



Country Card

Pakistan 2022





## HI Team and intervention areas

The HI Pakistan team is composed of 30 members.

### Pakistan





## General data of the country

### a. HI internal classifications of the country context

Level of violence	Operations Director Focus	Health Focus	Positioning Focus	Emergency Focus
	Fata/KPK No go	No	No	No

### b. General Data

Country <sup>1</sup>	Pakistan	Neighboring country (India)	France
Population	220.892.331	1.380.004.385	67.391.582
IHDI	0.56	0.65	0.90
Maternal mortality	140	145	8
Gender Development Index	0.745	0.820	0.987
Population under HCR mandate	1.404.019	195.891	368,352
INFORM index	6.1	5.4	2.2
Fragile State Index	92.08	75.31	30.48
GINI Index	33.5	35.7	31.6
Public Social Protection	0.2	2.7	

### c. Humanitarian Law instruments ratified by the country

Humanitarian law instruments	Status
Mine Ban Treaty	Not signed
Convention on Cluster Munitions	Not signed
UN Convention on the Rights of Persons with Disabilities	Ratified in 2011
UN convention on refugees and its protocol	Not signed

<sup>1</sup> [https://hinside.hi.org/intranet/jcms/pl1\\_2540344/fr/2020-update-country-indicators-2ndary-data/-/donnees-secondaires-mises-a-jour](https://hinside.hi.org/intranet/jcms/pl1_2540344/fr/2020-update-country-indicators-2ndary-data/-/donnees-secondaires-mises-a-jour)



#### **d. Geopolitical analysis**

Pakistan is struggling with high inflation rate and other economic crisis in its history. The persistence of conflict in the border areas represents a security challenge that detrimentally affects local populations. Especially after Taliban taking-over in Afghanistan, Pakistani borders are got more vulnerable. International relations are also a persistent issue, specifically with regards to bordering nations India and Afghanistan – with whom Pakistan has unresolved border disputes and occasional military incidents.

The country has a long history of taking in refugees: approximately 1.4 million registered Afghan refugees are resident amongst host communities in Pakistan, recently soon after the Taliban takeover in Afghanistan, about 5000 more Afghan refugees entered in Pakistan. Pakistan is also regularly affected by natural disasters; in 2005, an earthquake displaced three million persons, and in 2010 more than 20 million persons were affected by severe flooding.

Economically, Pakistan is considered as a middle-income developing country still, huge incomedisparities prevail as the inflation rate has been on the rise causing decrease in the power of Pakistani Rupee and spike in key commodities prices, further exaggerating the differences between the rich people and poor people.

Politically, the situation in the country remains unstable, fluid and unpredictable. In April 2022, the government of Imran Khan was removed through a vote of “No Confidence” in the National Assembly of Pakistan.

##### **1. Socio cultural demographic elements**

Pakistan, officially the Islamic Republic of Pakistan is the world’s fifth most populous country and has the world's second largest Muslim population.

##### **2. Political elements**

Pakistan is a federal Parliamentary republic in which provincial governments enjoy a high degree of autonomy and residuary powers. It’s a multiparty democracy where several political parties compete for seats in the National and Provincial assemblies.

Political situation in the country remains unstable, fluid and unpredictable. In April 2022, the government of Imran Khan was removed through a vote of “No Confidence” in the National Assembly of Pakistan. Subsequently the new coalition government was formed and Mr. Shahbaz Sharif took the seat of prime minister. Demonstrations are frequent to claim early elections, but they are for the moment planned for October/November 2023.

##### **3. Economic elements**

Over the past two decades, Pakistan has achieved significant poverty reduction, but human development outcomes have lagged while economic growth has remained volatile and



slow. Economically, Pakistan is considered as a middle-income developing country still; huge income disparities prevail as the inflation rate has been on the rise causing decrease in the power of Pakistani Rupee and spike in key commodities prices, further exaggerating the differences between the rich and poor. In 2022, impact is also expected from the COVID-19 crises and the floods.

#### 4. Conflict elements

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Pakistan is one of the nine States to possess nuclear weapons, but is not a party to the Nuclear Non-Proliferation Treaty.

