

# NWFP Humanitarian Crisis

## ICRC Activities May 2009



ICRC

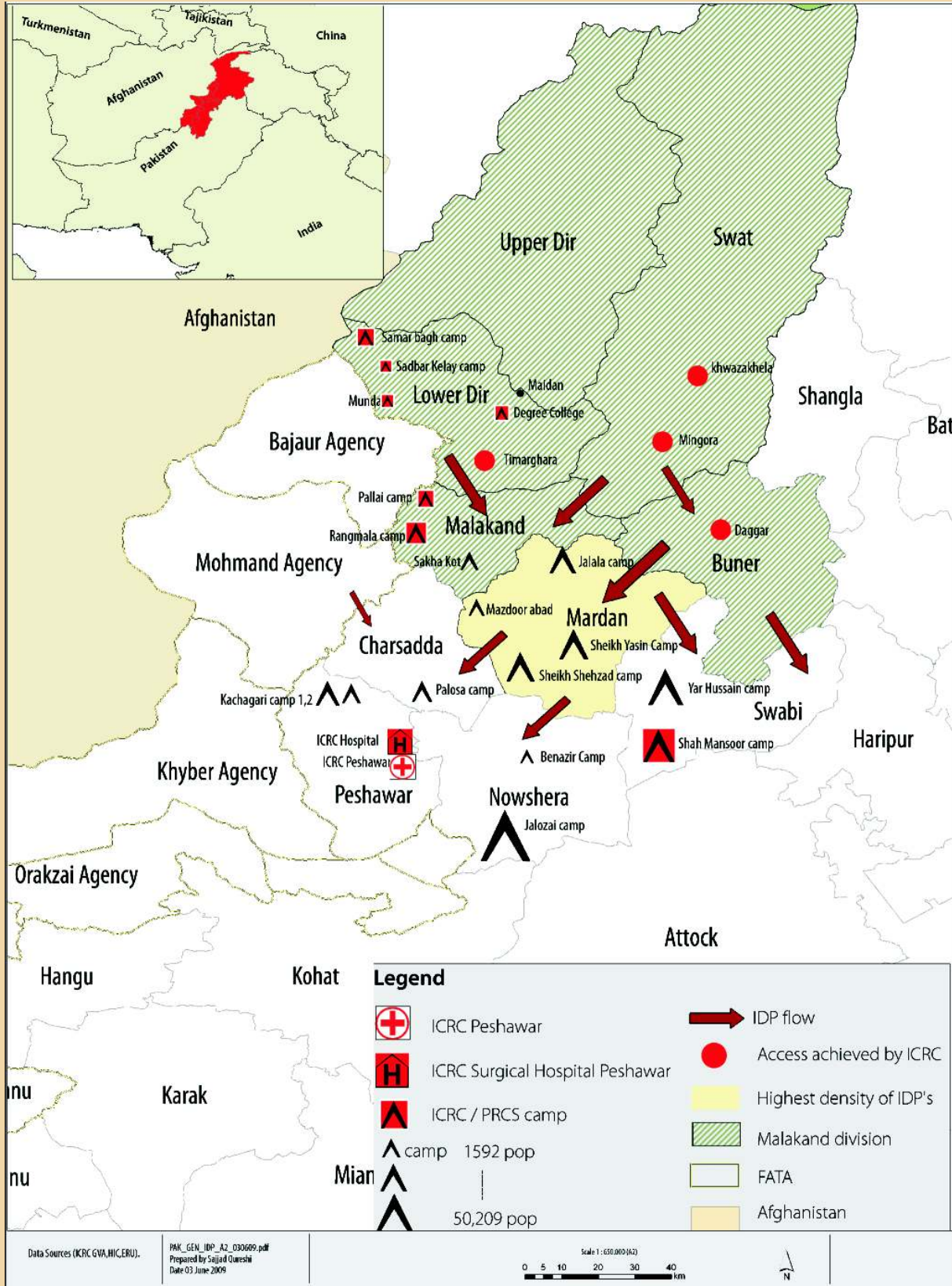


A local from Charbagh, Swat, holds his grandson, born at Shah Mansoor camp, Swabi.

### Key facts on the ICRC in Pakistan:

- First humanitarian organisation to get back into Swat, Lower Dir and Buner after the outbreak of hostilities.
- Setting up a permanent presence in Swat to organise humanitarian operations there.
- 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 conflict areas.
- Supporting two IDP camps of the Pakistan Red Crescent Society, its national partner, in Malakand Agency, and co-managing one in Swabi (Shah Mansoor).
- Working with the wider Red Cross/Red Crescent Movement to make a difference.

