied demobilized child soldiers | | | | | |
| UAMs/SCs newly registered by the ICRC/National Society | | | 2 | Girls | Demobilized children |
| UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011 | | | 1 | | |
| PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) | | | | | |
| ICRC visits | | | | | |
| Detainees visited | | | 11,118 | Women | Minors |
| Detainees visited and monitored individually | | | 76 | 1 | 4 |
| Detainees newly registered | | | 28 | 1 | 4 |
| Number of visits carried out | | | 26 | | |
| Number of places of detention visited | | | 17 | | |
| Restoring family links | | | | | |
| RCMs collected | | | 24 | | |
| RCMs distributed | | | 12 | | |
| Phone calls made to families to inform them of the whereabouts of a detained relative | | | 46 | | |
| Detainees visited by their relatives with ICRC/National Society support | | | 2 | | |
| People to whom a detention attestation was issued | | | 7 | | |

* Unaccompanied minors/separated children

| Main figures and indicators | | ASSISTANCE | | Total | Women | Children |
|---|--|--|---------------|---------|--------|----------|
| CIVILIANS (residents, IDPs, returnees, etc.) | | | | | | |
| Economic security, water and habitat | | | | | | |
| Food | | Beneficiaries | 556,829 | 28% | 44% | |
| | | <i>of whom IDPs</i> | Beneficiaries | 1,883 | | |
| Essential household items | | Beneficiaries | 564,683 | 28% | 44% | |
| | | <i>of whom IDPs</i> | Beneficiaries | 3,563 | | |
| Agricultural, veterinary and other micro-economic initiatives | | Beneficiaries | 451,276 | 49% | | |
| Water and habitat activities | | Beneficiaries | 222,911 | 28% | 44% | |
| | | <i>of whom IDPs</i> | Beneficiaries | 119,183 | | |
| Health | | | | | | |
| Health centres supported | | Structures | 7 | | | |
| Average catchment population | | | 127,298 | | | |
| Consultations | | Patients | 76,975 | | | |
| | | <i>of which curative</i> | Patients | | 28,593 | 32,090 |
| | | <i>of which ante/post-natal</i> | Patients | | 1,161 | |
| Immunizations | | Doses | 30,964 | | | |
| | | <i>of which for children aged five or under</i> | Doses | 30,047 | | |
| | | <i>of which for women of childbearing age</i> | Doses | 917 | | |
| Referrals to a second level of care | | Patients | 221 | | | |
| Health education | | Sessions | 2,144 | | | |
| PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) | | | | | | |
| Economic security, water and habitat | | | | | | |
| Essential household items | | Beneficiaries | 13,270 | | | |
| Agricultural, veterinary and other micro-economic initiatives | | Beneficiaries | 7 | | | |
| Water and habitat activities | | Beneficiaries | 15,405 | | | |
| WOUNDED AND SICK | | | | | | |
| Hospitals | | | | | | |
| Hospitals supported | | Structures | 13 | | | |
| | | <i>of which provided data</i> | Structures | 10 | | |
| Patients whose hospital treatment has been paid for by the ICRC | | Patients | 6,676 | | | |
| Admissions | | Patients | 21,898 | 9,780 | 6,853 | |
| | | <i>of whom weapon-wounded</i> | Patients | 2,040 | 220 | 503 |
| | | <i>(including by mines or explosive remnants of war)</i> | Patients | 124 | | |
| | | <i>of whom other surgical cases</i> | Patients | 4,955 | | |
| | | <i>of whom medical cases</i> | Patients | 9,286 | | |
| | | <i>of whom gynaecological/obstetric cases</i> | Patients | 5,617 | | |
| Operations performed | | Operations performed | 9,312 | | | |
| Outpatient consultations | | Patients | 284,478 | | | |
| | | <i>of which surgical</i> | Patients | 31,036 | | |
| | | <i>of which medical</i> | Patients | 228,281 | | |
| | | <i>of which gynaecological/obstetric</i> | Patients | 25,161 | | |