#### e. Analysis of persons with disabilities in Pakistan

2.1 Disability perception and understanding	
Data and Statistics	<ul style="list-style-type: none"> <li>There are no reliable statistics on disability in Pakistan</li> <li>Estimates vary a lot: 0.48% (national census 2017), 6.2% ((UNDP) up to 14% (the economist 2014).</li> </ul>
Definition, perceptions and social attitudes towards disability	<ul style="list-style-type: none"> <li>The culture around disability in Pakistan is one characterized by pity.</li> <li>Disability is a stigma in Pakistan, and culture norms are a hindrance to inclusion. A person with a disability may be perceived as suffering from an affliction from God. The family can often retreat into a state of shame, fearing that they have been punished for some misdeed or placed in adversity as a test of their faith. The stigma is so potent that families can resort to hiding their children.</li> <li>Persons with disabilities are still referred to in derogatory terms such as “crippled” and “mentally retarded”.</li> <li>For women, there is double discrimination, it could be said that the only thing tougher than being a girl in Pakistan is being a girl with a disability in Pakistan. They have limited access to education, employment and face challenges in finding a life partner (Moving from marjins: British Council 2014).</li> <li>Persons with disabilities are seen sympathetically, in need of medical help or charity, instead of worthy of empowerment.</li> </ul>
2.2 Disability in laws and policies	
CRPD coordination and monitoring architecture	<ul style="list-style-type: none"> <li>Pakistan ratified the CRPD in 2011, but little has happened by way of policies and strategies in line with the CRPD framework.</li> <li>The initial State report has been sent in October 2019</li> <li>The government of Pakistan has neither designated any focal person for matters relating to the implementation of the CRPD, and nor established</li> </ul>



	<p>any independent mechanism to promote, protect and monitor the implementation of the CRPD.</p>
<p>Disability in legislation, policies and plans of actions</p>	<ul style="list-style-type: none"> <li>▪ The legal framework in Pakistan is weak as far as protecting the rights of persons with disabilities is concerned. There is only one law especially targeted at persons with disabilities, the Disabled Persons (Employment and Rehabilitation) Ordinance 1981. It specifies that employers with 100 workers or more must ensure that at least 2% of their total workforce consists of persons with disabilities, or pay a levy. Unfortunately, the monitoring and implementation of this law has been weak</li> <li>▪ Under the Disabled Persons Ordinance, the National Council for the Rehabilitation of Disabled Persons (NCRDP) the Provincial CRDP have been established with the objective to ensure and enhance the work of employment, welfare and rehabilitation of persons with disabilities</li> <li>▪ During the implementation of the ‘National Policy for Persons with Disabilities, 2002’, some structural flaws were identified. Therefore, after four years a ‘National Plan of Action for Persons with Disabilities,’ was introduced in 2006</li> <li>▪ The new Disability Rights Act, approved on 10 January 2022, provides a comprehensive legal framework to protect and promote the rights of people with disabilities in Pakistan.</li> </ul>

**2.3 Barriers and facilitators in accessing services.**

<p>Disability and citizenship</p>	<ul style="list-style-type: none"> <li>▪ Regarding governance little has happened in terms of policies and strategies in line with the CRPD framework. Part of this is the result of the 18th Amendment to the Constitution of Pakistan of 2010, which devolved powers to the provinces. Several plans and policy papers, as well as pending legislation that were being drafted and discussed at federal level, became the responsibility of the provinces and have since been largely ignored.</li> <li>▪ Except for some local initiatives, DPOs and their representatives are rarely included in local decision making processes</li> <li>▪ Persons with disabilities particularly face barriers in education, economic participation, legal recognition, and access to specialized (para) medical services.</li> </ul>
<p>Disability, social protection and overall access to services</p>	

**2.4 Stakeholders active in disability**

<p>Structure of DPOs</p>	<ul style="list-style-type: none"> <li>▪</li> </ul>
<p>Engagement of the disability to influence for change</p>	<ul style="list-style-type: none"> <li>▪ Advocacy capacities are very limited</li> <li>▪ There are several international NGOs working on disability and an important number of national NGOs. There is an increased interest of INGOs in disability(to become more inclusive, but also to work on disability)</li> <li>▪ Numerous I/NGOs, local CSOs, DPOs, academia, UN, donors and other actors promoting the disability inclusion agenda in country.</li> </ul>



- The Aging and Disability Task Force (ADTF) under the leadership of HelpAge and Humainity inclusion is quite active.

