

Pakistan 2005 Earthquake

Early Recovery Framework

With Preliminary Costs of Proposed Interventions

United Nations System

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ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
AJK	Azad Jammu and Kashmir
AKBPS	Aga Khan Planning and Building Services
ADPC	Asian Disaster Preparedness Centre
ADPB	Area Development Programme Balochistan
ADRC	Asian Disaster Reduction Centre
BHU	Basic Health Unit
CBO	Community-Based Organization
CCB	Citizen Community Board
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CERD	Convention on the Elimination of all Forms of Racial Discrimination
CFW	Cash for Work
CGI	Corrugated Galvanized Iron
CIDA	Canadian International Development Agency
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
DAD	Development Assistance Database
DCO	District Coordination Officer
DDMC	District Disaster Management Committee
DFID	Department for International Development
DHO	District Health Officers
DHQ	District Headquarter Hospital
DOTS	Direct Observation Treatment Strategy
DRRC	District Relief & Recovery Committee
DTCE	Devolution Trust for Community Empowerment
EC	European Commission
EDO	Executive District Officer
EMOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
ERC	Emergency Relief Cell
ERRA	Earthquake Rehabilitation and Reconstruction Authority
FAO	Food and Agriculture Organization of the United Nations
FFC	Federal Flood Commission
FFW	Food For Work
FLCF	First Level Care Facilities
FRC	Federal Relief Commission
GCI	Galvanized Corrugated Iron
GFD	General Food Distribution
GOP	Government of Pakistan
HIC	Humanitarian Information Centre
HMIS	Health Management Information System
HQ	Headquarters
ICRC	International Council for Red Crescent

IDB	Islamic Development Bank
IDPs	Internally Displaced Persons
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
IOM	International Organization for Migration
ISDR	International Strategy for Disaster Reduction
LHW	Lady Health Worker
LPG	Liquefied Petroleum Gas
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MMN	Multiple Micro-Nutrients
NADRA	National Database and Registration Authority
NESPAK	National Engineering Services Pakistan
NGO	Non-Governmental Organization
NID	National Immunization Day
NRSP	National Rural Support Programme
NWFP	North West Frontier Province
OHCHR	Office of the United Nations High Commissioner for Human Rights
ORS	Oral Rehydration Salts
PCB	Polychlorine Byphenals
PI TE	Provincial Institute of Teacher Education
PIU	Project Implementation Unit
PHC	Primary Health Care
PKRs	Pakistan Rupees
PSDP	Public Sector Development Programme
RHC	Rural Health Centre
RNI	Reference Nutrient Intake
RSP	Rural Support Programme
SME	Small and Medium-sized Enterprise
SPHERE	Humanitarian Standards for Emergency Response
SRSP	Sarhah Rural Support Programme
TA	Technical Assistance
TB	Tuberculosis
TFC	Therapeutic Feeding Centres
TFNRP	Therapeutic Feeding and Nutrition Rehabilitation Programme
THQ	Tehsil Headquarter Hospital
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAC	United Nations Disaster Assessment and Coordination
UNDMT	United Nations Disaster Management Team
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Populations Fund
UN-Habitat	United Nations Human Settlements Programme
UNHAS	United Nations Humanitarian Air Service

UNHCR	United Nations High Commission for Refugees
UNIASC	United Nations Inter Agency Standing Committee
UNICEF	United Nations Children's Fund
UNJLC	United Nations Joint Logistics Centre
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOPS	United Nations Office for Project Services
UNV	United Nations Volunteers
USAID	United States Agency for International Development
WATSAN	Water & Sanitation
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WWF	World Wildlife Fund

PREFACE

Early recovery is about shifting the focus from saving lives to restoring livelihoods, thus effectively preventing recurrence of disasters and harnessing conditions for human development. One month after the 8 October 2005 earthquake struck northern Pakistan, a number of activities have been initiated in support of the speedy recovery of the affected population, concurrently with ongoing humanitarian and life-saving operations. This Early Recovery Framework has been formulated to inform and support the national strategy for reconstruction and rehabilitation, with assistance from the United Nations (UN) system as well as selected non-governmental organizations (NGOs) and other international partners in Pakistan.

The Early Recovery Framework is based upon a joint preliminary assessment of early recovery needs in the most affected areas (TOR attached as Annex 5). The Framework aims to bridge the gap between immediate relief and long-term reconstruction. It focuses on identifying concrete interventions that may be implemented on an immediate basis. It sets out a number of strategic principles and directions for each sector of intervention that will help guide activities for improved aid effectiveness. The Framework will guide recovery interventions that aim to:

- augment ongoing humanitarian assistance operations;
- support spontaneous recovery efforts of the affected population;
- prepare the ground for sustainable long-term reconstruction; and
- reduce future disaster risks.

It will complement efforts to plan and implement the longer-term reconstruction programme that the Government is planning to implement based on a Preliminary Damage and Needs Assessment, prepared with the assistance of the Asian Development Bank and the World Bank. The Early Recovery Framework focuses on the most critical and immediate needs of the affected population to rebuild their livelihoods, and to restore the full capacities of civil administration in the affected areas. Its timeframe is 12 to 18 months.

EXECUTIVE SUMMARY

Section 1: Overview of the Disaster and its Impact

The 8 October earthquake

An earthquake measuring 7.6 on the Richter scale struck the northern areas of Pakistan and India on 8 October 2005. Its epicentre was 19 km northeast of Muzaffarabad. Azad Jammu Kashmir (AJK) and North West Frontier Province (NWFP) were severely affected. Since that day, more than 1,200 aftershocks have been recorded in the region, some of them close to 6.0 on the Richter scale.

At the time of writing, the estimated death toll is 73,000, and expected to rise. Most buildings in the affected area had poor earthquake resilience. Of the total housing stock, 84 percent was damaged and destroyed in AJK and 36 percent was damaged or destroyed in NWFP. The latest estimates indicate that 3.2 million to 3.5 million people have been affected by the disaster and are in need of assistance, including winterized shelter, medical care, food and water and sanitation facilities.

Government, army and civil society response

The immediate response from the Government, the Army, civil society and the population at large was swift and exemplary. The Government established a Federal Relief Commission (FRC) within days of the disaster to mount coordinated action for rescue and relief operations. A massive response was mounted by civil society organizations, the population at large and the affected people. The Government also created the Earthquake Rehabilitation and Reconstruction Authority (ERRA) to support medium- to long-term rebuilding efforts. It functions as the main interface between the Government and international lending institutions, other international organizations, as well as national authorities and philanthropist organizations focusing on the rehabilitation of the stricken areas.

On 17 October, the Prime Minister of Pakistan announced a 12 Point Plan for Relief, Recovery and Reconstruction. In addition, the Government presented a National Plan of Action on 1 November, to meet the logistical and organizational challenges posed by the earthquake. Under the National Plan of Action, financial support on the order of several billion rupees was approved to compensate survivors for loss of life, injuries and damage to property. In addition, government assistance includes the re-building of 'warm rooms' for the winter and the provision of 'one room transitional shelter' using retrievable materials. Other resources will be mobilized through a National Volunteer Movement and the private sector. Special provisions will be made to avoid mismanagement during the rehabilitation and reconstruction work.

Organization of the international response and main actions

The international support for rescue, relief and early recovery has been organized in 10 sectoral cluster groups, bringing together the Government and a broad range of UN and other humanitarian partners. Considering the challenges under which the humanitarian community is operating—the large number of people affected, logistical difficulties in the terrain, and the narrow time window for reaching out to the affected areas—the progress of the operation has

been exemplary. A Flash Appeal was issued three days after the disaster. Its latest revision is requesting some \$550 million for priority humanitarian operations over six months.

Section 2: The Early Recovery Framework

Early recovery needs assessment

As a first step in formulating the Early Recovery Framework, the UN system undertook an assessment of early recovery needs in affected areas, in support of the Government's early recovery interventions. This assessment was complemented by a damage and loss assessment that was spearheaded by the Asian Development Bank and the World Bank in a simultaneous endeavour to identify long-term reconstruction needs. Objectives of the early recovery needs assessment were to: assess key vulnerabilities; identify strategic interventions to address these vulnerabilities over the next 12 to 18 months; anticipate spontaneous early recovery efforts by the affected communities; and identify key programme areas to facilitate early recovery and transition from relief in different geographic locations

The needs assessment identified a variety of social groups that have become particularly vulnerable in the aftermath of the earthquake. It also detected emerging environmental risks such as those associated with the unsafe disposal of waste, the unsustainable exploitation of natural resources to meet increased demands for building materials, and damaged buildings in danger of collapsing and causing new injury. It is essential that recovery strategies and programmes adopt appropriate mechanisms to immediately contain and address these emerging risks while at the same time addressing the longer-term underlying root causes.

The present report describes early recovery interventions that the Government, with the support of the UN system and international community, will pursue on a priority basis.

Guiding principles for recovery

The Early Recovery Framework is guided by a set of 10 principles that are to be applied during the planning and implementation of early recovery interventions.¹ These principles take a rights-based approach. They also reflect the articulated priorities of the affected communities in a participatory and people-centred manner. The guiding principles for the Early Recovery Framework are as follows:

1. Focus on the most vulnerable
2. Restore capacities
3. Rebuild people's livelihoods
4. Secure human development gains
5. Reduce disaster risk
6. Engage the private sector
7. Independence and self-sufficiency
8. Transparency and accountability
9. Subsidiarity and decentralization
10. Coordination

¹ See Annex 2 for details..

The most appropriate vehicle for delivering early recovery interventions is an integrated multi-sectoral approach focusing on the specific needs of key affected areas. This approach utilizes the knowledge of problems, needs, resources, capacities and development potentials available at the local level. Programmes are identified for operational interventions over a period of 12 to 18 months after the disaster. Certain sectors are considered to be particularly relevant during the early recovery phase. These include: shelter, employment and livelihood, agriculture and livestock, governance, disaster risk reduction, environment, education, protection, food and nutrition, health, and water and sanitation.

The total cost of the earthquake is estimated to be \$ 5.2 billion (see table 1). Of this total, the preliminary cost estimate is \$398 million for early recovery.² The Framework outlines strategies for early recovery in different sectors and suggests key programmatic areas, for which the UN system has considerable expertise and long-standing engagement in the country. Some of these areas include cash for work (e.g. rubble clearance), transitional shelter, micro-finance schemes for the restoration of livelihoods, disaster risk reduction, support to aid coordination, and capacity building for local governance.

Table 1: Estimated Cost of the Earthquake		
Category	US\$	US\$
Death & Injury Compensation		205,000,000
Relief		1,092,000,000
Early Recovery		398,000,000
<i>Livelihoods: grant portion</i>		<i>97,000,000</i>
<i>Livelihoods: non-grant portion</i>	<i>12,303,500</i>	
<i>Other sectors</i>	<i>288,696,500</i>	
<i>Sub-total</i>		<i>301,000,000</i>
Reconstruction		3,503,000,000
<i>Short-term reconstruction</i>		<i>450,000,000</i>
<i>Long-term reconstruction</i>		<i>3,053,000,000</i>
Total		5,198,000,000
Source: As reported by UN Agencies Recovery Needs Assessments and ADB/WB Preliminary Damage and Needs Assessment, November 2005.		

Section 3: Implementation arrangements and monitoring

The success of the Early Recovery Framework will depend on, inter alia, the adoption of effective arrangements for implementation and monitoring. The overall responsibility for the implementation of the Framework rests with the Government of Pakistan, especially the FRC, ERRRA, the Army and relevant line ministries. Bilateral donor agencies, the UN system, other international organizations, civil society and the private sector also will support the implementation of this Framework in accordance with their specific mandate and area of specialization.

² See Annex 3 for details.

SECTION 1:

OVERVIEW OF THE DISASTER AND ITS IMPACT

1.1 The 8 October earthquake

1.1.1 Characteristics of the earthquake

An earthquake measuring 7.6 on the Richter scale struck the northern areas of Pakistan and India on 8 October 2005. The epicentre was 19 km northeast of Muzaffarabad in Azad Jammu and Kashmir. With a focal depth of 26 km, this earthquake occurred in the known subduction zone of active thrust fault where the Indian subcontinent tectonic plate collides with the Eurasian plate. This collision causes the uplift that has produced the highest mountain peaks in the world, including the Himalayan, Karakoram, Pamir and Hindu Kush ranges. The event was similar in intensity to the 1935 Quetta earthquake and the 2001 Gujarat earthquake. It caused widespread destruction in AJK, the North West Frontier Province and Indian-Administered Kashmir. Landslides and rockfalls damaged or destroyed several mountain roads and highways, cutting off access to many parts of the region.