## NWFP Humanitarian Crisis





## The Humanitarian Situation

Pakistan is in the throes of a severe humanitarian crisis in the context of hostilities between the Pakistani army and armed groups in the Malakand Division of the North-West Frontier Province (NWFP) since 8 May 2009. It has left hundreds of thousands of residents stranded, and triggered a massive wave of displacement of up to 2.5 million people, according to official estimates.

Camps founded to house the Internally Displaced People (IDPs) from a previous wave of fighting and displacement in Bajaur were rapidly overwhelmed. New camps have been set up in haste to handle the influx. There are now 26 camps (including the original 18) to cater for the IDPs. Conditions are improving as infrastructure catches up with the size of the camp population, but they remain inadequate. For both that reason, and because of local cultural factors, the vast majority of IDPs has elected not to seek refuge and assistance in the camps at all. According to the Emergency Response Unit<sup>1</sup>, only 118,643 individuals currently live in camps. Eighty humanitarian hubs and 86 registration points have also been established across the province to cater for IDPs, both in and outside the camps, but it looks as if many are not receiving adequate relief.

At this juncture, the humanitarian crisis in Pakistan comprises three distinct levels. The first level concerns the civilian population which has been caught up in the conflict-affected areas of Dir, Buner and Swat. The second level is the plight of the IDPs who are staying with host families, rented accommodation and other forms of unofficial shelter close to their home areas, and who are getting only a fraction of the humanitarian assistance being deployed in favour of Pakistan. The third level is the IDP camp population.

Each level of the crisis entails its own specific challenges. The ICRC and the PRCS are working hand in hand to address challenges at all three levels, but the ICRC will focus its attention on the most conflict-affected areas. Other Red Cross/Red Crescent Movement partners are offering to help the PRCS manage the camps, in which case the ICRC will gradually withdraw its support from this level.

*“ We will strive to make a difference for people who are not necessarily in the focus of attention today because they are more difficult to reach for humanitarians and journalists: they are the weak, the wounded and sick who remain in conflict areas”*

Pascal Cuttat,  
Head of Delegation



Locals stranded in conflict areas receiving aid

<sup>1</sup> Social Welfare Dept. and Data Management Unit ERU-PRC. Updated 31.05.09.

## Level 1:

These areas have been cut off from basic services like communications, running water, electricity and health care for several weeks, and will, in time, have to reintegrate huge numbers of civilians who fled the area. The priority in the short-run is to evacuate the sick and wounded, provide emergency relief and re-establish family links. Assistance to restore basic services will then be necessary. Finally, the returnees will no doubt need help as they trickle back to their homes in the coming weeks and months. The situation in these areas remains volatile, however, and access is still complicated.

## ICRC Response

In accordance with the ICRC's neutral and independent mandate, the organisation has established a humanitarian dialogue with all the parties concerned. As a result, ICRC has privileged access to the conflict-affected areas of the country. It was the first international humanitarian organisation to get into Dir, Buner and Swat in the wake of the fighting.

On 13 May, an ICRC team was able to deliver medicine and surgical material to the Daggar District Hospital (DDH) in Buner. It later handed over 1200L of fuel to run DDH's generator and ambulance, and evacuated wounded patients from the hospital.

In partnership with Pakistan Red Crescent Society, it fed 21,000 IDPs in Lower Dir when the area was blocked off to all other humanitarians. On 30 May, the ICRC entered Swat for the first time since the onset of hostilities. The ICRC team assessed the humanitarian situation, visited Khwazakhela hospital, one of the few medical facilities left in Swat, to gauge the public health situation and deliver medical supplies. It ended up evacuating wounded patients in urgent need of medical care to the ICRC's surgical hospital in Peshawar.

The ICRC, one of the very few humanitarian organizations working in Swat before fighting broke out, had been trying to return since early May. Now that it is back in the area, the ICRC has decided to establish a stable presence in Mingora, Swat's capital, from which it will be better able to co-ordinate a humanitarian operation commensurate with the needs of the affected population.

The ICRC aims to assist 245,000 people in the conflict-affected zone. It further intends to support the rehabilitation process in conjunction with the PRCS by assisting up to 147,000 returnees restore their livelihoods. This will include, *inter alia*, helping them repair damaged water distribution systems and providing them with shelter materials, seeds and other agricultural inputs where required.



