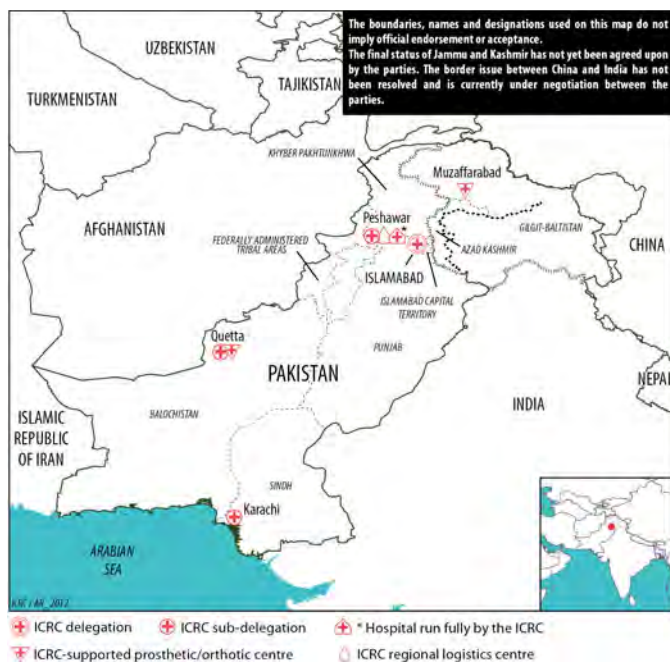


PAKISTAN



EXPENDITURE (IN KCHF)

Protection	2,842
Assistance	17,558
Prevention	4,820
Cooperation with National Societies	2,192
General	-

► **27,413**

of which: Overheads 1,666

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Expatriates	57
National staff (daily workers not included)	817

KEY POINTS

In 2012, the ICRC:

- after the kidnapping and murder of a health delegate, accelerated the planned reduction in operations and eventually suspended them, maintaining only its work in physical rehabilitation, family-links and with the National Society
- conferred with the government on a concept paper on future ICRC action in Pakistan, while pursuing dialogue with authorities, members of the armed and security forces and other key actors to review the scope of its activities
- until end-April, contributed to the medical and surgical treatment of 4,434 weapon-wounded patients from Pakistan and Afghanistan at its hospital in Peshawar and at other ICRC-supported health facilities
- completed the renovation of the Garhi Khairo Taluka Headquarter Hospital, which resumed services for 150,000 people in Sindh in June
- supported 4 centres providing physical rehabilitation services to over 9,200 patients, including by helping improve accommodation facilities and contributing to the upgrade of qualifications of the staff and faculty
- until end-April, boosted government agricultural/veterinary services to help improve the livelihood assets and farming output of 230,342 residents in Balochistan, the Federally Administered Tribal Areas and Khyber Pakhtunkhwa

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan. Its current presence is aimed at pursuing dialogue with all relevant authorities both on the humanitarian impact of armed violence and natural disasters and on neutral and independent humanitarian action. In particular, the ICRC's operations focus on: ensuring the provision of care for the weapon-wounded and the disabled; supporting the Pakistan Red Crescent Society; and fostering dialogue with the government, religious leaders, academic institutions and the media on IHL-related issues.

CONTEXT

Fighting continued between Pakistani armed forces and armed groups in Khyber Pakhtunkhwa (KP) and the Federally Administered Tribal Areas (FATA), as did violence by armed elements against civilians and in public places, including in Balochistan. Aggravated by a third consecutive year of flooding in some parts of the country, the fighting/violence led to casualties and displacement, disrupted access to essential services and undermined flood recovery efforts. Weapon contamination from past armed conflicts continued to affect populations in areas along the borders with Afghanistan and India.

Independent humanitarian action across the country, organized around the national disaster mechanism, remained constrained by the insecurity and government restrictions on access. An ICRC health delegate was kidnapped by unknown people in January and found murdered at the end of April. Other attacks against humanitarian and health workers forced humanitarian organizations either to limit their movements or to withdraw staff from the field.