| Main figures and indicators | | ASSISTANCE | Total | Women | Children |
|-------------------------------------|---|------------|--------|-------|----------|
| Water and habitat | | | | | |
| Water and habitat activities | Number of beds | | 1,245 | | |
| Physical rehabilitation | | | | | |
| Centres supported | Structures | | 4 | | |
| Patients receiving services | Patients | | 14,915 | 1,557 | 4,683 |
| New patients fitted with prostheses | Patients | | 1,512 | 152 | 105 |
| Prostheses delivered | Units | | 2,005 | 212 | 142 |
| | <i>of which for victims of mines or explosive remnants of war</i> | Units | 720 | | |
| New patients fitted with orthoses | Patients | | 2,046 | 234 | 1,052 |
| Orthoses delivered | Units | | 3,247 | 316 | 1,854 |
| | <i>of which for victims of mines or explosive remnants of war</i> | Units | 158 | | |
| Crutches delivered | Units | | 2,222 | | |
| Wheelchairs delivered | Units | | 279 | | |

The distribution of food rations and essential household items eased living conditions for people, including IDPs and returnees, in violence-prone/flood-affected areas. Some livelihood-support projects, such as the provision of cows to widows, financial grants for the establishment of small businesses, and cash-for-work schemes to facilitate the repair of infrastructure damaged during the 2010 floods, continued in KP and FATA, as did agricultural support to farmers who had lost land, crops and/or cattle. Technical and financial support to the National Society-run services in IDP camps, until their closure mid-year, as well as to flood-affected communities and the civilian population in conflict areas, contributed to improvements in water supply, sanitation infrastructure and habitat.

When Sindh was again submerged in flood waters, the ICRC gave financial and material assistance to the National Society to enable it to boost its own ability to assist the flood-affected.

The ICRC helped ensure that IDPs or resident communities affected by fighting and/or floods had access to adequate standards of primary health care by supplying health centres and supporting National Society-run facilities, both fixed and mobile, renovating the premises when needed. The ICRC's hospital in Peshawar continued to attend to bomb-blast victims and weapon-wounded people and, in Quetta, the ICRC paid the treatment costs of qualifying patients at three private clinics, with additional ICRC medical staff reinforcing the quality of care provided. Local health workers were trained in first aid, and selected hospitals received essential supplies. Increased support to physical rehabilitation centres meant that greater numbers of disabled people were fitted with artificial limbs and mobility devices in 2011, with some patients at the Muzaffarabad centre receiving training and grants so they could start or extend small businesses. Financial and technical support enabled the Peshawar Paraplegic Centre in Hayatabad to establish a workshop producing orthotic devices.

ICRC delegates continued to visit people held under the authority of the Ministry of Interior in Gilgit-Baltistan, Pakistan-administered Kashmir and Sindh and shared their findings and recommendations confidentially with the authorities. No progress was made in obtaining access to all detainees of interest to the ICRC. In a number of detention facilities, maintenance work and training of prison staff helped improve inmates' living conditions.

The ICRC followed cases of former detainees/internees repatriated from Afghanistan and the US internment facility at Guantanamo Bay Naval Station, Cuba, and helped families in Pakistan maintain contact with relatives detained/interned in Pakistan or abroad. In several of the cities most affected by bomb blasts, first responders received training in the management of human remains.

While preserving its independence, the ICRC maintained close contact with other actors, including the government, UN agencies and NGOs, to ensure that 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 prevented the ICRC from systematically monitoring their needs. During limited dialogue with the authorities, they were reminded of their obligations to protect civilians, to allow all wounded to access medical treatment and to respect medical personnel, equipment and infrastructure.

Violence- and flood-affected civilians meet their immediate needs

Fighting and flooding (see *Context*) continued to affect civilian life, with many displaced, infrastructure damaged and income generation hampered. Insecurity and government restrictions limited humanitarian access to large parts of the country, including to IDPs, and prevented a systematic approach to relief distributions, particularly of consecutive monthly food rations. However, with the National Society's extensive volunteer network, the ICRC continued to provide emergency support to vulnerable communities. National Society staff received technical and financial support to boost their capacities to conduct such programmes. They supported more than 3,000 people residing in two IDP camps before their closure mid-year. To help alleviate the burden on economically disadvantaged host communities, over 550,000 residents and IDPs in violence- and flood-stricken communities in KP, FATA and Sindh received at least one four-week food ration and essential household items.

