



Jameel Ahmed/ICRC

ICRC Pakistan Newsletter

August to October 2009

KEY FACTS

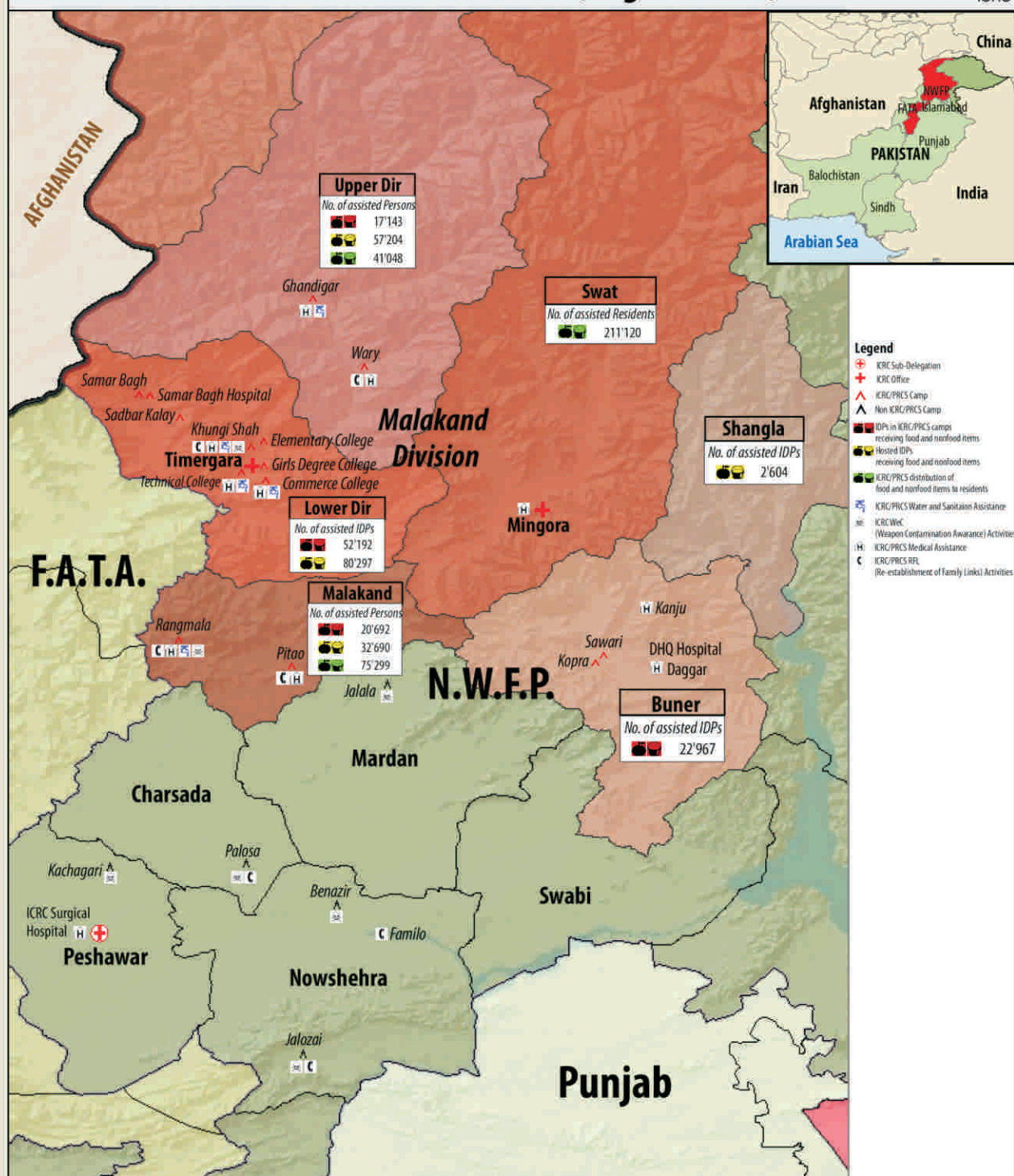
- ICRC is assisting 23 medical facilities in the FATA, including eight in Waziristan.
- Supporting IDP camps of Pakistan Red Crescent Society, its national partner.
- Reaching out to IDPs in host families in remote areas.
- Re-establishing family links for people separated from their relatives by the situation in NWFP and FATA.
- Visiting Pakistanis detained in Guantanamo, Iraq and Afghanistan to ensure humane detention conditions and help maintain their family links.
- Visiting detainees in Sindh, NWFP and Punjab to ensure humane detention conditions.
- Has a unique surgical hospital for weapon-wounded patients in Peshawar, which is treating patients from the areas affected by the fighting.
- First humanitarian organisation to get back into Swat, Lower Dir and Buner after the outbreak of hostilities.
- Working with the wider Red Cross/Red Crescent Movement to make a difference.



