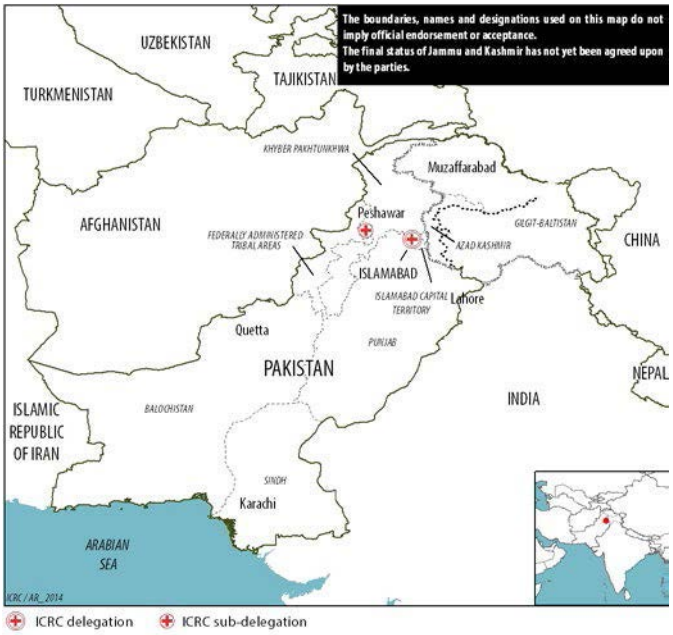
PAKISTAN



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 RESULTS

Level of achievement of ICRC yearly objectives/plans of action	MEDIUM

KEY RESULTS/CONSTRAINTS

In 2014:

- some 187,000 displaced people affected by the fighting in North Waziristan benefited from ad hoc basic health care provided by 8 Pakistan Red Crescent Society clinics supported by the ICRC
- despite the closure of the ICRC hospital in Peshawar, some medical staff/facilities in the Federally Administered Tribal Areas and Khyber Pakhtunkhwa treated the weapon-wounded through various ICRC support
- in line with the goals of the Health Care in Danger project, academics in Karachi began research efforts with the ICRC, with a view to developing advocacy activities on the effects of violence on health services
- dialogue between officials and the ICRC, on a proposed annex to the 1994 headquarters agreement, made no headway, while talks on detention-related activities did not take place
- academics from 18 countries discussed the link between Islam and IHL, and the pertinence of humanitarian action today, at a conference organized by the International Islamic University of Islamabad and the ICRC

EXPENDITURE (in KCHF)	
Protection	1,377
Assistance	7,227
Prevention	4,883
Cooperation with National Societies	1,673
General	-
	15,161
of which: Overheads	**921**

IMPLEMENTATION RATE	
Expenditure/yearly budget	**104%**

PERSONNEL	
Mobile staff	19
Resident staff (daily workers not included)	252

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	157
RCMs distributed	362
Phone calls facilitated between family members	368
People located (tracing cases closed positively)	26

ASSISTANCE		2014 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	350	
Essential household items	Beneficiaries	350	
Cash	Beneficiaries		164
Work, services and training	Beneficiaries		9
Health			
Health centres supported	Structures		32
WOUNDED AND SICK			
Physical rehabilitation			
Centres supported	Structures	4	14
Patients receiving services	Patients	11,208	19,845

CONTEXT

The government strove to revive the economy, while it dealt with security and political issues.

Opposition-led demonstrations sometimes led to violence. Government and opposition figures began discussions to resolve the political deadlock.

Clashes persisted between the Pakistani armed forces and armed groups in the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa (KP). These were highlighted by an increased military offensive in North Waziristan in June and an attack on a military-run public school in Peshawar in December. In Balochistan, in parts of the Islamabad Capital Territory and in Karachi (Sindh), armed persons continued to mount attacks. Thousands of people, some of them civilians, have died; hundreds of thousands have been displaced, including 700,000 who fled their homes after the military offensive in North Waziristan; and essential services, notably health care, have been disrupted. To address internal security issues, the government announced a national action plan, which included the restoration of the death penalty and the creation of military courts to try people suspected of "terrorism." Tensions remained high along the border with India.

Weapon contamination from past armed conflicts continued to be a concern in FATA, KP and Pakistan-administered Kashmir; many civilians were injured or killed while pursuing daily activities.

Insecurity and government restrictions on access continued to hamper the delivery of humanitarian aid/health services.

ICRC ACTION AND RESULTS

The ICRC endeavoured to address the needs of vulnerable communities in Pakistan within the limited humanitarian space in which it was able to operate. As discussions with the authorities on a proposed annex to the 1994 headquarters agreement made no headway, it focused on implementing activities defined in the agreement, as well as other activities tacitly agreed upon with the government. It also formalized new partnerships with local organizations and strengthened cooperation with existing partners to overcome its difficulties in directly reaching and assisting victims of violence. The ICRC helped its main partner, the Pakistan Red Crescent Society, enhance its institutional set-up and operational capacities, notably in response to the North Waziristan crisis and in relation to its first-aid policy.