1.1.2 Overview of the earthquake's impact

The entire area of AJK and NWFP is severely affected—some 30,000 square kilometres at the foot of the Himalayas. Hundreds of towns and villages, particularly around Muzaffarabad, Mansehra, Balakot and Batagram, were severely destroyed (see map of affected areas in Annex 4). At the time of writing, the Government of Pakistan reports an estimated death toll of 73,000. This figure is expected to rise. Most buildings in the affected area were constructed of stone, brick, concrete block or un-reinforced masonry with poor earthquake resistance. Even the concrete frame constructions (with brick in-fill walls) sustained severe damage. In the affected areas, assessments indicate that of the total housing stock, 84 percent was damaged or destroyed in AJK and 36 percent was damaged or destroyed in NWFP (mostly concrete frame structures). Hospitals, schools and government buildings have also been lost or seriously damaged, hindering the provision of basic life-sustaining services. Access to people in need has been seriously curtailed by the destruction of, and damage to, roads and bridges during the earthquake and later by blockages caused by landslides. The latest estimates indicate that between 3.2 million and 3.5 million people have been affected by the disaster and are in need of assistance. Their needs include winterized shelter, medical care, food, and water and sanitation facilities. The following table captures some of the key impacts of the earthquake:

Indicator	Latest Estimate	Sources
Area Affected	30,000 sq km	FRC
Population Affected	Between 3.2 million and 3.5 million	FRC
Deaths	73,000	FRC
Injured	79,000	FRC
Houses	400,153 (damaged and destroyed)	ADB/WB
Families affected	500,000 (seven persons per family on average)	UNOCHA
Number of food insecure	2.3 million	WFP/UNICEF
Latrines needed	160,000	UNICEF
Number of school children affected	955,000	UNICEF
Number of women affected (age 15-49)	800,000	UNFPA

Since 8 October, nearly 1200 aftershocks have been recorded in the region, some of them close to 6.0 on the Richter scale. Virtually all major public buildings have been partially damaged or completely destroyed. A substantial number of local civil servants have died, which is a tragic loss for local, district and provincial governments. Electricity and water supply in the towns and villages have been severely affected. The return of migrant workers to their families in the affected areas is likely to have indirect macro-economic impacts. This highlights the urgent need to initiate activities to restore life and livelihoods within the affected areas so that relatives gradually can return to their occupations elsewhere in the country.

1.2 The relief effort

1.2.1 Government, army and civil society response

Institutional set-up

As several government agencies were involved in disaster risk management, the Government established a Federal Relief Commission (FRC) within days of the disaster to coordinate the massive rescue and relief operation. The Commission is mandated to streamline the relief operation in collaboration with provincial governments, relevant ministries, non-governmental organizations (NGOs), Red Crescent and other international agencies. It is headed by the Federal Relief Commissioner, who reports directly to the Prime Minister. All departments and agencies, including the Armed Forces, have been advised to function through the Federal Relief Commissioner. Emergency Coordination Cells serving as focal points for information and assistance were set up in the Prime Minister's Secretariat, the Cabinet Division, the Interior Division and the Ministry of Foreign Affairs. The Cabinet also constituted four Committees to supervise the relief, rescue and rehabilitation work of the government, i.e. the Foreign Aid Committee, the Local Resources Mobilization Committee, and the Committees for AJK and NWFP (in the form of field offices in Mansehra and Muzaffarabad that oversee operations on-the-spot, ensuring that relief assistance reaches those in need without delay). In support of medium- to long-term rebuilding efforts, the Earthquake Rehabilitation and Reconstruction Authority (ERRA) was created to serve as the main interface with international lending institutions, other international organizations, as well as with national authorities and philanthropist organizations focusing on the rehabilitation of the stricken areas.

The work of these newly established entities is supported by the institutional mechanism for disaster management that was in place prior to the earthquake. At the federal level, the Emergency Relief Cell (ERC) in the Cabinet Division usually serves as the focal point during emergencies. At the provincial level, the ERC coordinates with relief departments and/or relief commissioners and civil defence units that are responsible for the effective distribution of relief items in their respective provinces. At the district and local level, District Relief and Recovery Committees (DRRC) are the focal points in collaboration with the Nazim³, Deputy Commissioner Offices, Executive District Officers, NGOs and other key players. The ERC is also responsible for dealing with institutional donors and receives funds for distribution through the President's Relief Fund. Military units have played a key role in the crisis given the immense logistical challenges at hand. Other key agencies for disaster management in Pakistan include the Federal Flood Commission (FFC) and the Pakistan Meteorological Department.

Almost all federal and provincial ministries, departments and divisions have been involved in the relief efforts in some way. There are, however, no long-term institutional arrangements in place to address disaster risk reduction in an integrated manner. The Emergency Relief Cell is mandated to deal only with post-disaster scenarios.

National response

The immediate response from the Government, the Army, civil society and the population at large was swift and exemplary. On 1 November 2005, the Government presented its National Plan of Action to effectively meet the challenges posed by the earthquake. The plan provides a framework for strengthening the international humanitarian response and for channelling technical expertise to address identified gaps in the areas of human, financial and material resources. The action plan covers immediate relief, rescue and life-saving operations, as well as medium-term objectives such as interim rehabilitation including measures to revive the civil administration in the affected areas. The Government adopted the 'cluster approach' used by international humanitarian community to channel and coordinate its efforts.

With regards to immediate shelter needs, the Government in collaboration with the UN and international NGOs established tented villages in AJK and NWFP that are providing protection to thousands of affected people. The scheme will be expanded to cover additional families in need. Financial support over several billion rupees was approved by the Government to compensate for loss of life, injuries and damage to property. Light engineering battalions have been deployed to help the population rebuild at least some part of their dwellings so they will have a 'warm room' for the winter. This includes the initiative 'Winter Race' that provides a standard kit of seismically resilient material for so-called 'one room transitional shelter' using retrievable materials. Further support to the victims of the earthquake will be mobilized through a National Volunteer Movement of young professionals such as doctors, nurses and builders.

The Prime Minister has issued an appeal to the private sector requesting generous contributions to the overall reconstruction effort. The President has assured the general public and the international community that all possible steps will be taken to avoid mismanagement during the rehabilitation and reconstruction work. In support of this, the National Database and Registration Authority (NADRA) is planning to create a database recording all assistance provided to each of the affected

³ Elected politician at the district, sub-district and union council level.

villages. Given the extensive military involvement in the rescue and relief work, the civil-military-interface is being strengthened to create a strong and flexible joint approach.

1.2.2 Organization of the international response and main actions

Successful humanitarian interventions require the forging of partnerships and the development of coordination mechanisms at different levels. The overall coordination of international humanitarian assistance is the mandate and responsibility of United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), which is currently supporting the UN Humanitarian Coordinator based in Islamabad. It provides support through the United Nations Disaster Assessment and Coordination Team (UNDAC), and by establishing and managing a Humanitarian Information Centre (HIC) and UN Field Hubs in Bagh, Batagram, Mansehra and Mzuaffarabad. In addition, specific support roles have been assumed by specialized agencies, funds and programmes of the UN system, governmental organizations and NGOs, in accordance with their mandates and mission statements. A common platform for daily cooperation among these agencies is provided by the United Nations Disaster Management Team (UNDMT), which has been in operation in Islamabad since 8 October. The UN system has to date deployed more than 400 international staff in various locations throughout the affected areas as well as in Islamabad.

To further support the above mechanism for humanitarian assistance, the UN Inter-Agency Standing Committee (IASC)⁴ has embarked on an effort to improve the comprehensive response to humanitarian crises while laying the foundation for recovery. It agreed to organize the support for rescue, relief and early recovery under 10 clusters, including one specifically focusing on early recovery.⁵ The clusters provide a forum that brings together a broad range of UN and non-UN humanitarian partners including the International Organization for Migration (IOM), the Red Cross/Red Crescent movement represented by ICRC and IFRC, and other major international NGOs.

Whilst it was agreed that full implementation of the cluster approach would commence in January 2006, IASC partners decided to apply the general principles of the approach to the South Asia Earthquake Disaster. The cluster approach is now in operation in Geneva, Islamabad, and at the field level. Cluster meetings are held regularly to exchange information on the most pressing humanitarian needs, the response actions taken, and the strategies and plans for overcoming bottlenecks and challenges. Cluster groups have been established in each of the UN Field Hubs, contributing to the decentralization of the emergency response operation. IASC partners agreed to apply the general principles of the cluster approach at this time, although full implementation will be in January 2006.

The role of the Geneva and Islamabad cluster groups are expected to evolve in the direction of oversight and overall strategic planning. The Islamabad and field-based clusters are co-chaired by the relevant line ministries.

⁴ The Inter-Agency Standing Committee (IASC) was established in June 1992 in response to [General Assembly Resolution 46/182](#) that called for strengthened coordination of humanitarian assistance. The primary role of the IASC is to formulate humanitarian policy to ensure coordinated and effective humanitarian response to both complex emergencies and natural disasters.

⁵ See Annex 6.

The UN has advanced some \$25 million from various reserves for establishing its presence on the ground in terms of experienced staff, essential equipment, and food and non-food relief items. This is over and above the actual contributions received through the South Asia Earthquake Flash Appeal October 2005, which was issued within 72 hours of the earthquake. The UN priority for immediate relief operations is to reach the most-affected valleys before snowfall starts in the mountainous areas, threatening to cut off access. Contributions to the Flash Appeal have increased steadily in recent days, exceeding \$137 million at the time of writing.

The progress of the operation has been exemplary considering the difficulties under which the humanitarian community is operating; i.e. the large number of people affected, the immense logistical challenges in the terrain, the narrow time window for reaching out to the affected areas, and the funding gaps. The main actions undertaken by the international humanitarian community in the first weeks following the earthquake focused on search-and-rescue and life-saving operations, medical care and communicable disease control, mental health, environmental health, emergency shelter, campsite planning and management, food distribution, accessibility to affected areas, logistics management, re-establishing access to schools, and the immediate protection of the most vulnerable groups. In addition to UN system support, in-kind and financial contributions have also been given on a bilateral basis to the Government of Pakistan by various countries.

1.2.3 Lessons from the relief effort

More than one month after the disaster, relief operations continue. Winter is approaching, and with it the prospect of a secondary humanitarian disaster involving thousands of injured and needy people isolated in mountainous areas without adequate food and shelter. The situation of protracted life-saving operations in a post-earthquake scenario is unusual. The response operation in the mountains just before winter has demanded a high degree of flexibility from all actors to allow for necessary adjustments as the situation unfolds.

The task ahead is daunting, as the race against time must be won before snowfall. This situation calls for alternative and innovative solutions, such as the adoption of non-tent options by the shelter cluster and the use of mule-transport by the logistics cluster.

Cash-flow issues and funding shortages—despite respectable levels of overall pledges—for immediate life-saving operations have made it difficult for humanitarian actors to sustain their efforts. UNOCHA reported an inadequate number of implementing partners due to funding gaps.

As for the cluster approach, this is the first time that the UN system and partners have organized their humanitarian engagement in this manner. Initial experiences show that the new organizational arrangement has had positive effects on the level of collaboration, coordination and coherence in each humanitarian sector; i.e. increased opportunities for joint analysis, and common approaches and programming. Maintaining a complete overview of the relief and recovery activities continues to be a challenge, however, and some actors with operations on the ground are not participating in any cluster group.

In the future, more attention needs to be placed on clearly delineating the tasks of each cluster, strengthening the leadership of the clusters, and fostering inter-cluster collaboration and exchange. The participation of civil authorities in the cluster groups in Islamabad and at the field level has

been uneven and will be strengthened. Such participation guarantees the development of joint strategies and programmes with a high level of government ownership and commitment. No amount of coordination on the part of the international community can substitute for national leadership.

The early establishment of the Federal Relief Commission and its adoption of the cluster approach have greatly contributed to effective and practical coordination. It also facilitated the exchange of information between government authorities and the armed forces on one hand, and the international humanitarian community on the other. Positive effects are also arising in the form of improved coordination with provincial and local authorities that will help achieve common understanding, clear strategies, integrated planning and joint tasking of UN agencies.

1.2.4 The South Asia Earthquake Flash Appeal

The South Asia Earthquake Flash Appeal⁶ was issued on 11 October 2005, merely three days after the earthquake. Preliminary reports from the affected regions revealed a catastrophe of enormous proportions, and it became soon evident that a combined and well-integrated humanitarian response that joined the forces of national and international actors was immediately required. Albeit a preliminary announcement, the early release of the Flash Appeal provided the international donor community with an indication of the overall funding requirements and humanitarian priorities.

The early appeal also served as an instrument for expediting donor agencies' financial approval processes. The true extent of the crisis, however, only unfolded as the accessibility to the affected areas improved and more detailed field assessment reports became available. The earthquake is now considered to have caused levels of human and economic devastation unprecedented in Pakistan's recent history. This necessitated an update of the Flash Appeal two weeks after it was released. The revised requirement of the Flash Appeal was \$550 million for a six-month period.⁷ It was presented at a High-Level Meeting organized in Geneva on 26 October. At the time of writing, the total contributions and pledges towards the appeal amount to about 29 percent of requirements.⁸ Thus far, the top ten contributions to the appeal have come from Sweden, the United States, Canada, Norway, the United Kingdom, Japan, the Netherlands, Australia, France and Germany. Saudi Arabia follows in 11th position.⁹

The priority areas covered under the Flash Appeal reflect the most pressing needs on the ground as assessed by the humanitarian clusters. They include coordination and logistical support, shelter and non-food items, health, food, water and sanitation and protection.

In addition to humanitarian needs, the Flash Appeal includes initial requirements for early recovery. This has been the general practice in the absence of a fund-raising mechanism for early recovery interventions, and it has been accepted as part of the cluster approach. The early recovery initiatives in the Flash Appeal have been folded into and elaborated within the present Early Recovery Framework. Donor fund-raising will be supported through specific programme briefs.