ICRC ACTION AND RESULTS

Government reservations regarding the ICRC's activities in the country and restrictions on its access prompted the organization to significantly scale back its operations at the beginning of the year, cancelling most planned economic-security and water/habitat activities. Then, security concerns stemming from the kidnapping and subsequent murder of an ICRC health delegate led the ICRC to suspend all its activities at the beginning of May, with the exception of physical rehabilitation work, family-links services and cooperation with the Pakistan Red Crescent Society. Afterwards, it began an in-depth review of its activities in Pakistan, with the needs of the affected communities foremost in mind.

Throughout the above developments and after, the ICRC maintained dialogue with the authorities and key stakeholders in order to: deal in the best possible way with the kidnapping/murder; enhance understanding of and support for the Pakistani Red Crescent's and the ICRC's neutral, impartial and independent humanitarian action; and review the scope of ICRC operations. In August, it presented to the Pakistani government a concept paper proposing a revised operating model and set of ICRC activities in the country, with a view to obtaining explicit assurances of agreement and support before resuming operations.

Given the limited space to operate, cooperation with the National Society and its extensive volunteer network remained crucial.

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
		UAMs/SCs*	
RCMs collected	453	1	
RCMs distributed	572		
Phone calls facilitated between family members	319		
Tracing requests, including cases of missing persons			
		Women	Minors
People for whom a tracing request was newly registered	88	2	9
People located (tracing cases closed positively)	17		
Tracing cases still being handled at the end of the reporting period (people)	116	7	28
UAMs/SCs*, including unaccompanied demobilized child soldiers			
		Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society	1		
Documents			
People to whom travel documents were issued	6		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits			
		Women	Minors
Detainees visited and monitored individually	40		17
Detainees newly registered	23		17
Number of visits carried out	4		
Number of places of detention visited	4		
Restoring family links			
RCMs collected	19		
RCMs distributed	5		
Phone calls made to families to inform them of the whereabouts of a detained relative	15		

* Unaccompanied minors/separated children

The ICRC helped the National Society boost its capacities to conduct joint operations and to develop and run its own programmes, providing it with financial, technical and material support notably in the fields of communication, emergency response and first aid. It supported the National Society's efforts to improve its institutional set-up and management approach, particularly in terms of project monitoring, and in expanding its network by opening branches in vulnerable areas.

Throughout the year, disabled people benefited from the services of physical rehabilitation centres supported by the ICRC. At one centre in Peshawar, a new accommodation facility was completed for patients preparing for device fitting, while new machines helped boost treatment. More generally, the ICRC contributed to the improvement of rehabilitation services in the country by providing learning opportunities for hospital and rehabilitation staff.

National Society/ICRC family-links services remained available to family members separated during fighting or disasters or to relatives of refugees, stateless persons and asylum seekers wishing to contact their relatives.

Between January and the beginning of May, the ICRC, with the National Society, continued to adapt its activities and endeavoured to reach vulnerable people in the critical areas of Balochistan, FATA, KP and Sindh.

Together, the two organizations distributed emergency relief, mainly to displaced people from FATA, and helped protect/restore the livelihoods of people affected by fighting, including through follow-up support to recipients of business start-up grants in the previous year. The ICRC extended assistance to government agricultural/livestock facilities, enabling them, in turn, to help people improve their livelihood assets and farming output. It worked with local authorities to complete ongoing rehabilitation work on water supply and sanitation systems, thereby improving access to drinking water for thousands of people and contributing to their general health.

In partnership with health authorities and other stakeholders, the ICRC sought to improve the availability and quality of care and services throughout the casualty care chain. It supported the conduct of mine-risk education sessions to prevent further injuries. To ensure the availability of emergency care, it helped the National Society build a pool of trained first-aiders, especially in areas heavily affected by fighting. Weapon-wounded patients from Pakistan and Afghanistan received treatment at the ICRC field hospital in Peshawar and at private and government-run ICRC-supported hospitals, including at the Garhi Khairo Taluka Headquarter Hospital in Sindh, which reopened in June after renovations to repair serious damage from the 2010 floods.