ICRC

ICRC/PRCS Assistance Activities in NWFP (Aug-Oct 2009)

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Data Sources:
Settlements : Mapaction/ UNOCHA
Admin Boundaries : Mapaction/ UNOCHA
Shaded Relief: SRTM90

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0 5 10 15 20
Kilometers

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and has no political significance

INTRODUCTION

As Pakistan was still reeling from a humanitarian crisis in NWFP, over 100,000 people were displaced from South Waziristan after the Pakistan Army launched a military operation in the area on 17 October*. Some 80,000 people had already left Waziristan before the fighting started. The affected people moved mostly to Dera Ismail Khan and Tank to live either with their relatives or in rented accommodation.

While it does not have direct access to South Waziristan and the adjacent areas to which most of the IDPs have fled, the ICRC is helping the victims of fighting through its assistance to eight Ministry of Health medical facilities inside Waziristan. Rosana Magoga, an ICRC health delegate, says, "We set up the programme in late April because most analysts were predicting the military operation. We've been providing them with medicine and supplies for several months now."

While a new humanitarian crisis is unfolding in South Waziristan, conditions are slowly improving in the NWFP. The past few months witnessed the continuation of the return process of people who had had to flee the fighting in Swat, Buner, Dir and Malakand districts. As fighting petered out in most areas, the majority of the affected people returned to their homes.

"With the return of the majority of the affected population, a phase of the humanitarian crisis is over," explained Pascal Cuttat, the Head of Delegation. "However, there is still much to do. The population of the districts racked by the fighting will face the repercussions for months, perhaps years, to come. The fighting not only destroyed homes in some affected areas; it also decimated livestock and interrupted farming activities. The ICRC will do what it can to complement the efforts of the authorities to help the people get their lives back on track."

Since May 2009, the ICRC has worked in cooperation with the Pakistan Red Crescent Society (PRCS) to assist just under a million people in the NWFP and the FATA. During the period under review in this publication, it provided food to 643,174 displaced people in the affected districts. The ICRC will gradually switch from food assistance to livelihood projects to help revive the local economy in the coming months, as long as it can have safe and unimpeded access to the affected areas.

* According to official figures



A young boy with ICRC assistance in Buner

Muhammad Naseer/ICRC

ICRC SUPPORTS MEDICAL FACILITIES IN WAZIRISTAN

An Interview With Rosanna Magoga, an ICRC Health Delegate

What is this support programme all about?

We set up the programme in late April, around the time military operations began in Malakand Division, because most analysts predicted that South Waziristan would be next. Access to the FATA has always been difficult, so we decided to assist existing Ministry of Health facilities rather than go in ourselves. We've been providing them with medicine and supplies for several months now, focusing on the most heavily-affected areas. In total, we're supporting 23 facilities in the FATA, including eight in Waziristan. While we can't get our own staff in there, we do speak to the doctors by phone every week to stay abreast of their needs.