**f. Description of exposure to mine/weapon and disaster risks in the areas covered**

**1. Exposure to Humanitarian Mine Action**

The Islamic Republic of Pakistan remains heavily affected by mines and other ordnance from the Soviet occupation of Afghanistan (1979–1989) and three wars with India, as well as from more recent and continuing conflicts in areas bordering Afghanistan, including, in particular, the Federally Administered Tribal Areas (FATA).

There are no reports of formal land release in 2014. (no recent report found) Pakistan reported attacks using IEDs and antipersonnel and antivehicle mines “all over the country” and said that in 2014 the Army destroyed 2,944 antipersonnel mines. The land mine Monitor report mentioned 220 casualties from mines/ERW including victim-activated IEDs in the Islamic Republic of Pakistan in 2013.

**2. Hazards**

Pakistan is prone to natural hazards such as drought, floods, heat waves, extreme cold, and earthquakes. According to the Climate Risk Index 2021, Pakistan ranks eighth for countries most affected by extreme weather events between 2000 and 2019.

**3. Small Arms**

The proliferation of small arms and light weapons is one of the major security challenges currently faced by Pakistan. The trafficking and varied availability of these weapons fuel communal /tribal conflict, political instability and pose a threat, not only to security, but also to viable development.

The issue is particularly present in KP province: There had been lot of arms smuggling from Afghanistan into Pakistan. This practice is historically linked with the regional context. Display and carrying of small arms is an old culture in KP region. Since ages, small arms have been manufactured in KP province (gun making factories) and sold without arms /weapon licenses.

**g. Overall analysis of HI services sector in the context**

High priority       Medium priority       Potential priority

SECTORS	Global analysis
Physical and Functional rehabilitation	<p>Functional rehabilitation is somehow a new phenomenon in Pakistan where only some institutions are working under the government sector. The said institutions do not have the capacity to provide the services as per need and requirement. These institutions are mostly situated in cities where the common persons of rural areas cannot approach due to poverty and unawareness.</p> <p>Lack of mechanisms within the primary health care to identify rehabilitation and AT needs at the community level and refer them</p>



	to available services, often provided by the private sector ( for profit, not-for profit)
Safe and Inclusive Mobility	
Sexual and reproductive health and rights	Stigma and the negative attitude of health care providers and staff is always a hurdle for women and girls with disabilities to access sexual and reproductive health services. They are twice likely exposed to abuse than their non PWDs peer group.
Maternal, Newborn and Child Health	Service provider institutions in health are mainly divided into private and public sectors/institutions. Private institutions offer better quality of care but are only accessible to a small number of people given the high cost. On the other hand, public health service is less costly but the quality of care is lower and is mainly concentrated in urban areas. Remote rural areas frequently suffer from lack of health facilities, and in many cases where such facilities exist there are insufficient health workers and medicines. Maternal and child health care is particularly affected. In some parts of Pakistan, such as newly merged districts of KP (FATA), socio-cultural and religious barriers may adversely impact access to health for the vulnerable population. COVID-19 badly disturbed the mechanism of health services, after third waves the situation is getting normal but a raise in dengue fever is observed. (previous health)
Early Childhood Development	
Non-communicable diseases	Not a priority
Emerging Infectious diseases	
Mental health and Psychosocial support (MHPSS)	The Disabled Persons (Employment and Rehabilitation) Ordinance 1981 defines disability as impairment while failing to consider psychosocial disabilities and intellectual disorders such as autism. Persons with intellectual disabilities are therefore often entirely omitted from policies and strategies. Identification mechanisms are weak and often focused on physical impairments as There is a shortage of trained mental health professionals to identify and rehabilitate persons with varying degrees of intellectual disorders. According to a 2008 World Health Organisation (WHO) report, there are only 0.49 trained psychologists and psychiatrists for every 100,000 people in Pakistan.
Risk Education	
Land release	Not a priority
Conflict transformation	Not a priority  Pakistan has a 6,774 KM long borderline with its neighbor countries where the landmines are installed. The need for prevention and risk management related interventions is very high, however, the current political & military context does not allow meaningful engagement





