PAKISTAN

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.

BUDGET IN KCHF

<table>
<thead>
<tr>
<th>Department</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>1,064</td>
</tr>
<tr>
<td>Assistance</td>
<td>8,986</td>
</tr>
<tr>
<td>Prevention</td>
<td>3,672</td>
</tr>
<tr>
<td>Cooperation with National Societies</td>
<td>2,400</td>
</tr>
<tr>
<td>General</td>
<td>168</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16,289</strong></td>
</tr>
<tr>
<td>Of which: Overheads</td>
<td>994</td>
</tr>
</tbody>
</table>

PERSONNEL

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile staff</td>
<td>21</td>
</tr>
<tr>
<td>Resident staff (daily workers not included)</td>
<td>237</td>
</tr>
</tbody>
</table>
MAIN TARGETS FOR 2015

- communities in Balochistan, the Federally Administered Tribal Areas and Khyber Pakhtunkhwa access free primary health services, particularly mother and child care, at ICRC-supported Pakistan Red Crescent Society clinics
- the national physical rehabilitation sector works towards improving its services and becoming self-sufficient through the development of a commercial supply chain and specialist training, both supported by the ICRC
- a community of concern composed of health-care providers, academic institutions and think-tanks promotes the goals of the Health Care in Danger project, including through seminars and media campaigns
- communities reduce risks associated with weapon contamination through National Society-run education sessions, while victims and their families are directed to the appropriate services, such as support for social reintegration
- the authorities, security forces and civil society actors discuss humanitarian issues, contemporary challenges to IHL and the creation of a national IHL committee during dialogue with the ICRC or IHL seminars in Pakistan or abroad

<table>
<thead>
<tr>
<th></th>
<th>Targets (up to)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CIVILIANS (RESIDENTS, IDPs, RETURNEES, ETC.)</strong></td>
<td></td>
</tr>
<tr>
<td>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</td>
<td></td>
</tr>
<tr>
<td>Food commodities</td>
<td>Beneficiaries</td>
</tr>
<tr>
<td>Essential household items</td>
<td>Beneficiaries</td>
</tr>
<tr>
<td>Health</td>
<td>Structures</td>
</tr>
<tr>
<td>Health centres supported</td>
<td>Structures</td>
</tr>
<tr>
<td><strong>WOUNDED AND SICK</strong></td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td>Structures</td>
</tr>
<tr>
<td>Hospitals supported</td>
<td>Structures</td>
</tr>
<tr>
<td>Physical rehabilitation</td>
<td>Structures</td>
</tr>
<tr>
<td>Projects supported</td>
<td>Patients</td>
</tr>
<tr>
<td>Patients receiving services</td>
<td></td>
</tr>
</tbody>
</table>

CONTEXT

The government continues to pursue efforts to revive Pakistan’s economy, while dealing with opposition protests and with persistent security challenges in some parts of the country.

The armed forces of Pakistan and armed groups remain locked in fighting in the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa (KP). In Balochistan, in parts of the Islamabad Capital Territory and in Karachi (Sindh), other armed elements continue to mount attacks. As a result, thousands of people, including civilians, have been killed; tens of thousands of others displaced; and essential services, notably health care, disrupted. Weapon contamination from past armed conflicts continues to be a serious concern in FATA, KP and Pakistan-administered Kashmir, with many civilians having been injured or killed while pursuing daily activities.

Independent humanitarian action across the country remains constrained by government restrictions on access and by security concerns arising from continued attacks on humanitarian and health workers.

HUMANITARIAN RESPONSE

Given the limited humanitarian space in which it can operate, the ICRC in 2015 will focus on activities defined in the 1994 headquarters agreement and on others mutually agreed upon with the government. These include cooperation with the Pakistan Red Crescent Society, health-related activities and IHL promotion. While working closely with the National Society and other local partners in conducting assistance and dissemination activities, the ICRC will provide technical, material and financial support to help them enhance their capacities.