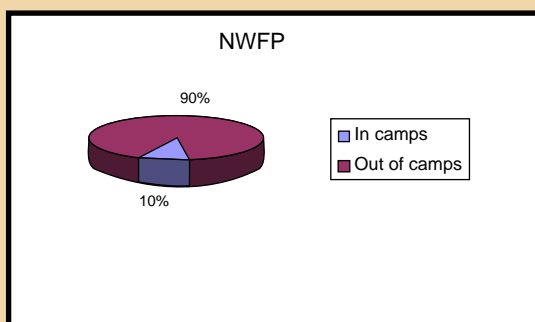
Delivering aid in the conflict zone

## Level 2:

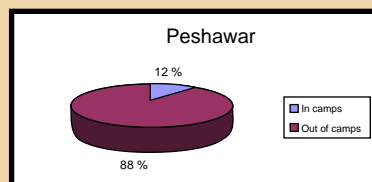
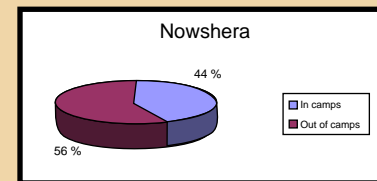
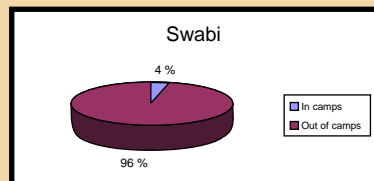
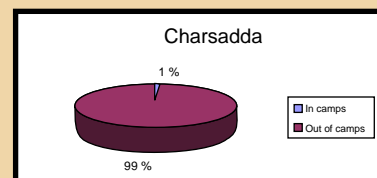
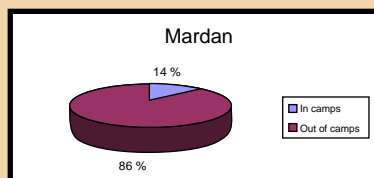
These areas host the biggest IDP population, and yet are receiving only a fraction of the humanitarian assistance on offer because of the logistical and practical challenges involved. The IDPs are scattered across the country, in cities, towns and countless villages, sometimes in remote areas, and are often hard to identify and reach. Their presence has put economic strain on host families, who will not be able to support them indefinitely. IDPs have clearly shown that they prefer this option to the camps, however, which do not offer attractive conditions in terms of heat, comfort and respect of traditional values and lifestyles.

Figure 1<sup>1</sup>

IDP Population Location



District Breakdown of IDP Dispersement



<sup>1</sup> Statistics according to Emergency Response Unit, Govt. of NWFP



Distribution to host families in Buner

## ICRC Response

The ICRC, in collaboration with the PRCS has set the target to provide relief to some 90,000 IDPs living with host families. The ICRC has already begun distributing vital supplies to IDPs and some of their host families in Mardan, Swabi and Southern Buner. Such assistance is expected to continue in the coming months, with a focus on areas where security is particularly unstable. In some cases, the Movement will have to repair and enhance water distribution systems. In areas not directly affected by the conflict, and where security permits, such assistance could be extended through support provided directly to the PRCS by other Movement partners.

**Buner (19 May 2009)**

Buner District	Food and Relief Items	Health
Kaskorana village	420 IDPs in host families	
Totalai village	2,100 IDPs in host families	Donation of medical supplies to the hospital for the treatment of local wounded/patients
Dagai village	3,000 IDPs in host families	
Ghorghosti village	840 IDPs in host families	
Panchtar village	105 IDPs in host families	
<b>Total IDPs assisted in host families: 6465</b>		

**Mardan (13 - 27 May 2009)**

Mardan District	Food and Relief Items	Health
Mardan City IDPs staying in 3 schools		Medical supplies to the PRCS for the treatment of IDPs staying with the host families
Rustam	833 IDPs in host families	
Nowekaly, Gulibagh, Pola villages	1,372 IDPs in host families	

**Swabi (25 May 2009)**

Swabi District	Food and Relief Items	Health
Sheik Jana village	1,351 IDPs in host families	
Naranangi village	1,680 IDPs in host families	
Formaly, Sher Dora, Showa villages	1,554 IDPs in host families	
<b>Total IDPs assisted in host families: 4585</b>		

- The ICRC standard food package consists of: wheat flour, rice, split peas ghee, sugar, tea and salt.
- The non-food item 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).