How do the doctors inside Waziristan describe the humanitarian situation?

A sizeable population has stayed behind in South Waziristan, which is where the fighting is taking place. Exact numbers are impossible to come by; you can't exactly conduct a census right now! But what we're hearing from our contacts is that the people left behind are the poorest of the poor, those who couldn't afford the extortionate prices that transporters are demanding at the moment. These people are caught up in the fighting, they are under constant curfew, and it's very difficult for them to get food, health care or clean water.

Given the conditions, how many patients are your eight partner facilities receiving?

The facilities we're supporting in South Waziristan inform us that they're each receiving two or three patients with bullet or shrapnel wounds per day. And that's despite the curfew, which suggests there are many more injured people who can't get to them. This is a heavy caseload, especially since most of the staff have fled the fighting themselves. We greatly admire those dedicated doctors and nurses who have chosen to stay behind to help their communities. We're providing them with medical supplies every month, in accordance with the needs they communicate to us.

What difference would it make if the ICRC had direct access?

We could do much more to treat the victims. We are getting supplies in, but only on a limited scale. If we had access, we could provide far more medicine and equipment. In addition, we could reinforce the health teams on the ground with our own doctors and nurses.

BUNER

In August, the ICRC and the PRCS distributed food and soap to 22,967 affected people living in Karapa and Sawari camps in Buner district.

All residents of Swari and Karapa camps returned to their homes after the security situation improved. Following their return, the ICRC teams visited Chagarzai, Gokand and Gadaizai to carry out an assessment of the humanitarian needs of the local people. It was the first humanitarian organisation to visit these areas. To improve the health care facilities in Buner, the ICRC donated fuel and drugs to Daggar District Headquarters Hospital that covers a population of 30,000 people.

In September, a semblance of peace returned to Buner. The people of the district started a new life, as bazaars reopened and they resumed daily activities. However, some people of the district will face the economic fallout, as fighting destroyed their crops and livestock.



Affected people of Buner receive aid from ICRC and PRCS staff

UPPER AND LOWER DIR

Over the last three months, the ICRC and the PRCS distributed food and soap to 255,962 people affected by the fighting in Lower and Upper Dir. The beneficiaries included displaced people living in camps and with host families. It also constructed and improved water and sanitation facilities in the camps.

ICRC and PRCS staff toured several camps in Dir district to identify new arrivals, who fled the ongoing fighting in Maidan and Upper Dir. The ICRC also provided drugs and supplies to the district hospital and basic health units the PRCS had set up in Wari and Gandigar camps.



IDPs at Khungi Shah Camp, Timergara in Lower Dir

Meanwhile, the return process of IDPs continued. However, the returnees found themselves in a difficult situation, for they had difficulty in getting access to food, water and health facilities. Their crops and cattle had been destroyed in fighting and there were unexploded remnants of weapons in their home areas.

In October, the ICRC assisted IDPs living in Samar Bagh, Walai Kando, Munda, Khungi Shah, Technical College, Commerce College and Sadbar Kalay camps in Lower Dir. In Upper Dir, it provided food and non-food items to residents of Gandigar Camp, Wary Camp, Dogdara and hosted families living in Shiringal, Dir Urban and Darora.

SWAT

The ICRC, in conjunction with the PRCS, distributed food and soap to 211,120 affected residents of Swat district over the last three months. The ICRC had difficulty in getting access to Swat in August due to misperceptions regarding its mandate and working modalities.

In September, the ICRC was able to enter the district, where open violence had diminished and restrictions on population movement were being gradually lifted. The ICRC, in partnership with the PRCS, resumed its work in Mingora and Kanju, conducted a five-day multi-sector assessment in Kanju and geared up relief operations. It focused on the affected people of Kabal Tehsil for assistance, as they had been isolated since the beginning of the humanitarian crisis. The ICRC also identified a site for a permanent office from which it plans to direct assistance and protection activities in the district.