⁶ UNOCHA, South Asia Earthquake Flash Appeal, 26 October 2005.

⁷ More than 60 percent of the overall increase in requirements is due to the extraordinary logistical requirements imposed by the inaccessible terrain.

⁸ Figures as of 15 November 2005.

⁹ UNOCHA, Financial Tracking Service, Table 5, 15 Nov. 2005 (www.reliefweb.int/fts)

SECTION 2:

THE EARLY RECOVERY FRAMEWORK

2.1 The early recovery needs assessment

2.1.1 Background

Recovery is defined as: “Decisions and actions taken after a disaster with a view to restoring or improving the pre-disaster living conditions of the stricken community, while encouraging and facilitating necessary adjustments to reduce disaster risk.”¹⁰

Humanitarian relief and response efforts in the earthquake-stricken areas are ongoing and will remain a priority throughout the winter. At the same time, the Government has started to lay the foundation for an effective rehabilitation and reconstruction programme. Rebuilding the affected areas in all dimensions of human development—social, economic, political, physical and cultural—poses a significant challenge over the next several years, especially in terms of achieving the Millennium Development Goals (MDGs). Given the magnitude of the disaster, full recovery will require considerable financial resources, skilled human resources, and strong coordination and institutional arrangements to accomplish swift recovery and sustained reconstruction to ‘build back better’.

Evidence from recent disasters has shown that early recovery efforts begin concurrently with humanitarian assistance. This has also been the case in the aftermath of the Pakistan earthquake. The affected population—in a desire to restore livelihoods as quickly as possible—engaged in spontaneous recovery activities as soon as the conditions permitted; e.g. by clearing rubble, reopening small shops, or erecting temporary shelter using available material and labour. However, in the absence of a predictable support mechanism for early recovery, these spontaneous and sometimes haphazard recovery efforts could increase the vulnerability of the affected people. For this reason, it is important that planning for rehabilitation commences as soon as possible after the disaster. The objective is to support people’s own initiatives, strengthen their productive capacity early on when it matters most, and harness opportunities for reducing disaster risks.

Ultimately, early recovery planning and programming will enhance the capacity of earthquake-affected populations to fully participate in the longer-term reconstruction and re-development process. This Framework, therefore, not only fills an essential gap related to transitional needs emerging between relief and rehabilitation, it will also provide the well-needed foundation for successful reconstruction; e.g. policy development for the inclusion of risk reduction on the reconstruction process, training for safe-building techniques, building code revisions, and the restoration of local governance systems for managing the construction process.

¹⁰ International Strategy for Disaster Reduction (ISDR): Terminology - Basic Terms of Disaster Risk Reduction.

Reflecting on the above, the following working definition for early recovery will be applied: Early recovery is a multi-dimensional process within a humanitarian context aiming to stabilize the economic, governance, human security and social equity situation, and to lay the basis for transformation that integrates risk reduction at the very early stages of the response to a specific crisis and that supports national capacity development efforts to that effect.¹¹ Early recovery encompasses a period of 12 to 18 months from the outset of a crisis, although this may vary depending on the context and the magnitude of the crisis.

Framing the financial and technical support for early recovery in the context of an overarching strategic early recovery framework has proven to be a good practice in major recovery operations. The Early Recovery Framework is meant to identify and prioritize programming needs based on a rapid assessment of damage, underlying causes, recovery needs and capacities. It provides strategic guidance, facilitates the coordination of a large number of initiatives that are multi-sector and enable the participation of a broad range of stakeholders. It also functions as an instrument to channel financial and technical resources for recovery.

Following the earthquake, the UN system, in support of the Government's recovery interventions, undertook an assessment of early recovery needs in the affected areas.¹² This assessment was complemented by a damage and loss assessment, spearheaded by the ADB/WB in a simultaneous endeavour to identify long-term reconstruction needs. The overall goal of the early recovery needs assessment was to obtain a representative picture of the preliminary early recovery needs of the most vulnerable and socially disadvantaged groups such as female-headed households, children and orphans, the disabled and the elderly. The assessment process was guided by the following objectives:

- Assess key vulnerabilities that existed prior to the disaster, as well as newly created vulnerabilities for identifying strategic approaches in tune with the Millennium Development Goals; and
- Identify and anticipate spontaneous early recovery efforts of the affected communities and devise strategies to strengthen local self-help capacities.
- Identify key programmes to facilitate early recovery and transition from relief to reconstruction and development;

The assessment relied on a combination of primary and secondary information sources and covered selected locations in the most affected areas. The analysis of secondary information was essential given the logistical challenges in organizing comprehensive field missions at the time, and in the context of extensive ongoing humanitarian operations on the ground.

Secondary information sources included development actors working in the affected areas prior to the earthquake; assessment reports from humanitarian organizations and national authorities; and semi-structured interviews with members of government, the Army, non-governmental groups as well as the victims themselves. A comprehensive understanding of the socio-economic and

¹¹ National capacity is here understood to encompass federal, provincial and district-level institutions, civil society organizations and community-based organizations. See IASC Early Recovery Cluster.

¹² The Mission Terms of Reference is attached in Annex 4.

cultural conditions of the affected areas prior to the earthquake was important for determining viable and enduring options for early recovery assistance.

For primary information collection, two multi-sectoral assessment teams were deployed to selected field sites. The assessment teams specialized in housing, livelihoods, agriculture, education, financial services, disaster risk reduction, environment, governance, health and transport/infrastructure. Where possible and appropriate, semi-structured interviews were conducted with affected populations, local government officials and NGO representatives, as well as members of community organizations. The teams used a standardized set of sector-specific questions that guided the data collection process. Upon return to Islamabad, the teams prepared sectoral needs assessment reports that followed a uniform format to facilitate a comparative analysis of results across districts and/or regions and the development of a comprehensive early recovery framework. Part II of this report contains the detailed sectoral needs assessment reports.

2.1.2 Summary of findings

A variety of social groups have become extremely vulnerable in the aftermath of the disaster. These include unaccompanied and disabled children and women at risk of being trafficked, sold into forced marriage, or abducted and subjected to violence and abuse; single women and children facing additional social and economic marginalization and physical threats, including gender-based violence; the injured and displaced coping with physical and psychological impairments; members of female-headed households, widows and orphaned children having little or no access to services and supplies and are at risk of losing property claims; the young, elderly and disabled living without a functional support network; and the displaced finding their land occupied by others.

A large number of those who perished in the earthquake were children. For those who survived with permanent disabilities, this will certainly have implications for their ability to attend school and to find employment later in life. Many of these children are orphaned, making them even more vulnerable to poverty, neglect, abuse and violence. Community-based organizations and civil society networks with a past history of outreach to vulnerable groups are no longer functioning to the same extent. The destructive impact on government staff, infrastructure, livelihood, resources and services has further limited the ability of individuals to exercise their rights and to seek legal redress and protection. Social protection and notably child protection has become a pressing concern. Service providers in the government and in NGOs need support to rebuild their capacity.

In this situation, women are particularly vulnerable to health risk, especially in the ability to access maternal health services, while pregnant and lactating mothers are at risk of anaemia, malnutrition and are more susceptible to infectious diseases.

This earthquake not only intensified existing vulnerabilities but also resulted in the emergence of newly vulnerable groups. Recent statistics indicate that more than 50,000 people have suffered severe injuries, resulting in amputations and other extremely debilitating physical injuries. This has significantly increased the overall number of disabled populations in the affected areas. Special attention will be placed on designing an adequate support structure for addressing the rehabilitation needs of this group.

In the midst of this unprecedented and daunting situation of human loss and suffering, it is essential that the recovery strategies and programmes adopt appropriate mechanisms to immediately contain and address the emerging risks while at the same time recognizing the underlying root causes. Indeed, poverty rates in the areas affected by the earthquake were significantly above the national average before the disaster struck. Early sustainable recovery interventions are essential for rapidly transforming the lives and restoring the livelihoods of the vulnerable and the poor. Poverty reduction must be maintained as an underlying principle, securing the salvageable gains from previous poverty reduction programmes and preventing large portions of the affected population previously above the poverty line from plunging into extreme poverty.

2.2 Guiding principles for recovery

The Early Recovery Framework is guided by a set of basic principles working towards equitable, inclusive and sustainable human development. These principles are embedded in a rights-based approach that embraces non-discrimination.¹³ In addition, all recovery interventions will reflect the articulated priorities and needs of the affected communities through existing and innovative forms of participation. The guiding principles inform the overall recovery strategy and will be applied during the planning and implementation of early recovery interventions in AJK and NWFP. These principles have been adopted by the UN system and international development partners supportive of rehabilitation and reconstruction processes¹⁴. They are further developed and illustrated below:

- 1) **Focus on the most vulnerable:** The earthquake increased the vulnerability of groups that have special needs, including women, the disabled, female-headed households, children and orphans, the displaced, the elderly and those who are unable to claim support. A large percentage of total deaths and injuries were among women and children. Recovery programming must be based on disaggregated data collection, assessment and differential impact analysis. Gender will be the key dimension for disaggregation, for ‘recovery that is not engendered is recovery that is endangered’. Particular emphasis needs to be placed on recovery solutions that are affordable and can be accessed by people with special needs. Recovery programmes will integrate opportunities for reducing vulnerabilities and minimizing disadvantages. All recovery efforts will be solely based upon identified needs and priorities with no restriction or exclusion on the basis of sex, ethnicity, religion, displacements, age, social status, disability or any other status.
- 2) **Restore capacities:** Restoring the institutional capacity of local governments will enable them to become quickly operational within the context of appropriate institutional, policy and legal frameworks. In order to effectively manage the recovery process, it is essential to

¹³ Anchoring recovery in the principles of the Universal Declaration of Human Rights, the Convention of the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Convention on the Elimination of all Forms of Racial Discrimination (CERD) and the Millennium Declaration - universal rights-based conventions to which the Government of Pakistan is firmly committed.

¹⁴ See Annex 1.

empower communities, restore the capacities of local and national authorities, and determine the root causes and vulnerabilities that make societies disaster-prone. This includes the restoration of the appropriate institutional, policy and legal frameworks to minimize future human, material and environmental losses from disasters. These mechanisms will ensure the full participation of all stakeholders in the relief and recovery programming. A draft National Disaster Management Plan of Pakistan was prepared in 2003; a review based on the current experiences and approval of the revised version will be a step in that direction. External support will build upon and not duplicate existing capacities, knowledge and strengths and fill gaps where needed through technology transfer, know-how and awareness-raising.

- 3) **Rebuild people's livelihoods:** An important feature of post-disaster recovery is to enable the affected population to quickly re-engage in economic activity. The objective is to rebuild people's lives by providing shelter, restoring basic services, facilitating the return of the displaced and creating income opportunities and jobs. This will prevent dependencies and help disaster victims lead self-determined lives. It will be important to save the jobs of family members with paid employment in urban centres unaffected by the earthquake (such as Islamabad and Karachi) who have rushed to help their kin in time of crisis. Should they continue to remain absent from work for extended periods of time, it is likely they may lose their jobs, which would directly contribute to the overall vulnerability of the affected population through loss of remittances.
- 4) **Secure human development gains:** Recurrent natural disasters can reverse hard won gains in poverty reduction and human development. Decisions affecting the reallocation of public funds need to be based on clear objectives to re-establish and secure past achievements in human development and poverty reduction, reconfirming the Government's commitment to the Millennium Development Goals. This should include initiatives that allow for a rapid restoration of livelihoods and for the early consideration of disaster risk measures in the recovery process. Poor areas that are not affected by the disaster should not lose out through unnecessary re-prioritization of resources. Resource mobilization efforts need to focus on seeking alternatives to budget cuts in social sector development and/or poverty reduction.
- 5) **Reduce disaster risk:** Recovery is about shifting focus from saving lives to restoring livelihoods, effectively preventing the recurrence of disasters and harnessing conditions for future development. While avoiding radical changes/restructuring, the opportunity will be seized to reduce the development deficits of the affected areas and not to simply replace damages and losses. While prioritizing expediency, rebuilding efforts will aim to produce housing and infrastructure that are more resilient to future earthquakes and other natural hazards. Beyond physical structures, rehabilitation and reconstruction will include activities for disaster risk reduction and preparedness at the community and government levels. Environmental restoration and protection concerns will be considered when rebuilding, recognizing the already fragile ecology due to ongoing deforestation in the affected regions.