The ICRC will seek to promote support for humanitarian principles and IHL, and for its neutral, impartial and independent humanitarian action – including detention-related activities – among the authorities, security forces and members of civil society. It will do this by engaging in dialogue with them, sponsoring their participation in workshops abroad and organizing events and information campaigns. An ICRC-supported community of concern, consisting of health-care providers and academic institutions, will be developed; it will aim to raise awareness of the goals of the Health Care in Danger project, for example, through radio and television advertisements. The ICRC will also advocate the drafting of bills protecting health-care services, while continuing to support the authorities in integrating relevant treaties into domestic legislation.

An increase in ICRC support to health-care providers will broaden access to primary health, medical or rehabilitative care for larger numbers of vulnerable communities and people needing specialized treatment. The National Society and/or the ICRC will provide training in first aid to emergency responders, including police officers, and in emergency surgical care to hospital staff. One referral hospital serving patients in FATA and KP will receive medical supplies/equipment from the ICRC; other facilities will benefit from similar assistance during emergencies. The ICRC, through various kinds of support, will help enhance the free primary health services at National Society-run clinics in Balochistan, FATA and KP. To ensure that more disabled people receive rehabilitative care, as well as assistance in social reintegration, the ICRC will provide material input and professional training/guidance to more physical rehabilitation centres than in 2014. Besides providing regular support to centres, it will launch a new project aimed at helping the rehabilitation sector become more self-sufficient, notably by developing a commercial supply chain for components and by training specialists.

Risk education activities for communities affected by weapon contamination in FATA, KP and Pakistan-administered Kashmir will continue. The National Society/ICRC will also endeavour to help victims by directing them to the appropriate services and by promoting the establishment
of a network for gathering data on incidents related to weapon contamination.

Through their family-links services, the National Society/ICRC will continue to enable people separated by violence and disasters, including families with relatives detained/interned abroad, to keep in touch. They will help boost national capacities in human remains management by facilitating meetings, sponsoring specialists’ participation in courses and providing material support.

The ICRC will help repatriated former detainees/internees continue their medical treatment in Pakistan, and families of people detained/interned abroad meet their basic needs. While preserving its independence, the ICRC will maintain close contact with other humanitarian actors to coordinate activities.

HUMANITARIAN ISSUES AND ICRC OBJECTIVES

CIVILIANS

People lose contact with relatives because of violence, natural disasters, displacement and migration. Some of them need help to stay in touch with relatives detained/interned abroad, particularly in Afghanistan and India, and at the US internment facility at Guantanamo Bay Naval Station in Cuba. The limited capacities of and coordination among government agencies and private organizations involved in forensics and human remains management sometimes prevent the identification of the deceased.

Rural communities’ access to health care is affected by the security situation, patients’ financial limitations and the lack of qualified staff.

In FATA, KP and Pakistan-administered Kashmir, weapon contamination claims many victims – men, women and children – primarily during their daily activities, such as farming and collecting firewood, or when IDPs return to their homes. The lack of a standardized data-gathering system makes it difficult to assess and address the needs of those affected.

Objective

Civilians are able to meet their basic health needs. They are also protected from the risks of weapon contamination. Family members separated by detention/internment, fighting, other situations of violence, or natural disasters are able to stay in contact and receive information about relatives unaccounted for.

Plan of action and indicators

Protection

Restoring family links

- in line with the recommendations of an in-house needs assessment, help the National Society boost its capacities to enable dispersed family members to restore/maintain contact by sharing expertise, providing training and financial support and sponsoring an official’s participation in a family-links workshop abroad, thereby facilitating the incorporation of family-links services into the National Society’s disaster preparedness and response plans

With the National Society:

- enable family members separated by violence or natural disasters, including migrants, minors and foreigners, to re-establish/maintain contact with relatives via the Movement’s family-links network
  - organize phone/video calls and face-to-face visits to help families stay in touch with relatives detained/interned abroad

Assistance

- through material and/or technical support, help the National Society:
  - develop a strategy to better respond to the health needs of displaced populations
  - strengthen its capacities to conduct risk-reduction activities in connection with weapon contamination, particularly data gathering and risk education, and incorporate these into its operational strategy