Public health improved for some 200,000 people, including 16,310 returnees, after they gained access to clean water and power, including through the rehabilitation of irrigation systems in Lower Dir and the repair of a micro-hydro power plant in Buner. Before its closure, some 1,500 people living in the Sadbar Kalay IDP camp in Lower Dir reduced their risk of contracting water-borne diseases by using clean water delivered by ICRC trucks, as did flood-affected families in temporary shelters in Sindh.

Civilians access health care

Insecurity, displacement and natural disaster prevented many civilians, including those in Balochistan, KP and FATA, from reaching health care. At remaining IDP camps, they relied on ICRC-supplied basic and mobile health care units operated by the National Society. Other residents, including 2011 flood victims, accessed ICRC-supported National Society and Ministry of Health facilities, such as rural hospitals providing preventive and curative care. Patients were referred for secondary treatment.

In all, more than 76,975 people attended consultations at 7 ICRC-supported primary-health facilities and 284,478 at 10 hospitals (see *Wounded and sick*) in KP, FATA and Sindh. Infrastructure improvements, along with supplies, staff training and incentives allowed them to better serve communities' needs.

Some 2,000 victims of acute watery diarrhoea outbreaks in KP and FATA were treated at two ICRC-established centres, while cleaning products helped to contain a diarrhoea outbreak in Pakistan-administered Kashmir. People were better equipped to protect themselves against illness after attending one of 2,144 health education sessions and up to 10 children per day were vaccinated against dangerous diseases at a health unit in Hangu, following ICRC repairs and donated supplies.

Vulnerable people restore their livelihoods

With livestock lost or sold and crops damaged or abandoned, the National Society/ICRC initiated various projects to help restore livelihoods and, therefore, food production. Thus, 27,948 farmers in flood-affected Sindh province received ICRC-donated seeds, fertilizer and tools ahead of the rice planting season (195,636 beneficiaries). In the meantime, they and other vulnerable residents relied on National Society/ICRC-provided food rations, hygiene kits and/or essential household items. In KP, farmers learnt to use subsidized agricultural machinery donated to Model Farm Service Centres in 2010 through the authorities. Following results assessments, the focus of assistance shifted from further equipment donations to technical support, anticipated to benefit more people for longer. Thus, 143 farmers received seed, fertilizer and tools to participate in a seed multiplication scheme aimed at increasing access to quality certified seeds in 2012.

In Buner, 500 widows increased their income and improved their family's diet using ICRC-donated cows (some 3,500 beneficiaries). Such livestock assets were better protected in Balochistan, KP and FATA after 153 animal health workers, including 25 women, learnt how to teach villagers about livestock breeding, health and management. Animals were also vaccinated. In all, 33,243 livestock owners (232,701 people) benefited from these initiatives. Low numbers of IDPs at National Society-run camps rendered planned fodder donations unnecessary.

People (1,822 households/12,754 people) in Buner, Upper and Lower Dir, and Swat rebuilt flood-damaged infrastructure in return for cash to support their families. Meanwhile, 930 people, including 150 physically disabled patients in Pakistan-administered Kashmir (see *Wounded and sick*), used ICRC grants and/or training to start/restart small businesses and open bank accounts, helping to cover the basic needs of their families (6,510 people); on average, their income increased by 50%.

People alerted to weapon-contamination danger

Mines and explosive remnants of war continued to kill and maim. More than 69,000 residents and IDPs, including 10,000 women, in potentially contaminated areas, and journalists, were alerted to the dangers at ICRC-facilitated sessions or through a National Society pilot mine-risk education programme, which reached 13,000 vulnerable people in Pakistan-administered Kashmir.

Dispersed relatives regain contact

National Society/ICRC tracing and RCM services remained available to families separated during fighting or relatives 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 US internment facility at Guantanamo Bay Naval Station. Those with relatives held in the US Parwan detention facility at Bagram airbase visited them or communicated via ICRC-facilitated video calls (see *Afghanistan*).

Four Pakistani officials learnt more about human remains management and preserving data for future identification at international courses, as did medical practitioners and first responders from Balochistan and KP's civil authorities at ICRC sessions. In parallel, some morgue facilities, including Khyber Medical College's mortuary in Peshawar, received ICRC material and technical support.