	of INGOs. Advocacy for the engagement in risk prevention and education as well as demining efforts in areas inhabited by civilians remains a high priority.
Disaster Risk Reduction & Climate Change Adaptation	Soon after the devastating earthquake of 2005, the Government established the disaster management and response institutions at National and Provincial level. National Disaster Management Authority (NDMA) is a national level authority responsible for analysis, mitigation and prevention of the potential known risks, while at provincial level there are Provincial Disaster Management Authorities (PDMAs). The mentioned institutions are functional, however have yet not succeeded to make their authorities resilient and functional at district, sub-district and union council levels. There is heavy focus on “hard component” approach (i.e. physical construction of roads, canals, etc.) with lack of attention to “soft components” including awareness raising and capacity building at community level.
Inclusive Governance	Not a single person with a disability has ever been elected into the Parliament of Pakistan. There are no reserved seats for PWDs in the Parliament nor any quotas set in political parties.
Social development and Social protection	
Accessibility of the environment & Information and Communication Technologies (ICT)	The Accessibility Code of Pakistan, 2006
Inclusive Education	Education for persons with disabilities is largely limited to low quality special education schools which have perpetuated discrimination and enforced sympathy. There are approximately only 330 special education schools in Islamabad, Punjab, Sindh and Khyber Pakhtunkhwa. Most of these schools are in urban areas making education for persons with disabilities in rural areas a challenge. At least 50 per cent of children with disabilities do not access to such schools but even where there is access, the quality of education is poor. After the outburst of COVID-19 almost all public and private educational institutions got closed and then they restarted with online teaching methodologies, but in rural areas students were not able to have internet facilities so a huge number of students got badly affected.
Economic inclusion	Disparity between high and low income households is extremely high in Pakistan. According to UNDP, up to 50% of the population lives in poverty in Pakistan. As one of the most vulnerable groups, persons with disabilities are often excluded from livelihood opportunities and programming. Only some of the NGOs and DPOs are working for the livelihoods uplift of persons with disabilities. Government has allocated 02% quota in government jobs where



	<p>only some of the persons with disabilities can get engaged. In private sector potential opportunities for the persons with disabilities are even lesser. Unawareness, social and economic barriers also contribute to the marginalization of vulnerable persons, including persons with disabilities, in their access to meaningful livelihood and income generating activities. Small business holders have been affected badly during the lock down caused by COVID-19. Even macro level business also got affected.</p>
Shelter & Non Food Items	<p>There are significant disparities between rural and urban settings with regard to shelter and infrastructure. In urban areas there are concrete and bricks masonry houses whereas in rural areas the majority of shelters are built with stone and mud masonry; The size and structure of shelter is linked with the household income and economic situation. As Pakistan is disaster prone country, both natural and man-made disasters can have profound impact on destruction of housing and infrastructure.</p>
Water, Sanitation and Hygiene (WASH)	<p>In Pakistan, 38.5 million people have no access to clean and safe drinking water and its shortage is proliferating quickly whereas about 68 million people do not have access to adequate sanitation. A recent World Bank Report quotes that Pakistan is now among the 17 countries that are currently facing water shortage. Because of the lack of clean drinking water- children are especially vulnerable to water-borne diseases such as diarrhoea, worm infections, typhoid, and hepatitis A. Some of these diseases can have long term effects on physical, mental and educational development of children. According to a report of Pakistan Council of Research in Water Resources (PCRWR), the mortality rate children under-five due to ill-water conditions is 101 per 1000 children.</p>
Food assistance	
Common transportation and storage platforms	Not a priority
Access civil engineering	Not a priority
Logistics analysis	Not a priority
Supply chain & access capacity building of humanitarian and market actors	Not a priority

#### **h. Risk-Related Issues**

Please refer to [ANNEXES](#) 4 of the 2022-2025 Strat Op

#### **i. Summary of HI presence in the country**

HI has a proven track record of delivering effective development projects in Pakistan, starting from the 1980s to late 1990s to address the needs of Afghans refugees.