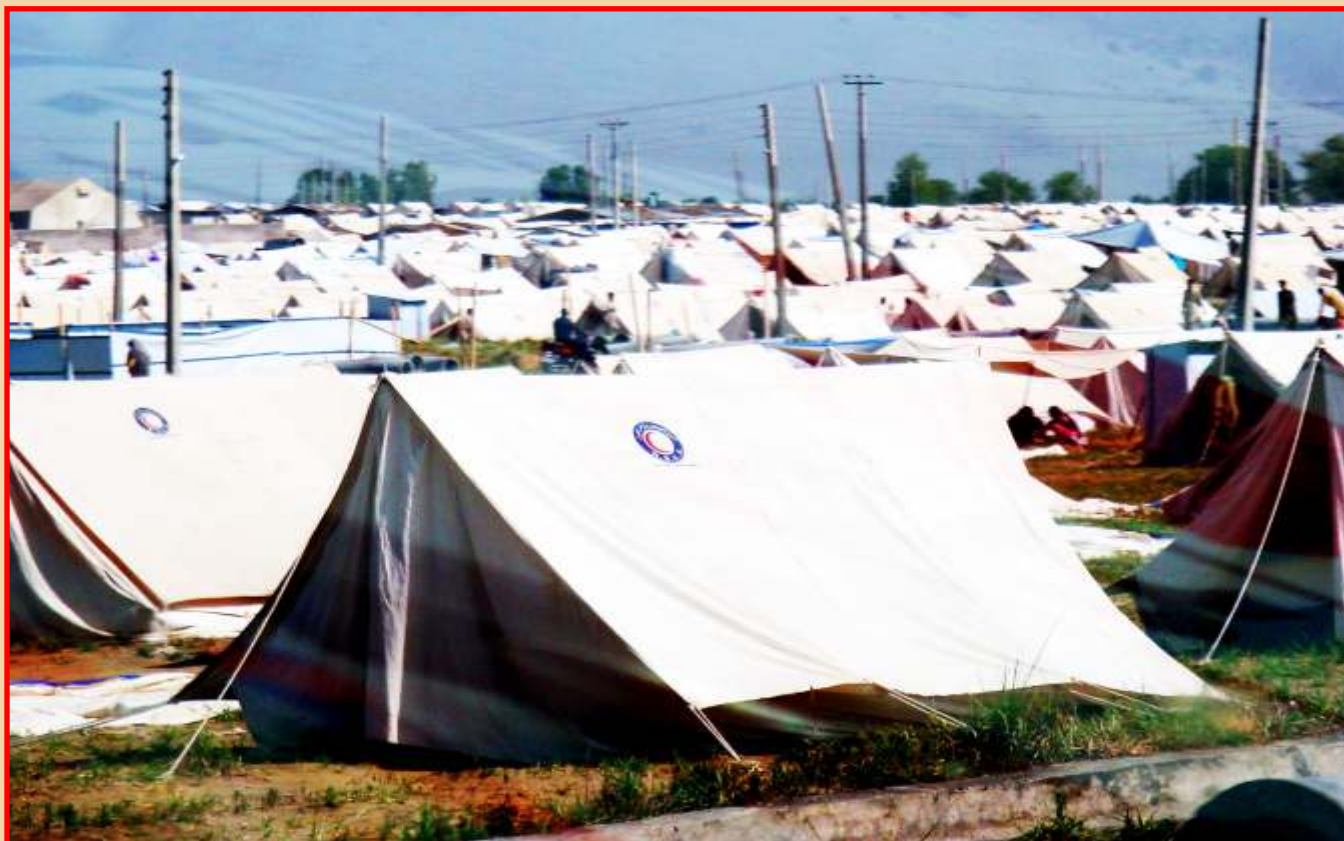
## Level 3:

The IDP camps are currently hosting almost 120,000 people. Here, the challenge is to set up infrastructure and dignified conditions fast enough to handle the influx of desperate families. Conditions are improving, but remain inadequate. Temperatures in the camps, which have been set up on barren land, are hot (over 40°C and rising) in general, and downright unbearable under the tents.

## ICRC Response

The ICRC is supporting two PRCS camps in Malakand Agency, which host over 10,000 IDPs, and is jointly running a third, in Swabi (Shah Mansoor), which hosts about 20,000. In addition to the installation of camp infrastructure, the IDPs in Swabi district have started receiving essential household items, including hygiene kits, and food. In Malakand district, the ICRC has provided PRCS with food rations and firewood for cooking for IDPs in the Rangmala camp and tarpaulins and water bladders for the Palai and Rangmala camps. ICRC is also providing food items to almost 13,000 IDPs in Lower Dir; in Summer Bagh, Sadbar Kalay, Degree College and Commerce College Camps. Additionally, meals for some 3,000 IDPs hosted by families in Timergara (Lower Dir District) are being supported daily by PRCS teams using ICRC provisions.

