Pakistan

Country Profile

Center for International Stabilization and Recovery at JMU (CISR)
Pakistan by Joseph Keane [ Mine Action Information Center ]

Pakistan is not a signatory of the Ottawa Convention but is a member of the Convention on Certain Conventional Weapons. Funding for mine action is difficult in Pakistan because the Mine Ban Convention was not ratified; consequently, prospective donors are less likely to invest in Pakistan’s landmine removal and victim-assistance endeavors. The lack of financial support as well as support from the government has made mine action—and specifically victim assistance—very difficult. The government’s stance is that landmines are important for the country’s security, especially along the borders of Afghanistan and India where disputes over land continue.

Scope

Landmine survivors comprise a small portion of people with disabilities in Pakistan, according to the 2007 Landmine Monitor Report, which estimates that 5,000 mine/ERW survivors are living in Pakistan. There were 488 casualties in 2006 with 285 survivors. In the Federally Administered Tribal Areas, armed groups continue to use anti-personnel mines in intertribal conflicts and against Pakistani troops. The casualties will continue in these areas until fighting ceases.

For female victims of landmines, the results can be far more devastating than for male victims. If a female were to suffer a serious injury and become disabled, she would be considered undesirable and most likely would not be able to marry. Many end up in “a life of dependence on their own family, who often see them as a burden.” The traditional cultural mores in parts of Pakistan require male figures to guard females closely. Often the male protector does not allow females under his charge to seek medical assistance for injuries, including those from landmines, unless the doctor is a close family member.
Governmental Victim Assistance

Medical services are provided to all people with disabilities, regardless of the cause of the disability; however, victims must pay for medicine, treatment and transportation. Landmine survivors are treated the same as any other physically disabled Pakistani. Pakistan’s medical and physical rehabilitation facilities are located in urban areas; because a large percentage of the victims live in rural parts of the country, they are unable to receive the treatment that is needed.

NGO Victim Assistance

Response International. This London-based organization has been active in Pakistan since 2003. It is the only international NGO allowed to work in Azad Jammu and Kashmir state by the Pakistan Military. Response International targets communities that are directly connected to landmine/UXO contamination. MRE and VA are two of the most common ways that RI assists the communities.

Response International conducted the first of three projects in Kurram agency in the Federally Administerated Tribal Areas. The second project was a two-year venture in the Poonch district of Azad Jammu and Kashmir. The British Foreign and Commonwealth Office funded this project. The third project is yet to begin but will be in Kotli district of Azad Jammu and Kashmir state. It is being funded by the British Foreign and Commonwealth Office.

ICRC. The International Committee of the Red Cross is active mainly along the Pakistan/Afghanistan border. The ICRC supports medical care for those wounded in fighting or by mines/ERW in conflict-affected areas. The nongovernmental organization also offers physical rehabilitation services to the disabled.

The ICRC has a comprehensive referral system to provide amputees and other disabled people with artificial limbs. The Pakistan Institute for Prosthetic and Orthotic Sciences in Peshawar and the Christian Hospital Rehabilitation Centre in Quetta continue to fit prostheses and orthoses for patients referred by the ICRC. The ICRC reimburses the cost of the devices to these institutions.

The ICRC staff moved from Fauji Foundation Artificial Limb Centre in Rawalpindi to the new ICRC Muzaffarabad Physical Rehabilitation Center in May 2007. As of August 2008, they had treated over 2,000 patients wounded by weapons, fitted 930 patients with prosthetic and orthotic devices and distributed 55 wheelchairs.

The Future of Victim Assistance in Pakistan

International support for mine action and victims of mines in Pakistan will not come from Ottawa signatories until the country signs the Mine Ban Convention. Even if this happens, which seems unlikely, it is not a sure thing as fewer donors are interested in supporting mine-action causes.

The infrastructure of Pakistan needs improvement so victims have a better chance of survival. According to the 2007 Landmine Monitor Report, many victims die en route to hospitals from loss of blood because hospitals are too far away. Better transportation and facilities are important elements in improving VA.

According to Humayun Salim, RI’s Country Representative in Pakistan, “Mines have found a way of entering local conflicts where they are being used frequently and are [no longer] restricted to wars.” As the situation worsens, there is little hope of improvement in the near future. Response International is making strides in its mine-action programs but states it will not be able to continue without more support. The ICRC will continue to provide some support for landmine/ERW survivors, but without better emergency transportation and more-accessible hospitals in Pakistan, an undue number of victims will not survive.
Biography

Joseph Keane has been an Editorial Assistant since November 2006 for the Journal of Mine Action. He is pursuing a Bachelor of Arts in technical and scientific communication and journalism.

Endnotes


4. In the Constitution, (a) “Tribal Areas” means the areas in Pakistan that, immediately before the commencing day, were Tribal Areas, and includes:

   I. The Tribal Areas of Baluchistan and the North-West Frontier province; and

5. E-mail from Salim Humayun, Pakistan Country Representative for Response International. 27 February 2008.


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