Violence-affected communities in Balochistan and FATA, among them those displaced by the fighting in North Waziristan, obtained regular or ad hoc health-care services from National Society clinics. Despite the closure of its surgical hospital in Peshawar, the ICRC helped local partners ensure that wounded and sick people continued to receive suitable care; it trained first responders and medical staff, sometimes with the National Society, and distributed medical consumables to referral hospitals. Disabled people, including victims of mines/explosive remnants of war (ERW) and housebound persons, regained their mobility with the help of ICRC-supported physical rehabilitation centres.

In FATA, KP and Pakistan-administered Kashmir, National Society/ICRC educational sessions and informational materials helped communities reduce the threat to their safety from mines/ERW.

People separated from relatives, particularly those detained abroad, restored or maintained contact using National Society/ICRC family-links services. To help boost national capacities in identifying/managing human remains, specialists attended national and international courses and emergency response organizations received ICRC-provided equipment.

With ICRC assistance, released detainees continued their medical treatment, and the families of people detained abroad covered their basic needs. No progress was made in dialogue with the authorities on other detention-related activities.

Dissemination sessions, workshops and events, some held jointly with the National Society, helped promote – among the authorities, members of civil society, notably the Islamic academic community, and the public – understanding of and support for humanitarian principles, IHL, the Movement and the ICRC's activities. An international conference organized jointly with a university in Islamabad convened academics from 18 countries to discuss the relationship between Islam and IHL and the pertinence of humanitarian action today. In Karachi, parties concerned actively participated in ICRC-organized events on the implementation of the Health Care in Danger project; some of them embarked on research initiatives with the ICRC, with a view to developing advocacy projects. The army engaged in IHL discussions by participating in predeployment briefings and courses in-country and abroad.

The ICRC met regularly with Movement partners, NGOs and other humanitarian organizations to coordinate activities.

CIVILIANS

Displaced persons in North Waziristan receive basic health services from the National Society

Fighting-affected communities accessed preventive and curative health care at five clinics run by the National Society, with continued ICRC support. Four of them, including one mobile clinic, served people in Balochistan; the fifth, a basic health unit, operated in FATA. Over 57,000 patients, among them some 16,000 females over 15 years old, had medical consultations concerning respiratory infections, diarrhoea and other ailments. Around 2,000 children were screened for malnutrition; approximately 1,800 doses of vaccine benefited children under the age of five. Family planning sessions and ante-natal care covered the specific needs of women. More than 36,000 people attended health education sessions on key issues. Independent third-party consultants evaluated the supported centres' services, as access restrictions prevented the ICRC from doing so.

With ICRC support, the National Society developed ad hoc responses to the health, material and water needs of people affected by the crisis in North Waziristan. It set up eight additional mobile clinics that provided almost 187,000 displaced persons with free medical consultations and treatment. As people remained displaced by end-2014, the National Society extended its health services, now including hygiene promotion, for the first six months of 2015.

At-risk communities learn to minimize their exposure to mines/ERW

The National Society launched its mine/ERW-related activities in three more districts in KP and FATA, including in North Waziristan, and at a camp for displaced persons in Peshawar. Thus, around 130,000 people, among them women and children, living in 12 districts and one camp in those areas and in

Pakistan-administered Kashmir, learnt to minimize their exposure to mine/ERW-related risks through National Society/ICRC-produced informational materials and educational sessions held by professionally trained National Society teams.

The authorities and community members participated in other National Society-organized events, notably celebrations marking the International Day of Mine Awareness and Assistance in Mine Action. In Pakistan-administered Kashmir, the army partnered with the National Society to conduct information sessions for district officials, thereby enhancing their and the officials' understanding of the relevance of these sessions and of the National Society/ICRC's humanitarian activities. This enabled the National Society to report the presence of mines/ERW to local clearance operators, which was especially important as the monsoons and fighting in the area had worsened the contamination situation.

ICRC plans to establish a data-gathering network to assist victims of weapon contamination were cancelled owing to persisting government reservations.

Families communicate with relatives detained abroad

People separated from their families during violence and natural disasters – including refugees, stateless persons and asylum seekers – restored/maintained contact with their relatives using National Society/ICRC family-links services. Through ICRC-facilitated video or phone calls, nearly 50 families communicated with relatives interned/detained at the US internment facility at Guantanamo Bay Naval Station in Cuba, at the Parwan detention facility in Afghanistan (see *Afghanistan* and *Washington*), and in Azerbaijan. Others received oral messages from detained relatives, relayed by ICRC interpreters/delegates; one family visited a relative detained in Afghanistan.