The ICRC maintained contact with other Movement partners, NGOs, humanitarian organizations and other key actors to ensure coordination of activities.

CIVILIANS

Civilians suffered the effects of continued fighting and recurrent natural disasters, with many displaced or requiring assistance to meet their basic needs and restore disrupted livelihoods. However, restricted access, along with related operational adjustments and the suspension of all activities as of May (see *ICRC action and results*), prevented the ICRC from implementing many planned assistance programmes, including economic support to returnees, violence-affected communities and the disabled, and water, sanitation and infrastructure projects in communities and IDP camps. Dialogue with authorities at all levels aimed first to improve ICRC access to affected populations and obtain assurances on the resumption of its activities, before other topics, such as the protection needs of civilians, could be broached (see *Authorities*).

Where able, National Society/ICRC teams provided emergency relief to vulnerable communities until end-April. The National Society received technical and financial support to boost its capacities to conduct such programmes, including in developing emergency assistance training modules for its staff (see *Red Cross and Red Crescent Movement*).

Main figures and indicators		ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)					
Food commodities		Beneficiaries	29,610	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	15,465		
Essential household items		Beneficiaries	20,958	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	2,155		
Productive inputs		Beneficiaries	34,111	28%	43%
Cash		Beneficiaries	84	31%	34%
Work, services and training		Beneficiaries	196,231	28%	43%
Water and habitat activities		Beneficiaries	99,837	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	51,386		
Health					
Health centres supported		Structures	12		
Average catchment population			90,908		
Consultations		Patients	89,296		
	<i>of which curative</i>	Patients		14,645	37,662
	<i>of which ante/post-natal</i>	Patients		4,321	
Immunizations		Doses	26,433		
	<i>of which for children aged five or under</i>	Doses	24,831		
Referrals to a second level of care		Patients	259		
Health education		Sessions	2,110		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat (in some cases provided within a protection programme)					
Cash ¹		Beneficiaries	118		
Water and habitat activities		Beneficiaries	3,658		
WOUNDED AND SICK					
Hospitals					
Hospitals supported		Structures	7		
	<i>of which provided data</i>	Structures	7		
Patients whose hospital treatment has been paid for by the ICRC		Patients	3,612		
Admissions		Patients	8,305	4,368	1,724
	<i>of whom weapon-wounded</i>	Patients	822	122	114
	<i>(including by mines or explosive remnants of war)</i>	Patients	19		
	<i>of whom other surgical cases</i>	Patients	2,564		
	<i>of whom medical cases</i>	Patients	2,848		
	<i>of whom gynaecological/obstetric cases</i>	Patients	2,071		
Operations performed			4,671		
Outpatient consultations		Patients	101,294		
	<i>of which surgical</i>	Patients	9,399		
	<i>of which medical</i>	Patients	81,629		
	<i>of which gynaecological/obstetric</i>	Patients	10,266		
Water and habitat					
Water and habitat activities		Number of beds	1,068		
Physical rehabilitation					
Centres supported		Structures	4		
Patients receiving services		Patients	9,257	1,017	2,525
New patients fitted with prostheses		Patients	1,334	161	98
Prostheses delivered		Units	1,682	218	158
	<i>of which for victims of mines or explosive remnants of war</i>	Units	430		
New patients fitted with orthoses		Patients	1,266	185	449
Orthoses delivered		Units	2,092	297	805
	<i>of which for victims of mines or explosive remnants of war</i>	Units	271		
Number of patients receiving physiotherapy		Patients	4,535	750	748
Crutches delivered		Units	1,986		
Wheelchairs delivered		Units	234		

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

Affected communities receive help in meeting immediate needs

In total, 29,610 people, including some 15,400 IDPs, met their immediate needs through food rations distributed by the National Society and ICRC partners. About 1,400 returnees rebuilt their homes with shelter kits, while other people received essential household items and hygiene material.