In October, the ICRC distributed food and soap to residents of Nengwalai, Shakardara, Koza Bandai and Matta Tehsil. It has been providing food and medicines to the Saidu Sharif Central Hospital in Mingora besides supporting a PRCS medical facility in Kanju Township.



A man collects ICRC assistance

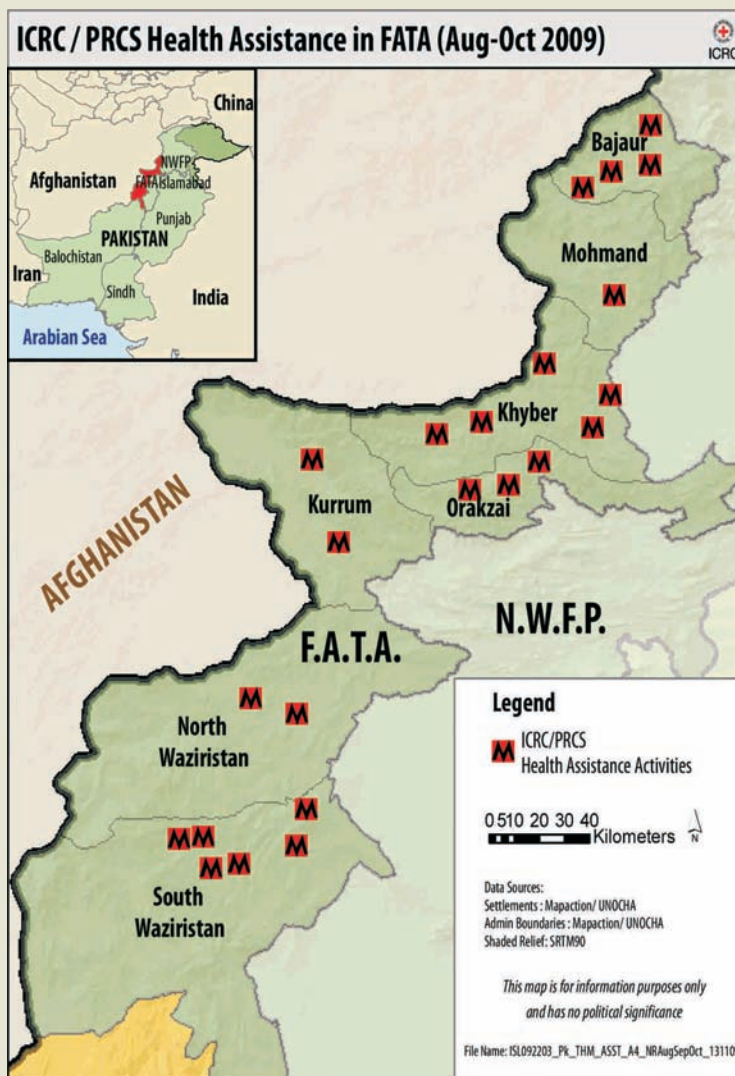
MALAKAND

Over the last three months, the ICRC, with the support of the PRCS, distributed food and soap to 128,681 affected people of Malakand district. The beneficiaries were residents of Malakand district and people displaced from other parts of Malakand Division living in Rang Mela A, Rang Mela B, and Patio camps. The ICRC also distributed food to families hosting the displaced people. It provided medicines to PRCS medical facilities working in Rang Mela and Patio camps. The ICRC held weapon contamination risk education sessions for IDPs living in Rang Mela camps, besides arranging free telephone calls for the residents to re-establish their family links.



A young boy with ICRC aid

FEDERALLY ADMINISTERED TRIBAL AREAS



In August, the ICRC and the PRCS provided food and essential items to 5,516 Wazirs, who had fled fighting in Waziristan and were living in and around Zhob and Killasaifullah towns of Balochistan.