PEOPLE DEPRIVED OF THEIR FREEDOM

No progress was made in extending ICRC access to detainees beyond those in Gilgit-Baltistan, Pakistan-administered Kashmir and Sindh, with no response from the central authorities to previous ICRC offers to visit certain categories of detainees. Nonetheless, more than 11,100 inmates held under the authority of the Ministry of Interior were visited according to standard ICRC procedures. Visits focused on individuals held for security reasons, those sentenced to death, foreigners, the mentally ill and children. Delegates, including an ICRC doctor, reported their findings to the authorities confidentially, making recommendations where necessary.

Detainees maintained contact with relatives via RCMs and ICRC-facilitated phone calls, and foreign embassies were notified of their detained nationals. More than 140 former detainees/internees repatriated from abroad (including Afghanistan), some of whom had received ICRC visits while in custody, received follow-up home/medical visits. Five received some ad hoc cash assistance and the spouses of two long-term detainees established small businesses using ICRC grants.

Following a request from the Sindh home secretary for assistance in monitoring the province's prison reform process, the ICRC carried out two technical assessments aimed at supporting prison management officials with maintenance and planning. It advocated the creation of a specific unit to monitor infrastructure conditions.

Some 13,270 inmates in Gilgit-Baltistan, Punjab and Sindh enjoyed better health and hygiene conditions thanks to ICRC-donated cleaning products and blankets. Prison staff benefited from ICRC technical expertise in repairing infrastructure, including: the installation of a new water supply line at Karachi Central Jail; the rehabilitation of sanitation blocks in Malir District Jail; repairs to the water system at Punjab's Adiala Jail; the renovation of kitchens at two prisons in Gilgit-Baltistan; and the fitting of new medical waste stations in three prisons. In Punjab and Sindh, prison doctors and officials learnt best prison health/hygiene practice at ICRC-organized seminars/workshops.

WOUNDED AND SICK

During 2011, more weapon-wounded from Pakistan and Afghanistan accessed quality surgical care at the 120-bed ICRC field hospital in Peshawar. Public acceptance of ICRC medical services improved and the hospital's reputation as a regional referral unit grew. Thus, patient admissions were up 26% on 2010, with 56% more operations (1,955) performed. More than 90% of patients were injured by shelling or gunshots and nearly all had received

first aid prior to admission, including patients transferred from the ICRC-supported Ghallanai Hospital for surgical care following military operations in Mohmand Agency. A visiting ICRC reconstructive surgeon treated patients disfigured by weapon wounds.

In Quetta, some 6,600 wounded patients received ICRC-funded treatment at three private hospitals, with additional ICRC medical staff – including a physiotherapist – reinforcing the quality of care provided and reducing post-operative complications.

While 9 other hospitals in the KP and FATA received medical supplies, 6 of them benefited from regular support and infrastructure improvements. For example, the Ghallanai Hospital, one of the referral hospitals for ICRC-supported basic health facilities (see *Civilians*), benefited from rehabilitation work and monthly deliveries of medicines/consumables. Fuel donations prevented power cuts, and ICRC-rented vehicles transported 127 patients from there to Peshawar hospital for surgical care.

As agreed by the FATA authorities and the ICRC/National Society, over 250 local doctors, paramedics, drivers and members of police and border forces were better able to treat those unable to reach hospitals following National Society/ICRC first-aid training. Other Pakistani medics honed their skills at ICRC seminars. In Lahore and Karachi, for example, 40 doctors working at busy civilian hospitals strengthened their mass-casualty management at ICRC-held emergency room trauma courses. A one-month training stint at the Peshawar hospital helped surgeons and medical technicians from FATA improve their skills in treating weapon-wounded patients.

Disabled people undergo physical rehabilitation

Violence or natural disaster caused disabilities. During 2011, improvements in the referral system and staff skills and greater public trust in the services led to more people, including patients from Afghanistan, being fitted with artificial limbs or other mobility devices at ICRC-supported centres. Thus, 14,915 patients received services at ICRC-supported facilities, including the Muzaffarabad Physical Rehabilitation Centre, the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) 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. Staff and students underwent on-the-job training or attended professional courses abroad, including gait training in Ethiopia.

Meanwhile, patients discharged from the Peshawar Paraplegic Centre in Hayatabad lived at home with dignity using ICRC-supplied wheelchairs and orthotic devices and home modifications such as access ramps and railings. From December, polypropylene devices were produced at the centre's new workshop. An ICRC-donated vehicle facilitated patient follow-up care.