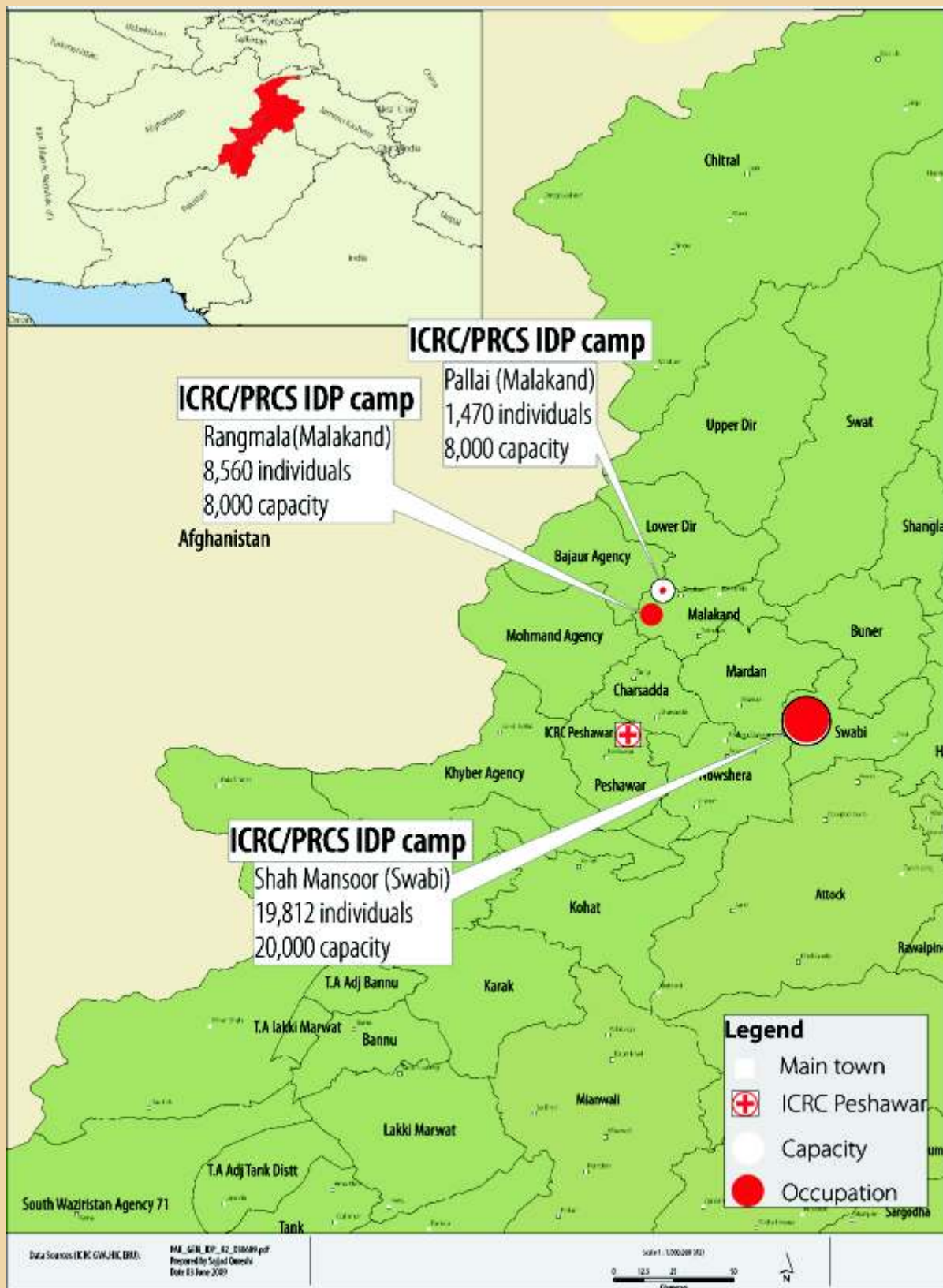
Within two months, however, the ICRC will discontinue its support to the PRCS camps which are not directly affected by the ongoing conflict. It expects that other Movement partners will step in to provide the necessary support to the PRCS for managing IDP camps whenever security permits. The Movement aims to help about 50,000 IDPs in total, or just under half the current camp population.