- 6) **Engage the civil society and private sector:** In addition to governmental and international efforts, private investments from the affected people themselves, their relatives and friends, and other sources are important complementary inputs to the recovery process. Earthquake resilient housing designs will be made available systematically to the private construction sector. This can be supported by schemes for compensatory rates for hazard resilient building designs. Other avenues for private sector engagement include micro-insurance, micro-credit and micro-enterprise; Rural Support Programmes (RSPs); Khushali Bank; the Small Business Finance Corporation; the Women's Bank and other such bodies, which need to be encouraged to participate in such initiatives. The private sector also has considerable procurement capacity to meet the demands of the affected population for goods and services, and the Government has taken steps in this direction by engaging the business community to mobilize funds for relief and reconstruction. The philanthropic engagement of civil society and private sector actors also adds value to the recovery process. Hundreds of volunteers from development NGOs, political parties, religious groups and youth organizations are already involved in the relief efforts. In support of this, the President has announced a nationwide mobilization of volunteers during the recovery phase.
- 7) **Independence and self-sufficiency:** The affected communities will participate in all stages of recovery. Recovery programming must be based upon a sound, participatory assessment of the needs and capacities of the affected population, so that local initiative, resources and capacities are fully understood and used to the maximum extent. Community and beneficiary consultation mechanisms (involving decision-makers, technicians and local actors) and priority-setting activities (such as public forums at the village, Union, *Tehsil* and District levels) will contribute to building consensus around recovery priorities, roles, responsibilities and resources. All affected populations, in particular vulnerable groups, need to be given full access to impartial information on all assistance and recovery efforts.
- 8) **Transparency and accountability:** A functional judicial system and an independent monitoring system are the keys to ensuring transparency. A well-informed citizenry plays a vital role in holding governments and other actors accountable. An effective information and communication strategy needs to be put in place at the district and *Tehsil* levels so that affected people are adequately informed of the overall design of the recovery programme, time frames, entitlements, sources of technical help and avenues for articulating their concerns and grievances. Considering the relatively high level of illiteracy in the affected areas, multiple channels of communication need to be deployed with the participation of community and religious leaders, school teachers and NGOs via radio and other means. The government has already invited the independent media and NGOs to inform the authorities about the gaps in relief and recovery.
- 9) **Subsidiarity and decentralization:** Planning, implementation and monitoring should take place as close to the affected people as possible. Decentralization is an important vehicle for sharing responsibilities between federal, provincial and local levels, as well as for integrating disaster risk reduction into the essential functions of government. Based on the principle of subsidiarity, tasks will be transferred to the lowest institutional or social level

that is capable of completing them. For Pakistan, this is the District, *Tehsil* and Union Council level. The NWFP has been participating in a national programme to devolve authority to the lower administrative levels. Specific solutions will be adopted in AJK, including the RSPs allowing the adoption of a bottom-up process. Decentralization empowers local levels, instils a sense of ownership and fosters participation.

- 10) **Coordination:** Information exchange and coordination mechanisms established during the emergency phase must be maintained and enhanced during the recovery process. Continuing strong coordination will constitute a permanent dialogue and consensus-building mechanism with government agencies, civil society, cooperation agencies, donor and lending institutions. Priorities can be defined, uniformity of policies ensured, and coherent strategies and approaches to recovery agreed upon, avoiding uneven re-development efforts that may cause disruption and misapprehension at the beneficiary level. The recent establishment of District Relief and Recovery Committees (DRRCs) has already improved the coordination at the local level, although alignment of strategies between the military, NGOs and civil authorities is constantly being fine-tuned. Such an initiative will also add value to coordination efforts at the provincial and national level and avoid duplication.

2.3 Early recovery interventions

2.3.1 Towards an integrated multi-sectoral approach

Effective early recovery requires that humanitarian and development actors are brought together within a systematic framework.

The Early Recovery Framework was developed for the two geographic areas affected by the earthquake (AJK and NWFP). It recognizes that flexibility in approach and strategy is required given the specific development, political and governance context in the two affected locations. An integrated multi-sectoral approach is adopted to guide implementation. Following the principle of subsidiarity, responsibility and decision-making is at the lowest administrative level possible. This is considered the most appropriate vehicle for delivering early recovery interventions as it assumes that the best knowledge of problems, needs, resources, development potentials and motivations is at the local level. Coupled with a community-based approach, it provides the best preconditions for ensuring a people-centred and participatory recovery process.

The Framework concentrates on specific geographic areas identified on the basis of greatest need. The eight most heavily affected districts are Abbottabad, Batagram, Kohistan, Mansehra and Shangla in NWFP and Bagh, Muzaffarabad and Poonch in AJK. The existing institutional and administrative structures in both areas will determine the geographic/special units of implementation. In NWFP, this will be at the district, *tehsil* (sub-district) and union council level. Further flexibility is achieved through a mix that includes supporting common utilities and services in strategic locations, and designing specialized projects that take account of the natural endowment of programme areas and local capacities.

Beneficiary targeting will not be exclusive and will not discriminate between beneficiaries. This principle is not contradictory to the need to focus the recovery process on the most vulnerable and socially disadvantaged groups. Rather, it recognizes that the affected geographic areas were characterized by vulnerability and poverty prior to the disaster. The earthquake has revealed underlying risks faced by the mountain communities due to inappropriate construction techniques as well as non-sustainable livelihoods and development practices that resulted in environmental degradation. The special needs of vulnerable groups will be addressed and given special attention. In contrast, interventions that exclusively cover certain populations have proven to be unsustainable because they tend to overlook and disregard the potential for conflicts among different groups. When the interests of the more affluent in the recovery and reconstruction efforts do not coincide with those of the poor, the voice of the poor is usually too weak to attract the consideration it deserves. This reality puts a limit on the targeting of several types of assistance.

The actual implementation strategy for the integrated multi-sectoral approach will be developed by the relevant partners. This will take place through a process of finalizing joint work plans and agreeing on practical implementation mechanisms. The major interventions for early recovery identified during the needs assessment are presented in the sections below and their respective cost estimates are summarized in Annex 3.

In this situation, women are particularly vulnerable to health risk, especially in the ability to access maternal health services, while pregnant and lactating mothers are at risk of anemia, malnutrition and are more susceptible to infectious diseases.

2.3.2 Sector-specific strategies and interventions

SHELTER

Needs

The earthquake destroyed 203,579 units of housing and damaged another 196,574 units. Of the total housing stock, 84 percent was damaged or destroyed in AJK and 36 percent was damaged or destroyed in NWFP. While a proportion of the affected population will relocate to tent villages, a significant number are determined to remain on their homestead (*dera*), sheltering either in tents or living in partially repaired houses or makeshift shelters. There is a strong determination among many of the affected populations to stay close to their homes, due to deep emotional and social ties.

Strategy

The strategy for early recovery in the shelter sector may be influenced by a number of basic constraints: the availability of financial resources, the availability of construction materials, the knowledge of hazard resistant building techniques, local capacity for recovery management, the availability of labour, and the psychosocial trauma of affected populations. These constraints are being encountered at present and will continue to have an impact in the medium-term. The shelter recovery strategy has three integrated thrusts: immediate repair, planning for the medium-term shelter recovery and the main shelter work in the spring.

Immediate repair

For the immediate future, the focus will be on the provision of technical and small-scale material support to those wishing to remain on their *dera*. It is unrealistic to expect any significant repair or reconstruction during this limited time. However, support will be provided for creating a minimal winterized shelter using salvaged materials augmented by minimal inputs such as some galvanized corrugated iron (GCI) sheeting, a tent or tarpaulin, plastic sheets, insulation material, wire mesh and some tools. Technical advice on how to best winterize a shelter also will be provided, along with advice on safe shelter for animals that will sustain them through the winter. The window of opportunity for this activity is rapidly closing for higher altitudes but may be longer for the valley floors. Community rebuilding and mobilization is key for early recovery of the housing sector. Technical and advisory services will be provided to the communities.

Planning for the medium-term shelter recovery

Preparations for medium-term shelter recovery will begin in parallel with immediate shelter activities. Activities will include the sensitization of people to earthquake-resistant building techniques through the dissemination of illustrated pamphlets, along with demonstrations and technical advice delivered at meetings in tent villages. In addition, some 'model' structures will be built at appropriate and readily accessible sites in affected areas, a strategy to facilitate the return of the internally displaced will be defined, and visits by technical teams to accessible villages and hamlets will be organized.

Shelter work in the spring

The main shelter recovery phase is expected to commence in spring. In preparation for this phase, procurement and pre-positioning of reconstruction materials as close as possible to where they will be required must begin now and continue during the winter where access is possible. This need to prepare in advance makes it important that a longer-term housing policy is formulated during the early recovery phase.

The largest and most wide-reaching phase of self-help recovery is underway now and can be expected to accelerate rapidly with the onset of spring, and continue throughout 2006. These efforts will require support with inputs such as basic tools, along with cash for work for site clearance and salvaging building materials. Cash grants will also be required. The Government has initiated a programme with assistance grants of Rs. 25,000 per destroyed house.

Programmatic interventions

Distribution of winter shelter rehabilitation kits

- Provision of shelter kits to enable people wishing to remain on their *dera* to create a minimal winterized shelter (a 'warm room') for the next six months. The kits will include some tools, GCI sheeting, nails, tents or tarpaulin, stoves and other basic needs. A strong emphasis will be placed on salvaging building materials that can be subsequently used for housing rehabilitation and reconstruction.

Technical support for earthquake-resistant rehabilitation/reconstruction

- Technical support will be provided in the form of illustrated brochures, demonstration videos, informational meetings and demonstration houses to ensure the adoption of hazard-

resistant construction practices. Such information will be disseminated at appropriate community centres and to populations residing in tent villages. Similar support will be provided to local authorities (including the military), local construction companies and community leaders on appropriate designs for rehabilitating damaged houses and reconstructing new ones.

Promoting earthquake-safer construction of community shelter

- Training of masons, engineers, local builders and contractors will be an essential element in developing local capacity for hazard-safer construction in the affected regions. This training will include orientation on the basics of such construction in addition to on-the-job training during construction works. This training will not only train existing builders but target new ones to contribute to the restoration of the human resource capacity of masons and local builders lost to the earthquake.

SHELTER	
Intended Interventions/ Programmes	US\$
Support to spontaneous self-help shelter recovery	15,000,000
Transitional shelter and rubble removal	20,000,000
Seismic resistant shelter	7,000,000
Training and capacity building	650,000
Total	42,650,000

- Model houses will be built using local materials and resources. Such demonstrations will be conducted at the site of tent villages and in the affected localities.
- Other awareness-raising activities will be conducted to reach wider audiences. Audio-visual media in local languages can be an effective channel for communication. Pamphlets and brochures may be produced to raise awareness among literate people. Community meetings will be organized to discuss earthquake-safer construction.
- A national shelter policy will be developed with provisions for disaster risk reduction.

Establishment of regional reconstruction centres

- Four or five such centres are envisaged for the selected programme areas. They will support local authorities, communities and households that are spontaneously rebuilding their houses by providing direct technical advice on earthquake-resistant building technologies. The centres will reach out with information to all members of the affected communities, including disadvantaged groups, women and the illiterate. They will be staffed by national technical staff (engineers and architects) and supported by an international expert who will liaise with Islamabad and other regional UN centres of operation, and coordinate on behalf of the UN system the local shelter recovery clusters.

Support to self-help housing rehabilitation

- Tool kits, specific hazard-reducing building supplies such as wire mesh and/or polypropylene strips, GCI sheeting, light steel sections and other items will be provided along with appropriate financial incentives. The supplies will be free to beneficiaries wishing to adopt risk-reduction techniques. Self-help activities will be run out of reconstruction centres that are strategically located near to beneficiary populations.

Support will also be provided to retrofitting damaged but repairable structures. Technical advice on cost-effective techniques will be available to households undertaking retrofitting activities. Special arrangements will be put in place to assist vulnerable groups such as female-headed households, the elderly and the disabled, with their repair or reconstruction of shelters.

Support to housing, land and property rights

- Many residents of both urban and rural areas may not possess legal titles to their land or, alternatively, such titles may have been lost as a result of the earthquake. There may also be competing inheritance claims to land, housing and property. Appropriate and accessible mechanisms will be put in place to adjudicate such claims in a timely manner with acceptable and transparent dispute resolution mechanisms that ensure the non-discrimination of socially disadvantaged groups. On many occasions, litigation has caused major delays in the reconstruction phase. A small team of consultants and legal experts will support the authorities in strengthening and developing these local capacities.

Technical workshops on appropriate hazard resistant building technologies

- National actors drawn from government, the military, private sector, NGOs, affected communities and the international community will jointly compare and review appropriate technologies for reconstructing more hazard-resistant public buildings and housing. The Government will be supported in setting up an enforcement mechanism to ensure hazard-resistant construction of public buildings. A national institution will organize the review, prepare relevant options and create models for rebuilding dwellings—including advice on maximum accessibility for the disabled. International experience will be provided where appropriate to support these activities.

Technical support services regarding future urban development

- Direct technical advice will be provided to the local authorities in developing a strategy for urban planning. The areas of technical advice will include micro-finance to support the housing industry; graduated cash grants for families that rebuild according to appropriate techniques using proper materials; redefinition of the existing building by-laws (building codes, zoning regulations); geo-technical studies; seismic micro-zonation; strategies for urban redevelopment planning with special consideration for the needs of vulnerable groups; enhancement of the management capacities of local authorities in urban planning and delivery services in housing reconstruction.

Retrofitting of hazard vulnerable but undamaged houses

- Most of the existing housing stock in the region is non-engineered and does not conform to hazard codes. Appropriate retrofitting technologies will be identified and disseminated for the widest possible application. The retrofitting technologies will be demonstrated on select housing units from various urban and rural areas. Appropriate incentives and financial services will be explored to support retrofitting.

Return of the internally displaced

- A plan to facilitate the return of internally displaced persons to their places of origin or habitual residences will be developed with the involvement of the affected communities and their full knowledge of available mechanisms and assistance packages.