In 2008, HI underwent a strategic review, concluding that mainstreaming of disability in all aspects of life in Pakistan was far from being achieved. The Government of Pakistan also endorsed the review, and by signing the UN Convention on the Rights of Persons with Disabilities, opened new doors of opportunity to address the Shortfalls.

Since 2009, HI has been supporting internally displaced persons (IDPs) in the northern and southern regions of the Khyber Pakhtunkhwa (Swat, Kohat, Bannu, Di Khan, Tank).

During 2014-2015 HI implemented two short-term projects focusing on enabling access to basic life-saving services for persons with disabilities and the elderly in Bannu, Lakki Marwat and Karak. More than 9.000 beneficiaries, particularly persons with disabilities, their caregivers and service providers were reached.

HI's long-term presence in Pakistan, in various provinces, has grounded the required government and communities' acceptance, including in complex areas such as KP. HI has good contacts with local and national authorities, i.e. districts administration, line departments and other actors in every project area and at federal level.

HI's active involvement in various coordination forums has given the organization a good visibility and knowledge of humanitarian actors. HI is part of humanitarian coordination mechanisms at national, provincial and relevant district levels. At the national level, HI is

- (1) An active and executive member of the Pakistan Humanitarian Forum;
- (2) A member of the National DRR forum and former member of the executive committee;
- (3) A founding member of the Aging and Disability Task Force (ADTF) and the current chair of the forum.

HI's emergency and post-emergency experience and expertise is recognized in the country, particularly aiming at addressing specific needs among IDPs and refugees. HI is today the only INGO with a particular expertise in disability; requests to provide technical advice or support both in emergency and development sectors are frequent. HI's knowledge and experience in the country on partnerships and remote monitoring gives the capacities to work in a constrained context where access is limited. Furthermore, HI's geographical presence in both Afghanistan and Pakistan is a key asset to develop potential cross-border approaches and regional dynamics.



## Overview on ongoing projects

Project title and Main sector(s) of intervention	Main activities	Beneficiaries	Partner(s)	Location
Learning, Acting and Building for Rehabilitation in Health Systems (ReLAB-HS)	<ol style="list-style-type: none"><li>1. Policy development and engagement of authorities and stakeholders in rehabilitation and AT</li><li>2. Integrate rehabilitation in health systems at district level</li><li>3. Workforce development</li><li>4. Strengthen rehabilitation in the community</li><li>5. Improve access to rehabilitation and AT for IDPs and vulnerable populations in humanitarian settings</li><li>6. Strengthening Club Foot services</li><li>7. Develop, incorporate and implement gender equity and social inclusion strategies into all project activities</li></ol>	<ul style="list-style-type: none"><li>▪ Public and private stakeholders</li><li>▪ Persons with disabilities</li></ul>	<ul style="list-style-type: none"><li>▪ John Hopkin University (lead)</li><li>▪ Physiopedia</li><li>▪ Momentum</li><li>▪ Miracle feet</li><li>▪ University of Melbourne</li></ul>	KPK & Sindh
Humanitarian response to address the immediate life needs of vulnerable Afghans communities in Khyber Pakhtunkhwa (KP)	<ol style="list-style-type: none"><li>1. Address immediate health needs (psychological, mental and physical) in selected refugee camps</li><li>2. Referral to specialized services</li><li>3. Combining gradual exit from the targeted camps and capacity strengthening of the nearby public health facilities.</li></ol>	26.230 persons <ul style="list-style-type: none"><li>▪ 23.607 refugees</li><li>▪ 2 623 host communities</li></ul>	<ul style="list-style-type: none"><li>▪ Médecins du Monde</li><li>▪ Helvetas Swiss Intercooperation</li></ul>	Districts of Buner, Charsadda, Chitral, Mardan, Peshawar, Nowshera in KP province



## Donors

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