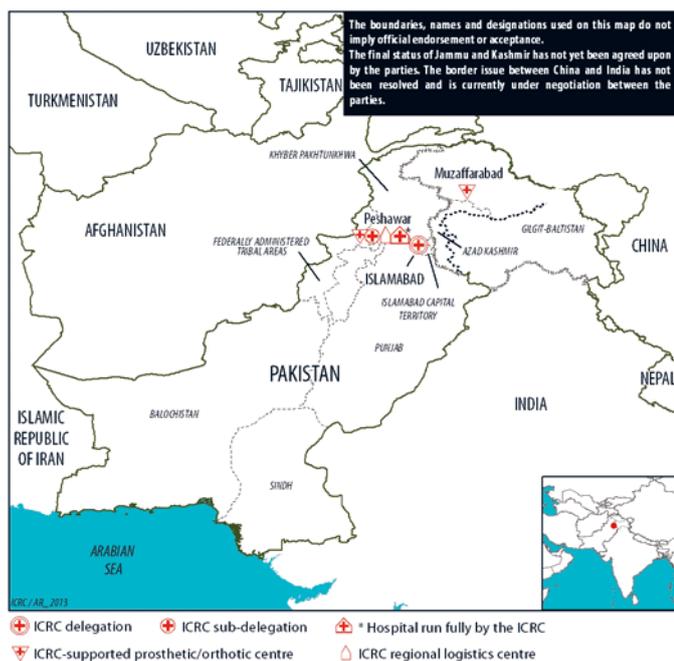


# PAKISTAN



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.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ the government approved ICRC activities within the terms of the 1994 headquarters agreement, namely: cooperation with the Pakistan Red Crescent Society, IHL-promotion activities and logistical support to ICRC Afghan operations
- ▶ at the government's request, the ICRC initiated consultations on continuing activities outside the 1994 agreement, later submitting a draft annex updating the 1994 agreement to reflect current needs and proposed ICRC activities
- ▶ disabled people had much shorter waits to obtain quality prostheses/orthoses at ICRC-supported centres, which had, with the ICRC's technical support, improved work processes and increased production
- ▶ vulnerable populations learnt to reduce their exposure to risks of weapon contamination, following the resumption of Pakistani Red Crescent/ICRC mine-risk education activities
- ▶ the authorities received an ICRC report containing recommendations for protecting medical services, made by government, health and private sector representatives over the course of more than 20 consultations
- ▶ the air force, navy and a training institution for peacekeepers took steps to strengthen knowledge of IHL among their personnel, accepting/reviewing ICRC support/input for their training programmes

## EXPENDITURE (in KCHF)

|                                     |       |
|-------------------------------------|-------|
| Protection                          | 1,521 |
| Assistance                          | 5,970 |
| Prevention                          | 4,188 |
| Cooperation with National Societies | 2,130 |
| General                             | -     |

**13,808**

of which: Overheads 843

## IMPLEMENTATION RATE

|                           |            |
|---------------------------|------------|
| Expenditure/yearly budget | <b>66%</b> |
|---------------------------|------------|

## PERSONNEL

|   |     |
|---|-----|
| Mobile staff                                | 17  |
| Resident staff (daily workers not included) | 352 |

| PROTECTION  | Total |
|---|-------|
| <b>CIVILIANS (residents, IDPs, returnees, etc.)</b> |       |
| Red Cross messages (RCMs)                           |       |
| RCMs collected                                      | 557   |
| RCMs distributed                                    | 1,427 |
| Phone calls facilitated between family members      | 402   |
| People located (tracing cases closed positively)    | 44    |

| ASSISTANCE  | Targets         | Achieved |
|---|-----------------|----------|
| <b>CIVILIANS (residents, IDPs, returnees, etc.)</b> |                 |          |
| <b>Health</b>                                       |                 |          |
| Health centres supported                            | Structures 6    | 6        |
| <b>WOUNDED AND SICK</b>                             |                 |          |
| <b>Hospitals</b>                                    |                 |          |
| Hospitals supported                                 | Structures 1    | 1        |
| <b>Physical rehabilitation</b>                      |                 |          |
| Centres supported                                   | Structures 4    | 4        |
| Patients receiving services                         | Patients 18,300 | 16,836   |

## CONTEXT

For the first time since its independence and despite some election-related violence, Pakistan experienced a successful transition between two civilian governments after a general election in May. The new government had to deal with complex, long-standing economic and security issues.