EMPLOYMENT, LIVELIHOODS & AGRICULTURE

Needs

The capacity of rural people to make a living has been enormously depleted as a result of the earthquake, with heavy losses of capital and assets. People are already adopting coping strategies, and it is important that satisfactory outcomes and stable livelihoods are initiated now.

Most of the jobs in the affected provinces are in the agriculture and service sector. Much of this employment is in the informal sector, without a social safety net, and is supplemented by secondary income sources (such as off-farm jobs) and remittances. These jobs seldom provide opportunities for savings and only afford sufficient income for subsistence. The loss of employment and livelihoods, even for a short period of time, is likely to precipitate a fall into extreme poverty.

Landslides and rockslides caused by the earthquake resulted in a large number of deaths and injuries to farmers, their families and their livestock. In more settled farming systems, buffalo, cattle, small livestock and poultry are often kept in locally-constructed housing or underneath human dwellings; many died as structures collapsed on top of them. Mortality to livestock was as high as 100 per cent in some of the worst-affected areas. In the affected areas of AJK, agricultural structures were severely damaged, including 5 per cent of terraces/bunds, 50 per cent of irrigation diversions, 50 per cent of water channels/canals, 25 per cent of water lifting devices and 100 per cent of water spillways. In the affected areas of NWFP, it is estimated that 50 to 60 per cent of the irrigation structures were damaged. In some of the hardest hit areas in both provinces, entire fields were lost.

Most of the earthquake-affected communities have lost access to financial services. Of the 300 commercial bank branches (which primarily served as savings facilities), 97 suffered severe damage, 138 partial damage and 65 have resumed normal operations. Microfinance institutions, remittances and unregulated borrowing were the main financial conduits for those engaging in private sector activities. Microfinance institutions primarily lent for livestock, micro-enterprises, agriculture and, at times, working capital. In almost all the areas visited (with the exception of Abbottabad and Mansehra), economic life has come to an almost complete standstill. Some of the financial services that are needed in the short-term include access to remittances, small grants, credit and the ability to withdraw savings.

Restoration of minor but critical infrastructure such as link roads, irrigation channels and veterinary services is also important for immediate social and economic recovery. In some areas, there is an urgent need to obtain seeds, tools and fertilizers for the upcoming *rabi* (planting) season; to salvage free-roaming animals; to provide safe animal shelter and food for the winter

season; and to restore critical infrastructure such as irrigation systems, farm to market roads, agro-processing facilities and veterinary stations. As terrace farming is quite common in the affected areas, field terracing activities will be considered for men and women under a Food-for-Work programme.

Basic infrastructure such as small bridges, culverts and link roads need to be quickly restored. This can be done through labour-intensive methods to the extent economically and technically feasible. Community involvement in restoration will address the psycho-social needs of the affected people and also help ensure that the restored infrastructure meets their actual needs.

Strategy

Income-generating activities are immediately needed to replace lost jobs and to provide quick access to credit for the regeneration of formal and informal livelihoods. Measures will be complemented, even in the short-term, by activities that promote and facilitate income recovery through local economic development. New job opportunities will be created through employment-intensive public works projects and small scale, community based Food For Works projects. The challenge will be to match the needs of job seekers with the new opportunities created in the labour market. In line with international experience, Emergency Employment Centres will be established to link job seekers with employment opportunities.

Community-based training programmes will help develop skills and create employment opportunities for the most socially and economically disadvantaged groups, in particular rural women, disadvantaged young adults and people with disabilities. The aim is not to push these groups into stereotypical or non-lucrative sectors but to enable them to fully participate in all opportunities. Training for Rural Economic Empowerment is already operational in Pakistan and will be considered for swift scaling-up. This rests on a comprehensive training package that identifies and assesses local economic opportunities, designs and delivers community-based skills training, and provides post-training services, including a range of support measures to assist trainees to organize themselves into credit and savings groups.

Rural livelihoods will be improved by addressing all productive household assets, including food crops, orchards, livestock and other on-farm, off-farm and non-farm income generating activities. Initial planning will identify ways of targeting the most vulnerable sections.

Restoration of financial services, especially money transfers, access to savings, micro-finance, grants and credits will greatly enable affected communities' recovery efforts. Institutions such as the National Rural Support Programme and the Khushali Bank are well-positioned to serve as delivery systems. The linkage between credit and technical assistance and disaster risk reduction will be a powerful means of achieving sustainable recovery. The enhancement of local stakeholders' capacities in identifying, prioritizing and implementing economic activities can be a tremendous benefit to local economic development. Priorities will include building institutional capacity for the delivery of employment services, strengthening government capacity to plan and develop infrastructure sector, setting up a demand-driven skills training system, and supporting social safety nets and social protection mechanisms

The design, implementation and monitoring activities of the sub-programmes of the livelihoods sector will be guided by the following principles:

- Rehabilitation and reconstruction efforts will ensure adequate access to natural and productive resources and assets, particularly water, land and capital. The rights of vulnerable and marginalized groups will be secured.
- Empowering communities will encourage them to take a leading role in planning, implementing and managing recovery activities.
- Investing in communities will support their becoming increasingly involved in new economic activities that are economically and financially viable and will create new employment opportunities. This includes investment in basic minor infrastructure.
- Rekindling the rural economy by helping production to recover and markets to start functioning.
- Creating support services essential for access to markets and a return to normalcy.
- Supporting the participatory development of appropriate and adapted technologies and community-based extension methods.
- Pursuing public-private partnerships in all sub-programme areas to help attract much-needed investment and create jobs.
- Using local resources and involving local communities, including representatives from vulnerable groups, in the planning and execution of community works will generate employment and income within the community, enhance a sense of ownership of the assets and also increase the capacity and willingness to maintain these assets.

Programme interventions

Employment-intensive rehabilitation and improvement of support services

- Rubble removal activities through cash-for-work programmes will generate short-term employment opportunities for the local people in the affected areas. Reusable building materials will be collected for use in reconstruction. This will help inject money into the local economy.
- Improving support services to assist with the resumption of agricultural activity will promote market linkages and diversify production. This will be accomplished through public-private partnerships with farmers' associations, traders, input suppliers and credit institutions.
- Using small-scale contractors to work on roads and associated structures (bridges, culverts, drainage-channels, small link roads, dirt tracks) may generate a multiplier effect for the local community because they are likely to practice employment-intensive techniques combined with local resources.
- Training supervisors of small groups of workers in cash-for-work schemes and food-for-work schemes, which will employ large number of workers. Short courses will be results-oriented and geared towards both public and private sector needs.

Reviving and developing local economies

- Developing alternative livelihoods with special focus on most vulnerable categories of the earthquake-affected population, such as widows and widowers, orphans, the disabled, and the displaced.

- Mobilizing local stakeholders to ensure their direct involvement in planning and implementing the recovery of economic activities and productive infrastructure.
- Setting up a demand-driven training system to develop skills among the most socially and economically disadvantaged groups.
- Diversifying income by considering new investment opportunities, possibly through public-private partnerships (e.g. agro-processing, broiler chicken production). These opportunities would be subject to technical, economic and financial feasibility assessments.
- Using food-for-training programmes as an incentive for women to obtain vocational skills such as tailoring, embroidery or livestock management that could supplement support for their families. This will target female-headed households.
- Conducting Rapid Labour Market Assessments to match the needs of job seekers with the new opportunities created in the labour market.

Restore financial services and design new schemes to meet the special needs of the affected communities

- Restoring and improving previous livelihoods through improved access to micro-finance and non-financial services such as business development and small business start-up grants and skills training, will enable people to develop and improve their livelihoods.
- Providing cash grants to affected families (delivered through NRSP/SRSP, Khushali Bank, National Bank of Pakistan or Orix Leasing) that will help communities jump-start their livelihood restoration. This will be in the short term.

EMPLOYMENT, LIVELIHOODS & AGRICULTURE	
Intended Interventions/ Programmes	US\$
Employment and Financial Services	
Employment intensive rehabilitation	22,303,500
Reviving local economies	7,500,000
Restore financial services & grants schemes	79,500,000
Total	109,303,500
Agriculture	
Support community-based activities	7,580,000
Rehabilitate & improve farm production systems	13,000,000
Rehabilitate of agricultural service facilities	2,830,000
New appropriate technologies	600,000
Land & property rights	600,000
Targeted support to rural livelihoods	16,600,000
Coordination, monitoring & evaluation	1,400,000
Total	42,610,000

- Issuing cattle certificates whereby a financial institution acquires animals from the owners and either pays the owner a market price or issues a certificate. After a period of three or six months livestock of equivalent specifications is provided. This medium-term measure will enable the livestock owners to make the best use of this asset in the absence of adequate shelter and fodder.

- Strengthening safety nets and social protection mechanism will ensure social stability and access to basic protection for those not included in the formal social security system, e.g. micro-insurance schemes run by community groups and women’s organizations.
- Financing jewellery through mechanisms set up to provide immediate loans against traditional jewellery items.
- Providing micro-credit for small-business rehabilitation.
- Making innovative use of Zakat¹⁵ funds to repay the debt of persons who are unable to do so in the aftermath of the earthquake.

Rebuilding agriculture and rural livelihoods

- Developing and supporting community-based organizations in planning, implementation and monitoring of the recovery activities will help to ensure equity and transparency.
- Recovering and improving farm productive systems: clearing cultivated areas and facilitating restocking of animals using a combination of community-based technical and financial support measures. Rehabilitation and improvement of irrigation and drainage will require simple repair in some cases.
- Rehabilitating the many buildings and structures belonging to the department of agriculture and veterinary services that have been destroyed. These will be rehabilitated quickly using appropriate and cost-effective solutions, including earthquake-resistant technology and designs.
- Re-establishing lost land registration records and registering land which was not officially registered prior to the earthquake.
- Undertaking participatory evaluation and promotion of new technologies based on the skills, knowledge and experience of farmers and researchers in food and fruit crops, livestock, agro-forestry, on- and off-farm storage and processing, and in small-scale income-generating activities.
- Providing targeted support to rural livelihood diversification and improvement.

GOVERNANCE & DISASTER REDUCTION

Needs

The death of many public officials has distracted and demoralized the civil service at a time of additional demand for data collection, damage assessment, and relief and recovery work—in particular at local levels where capacities are inadequate even for routine responsibilities.

The need is high for risk reduction policies, plans and institutional mechanisms at the local, provincial and national levels, including capacity restoration across the board. There is also an urgent need for civil authorities to become actively engaged in informing the affected people on ongoing recovery efforts. Mechanisms and systems will be provided for expedient recourse to citizens’ feedback and complaints. Coordination among the various agencies involved will be improved.

¹⁵ Zakat is the religiously binding annual charity that every financially able Muslim pays for the support of those in need.

Most official records related to land ownership, education, health, judiciary and police are buried under the rubble of destroyed public offices. Missing and inaccurate baseline information particularly related to land records and tenancy rights is likely to have serious consequences for recovery planning and is a potential source of conflicts and delays. Efforts are required to respond to public sensitivities. The credibility of relief and recovery efforts will be enhanced by the public dissemination of relevant information.

Strategy

Disaster reduction measures need to be integrated within the earthquake recovery processes of all sectors. This will ensure that new schools, government offices, clinics, basic health units and small infrastructure are built to higher standards of hazard resilience. The reconstruction of government buildings and shelter may not start before March or April 2006. This four-month gap provides a crucial opportunity to develop strategies and capacity for earthquake-safer construction when it starts early next year.

Disaster risk reduction training for local administrators during the winter months would serve to provide at least a minimum pool of local administrators with some initial knowledge on managing disaster risk. Considering the new political and administrative realities at the district level, the role of the District Nazim will be critical in the overall establishment, supervision and maintenance of organizational systems and mechanisms for disaster risk reduction and response preparedness. The strategy will also target the institutional mechanisms for recovery and disaster risk reduction.

The emergency response after the earthquake clearly illustrated the importance of community preparedness, especially in locations where access is a challenge. The first response to any disaster is usually provided by the affected communities, and the earthquake of 8 October was no exception. Local communities and spontaneously formed groups started rescue and extrication activities immediately, before help arrived from the national and international levels. Therefore, it is important to identify and target existing community groups and civil society organizations in at-risk communities in order to initiate community-level capacity building activities.

Participatory and consultative processes will be adopted for rehabilitation and reconstruction planning, implementation and monitoring—a key part of achieving sustainability. The meaningful engagement of citizens, communities and other stakeholders (e.g. women and vulnerable groups in inaccessible areas) ensures that their specific concerns, requirements and priorities are appropriately reflected.

Programme interventions

Governance

Local capacity restoration and development for effective recovery, planning, implementation and monitoring

- Key activities include the provision of temporary staff and special expertise to complement the capacities of local line agencies; provision of additional skills in recovery coordination, participatory planning and implementation; the replacement of damaged equipment and hardware for quick reactivation of public sector offices; the provision of temporary office

space; support for efforts to restore and recover official records; and the inclusion of risk reduction in the local government’s development planning process.

Transparency and accountability of relief, rehabilitation and reconstruction

- The establishment of Development Assistance Database (DAD) will enhance aid coordination at the federal and local levels. Key activities will include capacity building of users to access DAD; adaptation of the system to include beneficiary tracking; dissemination of DAD reports to all partners; and hosting of donor coordination events to exchange information and resolve practical problems.
- Establish community-based centres that will provide information about relief, recovery and reconstruction policies, plans and projects; compensation packages; information about citizens’ rights and other issues to be identified by the affected population. In addition, centres will register citizens’ concerns and complaints related to disaster relief and recovery and then convey these messages to the concerned agencies for redress.

