Victim Assistance in Pakistan: then and now

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**Key Developments (LM 2002):**
As part of the military buildup since December 2001, both Pakistan and India have emplaced large numbers of antipersonnel mines along their common border. Reports of civilian casualties in Pakistan following the recent mine-laying call into question the effectiveness of the measures taken to protect civilians. In April 2002, Pakistan Ordnance Factories is alleged to have offered two types of antipersonnel mines for sale in the United Kingdom. Pakistan has now acknowledged that it has started producing both new detectable hand-emplaced antipersonnel mines and new remotely-delivered mines. In 2001, there were 92 new mine casualties recorded, including 36 children, in Pakistan.

**Indicator 1: The extent to which information on mine victims’ demographics and needs is available.**
According to original study:
According to a Pakistan Campaign to Ban Landmines survey and news clippings, 400 people have fallen victim to mines in one area of Bajaur Agency, and the number of victims is on the increase. No detailed survey of the landmine victims has been carried out so far. However, based upon media reports and the data collected by PCBL from two mine-affected villages, approximately eight to ten people fall victim to antipersonnel landmines monthly in mine-affected areas of Pakistan.

The victims have all been civilians, including women and children ranging from a baby who has just learned how to walk to a man walking with a cane. The landmine victims belong to the tribal belt of Pakistan (all the seven agencies), District Dir, and Azad Kashmir in particular, and in few cases other areas of Pakistan. In addition, thousands of Afghan refugees maimed by landmines have been treated in hospitals and rehabilitation centers in Pakistan. (These two paragraphs were not included in the original draft study, but were found in LM 1999.)

According to LM 2002:
In 2001, there were 92 new mine casualties recorded, including 36 children, in Pakistan. A total of 28 people were killed and 64 injured, of which 21 required an amputation as a consequence of their injuries. Most of the incidents occurred in Kurram Agency, Baluchistan Province, and North West Frontier Province. This represents an increase over the 62 new casualties identified in 2000. However, this increase may be due to improved data collection mechanisms in the mine-affected areas. In the first five months of 2002, 49 new mine casualties were recorded.

Since September 1997, the PCBL has been collecting data on landmine casualties in Pakistan from various sources including newspapers, the HSD database on the Bajaur tribal area, and field visits to mine-affected areas. The first recorded landmine casualty occurred in 1980; from 1980 to December 2001, 842 landmine casualties have been identified. The PCBL believes that the number of mine casualties would be higher if a comprehensive survey was carried out, especially in the provinces of Baluchistan and Azad Kashmir.
Landmine and UXOs Casualties in Pakistan to December 2001

<table>
<thead>
<tr>
<th>Province/Area</th>
<th>Number of Casualties</th>
<th>Gender</th>
<th>Casualties</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>NWFP</td>
<td>64</td>
<td>51</td>
<td>13</td>
</tr>
<tr>
<td>Baluchistan</td>
<td>13</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Azad Kashmir</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Punjab</td>
<td>6</td>
<td>3</td>
<td>3</td>
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<tr>
<td>FATA</td>
<td>755</td>
<td>513</td>
<td>242</td>
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<tr>
<td>Total</td>
<td>842</td>
<td>583</td>
<td>259</td>
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<tr>
<td>Percentage</td>
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<td>69</td>
<td>31</td>
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Of the 842 recorded mine casualties, 69 percent were male and 31 percent female, 41 percent were killed, and 38 percent required an amputation as a consequence of their injuries. Of the total mine casualties, 755 have been recorded in the Federally Administered Tribal Areas, including 685 casualties in Bajaur Agency alone.

In Bajaur Agency, where nearly all the survivors, or the families of those killed, have been interviewed, 29 percent of the casualties were children aged under 18 years old, 61 percent were aged 19-50, and 10 percent were more than 50 years old. Most of the landmine incidents took place in agricultural fields and remote villages where no emergency assistance is available.

The Director General of the Disarmament and Strategic Plan Division did not respond to a request for information on military casualties caused by landmines on the India-Pakistan border, or in demining operations abroad. However, as previously reported, in two separate incidents in January 2002, thirteen Pakistani soldiers were killed and several injured by landmines in the border area.45

Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.

According to original study:
No information available.

According to LM 2002:
No information available.

Indicator 3: The extent to which programs and services for the medical care and rehabilitation of mine victims are available.

According to original study:
Since the mine-affected areas are far away from the major cities of Pakistan, even first aid facilities are not available for landmine victims, let alone advanced facilities. Generally victims are rushed to hospitals in the big cities, though some die on the way.
Prosthetic and assistance device facilities are available in Pakistan but they are available only against payment. It is beyond the ability of most victims to afford these facilities.