AUTHORITIES

When possible, the ICRC maintained a dialogue with the authorities on issues related to respect for civilians and Movement access to violence- and flood-affected communities. Meetings with the Foreign Affairs, Law, Justice and Human Rights Ministries provided limited opportunities to raise awareness of the National Society/ICRC's neutral, impartial and independent humanitarian action and of relevant international laws/norms and the importance of their implementation. Embassies and donor agencies received regular updates on National Society and ICRC activities during meetings with delegates.

Although party to a number of IHL treaties, Pakistan had still to incorporate their provisions into domestic legislation. While no progress was made in this regard, government officials learnt more about national IHL implementation at a regional conference in Male, Maldives (see *New Delhi*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Meetings with members of the army and security forces provided some opportunities to discuss their obligations to protect civilians; to respect medical staff and infrastructure; to allow the National Society and the ICRC, as neutral, impartial and independent organizations, access to violence-affected people; and to integrate IHL and other internationally recognized norms into their doctrine, training and education programmes.

Efforts to achieve such integration continued: the Pakistani Air Force and Navy instructors honed their IHL teaching skills at three train-the-trainer courses; and officers from all three forces, including army field commanders involved in military operations in KP, deepened their understanding of IHL and its application during ICRC-run dissemination sessions. Reduced dialogue between the army and foreign organizations prevented the ICRC from sponsoring senior officers to attend events abroad and from briefings to officers departing on peacekeeping missions.

Through bilateral meetings with senior police officers of all provinces, regular visits to police stations, and dissemination sessions at federal and provincial stations across Pakistan (some 500 participants), officers better understood the ICRC's mandate and activities and their obligations under international human rights law.

CIVIL SOCIETY

Given the ongoing violence, it remained important that the public understood and supported the Movement's work. Drawing on ICRC press releases, interviews and operational updates in English and Urdu, the Pakistani and international media continued to cover humanitarian issues and National Society/ICRC activities, including those during the Sindh floods. At seminars in Karachi and KP and through first-aid training, journalists learnt more about weapon contamination and reporting on violent situations.

Traditional and religious leaders and representatives of think-tanks, the judiciary, NGOs and charities gained a better understanding of the National Society/ICRC, neutral, impartial and independent humanitarian action, and common ground between IHL and Islamic law through ongoing networking and dialogue with the ICRC, as well as through seminars, courses and dissemination sessions in Pakistan and abroad. Some then undertook independent research on IHL and Islamic law.

Academic institutions promoted IHL using ICRC-supplied teaching materials. The National Curriculum Committee of Pakistan's Higher Education Committee added a compulsory IHL component to the new five-year undergraduate law degree and made an additional elective IHL course available to students, following ICRC advocacy. Two universities received IHL libraries and other undergraduate institutes received IHL texts. Students and teachers learnt about the Movement and IHL at ICRC-organized presentations. Two university lecturers shared their knowledge with counterparts at the 18th South Asian Teaching Session on IHL in Kathmandu (see *Nepal*), and students flexed their IHL skills at national and regional IHL competitions (see *Nepal*).

RED CROSS AND RED CRESCENT MOVEMENT

The Pakistani Red Crescent remained the ICRC's key operational partner in joint activities to provide essential relief and services to people affected by fighting and the residual effects of the 2010 floods. It received ICRC financial, technical and material support for these and other activities (see *Civilians*).

Such support enabled the National Society to provide food and essential household items to some 15,000 flood-affected families in Sindh in cooperation with other Movement partners. It confirmed its role as an important emergency response actor by organizing a conference on large-scale disasters in Pakistan, with ICRC support.

Training, workshops and the development of training resources enabled the National Society to strengthen its capacities to restore contact between separated family members, respond to emergencies and spread awareness of the Movement, the Fundamental Principles and basic IHL to the wider public. For example, ICRC-trained National Society first-aid instructors honed their own skills and knowledge of the Safer Access approach before training local health staff and ICRC drivers to provide life-saving assistance to civilians in the FATA. A joint review of the National Society's first-aid and emergency response programme continued, aimed at addressing any shortcomings (see *Wounded and sick*).

With ICRC financial and technical support, a National Society branch was established in Mohmand Agency, FATA, where it carried out volunteer recruitment, orientation, dissemination and first-aid activities for the local population.