Auditing of relief and recovery services

- A mechanism will be established for public auditing or feedback on the relief and recovery services.

Strengthening the involvement of newly elected representatives

- Empower elected representatives and counsellors to effectively participate in the relief and recovery programme and to take informed decisions through leadership training and management training.

Community mobilization and organization for effective engagement in recovery and reconstruction

- Support training and capacity building of local government officials, communities and community-based organizations on participatory planning methodologies.
- Support local governance initiatives and integrated local rehabilitation and reconstruction plans and/or projects through Citizens’ Community Boards (CCB) and other community-based initiatives.

GOVERNANCE & DISASTER REDUCTION	
Intended Interventions/ Programmes	US\$
Governance	
Capacity restoration for recovery management	3,600,000
Transparency and accountability during recovery	3,000,000
Community organization and mobilization	2,460,000
Project Management	450,000
Disaster Reduction	
Institutional & legislative systems for DR	1,900,000

Disaster preparedness planning	1,386,500
Community level risk reduction	2,550,000
Total	15,346,500

Disaster risk reduction

Support to institutional and legislative systems

- The Draft National Disaster Management Plan prepared by the Government and UNDP in 2003 will be updated and approved. The plan recommends that a decentralized disaster management system be established, including institutional structures. It also recommends the implementation of a five-year nationwide capacity building programme on disaster risk reduction.
- Support will be directed to national-level policy, institutional systems and mechanisms, and the development of human resource capacity for managing the recovery effort.
- Local disaster reduction capacity will be restored and developed.
- Multi-Hazard Risk Assessments will be facilitated at the local level. The assessments will include vulnerabilities and capacities of diverse social groups.
- Awareness training for disaster risk reduction will be conducted for policy-level officials to promote increased investment in risk reduction and to include disaster risk reduction in recovery programmes and plans.

Preparedness planning

- Documentation and analysis of the emergency response and rehabilitation system will be undertaken for the purpose of strengthening the performance of these systems. Experiences will be documented about what worked and what did not; who did what during the response to the earthquake; what institutional, social and political issues were involved; what challenges were faced; and what lessons were learned.
- Preparedness planning will include the development and testing of preparedness and contingency plans at all levels.
- Orientation and training will be conducted for the District Disaster Management Committees (DDMC) and the Emergency Response Teams in order to enhance their capacity. The purpose of these teams will be to provide timely disaster response and relief to affected populations to save lives and reduce suffering. These teams will be drawn from relevant departmental experts and volunteers;
- Warehousing capability will be developed for pre-positioning relief supplies to remote locations. This will strengthen the local level response capacity to cope with the geographical challenges caused by isolation in NWFP and AJK. Warehouses at the district and *tehsil* levels will be stocked with relevant relief items.
- Community buildings will be assessed for use as emergency shelters.

Community-level risk reduction

- Community disaster preparedness will target vulnerable communities and will support the development of preparedness and risk reduction activities. These activities will include: awareness-raising of local communities to promote a culture of safety and self-help where the terrain is difficult; training for community leaders and first responders; development of community disaster preparedness plans; the identification of community resources for disaster response such as emergency shelters and equipment.
- The importance of school disaster preparedness was demonstrated by the extensive loss of life among school children and the destruction of school buildings in the earthquake. Schools can play a very important role in community-level preparedness and awareness rising. School preparedness has two dimensions: construction to appropriate standards of hazard resilience, and activities to raise awareness of the children and teachers about disaster risks and disaster preparedness. Programmes in the early recovery phase will focus on the latter.

ENVIRONMENT

Needs

The area affected by the earthquake covers approximately 30,000 sq km of upper mountain catchments of the Indus River and its major tributaries, including the Neelum, Jhelum and Kunhar Rivers. The earthquake's direct and indirect impacts must be understood in the context of this important watershed. This is also true of the opportunities, constraints and risks associated with response stage interventions, early recovery and longer-term reconstruction.

The earthquake generated massive amounts of waste. There is waste from damaged buildings and infrastructure, solid and human waste from tented villages and temporary settlements, clinical waste associated with the care of approximately 79,000 injured persons, and other hazardous materials including agro-chemicals. In addition, the earthquake has intensified the pressure on natural resources as vegetation is removed for use in construction, cooking and heating, and as water is contaminated. Prior to the earthquake, deforestation and grazing were contributing to the ongoing degradation and exploitation of natural resources; this may heighten the vulnerability of slopes further destabilized by seismic activity and initiate the occurrence of more landslides. The experience from the Asian tsunami disaster suggests that post-disaster pressure on natural resources has the potential to generate greater impacts on natural resources than the direct impacts of the disaster itself.

The earthquake's impact on institutional capacities and loss of infrastructure in all sectors, including the public services, has reduced overall capabilities to manage waste and natural resources. This is likely to have additional negative effects on the environment in general, and also on the livelihoods and health of the affected populations. In addition to the directly affected areas, environmental impacts are likely in the lower catchments. Environmental concerns associated with the earthquake will continue to require attention and resources beyond the current relief and early recovery phase. Thus, there is an immediate need to appropriately manage forests and other environmental aspects of the Indus River watershed.

Early recovery needs include the development of an appropriate waste disposal system to handle the large amounts of debris; the provision of alternative sources of energy for mountain populations; debris removal and waste recycling including the salvaging of building materials from the rubble; watershed vulnerability mapping; water quality monitoring; and slope stabilization in watershed areas including reforestation.

A comprehensive environmental assessment is required in order to understand and respond to immediate, secondary and possible medium-term impacts of the earthquake. This will be instrumental in further identifying impacts as well as identifying appropriate measures for risk reduction and environmental conservation. In addition, effective mechanisms for the provision of environmental expertise are required to guide the planning and execution of the overall recovery activities in terms of institutions, policies and legislation.

Strategy

In the immediate future, it will be necessary to build awareness and capacity among local waste managers. New practices for removing rubble, recycling building materials and disposing of hazardous substances (in particular clinical waste) must also be introduced.

In the medium-term, the focus will shift to natural resources management. The affected rural communities are likely to start rebuilding their houses in the early recovery period. Without external interventions, they will have little choice but to exploit nearby forest resources for timber. If not managed properly, this can have severe consequences not only for the conservation of natural resources, such as forests, but also for the sustainability of people's livelihoods. It will be important to explore alternate building materials and techniques that can reduce the demand for forest timber.

Programme interventions

The following specific, targeted interventions will be addressed in the early recovery phase. This will help enhance longer-term reconstruction efforts to reduce the environmental impacts on livelihoods, human health and the environment.

Immediate interventions

Disposal of waste and debris from damaged buildings and other infrastructure

ENVIRONMENT	
Intended Interventions/ Programmes	US\$
Waste management	7,000,000
Natural resource management	14,590,000
Total	21,590,000

- Measures will include inspecting damaged infrastructure; safely demolishing structures damaged beyond repair; sorting, segregating and recycling material; and identifying appropriate storage and disposal options for material that cannot be recycled. This waste, as well as landslide debris, is impacting on livelihoods (e.g. disrupting agriculture and commerce by delaying reconstruction and blocking roads and other access), human health (e.g. through inappropriate demolition and disposal of material) and other environmental factors key to human well-being (e.g. blocking rivers).

Disposal of solid and human waste from tented villages and other temporary settlements

- Measures will include sorting, segregating and recycling material, and identifying appropriate storage and disposal options for material that cannot be recycled. This waste poses risks to livelihoods and human health (e.g. spread of disease) and other environmental factors key to human well-being (e.g. groundwater contamination).

Disposal of medical waste

- Appropriate measures will include sorting and segregating materials and identifying storage and disposal options. Such waste impacts on livelihoods and human health and other environmental factors key to human well-being (e.g. groundwater contamination).

Disposal of other hazardous materials

- Measures will include appropriate storage and disposal, especially of those materials that do not degrade well naturally and pose risks to livelihoods, human health and the environment (e.g. ground- and surface-water contamination from agro-chemicals).

Immediate to medium-term interventions

Prevention of vegetation removal for construction, cooking and heating

- Measures include sustainable exploitation of timber and the introduction of possible alternatives like light-weight corrugated iron roofing and construction blocks. Pressures on vegetation cover may impact on livelihoods (e.g. reduced forestry or tourism potentials), human health (e.g. more landslides after further deforestation) and other environmental factors key to human well-being (e.g. greater suspended sediment loads in rivers leading to siltation, which reduces water availability from dams).

- Introducing liquefied petroleum gas (LPG) and other possible alternatives.

Prevention of slope destabilization

- Mapping of vulnerabilities will inform land-use planning.
- Supporting afforestation and land stabilization measures will promote sustainable livelihoods in mountain communities.

Prevention of water contamination and lake outbursts

- Interventions include community-based monitoring, early-warning mechanisms and response mechanisms. Contamination and outburst events may impact on livelihoods (e.g. deteriorating fish stocks), human health (e.g. flooding caused by lake outbursts) and other environmental factors key to human well-being (e.g. water contamination).

Prevention of impacts on critical habitats and protected areas

- Community-based rehabilitation initiatives will support sustainable livelihoods and natural resource management in mountain communities. Pressures on critical habitats may impact on livelihoods (e.g. reduced medicinal plant cultivation), human health (e.g. more landslides after further deforestation) and other environmental factors key to human well-being (e.g. reduced biodiversity).

EDUCATION

Needs

As of 15 November, the estimate of school-age children and youth who perished in both AJK and NWFP is over 18,000. Most of the victims were between 4 and 16 years old, i.e. primary and secondary school students. Thousands of children have been wounded, made orphans or both—and almost all are currently traumatized. The earthquake claimed the lives of many teachers. More than 7,000 schools were destroyed or damaged beyond repair. More than 955,000 children of school age have been affected by the earthquake, and 450,000 aged between 5 and 9 years require immediate access to primary education.¹⁶ Buildings that housed the administration and management sections of the education departments were also seriously affected. Recently, tent schools have opened in some camps and some private schools have started classes.

In the affected areas, the education system needs to be reactivated and stabilized to allow students, including those internally displaced, to continue their education and avoid drop-out and child labour. There are many urgent needs: reinvigorate the teaching profession; provide rapid teacher training; provide an appropriate response to the students that are emotionally and physically disabled; replace textbooks and other educational materials and provide interim teaching and learning facilities; institute non-formal education programmes for those temporarily out of school (to prevent exploitative child labour); and rapidly build the capacity of the Departments of Education in NWFP and AJK to plan and manage the recovery of their education systems.

¹⁶ Source: UNICEF

Strategy

The central elements of a strategy for early recovery in the education sector are as follows:

- Reactivate and stabilize the education system in the affected areas. Prioritize support to schools that do not have a long winter vacation;
- Integrate psychosocial support and care in the initial weeks of schooling in safe, protective environments. Affected teachers will receive an initial short in-service training for gradual professional reinsertion so that they can address earthquake-related trauma through peer sessions on psychosocial support;
- Reinvigorate the teaching profession through the recruitment of volunteer teachers, rapid teacher training for professional insertion and school-based management, and improved teacher management;
- Ensure inclusive education for children with disabilities;
- Establish youth groups for children and young people above the age of 15 for social mobilization, mutual support and to initiate non-formal education methods;¹⁷
- Provide a solid foundation for stability and sound reconstruction in the long-term, i.e. ‘build back better and smarter’ through formulation of a programme for school reconstruction and renovation that includes access for disabled children and child-friendly design features;
- Design non-formal education programmes to reach children and youth living in isolated places and/or those whose families have been internally displaced, and those living in the periphery of villages and towns.

Programme interventions

Advocacy campaigns

- A well-targeted advocacy campaign underlining the importance of re-starting education immediately in the affected areas will be developed. This requires printing advocacy materials in the national and local languages; disseminating advocacy messages through media (e.g. in local newspapers, television, radio and mosques); and involving prominent figures and celebrities as well as respected community leaders and elders. The aim is to highlight the role of schools and education centres as enabling environments and areas of normalization, inclusiveness, stability and hope.
- Provision of school meals (High Energy Biscuits), and take home incentives in the form of tins of oil, will promote school attendance, enhance child concentration and provide supplementary nutritional support for children. Provision of a monthly take-home ration of vegetable oil in all primary schools of affected areas will encourage the children, especially girls, to return to school in these areas, where literacy levels are already low.

¹⁷ These youth could also participate in the rapid teacher training programme as presented above.

Provision of accessible and flexible and safe teaching/learning spaces

- Establish flexible, accessible and safe teaching/learning spaces to provide transitional schooling. Schools, community centres, and other safe public or community spaces that survived the earthquake will be identified. This intervention offers education opportunities for children settled in tent villages and for those who stay in their community. Schools and classrooms in tents or prefabricated temporary structures will be set up to ensure school access and provide a sense of normalcy. In addition, those living in tent villages will benefit from other services such as sanitation, water, food and health.