Ongoing micro-economic, agricultural and livestock initiatives were completed prior to the suspension of activities. Efforts to train veterinary/livestock-care practitioners, increase the availability of better-quality seed and enhance government extension services at Provincial Farm Service Centres and in

the field of artificial insemination enabled 230,342 people in Balochistan, FATA and KP to improve their livelihood assets and increase their farming output. Twelve families (84 people) received second grant installments to sustain small business initiatives begun in 2011; monitoring of a sample of previous grantees in KP showed that 95% of the businesses were doing well.

Civilians protect their health and have access to basic care

Close to 100,000 people, including 882 IDPs in a camp prior to its closure in April, protected their health thanks to access to better-quality drinking water and sanitation facilities in rural areas in FATA and KP after the construction/rehabilitation of water supply systems by the ICRC in conjunction with local authorities.

Health-promotion sessions organized by the National Society relayed messages on key health issues and good hygiene practices to 18,641 people in Balochistan, FATA and KP, while health authorities received preventive and curative means with which to address seasonal outbreaks of acute watery diarrhoea.

To help the country's overstretched health system cope with the effects of the fighting and the displacement of civilians, government- and National Society-run basic health facilities received ICRC material, technical and financial support. Some 89,300 people attended consultations at 12 health care facilities, including 1 mobile and 6 basic health units run by the National Society, while many others availed of ante/post-natal care and immunizations against common diseases. Eight of these facilities were located in FATA and KP and four in Balochistan. In Sindh, services improved at one health centre damaged during the 2010 floods following repairs to its water and sanitation systems.

People alerted to weapon-contamination danger

Some 30,770 people from FATA and Pakistan-administered Kashmir learnt to minimize their risk of injury from mines and unexploded ordnance at education sessions conducted by trained National Society volunteers.

Separated family members restore contact

National Society/ICRC tracing and RCM services remained available throughout the year for family members separated during fighting or to people wanting to contact relatives in Pakistan or abroad, including refugees, stateless persons and asylum seekers. Families communicated with relatives interned/detained in the US internment facility at Guantanamo Bay Naval Station in Cuba or in the Parwan detention facility in Afghanistan via messages relayed by ICRC delegates/interpreters or via video or telephone calls facilitated by the ICRC (see *Afghanistan* and *Washington*). Relatives of Pakistani nationals on board a boat which capsized near Christmas Island, Australia, filed 73 tracing requests for their kin, of which 15 were resolved in cooperation with the Australian Red Cross. The Pakistani Red Crescent initiated a review of its family-links services to determine needs and areas for improvement.

With a view to preventing cases of missing persons owing to violence or disaster, three Pakistani officials participated in courses abroad on managing human remains and preserving data for future identification, as did 77 emergency responders and civil authorities from FATA, KP and Punjab at three local courses. Partner organizations, including ICRC-trained first-responders at the scene of a plane crash in Islamabad, were better prepared to manage human remains thanks to ICRC-donated body bags, protective material and reference books.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prior to the suspension of detention visits in May, ICRC access to detainees remained limited to those in Gilgit-Baltistan, Pakistan-administered Kashmir and Sindh, with a negative response from the authorities on previous offers of services to extend visits to more areas.

In the first three months of the year, 40 detainees in Sindh benefited from individual follow-up by ICRC delegates. Following visits to four different places of detention under the authority of the Ministry of Interior, conducted according to the organization's standard procedures, delegates reported their findings

confidentially to the authorities, with recommendations for improvements in detainees' treatment and living conditions where necessary. The Sindh authorities also received ICRC support in the prison reform process. For example, 20 prison superintendents and deputy superintendents participated in a prison management seminar organized at the request of the Sindh home secretary. When needed, detainees used RCMs and phone calls to maintain contact with relatives or, in the case of foreign detainees, with their respective diplomatic representations in Pakistan.

No other visits to detainees took place elsewhere.