Fighting continued between Pakistani armed forces and armed groups in the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa (KP), as did violence by armed elements against civilians and medical services in these provinces as well as in Balochistan and the city of Karachi in Sindh. Thousands of people were killed or displaced; the government estimated that more than 22,000 households were displaced in FATA alone. People's access to essential services was also disrupted.

Weapon contamination from previous armed conflicts continued to affect people in areas along the borders with Afghanistan and India, with many injured or killed while pursuing daily activities. Natural disasters often aggravated the effects of the fighting.

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

## ICRC ACTION AND RESULTS

Having received approval from the Pakistani government in February to continue its activities under the terms of the 1994 headquarters agreement, the ICRC pursued its cooperation with the Pakistan Red Crescent Society and provision of logistical support to ICRC operations in Afghanistan; it also resumed its IHL-related activities. At the government's request, the ICRC initiated further consultations on resuming activities not covered by the agreement, notably the provision of support to the casualty care chain, including through a field surgical hospital in Peshawar. At year-end, also at the government's request, the ICRC submitted for their approval an annex updating the 1994 agreement to reflect current humanitarian needs and its proposed scope of action. These changes followed the ICRC's suspension in mid-2012 of all of its activities – except physical rehabilitation work, family-links services and cooperation with the Pakistani Red Crescent – owing to government reservations and restrictions on its operations and significant security concerns, marked by the kidnapping and murder of an ICRC delegate in April 2012.

Within the limited humanitarian space in which it could operate, the ICRC thus continued to help the Pakistani Red Crescent boost its capacities to conduct joint activities and develop its own programmes. It provided material, technical and financial assistance to the National Society, enabling it to respond to emergencies with trained and equipped disaster response teams in FATA and KP; first-aid teams in key branches helped each other enhance their skills through a peer-training project. With the ICRC's guidance, the National Society improved the services offered by its basic and mobile health units to people affected by conflict and disasters in Balochistan, FATA and KP provinces. The ICRC helped the National Society sharpen its staff and volunteers' skills in delivering family-links services and in promoting IHL; it also supported the National Society's efforts to improve its institutional set-up and management methods, and encouraged it to share its experiences at Movement meetings.

Disabled people received treatment at ICRC-supported physical rehabilitation centres. Improved workflow increased the annual production of prostheses/orthoses at the centres; as a result, patients did not have to wait as long for their devices. The ICRC worked with local authorities, other key stakeholders and partner centres to ensure the sustainability of services. The Pakistan-administered Kashmir government assumed responsibility for the Muzaffarabad Physical Rehabilitation Centre, but the ICRC would continue to provide technical support until 2018.

National Society/ICRC family-links services helped various groups of people – the families of people detained abroad, relatives separated during fighting or disasters, refugees, stateless persons and asylum seekers – contact their relatives.

Following the government's decision about the ICRC's activities in the country, joint National Society/ICRC mine-risk education activities resumed for communities living in areas strewn with mines and explosive remnants of war (ERW), in FATA, KP and Pakistan-administered Kashmir. Both the air force and the navy accepted ICRC offers of support for their IHL training programmes, and reviewed draft IHL training modules presented to them.

At various events throughout the year, the authorities, armed/security forces, key stakeholders, including academics and religious scholars, and the ICRC built up trust and mutual understanding of each other's work and views on humanitarian action. The ICRC organized consultations with a broad range of actors on the issue of protecting medical services in Pakistan; a report summarizing their recommendations was submitted to the authorities concerned.