With a view to enhancing their family-links services, six provincial branches of the National Society discussed the needs and gaps identified by an in-house review of the organization's activities. They began to incorporate these services into their disaster management operations, particularly for people affected in North Waziristan, but with limited success. Three recently recruited managers began overseeing family-links services in their respective provinces.

Forensic specialists exchange best practices with counterparts at national and international levels

Three specialists from organizations that manage human remains during emergencies exchanged best practices with other professionals and honed their skills at an international course. Two ICRC-organized national courses enabled nearly 60 representatives from security forces and medico-legal institutes to do the same. Discussions began between the authorities and the ICRC on integrating human remains management in national disaster response mechanisms.

The provision of forensic materials/equipment enabled emergency response organizations and hospitals to identify and manage human remains more effectively.

PEOPLE DEPRIVED OF THEIR FREEDOM

Dialogue on ICRC detention activities remains at a standstill

No discussions took place between the authorities and other stakeholders and the ICRC on detention-related issues, including the possibility of ICRC visits to detainees.

With ICRC support, six people previously detained in Afghanistan continued their medical treatment after returning home to Pakistan, which helped alleviate their post-release situation. Wives and children of 23 people held in long-term detention abroad faced lighter burdens as the ICRC covered some of their expenses for food and household essentials.

WOUNDED AND SICK

ICRC field hospital closes, but local facilities boost their capacities with the organization's support

Nearly 300 nursing staff of the Frontier Constabulary and traffic police in Peshawar and 90 journalists in three regions bolstered their ability to administer life-saving care to weapon-wounded people with the help of training and first-aid kits provided by the National Society/ICRC. The National Society launched its first-aid policy, which featured the Safer Access Framework and activities in support of the Health Care in Danger project.

With a view to offering support to local partners, where needed, the ICRC assessed evacuation services for wounded persons; the assessment revealed that rural communities were not as well served as urban areas.

Discussions with the authorities on resuming services at the ICRC's field surgical hospital in Peshawar made no headway (see *Actors of influence*); the hospital was therefore closed and dismantled, and its equipment distributed to ICRC-supported facilities in Afghanistan and Pakistan.

Approximately 100 doctors from FATA and KP reinforced their emergency response capacities at ICRC-organized seminars. Ad hoc ICRC donations of medical consumables helped the main referral hospitals in these two areas treat victims of bomb blasts. One hospital in Peshawar and the ICRC signed a partnership agreement, with a view to helping improve the hospital's emergency department.

Vulnerable disabled people obtain rehabilitative care

Nearly 20,000 disabled people, some of them with spinal-cord injuries, regained their mobility or received specialized care at 14 physical rehabilitation centres and satellite facilities in Balochistan, FATA, KP and Pakistan-administered Kashmir. These centres maintained/improved the quality of their services and devices with ICRC-donated materials and equipment; they provided 9,758 prostheses/orthoses free of charge to patients. Referrals from National Society teams helped victims of mines/ERW learn about the centres' services. Around 19,200 patients and their attendants accessed the centres, with the ICRC covering the costs of their transport, food and accommodation. Nearly 300 housebound patients in KP benefited from follow-up, 1,036 from home nursing kits and 24 from house-modification services from the Paraplegic Centre Hayatabad in Peshawar.

To help ensure the centres' sustainability, staff/technicians received training abroad, practical mentoring and/or technical advice. Thirty-six students of physical rehabilitation benefited from scholarships to help them pursue their studies.

The Chal Foundation, Indus Hospital and the ICRC launched a partnership geared towards addressing the needs of more disabled people by establishing two new rehabilitation centres in Punjab and Sindh provinces.

Some partnerships with stakeholders, aimed at forming commercial supply chains and making rehabilitative services more accessible

to users, helped physical rehabilitation providers become more independent.

ACTORS OF INFLUENCE

Dialogue between the authorities and the ICRC reoriented

The authorities reconfirmed their support for ICRC activities within the 1994 headquarters agreement, which included cooperation with the National Society, IHL promotion and family-links services. Although not part of the agreement, some health-related projects, particularly the physical rehabilitation programme, continued on the basis of the government and the ICRC's mutual agreement. Discussions on the ICRC's proposed annex to the headquarters agreement, primarily aimed at reopening the Peshawar field hospital, made no headway. This resulted in the ICRC reorienting its strategy and dialogue with the authorities, which now focused on strengthening partnerships with/capacities of local actors to address the needs of violence-affected people.

Scholars from several countries discuss the compatibility of IHL and sharia

Trained National Society communication volunteers continued to help raise public awareness of humanitarian principles, IHL and the Movement, through informational materials/campaigns, events and media briefings. Various media outlets featured these events, particularly the celebrations marking "150 years of humanitarian action," which began in 2013 and reached over 18,000 people. In May, Pakistan's president, other government officials and civil society leaders attended a National Society/ICRC function that was the culmination of the year-long celebrations.