Detainees in Gilgit-Baltistan and Pakistan-administered Kashmir weathered the winter season using 1,500 blankets donated by the ICRC. Over 100 former detainees/internees repatriated from abroad (including Afghanistan), some of whom had been visited by the ICRC while in custody, received medical follow-up. The spouses of two people in long-term detention abroad regained some financial security through ICRC micro-economic initiatives.

WOUNDED AND SICK

Casualty care chain boosted

Improving the availability and quality of emergency life-saving care for people injured during violence or disaster remained a National Society/ICRC priority. Thus, some 100 health staff in FATA enhanced their first-aid skills at training sessions co-facilitated by the FATA hospital's senior medical officer, as did 209 responders in KP, including police, medical staff and volunteers, at various other sessions. Sixteen police trainers boosted their first-aid teaching skills at an instructors' course. After ICRC-organized first-aid training sessions ceased (see *ICRC action and results*), the National Society, through its branches particularly in FATA and KP, continued training volunteers and holding first-aid orientation sessions for communities, students and journalists.

Weapon-wounded patients obtained quality surgical care at the 120-bed ICRC field hospital in Peshawar, with some 534 patients receiving treatment until the hospital's closure in May (see *ICRC action and results*). The planned expansion to accommodate more patients was cancelled.

About 3,600 weapon-wounded patients received ICRC-funded treatment at a private hospital in KP and four private hospitals in Quetta until mid-2012.

Four government and two private hospitals in KP and FATA enhanced their services thanks to the provision of medical/surgical material and consumables and infrastructural improvements. In June, the Garhi Khairo Taluka Headquarter Hospital, which had been seriously damaged during the 2010 floods, resumed services for 150,000 people in northern Sindh after the completion of renovation works by local authorities and the ICRC. As a final boost, the hospital received three months' worth of essential drugs and consumables.

Disabled people undergo physical rehabilitation

ICRC physical rehabilitation services remained available throughout the year, except at the Christian Hospital Rehabilitation Centre in Quetta, which closed immediately after the kidnapping of the ICRC health delegate in the area. The discussion to hand over the centre to the CHAL Foundation in 2013 was ongoing as at year-end.

Over 9,200 disabled patients received services at four ICRC-supported facilities, namely, the Akbar Kare Institute in Peshawar, the Muzaffarabad Physical Rehabilitation Centre (MPRC), the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar and the Paraplegic Centre Hayatabad (PCH).

Patients undergoing rehabilitation at PIPOS benefited from a new machine park, while those preparing for device fitting did so in a clean, accessible and safe environment at a new accommodation facility converted from an existing building with ICRC support. An internal reorganization at PIPOS resulted in improved workflow (including in production), clearer lines of communication and better-defined management responsibilities, promoting efficiency in the discharge of treatment and fabrication of devices.

The MPRC and the ICRC extended their cooperation agreement for another year, while planning the transfer of the centre's management to the Pakistan-administered Kashmir government.

House-bound patients in KP benefited from care and house-modification services provided by the PCH.

A clubfoot treatment programme initiated at MPRC and PIPOS focused on the early management of physical impairments.

Local skills are enhanced

To help ensure sustainability, and with long-term quality health care in mind, local professional practice was boosted through: the provision of scholarships to internationally recognized study programmes at PIPOS and universities abroad, including for faculty members working towards post-graduate degrees; exposure visits to ICRC-supported facilities; training and workshops; and mentoring by the ICRC's international medical staff. Thirty physiotherapists and nursing staff from the PCH and the ICRC hospital in Peshawar exchanged knowledge at a workshop to improve the management of spinal injury patients from rehabilitation to community integration.

AUTHORITIES

Numerous meetings, including at high level, with the Foreign Affairs and Human Rights Ministries and major players in the civil, military and security administrations sought to: enhance understanding/acceptance of the National Society's and the ICRC's neutral, impartial and independent humanitarian action; address reservations against the latter's work; and in the aftermath of the kidnapping/murder of the ICRC delegate, determine the scope of future ICRC operations in Pakistan, on the basis of a concept paper presented to the government. In most cases, people acknowledged the value of the ICRC, while some questioned aspects of its working methods.