The ICRC met regularly with Movement partners, NGOs and other humanitarian organizations to coordinate activities and discuss developments in humanitarian access in the country.

## CIVILIANS

Civilians affected by the violence, and often by natural disasters as well, did not benefit from direct ICRC help (see *Authorities, armed forces and other bearers of weapons, and civil society*). However, the National Society addressed some of their needs, drawing on its improved capacities to carry out assistance activities; it did so with material and technical ICRC support, including for the training of six disaster response teams in FATA and KP.

### Vulnerable people access basic health care at National Society clinics

Fighting- or disaster-affected populations, including those affected by two powerful earthquakes in Balochistan, received treatment and care at five basic and one mobile health units run by the National Society with material and financial ICRC support. The clinics – in Balochistan (4), FATA (1) and KP (1) – helped the country's overstretched health system cope with the mounting needs of the population. Altogether, close to 74,500 patients were given consultations, including some 4,750 who received ante/post-natal care. Many others were immunized against common diseases: among them, children under the age of five, who received some 2,930 doses of vaccines. Over 59,000 people learnt more about key health issues and good hygiene practices at 2,745 health education sessions.

The National Society, with the ICRC's help, improved its documentation tools and clinical protocols, such as for monitoring drug consumption/procurement and staff activity, and coordination between its headquarters and branches and with district health authorities. With such mechanisms in place, ICRC support for the clinics concluded at year-end, in line with the National Society/ICRC partnership agreement.

### **Communities at risk learn to protect themselves from mines/ERW**

National Society/ICRC mine/ERW-risk education activities for vulnerable communities resumed in FATA, KP and Pakistan-administered Kashmir following the government's decision on ICRC operations in Pakistan (see *Authorities, armed forces and other bearers of weapons, and civil society*). Some 79,110 people living in high-risk communities in these three areas learnt to reduce their exposure to mine/ERW-related risks at information sessions facilitated by specially trained National Society staff and supplemented by National Society/ICRC-produced materials.

Opportunities to liaise with national authorities and other stakeholders on a data collection network and legal frameworks comprehensively addressing the issue of weapon contamination remained limited, given the prevailing political and security sensitivities and the ongoing consultations about the ICRC's work. However, at a National Society-organized fair celebrating the International Day for Mine Awareness and Assistance in Mine Action, government representatives, journalists, students, teachers and civil society representatives in Rawalakot district discussed the issue during related National Society/ICRC activities. Mine/ERW victims and other beneficiaries of the Muzaffarabad Physical Rehabilitation Centre (see *Wounded and sick*) attended the fair; they were featured in a documentary highlighting their reintegration into society through sports.

### **Separated relatives restore contact**

Using National Society/ICRC tracing and RCM services, separated family members – including refugees, stateless persons, asylum seekers and people who had lost touch with their families during fighting – contacted relatives in Pakistan and abroad.

Families communicated with their relatives interned/detained abroad – notably at the US internment facility at Guantanamo Bay Naval Station in Cuba or at the Parwan detention facility in Afghanistan – via ICRC-facilitated video or telephone calls (see *Afghanistan* and *Washington*), or through oral messages relayed by ICRC interpreters/delegates during visits. One family visited a relative detained in Afghanistan. The families of eight Pakistani nationals detained in India were notified of their relatives' situation through ICRC services.

Trained National Society volunteers pursued a review of its family-links services to determine needs and areas for improvement. The review, begun in 2012, continued in one province, after having been completed in six others.

Pending the government's approval for its local training courses, the ICRC made little progress in helping to strengthen capacities for managing human remains, to prevent cases of missing persons during violence or disasters. However, two NGO representatives and one senior police officer participated in an ICRC course abroad on managing human remains and preserving data for future identification efforts.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

Over 890 vulnerable detainees in KP prisons got through the winter with ICRC-donated clothing and hygiene items. One person, previously detained in Afghanistan, received medical care on returning to Pakistan after his release. The families of 16 people in long-term detention abroad met some of their basic needs with ICRC packages containing food and other essential items.