With the National Society:

Health

- in Balochistan, FATA and KP, enhance free health services, particularly mother and child care, for vulnerable populations by providing medical supplies, training and financial support for the staff of 6 National Society basic/mobile health units, including female doctors

- during emergencies, deliver health care, including first aid (see Wounded and sick), to communities affected

Weapon contamination

- help resident and displaced populations in FATA, KP and Pakistan-administered Kashmir reduce their exposure to weapon contamination through education sessions conducted by trained volunteers and backed by relevant information materials; provide training sessions in risk reduction for first responders

- help victims of weapon contamination, as well as their families, cope with their health needs (see Wounded and sick) and reintegrate into society by directing them to the appropriate services or National Society assistance projects

- encourage the establishment of a network involving medical and physical rehabilitation personnel and NGOs, for gathering data on incidents related to weapon contamination

Forensics

- during meetings/presentations, help raise awareness among the authorities and emergency responders of the need to properly identify and manage human remains; help them boost their capacities to do so by:
  - organizing a round-table on standardizing forensic activities and developing national guidelines that include a system for coordinating response among stakeholders

- sponsoring their participation in local/international courses

- providing them with technical input and tools/equipment; upgrading facilities at 3 morgues

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison overcrowding, mainly caused by a dysfunctional judicial system, is reported to be a common structural problem and to have repercussions on the treatment and living conditions of inmates.

The families of people detained/interned abroad for extended periods of time are economically vulnerable. Former detainees/internees need help to resettle into civilian life.
**Objective**

Detainees are afforded treatment and living conditions that comply with internationally recognized standards. The specific needs of families of long-term detainees/internees held abroad are met. Released detainees/internees return home safely and reintegrate into society.

**Plan of action and indicators**

**Protection**

- through meetings and seminars, share information with interested parties on the ICRC’s various activities for detainees worldwide – including its efforts to help the authorities tackle prison overcrowding – with a view to building understanding of and acceptance for this work (see *Actors of influence*); if requested, provide technical advice to the authorities on detention-related matters
- visit repatriated former detainees/internees to check on their well-being and, if necessary, assist them in completing their medical treatment
- help the destitute families (350 people) of up to 50 people detained/interned abroad meet their basic needs by providing food, household items and school supplies

**WOUNDED AND SICK**

In parts of Pakistan, weapon-wounded and disabled patients have to cope with financial constraints and underdeveloped health services. First aid for the wounded is limited and hospitals lack skilled personnel and the equipment to deal with emergencies, especially mass-casualty influxes. Physical rehabilitation services, run mainly by NGOs, are insufficient, particularly because of limited staff capacities; support for patients’ social reintegration is minimal.

**Objective**

People wounded as a result of fighting, weapon contamination or natural disasters receive appropriate care. Disabled people have access to physical rehabilitation services and are able to reintegrate into their communities.

**Plan of action and indicators**

**Assistance**

With the National Society: *Medical*

- in coordination with the authorities concerned, help weapon-wounded people in FATA, KP and Sindh receive good-quality care by:
  - providing first-aid training/refresher courses and kits to emergency responders and their instructors, particularly police officers, ambulance drivers and National Society volunteers
  - assessing and, where needed, supporting improvements to transport systems for evacuating patients
  - supporting 1 referral hospital serving patients from FATA and KP, through staff training and the distribution of medical equipment/supplies
  - training surgical staff of public hospitals in weapon-wound surgery and emergency room trauma care
  - in case of emergencies, providing medical materials to facilities treating an influx of patients
  - in Karachi, facilitating knowledge-sharing meetings and assisting in hospital assessments aimed at better protecting medical workers/facilities