No progress was made in the domestic implementation of IHL or in the establishment of a national IHL committee. Nevertheless, three government officials learnt more about IHL implementation at a conference in Bhutan (see *New Delhi*), while two others attended a technical workshop on the Chemical Weapons Convention in Montreux, Switzerland.

Dialogue with diplomatic representatives and relevant multilateral organizations explored various avenues of support and cooperation.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Discussions regarding the kidnapping/murder of the ICRC delegate (see *Context*) and the future of the ICRC's work in Pakistan, including its implications for activities in Afghanistan, dominated the organization's contacts with all weapon bearers throughout the year (see *Authorities*). Although limited by restrictions on their involvement with foreign organizations, including with regard to peacekeeping, dialogue with the army and security organizations aimed at building their understanding of the ICRC's work.

Prior to the suspension of activities, the ICRC continued to work with the air force and navy, in particular with their training institutions, to familiarize their personnel with IHL. Around 300 cadets and 800 mid-level to senior officers from the two services learnt more about their obligations under IHL at information sessions. Five senior officers participated in international workshops on contemporary issues related to IHL, including the Senior Workshop on International Rules Governing Military Operations, held in Kuala Lumpur, Malaysia (see *International law and cooperation*).

Until end-April, bilateral meetings with senior police officers had paved the way for regular information sessions at their stations. Twenty senior operational commanders and about 200 trainers from provincial and federal police training institutions improved their skills in line with internationally recognized policing standards at ICRC-supported training. First-aid training also helped enhance the delivery of emergency care by police officers (see *Wounded and sick*).

CIVIL SOCIETY

Given the ongoing violence and the anticipated impact of the reduction of activities on thousands of ICRC beneficiaries, it remained important that the public understood and supported the Movement's work. Therefore, joint National Society/ICRC public communication and targeted networking with media and civil society representatives focused on explaining ongoing Movement activities and constraints.

Using ICRC materials, the media covered humanitarian issues, including the implications of the kidnapping/murder on health-care provision and humanitarian work.

Islamic scholars exchanged views with the ICRC on neutral humanitarian action. Academic institutions, including the faculties of Islamic studies and sharia law of nine universities, promoted IHL using materials such as ICRC-donated libraries and books in Urdu on IHL and its links with the sharia. Two prominent public universities worked to incorporate the topic into their curricula. Students and teachers deepened their understanding of IHL and the Movement at presentations and training sessions, including abroad (see *Iran, Islamic Republic of, Lebanon and Sri Lanka*), and at moot court competitions.

Pakistan's prominent international law think-tank, the Research Society of International Law, contributed to and published a collaborative study on explosive remnants of war. Three representatives of Islamic charities participated in international workshops on the Health Care in Danger project with ICRC support (see *Egypt and Iran, Islamic Republic of*).

RED CROSS AND RED CRESCENT MOVEMENT

Within the limited humanitarian space in which the ICRC was operating until end-April, the Pakistani Red Crescent remained the organization's key partner in bringing emergency relief and essential services to violence- and disaster-affected people (see *Civilians* and *Wounded and sick*). Throughout the year, the National Society, at headquarters and at provincial/branch level, received ICRC support to improve the conduct of its activities and to strengthen its institutional set-up.

National Society representatives participated in events related to the Health Care in Danger project (for example, see *London*) and contributed to the preparation of a Movement guide on the Safer Access approach. Staff, volunteers and trainers upgraded their skills, notably in IHL promotion, emergency relief and first aid. Institutional coaching and management-level training, including for the National Society's new leadership, in areas such as project monitoring and evaluation, strategic communication and financial management, coupled with internal reviews of its emergency preparedness and response programmes and other initiatives, helped the National Society consolidate its operations. Two new branches were set up in the FATA with ICRC support.

Movement partners met regularly to coordinate activities and plans of action, especially in view of the prevailing operational and security constraints.