In September and October, the ICRC distributed food and essential non-food items to 8,176 people displaced by fighting in Khyber Agency. The aid was delivered to the victims with the help of the PRCS.

While it did not have direct access to the FATA, the ICRC has been supporting 23 medical facilities in FATA, including eight in Waziristan, providing them medicines and medical equipment needed to treat war-wounded patients. The ICRC has sent drugs and war-wounded kits to Tehsil Headquarters Hospital Mir Ali, Agency Headquarters Hospital Wana, Makeen Civil Hospital, Tehsil Makeen Ladha Civil Hospital, Spin Kay Basic Health Unit, Ladha Tehsil Sararogah Civil Hospital, Barwand Basic Health Unit and Tank Christian Hospital.

The ICRC is also providing medicines and medical equipment to hospitals and medical facilities in Bajaur, Mohmand, Kurram, Orakzai, and Khyber agencies.

OTHER ICRC ACTIVITIES IN PAKISTAN

ICRC Surgical Hospital for Weapon-Wounded in Peshawar

The ICRC Surgical Hospital, which offers specialised surgery for weapon-related wounds, admitted 262 patients over the last three months. The surgeons performed 1,238 operations during the period under review. Weapon-related wounds usually require more than one operation.

The hospital is a 92-bed facility with its own operational theatre, intensive care unit, laboratory and x-ray equipment.

On September 1, the hospital revised its admission criteria. Now all the weapon-wounded patients will be admitted to the hospital within two months of injury instead of one month.



Doctors examine a patient at ICRC Surgical Hospital in Peshawar

The Orthopaedic Programme in Peshawar

The ICRC supports the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar. The ICRC provided material assistance to the PIPOS for renovation of its premises and arranged training for its staff at the ICRC Physical Rehabilitation Centre in Muzaffarabad. At the PIPOS, the disabled people from the NWFP and FATA are fitted with artificial limbs and mechanical devices that restore their body functions. The ICRC provides them with wheel chairs, crutches and physiotherapy. Since January 2009, 1,883 patients have been treated under the programme, while 800 patients are on the waiting list.

A home care project complements the work of PIPOS. Its aim is to reintegrate the patients suffering from spinal cord injuries in their families and communities. The services offered under home care project include home adaptations such as ramp construction, physiotherapy and equipment for daily activities.

Since January, the ICRC has assisted 1,279 patients, who had spinal cord injuries, under its home care project. It provided wheel chairs to 92 patients, while 95 patients were referred for medical consultations.

Restoring Family Links

Over the last three months, the ICRC arranged 1,727 free telephone calls, including 227 international calls, for vulnerable displaced people in camps in Malakand, Nowshera, Charsadda and Mardan districts to help them re-establish contacts with their families.

It distributed more than 232 Red Cross Messages to the families of detainees, who are detained in Afghanistan, Guantanamo, Iraq and Pakistan. The ICRC also collected 173 replies from the families of the detainees besides arranging eight telephone calls for detainees living in Guantanamo and their families.

The ICRC also arranged video telephonic conferences for three Guantanamo detainees with their families in Pakistan. The families of detainees held in Guantanamo had their first-ever chance to see their relatives live on screen from Pakistan, for one hour each, since their detention. "This is a rare opportunity for the families to interact with their detained relatives. They have not seen their loved ones for years. It is their right to stay in contact, and we appreciate the US authorities for making it possible," says Miriam Zampatti, the ICRC official in charge of this programme.



An ICRC delegate arranging telephone calls for IDPs in Mingora, Swat

Weapon Contamination Activities

"It is becoming increasingly clear that these unexploded remnants of war are out there, killing and maiming civilians", explained Zamanuddin Noori, the ICRC's Weapon Contamination expert. While speaking to journalists at a workshop, he said, "We have given countless presentations on this problem to people who were returning to their homes in the fighting-affected areas, but journalists can act as precious relays, helping us raise awareness".