## **WOUNDED AND SICK**

### **ICRC emergency medical services for people wounded in fighting remain suspended**

Despite existing needs, ICRC activities to improve the availability and quality of services throughout the casualty care chain were heavily restricted. The ICRC field surgical hospital in Peshawar remained closed (see *Authorities, armed forces and other bearers of weapons, and civil society*); training courses on handling weapon wounds could not be conducted.

However, 133 weapon-wounded patients received ICRC-funded treatment on an ad hoc basis. Others were treated at hospitals which received ICRC donations of drugs and supplies to help them cope with influxes of mass casualties.

### **National Society first-aid teams learn from each other**

In the meantime, injured people stood to benefit from the efforts of National Society branches to help each other enhance their first-aid capacities through ICRC-supported peer-to-peer refresher training. The more experienced first-aid teams shared their knowledge with their counterparts during inter-branch visits. The National Society/ICRC also helped train in first aid and equip some 140 officers from 28 police stations in FATA and KP, including in Peshawar. As a result of an ICRC-supported review of its first-aid programme, the Pakistani Red Crescent began the process of drafting a new strategy, with some delay owing to internal constraints.

### **Disabled people have much shorter waits for quality care and devices**

Throughout the year, some 16,840 disabled patients received treatment and assistive devices at four centres in northern Pakistan, which maintained/improved the quality of their services/devices with ICRC-donated materials, equipment and staff training. House-bound patients in KP benefited from care, home nursing kits and house-modification services provided by the Paraplegic Centre Hayatabad. Patients had much shorter waits for prostheses/orthoses, thanks to improved production capacities, particularly in two of the centres. The centres increased production collectively by 123% compared with 2012, partly owing to ICRC-sponsored scholarships, sharing of staff experiences between the centres, and practical mentoring.

### **Different sectors seek to sustain physical rehabilitation services**

The partner centres, local authorities, other key stakeholders and the ICRC sought to ensure the sustainability of physical rehabilitation services. The Christian Hospital Rehabilitation Centre in Quetta reopened under the management of the CHAL Foundation, having closed shortly after the 2012 kidnapping and murder of an ICRC health delegate in the area. The government of Pakistan-administered Kashmir assumed responsibility for the Muzaffarabad Physical Rehabilitation Centre after the Legislative Assembly passed an act to this effect, and after the appointment of a board of directors. The authorities and the ICRC signed an

agreement on ICRC technical and financial support to the centre until 2018.

Various groups of people, including government officials and members of the general public, learnt about the needs of disabled people and the risks associated with mines/ERW at events jointly organized by partner centres, other stakeholders and the National Society/ICRC (see *Civilians*); at one, 150 children disabled by ordnance received ICRC-donated school supplies.

## **AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY**

### **Authorities redefine scope of ICRC activities in Pakistan**

In February, following inter-ministerial consultations, the government approved ICRC activities within the scope of the 1994 headquarters agreement, namely: cooperation with the National Society; IHL-promotion activities with the authorities, armed forces and civil society; and logistical support for the ICRC's operations in Afghanistan. Joint activities with the National Society thus continued (see *Civilians* and *Wounded and sick*). IHL-promotion activities resumed, as did meetings/contacts with local authorities (see below), following the reopening of ICRC offices.

At the government's request, further consultations with them took place on activities outside the 1994 agreement, particularly ICRC support throughout the casualty care chain, including through a field hospital. In December, the authorities received, per their request, a draft annex updating the 1994 agreement to reflect current humanitarian needs and the proposed scope of ICRC activities. This document was based on previous consultations and on a concept paper submitted to them in August 2012; it remained pending approval at year-end.