**Physical rehabilitation**

- enable some 20,300 disabled patients to receive free, good-quality physical rehabilitation services and assistive devices at 5 supported centres by:
  - referring them to specialized care; covering the travel/accommodation costs of the most vulnerable and their attendants
  - at the Paraplegic Centre in Hayatabad, Peshawar, enabling some 800 people with spinal-cord injuries to receive specialized treatment, up to 450 to benefit from follow-up care at home, and around 20 to have their houses adapted to their needs
- while providing raw materials, equipment and financial support, prepare partner centres to take over responsibility for the running of operations by:
  - offering technical advice on managing human and financial resources and day-to-day tasks
  - sponsoring students and staff to obtain professional qualifications, including management skills
  - help ensure the sustainability of national physical rehabilitation services by:
    - developing a commercial supply chain that delivers prosthetic/orthotic components and raw materials to institutions serving disabled persons, with a view to directing the profits into reintegration assistance (see below)
  - providing training to specialists, including in polypropylene technology
  - facilitate social reintegration for patients, primarily children and those living in remote areas, through corrective surgery, educational/skills development activities, sporting events and the construction of wheelchair-friendly areas in public facilities

**ACTORS OF INFLUENCE**

The Pakistani armed forces and police are engaged in security and law enforcement operations. They also take part in peacekeeping missions abroad.

Opinion-leaders, religious figures, academics and the media help draw the attention of decision-makers and the public to issues of concern.

Domestic implementation of ratified international treaties and conventions remains slow.

**Objective**

The authorities, armed forces and police know and respect IHL and other fundamental rules, and incorporate these into their decision-making processes. The media, academia, religious leaders and civil society representatives help foster awareness of humanitarian issues and IHL among these audiences and the wider public, thus achieving greater respect for human dignity. All actors understand the ICRC’s mandate and support its work.

**Plan of action and indicators**

**Prevention**

- with ICRC-trained National Society staff, seek to enhance understanding of and support for humanitarian principles, IHL and the ICRC’s neutral, impartial and independent humanitarian activities by:
  - aided by past participants of ICRC seminars/events, engaging in dialogue with federal and provincial au-
authorities, the armed forces, police and members of academic and religious circles, particularly on the ICRC’s position/role in the fields of health (including physical rehabilitation), detention, weapon contamination and human remains management.

- developing a community of concern (comprised of health-care providers, academic institutions and think-tanks) aimed at promoting the goals of the Health Care in Danger project, including through seminars and radio and television advertisements
- supporting training and student competitions, thus helping law/sharia law schools and other academic institutions enhance their IHL teaching and encouraging them to integrate the subject into their curricula
- holding workshops and competitions for journalists to promote accurate reporting on humanitarian issues and the ICRC’s activities
- producing/distributing reference materials and conducting/supporting communication campaigns

• working with IHL experts from federal and provincial government offices, military training institutions and academic and religious organizations, promote respect for IHL by:
  - sponsoring their participation in seminars/events, including those covering contemporary challenges to IHL; following up on pledges in preparation for the 32nd International Conference
  - conducting information sessions for troops departing on peacekeeping missions; helping the Peacekeeping Training Centre develop its IHL teaching capacities
  - training police officers in the proper use of force and in first aid (see *Wounded and sick*)
- offering technical input to government officials for integrating into domestic legislation relevant treaties and frameworks, as well as for drafting bills aimed at protecting health-care services; supporting the creation of a national IHL committee

**RED CROSS AND RED CRESCENT MOVEMENT**

The Pakistan Red Crescent has a countrywide presence and is the ICRC’s primary partner in the country (see above). It is taking steps to further develop its emergency response capacities.

**Objective**

The National Society has a strong legal basis for independent action. It is able to carry out its core activities effectively. The activities of all Movement components are coordinated.

**Plan of action and indicators**

**Cooperation**

- with training and financial assistance, help the National Society enhance its operations and its self-reliance, notably by:
  - enabling its officials and staff to participate in regional/international Movement events, such as those on the Health Care in Danger project and the Safer Access Framework; following up on pledges in preparation for the 32nd International Conference
  - developing the project and financial management and disaster response capacities of staff and volunteers at the FATA and KP branches
  - supporting it in implementing a standardized and sustainable first-aid programme at the national, provincial and state levels, and in promoting the goals/outcomes of the Health Care in Danger project (see *Actors of influence*)
- coordinate activities with all Movement components