The ICRC sensitised journalists covering events in NWFP and FATA to the risks posed by unexploded remnants of war in a series of workshops held in Peshawar and Mingora, Swat on September 17 and October 21 respectively. Noori briefed the journalists on the scale, location and nature of the danger.

Over the last three months, the ICRC held 1,962 weapon contamination risk education sessions, sensitising 42,241 affected people to the dangers of mines and other unexploded remnants of war. The sessions were held in IDP camps across the NWFP.

KASHMIR

ICRC Physical Rehabilitation Centre Muzaffarabad

The ICRC set up this facility in the wake of the 2005 earthquake in response to the high number of casualties. A multi-disciplinary team of prosthetics specialists and physiotherapists treats the disabled patients according to internationally recognised standards. Since January 2009, 3,430 patients have been treated at the ICRC facility, while 671 devices have been manufactured in-house. The ICRC will eventually hand over the facility to the Ministry of Health of Pakistan-administered Kashmir.

Micro-Economic Initiatives

The ICRC runs a Micro-Economic Initiative programme to help disabled patients in Muzaffarabad restore their livelihoods and dignity following their treatment at the ICRC Physical Rehabilitation Centre. Since January, the ICRC has disbursed grants in cash to 223 disabled people to start small businesses.

Disability has more than a physical effect. It also has a social and psychological dimension. That is why the disabled usually feel diminished and often face a loss of consideration. Making them economically self-reliant restores their rightful place in their families and communities. The ICRC trains people with disabilities in how to prepare and present feasible projects, which the organisation then finances. ICRC experts train them in basic business management and even provide those who need it with vocational training.

BALUCHISTAN

In August, the ICRC sent food rations from its sub-delegations in Peshawar and Quetta to assist over 15,400 victims of the recent flood in Barkhan. The ICRC also supports the treatment of weapon-wounded patients coming from the entire region, but mostly from Afghanistan, through three hospitals based in Quetta. Plans are afoot to open a specialised ICRC surgical facility, after the Peshawar model, in response to the increasing caseload of patients out of Waziristan.

SINDH

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

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

Summary of ICRC Assistance in August, September and October

Location	Assistance	Description
Buner	Food, Non-Food items	Distributed to 22,967 IDPs living in camps
	Medical Assistance	Provided fuel and medicines to DHQ Hospital Daggar
Swat	Food, Non-Food items	Distributed to 211,120 residents of various Swat tehsils
	Medical Assistance	Provided food, medicines to Saidu Sharif Teaching Hospital; supported PRCS health facility in Kanju
Malakand	Food, Non-Food items	Distributed to 128,681 IDPs and affected residents
	Medical Assistance	Provided medicines to PRCS health facilities in Rang Mela and Patio camps
Upper, Lower Dir	Food, Non-Food Items	Distributed to 255,962 IDPs living in camps and with host families
	Medical Assistance	Distributed medicines to District Headquarters Hospital Dir, PRCS basic health units in camps in Upper Dir
	Water and Sanitation	Constructed water supply systems, community kitchens, latrines and showers in various camps
FATA	Food, Non-Food items	Distributed to 5,516 Waziri IDPs; 8,176 IDPs in Khyber Agency
	Medical Assistance	Donated war wounded kits, medicines and medical equipment to 24 hospitals, medical facilities in FATA
Balochistan	Food, Non-Food items	Distributed to 15,400 flood victims in Barkhan
Kashmir	Micro-Economic Initiatives	In Muzaffarabad, since January, 223 people with disabilities received ICRC grants in cash to start small businesses
	Medical Assistance	Since January, ICRC Muzaffarabad Physical Rehabilitation Centre has treated 3,430 people

ICRC in Pakistan

Mission Statement

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

ICRC Pakistan (Delegation, Sub-Delegations and Offices)



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Shaded Relief: SRTM90
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Legend

- Delegation
- Sub-Delegation
- Office



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