Some university students, lecturers and researchers added to their knowledge of the links between Islamic law and IHL during dissemination sessions/seminars and certificate courses. Others participated in IHL events (see *Lebanon*) and/or competitions abroad (see *New Delhi*).

The International Islamic University of Islamabad and the ICRC hosted an international conference that convened scholars from 18 African, Asian and Middle Eastern countries. Participants discussed the compatibility of sharia and IHL, the goals of the Health Care in Danger project and the pertinence of humanitarian action today.

Academics in Karachi undertake research in support of the Health Care in Danger project

During an ICRC round-table and/or a consultative workshop in Karachi, government/security officials, health professionals and members of civil society contributed ideas for implementing the Health Care in Danger project. Academic scholars began working with the ICRC in researching the effects of violence on the delivery of health care; with ICRC support, an academic public-health institution opened a centre for research into violence against health care. The aim of these initiatives was to develop advocacy and other related activities.

Although the incorporation of IHL-related treaties into domestic law remained at a standstill, government officials continued to refine their understanding of IHL during seminars abroad (see *Nepal* and *Sri Lanka*). To foster academic debate on IHL and facilitate domestic IHL implementation, a leading national think-tank and the ICRC signed a partnership agreement.

Army officers/troops discuss IHL during workshops and predeployment briefings

Instructors from the air force and naval academies participated in train-the-trainer courses with a view to facilitating the inclusion of IHL modules in their curricula. International workshops furthered understanding, among senior air force, army and navy officials, of the application of IHL to their operations (see *International law and policy*). An IHL training programme for army officers, proposed by the ICRC, remained under review.

During presentations, military troops leaving for peacekeeping missions learnt more about the need to protect civilians and detainees, and about sexual violence in armed conflict. A faculty member at a peacekeeping institute enhanced his teaching capacities by taking a course on peace and stability operations.

While high-level contacts with the police continued on possible areas of further cooperation, staff and students of training institutions boosted their knowledge of internationally recognized policing standards with the help of ICRC publications.

Owing to restrictions imposed by the authorities on the scope of ICRC operations, dialogue with other weapon bearers was no longer pursued.

RED CROSS AND RED CRESCENT MOVEMENT

National Society enhances partnership with the ICRC

The Pakistan Red Crescent expanded cooperation with the ICRC in assisting vulnerable communities, developing its first-aid policy and promoting the Movement (see above). Training helped nearly 200 National Society volunteers from FATA and KP boost their capacities to respond effectively and safely to the North Waziristan crisis, such as through the provision of household essentials to 8,000 households and health and family-links services to those living in camps. Whenever the security situation permitted, the National Society/ICRC conducted joint field monitoring visits, notably in North Waziristan.

With ICRC technical/financial support, the National Society continued to strengthen its management and its institutional set-up. It revived its working group for organizational development and introduced a standardized project-reporting format. National Society officials exchanged ideas with their counterparts at a legal advisers' meeting and the Health Care in Danger project's Movement Reference Group session, both held in Switzerland, and at the Movement round-table on Afghanistan.

While coordinating their activities, Movement partners developed new models for enhanced cooperation.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SCs*		
RCMs collected	157			
RCMs distributed	362			
Phone calls facilitated between family members	368			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	168	33	42	36
including people for whom tracing requests were registered by another delegation	1			
People located (tracing cases closed positively)	26			
Tracing cases still being handled at the end of the reporting period (people)	141	26	25	25
including people for whom tracing requests were registered by another delegation	5			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
People to whom a detention attestation was issued	2			

* Unaccompanied minors/separated children

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)				
Cash	Beneficiaries	164	29%	46%
Work, services and training	Beneficiaries	9	44%	11%
Health				
Health centres supported	Structures	32		
Average catchment population		351,000		
Consultations	Patients	253,497		
of which curative	Patients		64,049	134,691
of which ante/post-natal	Patients		2,416	
Immunizations	Doses	2,069		
of which for children aged five or under	Doses	1,728		
Health education	Sessions	1,799		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Cash	Beneficiaries	6		
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported	Structures	14		
Patients receiving services	Patients	19,845	1,990	9,205
New patients fitted with prostheses	Patients	1,736	202	158
Prostheses delivered	Units	2,355	266	226
of which for victims of mines or explosive remnants of war	Units	508		
New patients fitted with orthoses	Patients	4,405	443	2,666
Orthoses delivered	Units	7,403	614	4,937
of which for victims of mines or explosive remnants of war	Units	161		
Patients receiving physiotherapy	Patients	6,811	954	2,122
Crutches delivered	Units	2,108		
Wheelchairs delivered	Units	353		