Shah Mansoor camp, Swabi

# PRCS/ICRC IDP Camp Statistics

As of 31.05.09





## Swabi Relief Camp

Swabi District	Food and other relief items	Health	Water and Sanitation
<b>Shah Mansoor Camp</b>	Registration of IDPs for upcoming food distribution completed.	<p>Setting up 1 Basic Health Unit (BHU) and supply of drugs</p> <p>Average of daily consultations: 700</p>	<p>Emergency water and sanitation facilities (280 latrines and 175 showers) completed</p> <p>Work on 20 water tap stands, 700 latrines and 350 showers started</p> <p>Fencing of camp surrounding ongoing</p> <p>Installation of 1'000 "Shamianas" (canopies to protect tents against the heat) started</p> <p>Installation of 200 garbage collection points Construction community kitchens started</p>
<b>District Headquarters Hospital, Swabi</b>		Medical supplies to the DHQ Swabi	



Basic health unit at Shah Mansoor camp



Enjoying the water taps at Shah Mansoor camp

## ICRC Assistance: Summary Table

Levels of Crisis	Planned Humanitarian Response
Level 1	Assistance for 245,000 people in the conflict zone, and rehabilitation of 147,000 returnees' livelihoods
Level 2	Assistance for 90,000 IDPs living with host families
Level 3	Assistance to IDPs through PRCS in relief camps: <ul style="list-style-type: none"> <li>● 10,000 in Malakand</li> <li>● 20,000 in Swabi</li> <li>● 13,000 in Lower Dir</li> </ul>



IDPs collect much needed medicine

## ICRC Weapon-Wounded Assistance Programme in Peshawar

The ICRC's Surgical Hospital for Weapon-wounded Patients has admitted 50 new patients from the Malakand Division since hostilities erupted in May. Its total capacity currently stands at 80 beds. Like the rest of the ICRC's programmes, its contribution is qualitative rather than quantitative: it offers the best, specialised surgery for weapon wounds in the country. It is fully equipped with X-ray machines, an operating theatre, an intensive care unit, a laboratory and even physiotherapy services. It is staffed with an international team of surgeons, nurses and lab technicians.



Examination of a war wounded patient at Peshawar

## ICRC Re-establishment of Family Links (RFL)

The massive displacement of civilians has separated many families from the Malakand Division. The problem has been exacerbated by the breakdown of telecommunications in the affected areas for several weeks. Families are worried about the fate of their loved ones.

The re-establishment of family links is therefore one of the priorities of the ICRC. It has reconnected 1,000 victims of the hostilities with their families. It has already re-united a disabled youth who had been separated from his family while fleeing the war zone. He had made to the Jalouzai camp in Mardan, where ICRC officers took all of his details. Using this information, the ICRC was able to trace his family to one of the schools in Mardan. This is the first ICRC-facilitated family reunification to take place since the IDP crisis started.



Happy to be in touch again!



## Conclusion

In the face of the humanitarian needs in the conflict-affected areas of Swat, Dir and Buner, as well as the plight of the IDPs, the ICRC and the rest of the Red Cross/Red Crescent Movement have decided to step up their operations in Pakistan.

The ICRC's contribution will nevertheless continue to be more qualitative than quantitative. The organisation will not, and indeed cannot, cover all the needs of the millions of Pakistanis who have been affected by the recent spate of fighting in the country's North-West Frontier Province. That is the State's prerogative. That said, any State would be hard-pressed to address a crisis of this magnitude, and the ICRC will attempt to protect and assist the most vulnerable, particularly in areas that other humanitarians cannot reach. In other words, while the ICRC and its Red Cross/Red Crescent partners cannot, by themselves, resolve the sundry humanitarian problems thrown up by the crisis, they will do their utmost to make a substantial, meaningful difference for the victims.

## ICRC Working Methods

In accordance with its mandate, the ICRC maintains a dialogue with all parties. They guarantee its security on the basis of their understanding of the ICRC's neutral, independent and purely humanitarian activities.

The ICRC never accepts armed escorts when working in the field, even in volatile areas. Its only protection are its emblem, enshrined in international law, and its dialogue with all the parties to the hostilities. It addresses its humanitarian concerns with them through confidential, bilateral and constructive dialogue. The ICRC was founded in 1863 and seeks to protect and assist the victims of armed conflict in over 80 countries around the world

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