EDUCATION	
Intended Interventions/ Programmes	US\$
School rehabilitation	6,300,000
Reactivate secondary, tertiary, vocational education	8,500,000
Inclusive education for disabled children	11,000,000
Capacity restoration and training	9,700,000
Prevent child labour through non-formal education	2,500,000
Advocacy for education	2,000,000
Total	40,000,000

Special temporary schools for children wounded or disabled by the earthquake

- Many of these children are currently receiving medical help in hospitals in Islamabad and Rawalpindi or in tent hospitals in the quake-affected areas. These deeply traumatized children have special needs and require special attention. No accurate figure is available at the present time. Estimates suggest that over 50,000 children were wounded, many of whom will suffer permanent disability. To this can be added a number of school-age children who never went to school or dropped out, and were wounded or disabled when their houses collapsed on them. Teachers will be trained and equipped with special materials and furniture that will help them support disabled children and enable them to lead their lives in a normal manner. School-based registration for children and teachers, for eventual tracing and relocation, will also be established.

School supplies, learning materials and textbooks

- Provision of school supplies and teaching/learning aids for teachers and learners (e.g. boards, uniforms, winter clothes, educational toys and other software items) will contribute to a sense of stability among children and teachers. A rapid reprinting and distribution of textbooks and other instructional materials is needed. These will be disseminated through available networks, NGOs and volunteers.

Inclusive education for disabled children

- A programme of inclusive education will aim to integrate thousands of children wounded or disabled by the earthquake. It will also target school-age children who never went to school before or abandoned it, and were wounded or disabled when their houses collapsed.

Teachers will be trained to appropriately address the needs of disabled children to help them develop new life skills.

Teacher employment, recruitment and psychosocial support

- Priorities will include the remobilization, rapid re-orientation and training of teachers as well as the recruitment of temporary/volunteer teachers. Many teachers require urgent help and assistance, in cash or kind, to enable them to rebuild their lives. They also need counselling and psychosocial support.

Teacher training

- Teachers will play a critical role in the rehabilitation of the education system; it is thus important to empower them and involve them in efforts and interventions aimed at rebuilding the system. Many volunteers, groups and individuals have emerged. This offers an opportunity to train volunteer teachers using adapted teacher kits and other instruments. In addition, teachers will be trained on the safe disposal of hazardous waste and the maintenance of a healthy school environment. There will be an environmental component in the syllabus to raise awareness among teachers and students about the importance of protecting their hill slopes.

Management and administrative training

- Management and administrative training for District Education Officers and other officials will help reactivate, manage and monitor the local education system. This includes support to the office of the Executive District Officer (EDO) for education in the affected districts. Since EDOs constitute the administrative and management hub of the education system in the district, steps should be taken to ensure that their work is not disrupted. This also covers training and support to the authorities responsible for the planning and management of secondary, vocational, technical and higher education.

Prevention of the worst forms of child labour

- Prevention of cruel forms of child labour will be advanced through non-formal education programmes accredited and recognized by the education authorities. These programmes will provide literacy and vocational skills training in non-hazardous occupations for older children (14 to 17 years of age).

Life-skills programme

- A well-focused life-skills programme will include hygiene lessons and protection messages for destitute children, parents and teachers. The programme will also include counselling for children and parents.

School clustering

- Through school clustering, the surviving schools could be endowed and empowered to assist those damaged schools located in the surrounding area, and also to receive children who are out of school due to the earthquake.

Distance learning

- It is anticipated that children, especially girls, who are living in villages rather than the tent camps will have limited access to education during the early recovery phase. Similarly, teachers living in remote areas who may be willing to continue teaching will have limited access to training, educational resources or professional support. Access to distance learning over radio is one established way of addressing both sets of needs. The distance learning programme will provide educationally sound radio programmes that communicate essential information about health, nutrition and other issues of concern to children and teachers.

PROTECTION

Needs

The earthquake has shattered the lives of many women and children, and many are now at acute risk. They have lost family members, leaving them widowed or orphaned, and they have lost homes and assets. Many survivors are injured and some are permanently disabled. Internally displaced persons have the right to return voluntarily, in safety and dignity, to their homes or places of habitual residence, or to resettle voluntarily in other part of the country. The reintegration of returned or resettled internally displaced persons should be facilitated as part of the recovery efforts.

In addition to immense death and destruction, the earthquake has created and compounded vulnerabilities among the surviving population. Factors creating new vulnerabilities and contributing to existing vulnerabilities include internal displacement, gender discrimination and social exclusion, age, illiteracy, impairments and disability, marital status, socio-economic status, loss of family members, separation of families, loss of livelihood, income and shelter, and loss of social support networks.

The consequences are severe. Separated and disabled children and women are at risk of being trafficked or abducted and subjected to violence and abuse. Single women and children face additional social and economic marginalization and physical threats, including rape. The injured are suddenly faced with physical and psychological impairments. Marginalized groups are unable to access assistance on an equal basis. Members of female-headed households, widows and orphaned children are at risk of having little or no access to essential services and supplies, and of losing property claims. The elderly and the disabled have lost their support networks. And the internally displaced are sometimes returning home to find their land occupied by others.

Strategy

The protection strategy has four key elements:

- Instituting protection measures for the most vulnerable, including psychological and social care and counselling to those affected by trauma: For children, re-establishing a routine of school and recreation and an equitably shared role in household chores will help them recover from trauma. Women are at heightened risk of exposure to domestic and community-based violence as a direct result of the earthquake. A zero tolerance policy on

violence, in particular gender-based violence, will be advocated at the community level by civil servants working in public services and by law enforcement personnel and the judiciary. Organising special training/sessions on psychosocial support for women and young girls enabling them to rebuild a normal and safer life in the immediate future.

- Strengthening protection by supporting the Government in setting up a transparent, accessible and efficient mechanism to investigate complaints for human rights violation and to redress abuse: This will be complemented by capacity building among governmental and non-governmental actors. Vulnerable groups such as women, children, internally displaced people and the disabled must be legally protected against abuse and violation of their rights.
- Identifying the most vulnerable and ensuring their protection in all sectors. Recovery efforts will be undertaken in a non-discriminatory manner with affirmative action measures where necessary. A rights-based approach will be applied to enable the affected individuals to claim their rights while supporting the Government to fulfil its duty.
- Empowering the affected and ensure their participation to enjoy the benefits of early recovery on an equitable basis, and to have a voice in all decisions that affect their lives.

Programme interventions

Specific capacity building measures for protection include:

- Registering all affected individuals with documents issued free of charge and without unnecessary bureaucracy.
- Organizing registration of and restitution of documents for all affected individuals. Special efforts will be made to locate and register vulnerable groups, in particular women, children, female-headed households, the elderly, the disabled and the displaced.
- Providing psychosocial support and care for all those who are in need of such services with particular emphasis on women and children and those with disabilities.
- Establishing safe play areas and child-friendly spaces for children to return to normalcy and acquire life skills.

PROTECTION	
Intended Interventions/ Programmes	US\$
Specific protection measures	2,700,000
Strengthening protection mechanisms	1,250,000
Protection & human rights in recovery efforts	650,000
Information & participation of vulnerable people	400,000
Total	5,000,000

- Supporting registration, care and reunification of separated households, families and unaccompanied children.
- Providing care and counselling for women and children suffering from emotional stress and physical disabilities.

- Establishing an accessible, transparent and efficient monitoring mechanism to investigate complaints, to redress instances of abuse and rights violations, and to monitor compliance with fundamental rights and principles throughout the earthquake response.
- Raising awareness and training relevant actors (e.g. NGOs, teachers, health workers, camp management, religious leaders, law enforcement personnel) on the obligation to detect, eradicate and redress all forms of violence, in particular gender-based violence.
- Providing protection and reintegration schemes for survivors of violence.
- Supporting the anti-trafficking unit of the Ministry of Interior and offer advice on enhancing its presence and effectiveness in the affected areas.
- Establishing a protection and assistance fund for victims.
- Establishing links to post-rape services at selected health centres.
- Supporting the Ministry of Social Welfare and other bodies and agencies concerned with the development and implementation of policies and procedures for the care of children separated from their families (medium and long-term care) and for the prevention of abduction and trafficking.

Mainstreaming

- Conducting human rights training with a focus on principles relevant in the current context for all staff involved in service delivery (e.g. the army, police, officials, volunteers and NGOs). This will help to ensure human rights principles, gender sensitivity, and the rights of the child are upheld throughout the response.
- Carrying out advocacy with the Government to ensure that national policies comply with international human rights standards and are implemented in the best interest of the most vulnerable.
- Maintaining cross-sectoral linkages with (1) the education sector for safe recreational spaces and inclusive education for disabled children; (2) the health sector for care of women and children suffering from trauma and those who are disabled, and for individuals in post-rape recovery; (3) the shelter sector for the voluntary relocation of internally displaced populations; and (4) the livelihoods sector to avoid the worst forms of child labour.
- Carrying out advocacy with governmental counterparts to ensure that national policies for the earthquake response are in compliance with international human rights standards. In particular, ensure that the voluntary relocation of vulnerable groups and internally displaced persons is based on informed consent.

Participation and empowerment

- Creating mechanisms to empower and enable all affected individuals and groups to be informed, be consulted and be invited to participate in all stages of the recovery efforts. In particular, provide information on government plans, legal entitlements and opportunities for accessing them.

- Ensuring participation of the most vulnerable through the establishment and/or support of youth groups, women's federations, community mobilisers, groups for the disabled, public debate mechanisms and other avenues.

FOOD & NUTRITION

Needs

Prior to the earthquake, six of nine districts affected belonged to the most 'food insecure' parts of the country, which are characterized by difficult-to-reach areas, small landholdings and low literacy rates. Only two districts (Abbottabat and Poonch) were not considered food insecure at that time. Households in the affected areas score poorly on most of the indicators that determine food security, such as literacy rates, access to land, markets and employment.

Many households have lost all or some grain and small livestock. In many affected areas up to one quarter of the livestock has been killed, which had provided an important source of animal protein in the diet, animal traction and a source of income. Food consumption has clearly deteriorated among the affected population, both in terms of quality and quantity. In rural areas and the temporary and tented accommodation, diets lack animal protein and micronutrients. About 20 percent of the mothers with children under two years of age have stopped breastfeeding mainly due to sickness or inadequate breastmilk. In about 10 per cent of the cases, breastfeeding children have lost their mothers.

The latest assessment indicates that nearly 2.3 million people will be in need of food assistance for at least two to six months. This will be replaced by more targeted interventions once registration and monitoring systems are in place. Needs are urgent for blanket supplementary feeding (fortified with micro-nutrients) for 440,000 pregnant and lactating women and under-five children in rural areas; replacement feeding for orphans under six months of age; therapeutic feeding centres for areas with high concentrations of affected populations; a nutrition surveillance system; public information and education campaigns for safe infant feeding practices and vaccination; and training for health care providers and community workers on key health and nutrition messages.

Strategy

Initial priority will be given to the 200,000 people in areas that are difficult to reach and will be isolated by snow in the coming months (Neelam, Jehlum, Kargan and Naran valley as well as upper parts of Allai). Pre-positioning of food stocks will be organized, ideally to cover four months.

For the distribution of food, mechanisms will be introduced to ensure that children, the disabled, and women (including pregnant and lactating women) have full and equitable access to quality food. Special attention will be given to women and children in families where the male head of household has perished in the earthquake.

To respond to the sharp decline in nutrition status, this strategy will integrate nutrition interventions along with essential health service packages. A training programme will be implemented to develop the capacity of all health care providers and community workers to deliver key health and nutrition messages.

Close linkages will be developed with the Agriculture Sector to support the monitoring of protein intake and the overall nutritional status of rural populations.

The earthquake has compounded the challenges faced by formal government institutions that are now required to oversee the food distribution and nutrition programmes; even before the earthquake they lacked staff and funding. Informal and civil society networks among groups such as lady health workers will have perished or lost their means of service delivery. (This target group will be rehabilitated on a priority basis to rapidly replenish human resources). Actions to support food and nutrition include ensuring the availability of necessary staff and resources; establishing a baseline for objective monitoring of the health and nutrition situation in communities and tented camps; and establishing training or retraining programmes for health care professionals and volunteers. A strong capacity building component will be built-in to support the management and monitoring of food provisioning needs. Moreover, appropriate food provisioning and nutrition requires feedback from the beneficiaries, so steps will be taken to facilitate their participation in the design and content of food and nutrition programmes, and to create or support peer groups.

FOOD & NUTRITION	
Intended Interventions/ Programmes*	US\$
Nutrition Intervention	1,750,000
Capacity building and logistics	7,500,000
Nutrition Assessment	750,000
Total	10,000,000

***NOTE: Additional interventions are being developed based on emerging needs**

Programme interventions

- General food distribution for some 2.1 million people in rural areas will be carried out initially until the end of February 2006. This will be replaced by more targeted interventions, once registration and monitoring systems are in place. Cash-based interventions (e.g. cash-for-work and micro-credit schemes) are considered more appropriate in less-affected urban and semi-urban areas where markets are operational.
- Blanket supplementary feeding will be given to all food-insecure households in affected areas that have children between six months and just under five years of age (6-59 months). Initially, the supplementation will be given along with the food ration until the situation improves. Approximately 280,000 children will be covered under the supplementary feeding programme.