At meetings/events held in parallel to the consultations, the authorities, armed/security forces, key stakeholders, including academics and religious scholars, and the ICRC worked to build trust and mutual understanding of each other's work and perspectives on humanitarian action.

### **The air force and navy review new IHL training modules**

The air force and navy took steps to reinforce their personnel's knowledge of IHL, accepting ICRC support for their training programmes and reviewing ICRC-proposed IHL modules. The army, with which contacts remained limited, had not responded to a similar proposal. The National University of Sciences and Technology, which trains peacekeeping forces, institutionalized IHL training under a five-year agreement with the ICRC.

Three senior officers, one from each of the three corps, learnt more about their obligations under IHL at ICRC-sponsored/organized courses in Geneva, Switzerland and in San Remo. Some 650 air force and naval officers of various ranks and 60 army peacekeepers did the same at briefings/seminars.

Police officers honed their understanding of internationally recognized policing standards through ICRC publications distributed to their central and provincial training centres. Some enhanced their emergency-response capacities at National Society/ICRC-facilitated training initiatives (see *Civilians* and *Wounded and sick*).

Weapon bearers and the ICRC discussed the organization's operations in Pakistan and how they related to operations in Afghanistan.

## **Stakeholders share recommendations on curbing violence against health care**

Government, health sector, civil society and National Society representatives discussed protection for medical services in Pakistan at over 20 ICRC-organized consultations/meetings. An ICRC report containing their recommendations was submitted to the authorities for review and helped shape future cooperation with stakeholders in this regard. Some 40 Islamic scholars, at a workshop on the same subject, reaffirmed that both Islam and IHL call for the protection of medical facilities and personnel.

Academics promoted the link between sharia law and IHL, offering certificate courses for men and women, co-organizing moot court competitions and briefings for their students, and attending training sessions, including at an Arabic IHL course (see *Lebanon*), to enhance their teaching of IHL.

Diverse groups of people enriched their understanding of humanitarian principles, neutral, impartial and independent humanitarian action and the Movement's work through National Society/ICRC communication initiatives, documentary materials on the ICRC's history in Pakistan, and various events. These initiatives and events enabled government/private-sector contacts and the organization to reconnect, fostering an environment conducive to the resumption of ICRC activities. Twelve senior reporters familiarized themselves with humanitarian perspectives in conflict reporting at an ICRC session.

### **Treaty implementation remains stalled**

No progress was made in the domestic implementation of IHL, although the ministries concerned continued to receive ICRC input for advancing the process, including at teaching sessions (see *Bangladesh* and *Nepal*) and at a consultation in connection with the "Strengthening IHL" process (see *Kuala Lumpur*). An official from the Ministry of Law, Justice and Parliamentary Affairs proposed the establishment of a national IHL committee after attending a meeting of such committees from Commonwealth States (see *Caracas*).

## **RED CROSS AND RED CRESCENT MOVEMENT**

The Pakistani Red Crescent remained the ICRC's main partner in running existing activities (see *Civilians* and *Wounded and sick*). At central and provincial/branch levels, especially in FATA and KP, it consolidated its operations and institutional set-up, with technical/financial ICRC support.

The National Society, with Movement support, reviewed its constitution and strategies and made changes to its internal structure. Its staff and volunteers upgraded their skills, particularly in family-links services, emergency response and IHL promotion. At meetings/conferences in the region (see *Iran, Islamic Republic of* and *Kuala Lumpur*) and in Geneva, the National Society shared its experiences in restoring family links for migrants and the Safer Access Framework, and its views on issues covered by the Health Care in Danger project.