According to LM 2002:
There are no specialized/specific medical, surgical or first aid facilities available to landmine casualties close to the mine-affected areas. Casualties are transferred to hospitals in large cities, mostly by private vehicles or, in some cases, by ambulances. Patients must pay for medicines, treatment, and transport. Military personnel have access to services free of charge, and are treated in Combined Military Hospitals (CMH) located in the big cities. Afghan mine survivors residing in Pakistan also use the Pakistani medical infrastructure, which adds an additional strain in an already overpopulated country.
In Bajaur Agency, the district hospital is only capable of providing basic first aid, and in some cases there is a problem arranging transport for the mine casualty. According to the survey conducted by HSD, organizing transport to the hospital took 15 minutes in 11 percent of cases, 16-30 minutes in 57 percent of cases, and more than one hour in 32 percent of cases. The injured person reached the hospital in less than three hours in about 57 percent of cases, in three to six hours in 41 percent of cases, and in more than six hours in two percent of cases.46 HSD now provides an ambulance in Bajaur Agency to transport landmine casualties to a suitably equipped medical facility for first aid, proper treatment, and surgery. The service, which is free of charge, includes first aid, medicines, and the assistance of a trained paramedic during the evacuation. In 2001, the Swiss Foundation for Landmine Victim’s Aid (SFLVA) donated US$17,000 for this service. In late 2001, the Mines Advisory Group (MAG) conducted an assessment in partnership with HSD/CMDO and in 2002, Oxfam UK granted MAG funds to enable CMDO to purchase two emergency evacuation vehicles.47

There are no rehabilitation programs for landmine survivors supported by the government in the mine-affected areas. Prosthetic facilities are available but mine survivors have to cover the costs, and many do not have adequate resources.

Since June 2001, HSD/CMDO provides support for the physical rehabilitation of two landmine survivors per month from Bajaur Agency. HSD/CMDO identifies the amputees and covers all costs including transport, accommodation, and other costs related to their stay as well as the prosthesis. Pakistan Prosthetic and Orthotic Services (PIPOS) provides the rehabilitation service. The HSD/CMDO program receives US$1,480 per month from the SFLVA. PIPOS is based in Peshawar and is linked with three workshops in Karachi, Lahore, and Quetta. In addition to prosthetic and orthotic services, PIPOS runs a four year B.Sc degree program in prosthetics for students from all over the country, as well as from abroad.

A local NGO, Rehabilitation Center for the Physically Disabled (RCPD), which is supported by Action for Disability UK, provides rehabilitation and vocational training to landmine survivors in the border areas. In 2001, 759 landmine survivors were assisted and 126 prostheses, 126 crutches, and 68 walking sticks provided. The program was funded by the Diana, Princess of Wales Memorial Fund.48

Mercy Corps started the Baluchistan Community Rehabilitation Program in November 2000. Mercy Corps, together with the Christian Hospital Quetta, have set up an orthopedic workshop to assist disabled Afghan refugees. The workshop also provides training in physiotherapy for the families of disabled patients. In 2001, 4,583 people were assisted, including 529 landmine survivors who received 74 prostheses, 14 wheelchairs, 46 crutches and 295 other assistive devices. The program is funded by the Diana, Princess of Wales Memorial Fund.49

Handicap International Belgium also has a rehabilitation program for disabled Afghan refugees in camps in Baluchistan province. Activities focused on physiotherapy visits and the production of 82 walking aids and 20 pairs of crutches.50

**Indicator 4: The extent to which programs and services for the social and economic reintegration of mine victims are available**

**According to original study:**
There are no psychological, social and rehabilitation facilities provided to them by the Government or any national or international organization.

**According to LM 2002:**
There are no known psychological support services accessible to landmine survivors in the mine-affected areas.

**Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies.**

**According to original study:**
No information available.

**According to LM 2002:**
No information available.
Indicator 6: The extent to which there is a disability community advocacy network.

According to original study:
No information available.

According to LM 2002:
No information available.

Endnotes:
44 The information that follows comes from the PCBL Data Base of Landmine Victims and the HSD Household Survey in Bajaur Tribal Area. More detailed information is available in the full draft version of the Pakistan country report for Landmine Monitor. It is available to the public.
46 HSD Household Survey in Bajaur Tribal Area.
47 Email to Landmine Monitor (HRW) from Tim Carstairs, Policy Director, Mines Advisory Group, 1 August 2002.
49 Cathy Ratcliff, Programmes Director, Aid International/Mercy Corps Scotland, response to Landmine Monitor Survivor Assistance Questionnaire, 15 July 2002.