Movement partners met regularly to coordinate their activities, especially in view of developments in the ICRC's status in Pakistan.

| MAIN FIGURES AND INDICATORS: PROTECTION                                       |  | Total |           |        |
|---|--|-------|-----------|--------|
| <b>CIVILIANS (residents, IDPs, returnees, etc.)</b>                           |  |       |           |        |
| <b>Red Cross messages (RCMs)</b>  |  |       | UAMs/SCs* |        |
| RCMs collected  |  | 557   |           |        |
| RCMs distributed  |  | 1,427 |           |        |
| Phone calls facilitated between family members                                |  | 402   |           |        |
| <b>Tracing requests, including cases of missing persons</b>                   |  |       | Women     | Minors |
| People for whom a tracing request was newly registered                        |  | 25    | 7         | 5      |
| People located (tracing cases closed positively)                              |  | 44    |           |        |
| Tracing cases still being handled at the end of the reporting period (people) |  | 79    | 14        | 24     |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>         |  |       |           |        |
| <b>Restoring family links</b>   |  |       |           |        |
| People to whom a detention attestation was issued                             |  | 3     |           |        |

\* Unaccompanied minors/separated children

| MAIN FIGURES AND INDICATORS: ASSISTANCE  |   | Total  | Women  | Children |
|--|---|--------|--------|----------|
| <b>CIVILIANS (residents, IDPs, returnees, etc.)</b>  |   |        |        |          |
| <b>Health</b>  |   |        |        |          |
| Health centres supported   | Structures  | 6      |        |          |
| Average catchment population   |   | 67,782 |        |          |
| Consultations  | Patients  | 74,499 |        |          |
|  | <i>of which curative</i>  |        | 17,556 | 37,814   |
|  | <i>of which ante/post-natal</i>                                   |        | 4,754  |          |
| Immunizations  | Doses   | 4,167  |        |          |
|  | <i>of which for children aged five or under</i>                   |        |        |          |
|  | Doses   | 2,931  |        |          |
| Referrals to a second level of care  | Patients  | 102    |        |          |
| Health education   | Sessions  | 2,745  |        |          |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>                              |   |        |        |          |
| <b>Economic security, water and habitat (in some cases provided within a protection programme)</b> |   |        |        |          |
| Essential household items  | Beneficiaries   | 891    |        |          |
| Cash   | Beneficiaries   | 8      |        |          |
| <b>WOUNDED AND SICK</b>  |   |        |        |          |
| <b>Hospitals</b>   |   |        |        |          |
| Hospitals supported <sup>1</sup>   | Structures  | 1      |        |          |
|  | <i>of which provided data</i>                                     |        |        |          |
|  | Structures  | 1      |        |          |
| Patients whose hospital treatment has been paid for by the ICRC                                    | Patients  | 133    |        |          |
| Admissions   | Patients  | 538    | 267    | 7        |
|  | <i>of whom weapon-wounded</i>                                     |        |        |          |
|  | Patients  | 133    | 33     | 7        |
|  | <i>(including by mines or explosive remnants of war)</i>          |        |        |          |
|  | Patients  | 2      |        |          |
|  | <i>of whom other surgical cases</i>                               |        |        |          |
|  | Patients  | 405    |        |          |
| Operations performed   |   | 570    |        |          |
| <b>Physical rehabilitation</b>   |   |        |        |          |
| Centres supported  | Structures  | 4      |        |          |
| Patients receiving services  | Patients  | 16,836 | 1,572  | 7,014    |
| New patients fitted with prostheses  | Patients  | 2,239  | 228    | 185      |
| Prostheses delivered   | Units   | 2,578  | 266    | 220      |
|  | <i>of which for victims of mines or explosive remnants of war</i> |        |        |          |
|  | Units   | 724    |        |          |
| New patients fitted with orthoses  | Patients  | 3,771  | 450    | 1,973    |
| Orthoses delivered   | Units   | 5,830  | 582    | 3,416    |
|  | <i>of which for victims of mines or explosive remnants of war</i> |        |        |          |
|  | Units   | 320    |        |          |
| Patients receiving physiotherapy   | Patients  | 7,087  | 1,039  | 1,933    |
| Crutches delivered   | Units   | 2,660  |        |          |
| Wheelchairs delivered  | Units   | 423    |        |          |

1. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.