- Pregnant women will receive Multiple Micro-nutrients (1 RNI/day) and all children between 6-59 months will be supplemented with MMN @ 2 RNI/week since the supplementary food will be fortified (as agreed by WFP).
- Therapeutic Feeding Centres (TFC) will be opened at the level of Tertiary Hospitals (1), District Headquarter Hospitals (DHQs) (2) and Tehsil Headquarter Hospitals (THQs) (17) in the affected area. The TFC will serve children between 6-59 months experiencing severe malnutrition with or without infection. These centres will also offer replacement feeding for orphaned children under six months of age.
- Context-sensitive guidelines for ensuring safe infant feeding practices in emergencies will be disseminated along the line of standard international (WHO/UNICEF) guidelines. Refresher training of all health care workers will be offered on the promotion of breastfeeding and the updated guidelines regarding infant feeding in emergencies. Due emphasis will be placed on ensuring breastfeeding and code compliance use of infant formula.
- High coverage of vitamin A supplementation will be maintained through adding this component to ongoing measles vaccination campaigns which is currently underway in all affected and adjacent areas. Another opportunity will be through the National Immunization Days (NIDs) in November.
- All health care providers and community workers will be trained in nutrition and the use of growth monitoring as a means of identifying malnourished children in the community, and managing their care and early referral (when necessary). This training will be linked with the training provided on infant feeding practices.
- Human resource needs will be mapped to determine the current gaps at community level.
- Effective monitoring systems will be revitalized, including nutrition surveillance to monitor progress and to serve as an early warning of any deterioration in the situation. A comprehensive health and nutrition survey will be carried out to establish a baseline and to identify major target groups and programming gaps.

HEALTH

Needs

Five district headquarter hospitals in the affected areas were completely destroyed and approximately 70 percent of the first level care facilities (FLCF) have been destroyed or rendered uninhabitable due to structural damage. In addition, community outreach and community-based services have largely ceased to exist, as many health workers operated from their private dwellings, which suffered extensive destruction (40 to 70 percent of the building stock was destroyed or damaged). This has drastically disrupted primary health care, basic curative services and preventive care programmes in the affected areas. As a result, the population is at a very high risk of further deteriorating health status.

The earthquake has also badly affected health personnel at all levels, including medical and paramedical staff. Many died in the earthquake, and many have suffered losses of family members and personal property and are unable to resume their duties. The acute shortage of medical, paramedical and nursing staff is a major challenge that needs to be addressed through a variety of approaches, including temporary postings from other districts and training for local staff.

It also will be important to rehabilitate the population socially and psychologically. This will require long-term psychological and social support due to the trauma experienced by so many people, which will persist even after the physical infrastructure such as homes and work places has been restored. Other needs include restoring the disease surveillance capacity and a more detailed needs assessment of all health related issues.

Strategy

Restoring the primary health services and secondary referral care system is a top priority. It includes re-establishing hospital services, basic curative and preventive services, maternal and child health and essential drugs supplies. Undamaged health facilities should be revived immediately and plans developed for establishing temporary health facilities. These health facilities can be pre-fabricated or located in tents, containers, mobile units or rented buildings. Peripheral referral/satellite clinics should also be established in urban areas.

The local health workers network will be revitalized through short training sessions on how to cope with the post-earthquake scenario, particularly the psychological aspect. Community health volunteers will be identified and provided with 'Mini PHC Kits for Community Health Volunteers' to enable them to provide relief in areas that are without health care or a local health worker.

The coordination of all health-related activities will include the maintenance of a database featuring human resources in the health sector, health facilities, available logistics, surveillance reports and minutes of coordination meetings.

In summary, the immediate priorities are (1) to conduct a detailed assessment of the functionality of the health care delivery system and health services, (2) restore health services immediately, and (3) engage in resource-mobilization efforts in terms of both human and financial resources.

Programme interventions

Revitalize the health care delivery system

- Re-establish District Headquarter Hospital services in AJK and NWFP. Provide warehouse facilities for storing medicine and supplies, equip hospitals and health units for all specialties (e.g. orthopedic, emergency obstetric care, paediatric surgery, mental health and psychological services and other medical specialties, to ensure safe blood transfusion through adequately equipped laboratories and blood banks).
- Re-establish *tehsil* Headquarter Hospital services.

- Provide transitional rural health care services by re-establishing and equipping Rural Health Services (RHC) and Basic Health Units along with Civil Dispensaries and MCH Centres with the following facilities: ambulances and transport, referral systems, vaccination and immunization, health education and counselling, obstetric and medical care, reproductive health care including ante and postnatal care and safe delivery, medical evaluation, and supplies for sanitation and hygiene.
- Provide mobile and medical camps and clinics in all RHC sites.
- Develop skilled human resources to support health care providers and health facilities, from medical officer to specialists, especially female staff.
- Provide incentives for rural women to avail primary health care services.

HEALTH	
Intended Interventions/ Programmes	US\$
Revitalize health care services	31,700,000
Strengthen health surveillance system	1,100,000
Restore mental & psychological health services	4,500,000
Rehabilitation services for the disabled	14,000,000
Restore human resource capacity	5,000,000
Coordination & assessment	700,000
Total	57,000,000

Establish disease surveillance, early warning and timely responses

- Guidelines for outbreak and early response.
- Facilities for district surveillance teams.
- Laboratory investigation units.
- Supply of drugs.
- Malaria and tuberculosis control, including the re-establishment of diagnostic services at the RHC/BHU level, the restoration of treatment centres, a sustainable supply of drugs for DOTS and malaria, and referrals for serious cases.

Support mental health

- Counselling and psychological first aid.
- Psychological support through trained personal at the PHC level and referral links.
- Essential supplies for all medical and surgical care.

Provide rehabilitation services

- Establish a registry of disabled persons.
- Establish rehabilitation services at each DHQ Hospital.

Restore and revitalize the district health management system

- Revive DHO/EDO health offices.
- Re-establish district health relief-management systems. These consist of a district relief coordinator, district relief supervisor, logistics officer, district psychologist, and community mobilisers. Establish the same services at *tehsil* level, and ensure collaboration with NGOs;

- Support DHO/EDO health offices to assume overall responsibility and collaborate with NGOs.

Conduct needs assessments

- Conduct detailed assessments of health sector needs to facilitate the early recovery of this sector.

WATER & SANITATION

Needs

The earthquake destroyed already inadequate water supply systems in the five affected districts of NWFP and three districts of AJK. NWFP and AJK have the lowest human development indicators in the country, reflected by the areas' high infant child and maternal mortality rates. Limited access to safe water and to sanitation are key contributing factors. There is an urgent need to provide access to safe water and adequate sanitation for approximately 1.7 million people, and to improve coverage in the process. An estimated 500,000 persons are living in camps. It is estimated that another 200,000 persons, including 98,000 children, are currently living in precarious remote areas. If they decide to relocate to camps or create settlements for the winter, they will need water and sanitation facilities. Facilities will also be needed by the survivors of small village populations who remain on their land.

Strategy

To address the most critical needs in water and sanitation in the early recovery phase, the strategy adopted will aim to:

- provide basic water supply and sanitation to dense population settings while planning to gradually expand and cover rural and small community settings;
- rehabilitate damaged schemes that can be repaired;
- support hygiene promotion activities through training and the provision of essential hygiene kits.

Rehabilitation, new construction and water-trucking will be done through commercial contractors who will be part of the service delivery scheme. Government policy supports the maximum use of private entrepreneurs. Regulatory procedures to issue contracts will be followed to ensure transparency, cost effectiveness and quick action.

One urgent priority is to conduct a detailed assessment of damaged water supply and sanitation facilities that captures a complete picture of the situation. It will identify requirements and options, and assess the capacity for hygiene education. The assessment will guide the development of standardized approaches to be used by all actors in the sector. Such approaches will extensively involve religious and traditional authorities and ensure the active participation of all vulnerable groups. The approaches will build upon community knowledge. Communities will be empowered to take action to protect the health of their members through the provision of critical supplies and facilities. More specifically, female facilitators are required to ensure that programmes are effective and reach the target beneficiaries, who are predominantly female.

Programme interventions

- Conducting detailed needs assessments to quantify exact needs and draw actual specifications, and to determine the need for equipment to replace what is faulty and defective;
- Coordinating at district and village level to maximize the utilization of resources and to avoid duplication and waste;
- Ensuring the availability of minimum standards of drinking water supply through:
 - Water-trucking and installation of water tanks;
 - Erection of ground bladder water reservoirs for camps and needy communities;
 - Repair of damaged water supply systems;
 - Provision of water purification supplies and equipment;
 - Rehabilitation of two urban centres (Muzaffarabad and Mansehra) and three other urban settings in the affected areas.
- Ensuring access to adequate sanitation through the installation of communal latrines (observing women’s need for privacy as much as possible, especially at camps) and through the provision of jerry cans and other sanitation and hygiene kits;
- Implementing hygiene awareness campaigns.

WATER & SANITATION	
Intended Interventions/ Programmes	US\$
Water Supply	10,000,000
Sanitation	7,500,000
WES in schools and hospitals	3,000,000
Hygiene Education	5,000,000
Capacity restoration, institutional development, technical support, logistics and coordination	25,000,000
Total	50,500,000

SECTION 3:

IMPLEMENTATION ARRANGEMENTS AND MONITORING

The success of the Early Recovery Framework will depend, inter alia, on the adoption of effective arrangements for implementation and monitoring. The overall responsibility for the implementation of the Framework rests with the Government of Pakistan, especially the FRC, the Army and relevant line ministries at the provincial level. Bilateral donor agencies, the UN system, international organizations, civil society and the private sector will support the implementation of this Framework in accordance with their specific mandate and area of specialization. The Framework will be rooted in and adhere to the principles of good governance. Key elements of the implementation arrangements include the following:

National Steering Committee

An oversight mechanism in Islamabad will ensure that the Framework's activities support early recovery efforts on the ground. The role of the Steering Committee is to provide strategic guidance and advice; to oversee and monitor results; and to ensure that lessons are learned. The committee is expected to meet once a month. Committee members will include representatives from line ministries, provincial government, the private sector and civil society.

Technical Advisory Board

The Technical Advisory Board operates within the structure of the national institutional set-up for the formulation, planning and implementation of the rehabilitation and reconstruction. Members of the Advisory Board include the Government (central and provincial) and representatives from academia and national research institutes. The Board is expected to meet weekly or bi-weekly. The Board will be supported by the IASC Early Recovery and Reconstruction Cluster operating in Islamabad. The cluster is responsible for formulating common coordinating and strategic frameworks, including practical operating principles to be applied by agencies working in support of specific and thematic activities. The IASC cluster includes the Government, UN agencies and organizations, other international organizations, and representatives of civil society.

Implementing bodies

Defining and applying field-based implementation mechanisms requires flexibility. Emphasis will be placed on joint management structures with key partners taking responsibility for the ultimate success of the Framework. It is recommended that provincial- and district-level authorities, RSPs, community-based organizations, NGOs, the UN system and the private sector become involved in the day-to-day operations of Framework implementation—with a clear division of labour. The long-term aim is to support the capacity of communities to plan, set priorities and make decisions within the context of an integrated multi-sectoral approach.

For more efficient and effective impact, field offices have been established in Bagh, Batagram, Mansehra and Muzaffarabad. They facilitate procurement, transport and other logistical processes

in support of the operations. They also will provide project implementation support where appropriate. The programme teams operating out of these field offices will support overall supervision, monitoring and provision of technical assistance to the Framework's activities in the field. The teams will include programme coordinators, project support officers, monitoring officers and technical personnel. UN implementation teams and relevant partners will be co-located as appropriate in order to enhance coordination and coherence in the implementation of the Framework.

The desire to compensate for weakened capacity in the wake of disaster often leads to the use of Project Implementation Units (PIU) to execute programmes or projects. Such units present a dilemma: they promise immediate and efficient project implementation but they can exacerbate the very problems that make them necessary. It's a question of short-term public sector efficiency versus longer-term capacity development. Steps can be taken to lessen their disadvantages. New approaches to technical cooperation and the integration of aid coordination and management into government functions have proven to be helpful especially using DAD. The transparency of public transactions can be enhanced by extending accountability towards the end-users and beneficiaries by giving them access to relevant information.

The implementation of the Early Recovery Framework will result in an increased demand for technical, financial and logistical UN support. Accordingly, the UN plans to build its capacity and to maximize synergy through joint programming, stronger coordination and joint monitoring and evaluation of results.

Monitoring and evaluation

A monitoring and evaluation mechanism will ensure effective multi-stakeholder monitoring of activities supported under the Framework. It will also foster accountability and transparency in the use of Framework resources. Monitoring activities will include on-site surveillance, regular reporting, and financial expenditure tracking. Results indicators will be developed jointly by Framework partners. The overall progress of the recovery activities will be regularly reviewed by the National Steering Committee. Wherever applicable, committees at the community level will be employed to monitor implementation. The monitoring framework will involve observation and complaint registers through which members of the community can provide feedback. In addition, teams of national and international United Nations Volunteers (UNVs) will support effective monitoring.

Financial management

The Framework's financial resources will be managed through a series of controls at various levels. All financial transactions will be monitored, recorded, analyzed and reported through transparent financial systems. Approved budgets and expenditures will be publicly posted in affected areas, as well as on the Framework's Web site. UN-assisted projects will be subject to annual audits, normally done by the Government's finance and development agency or in some cases the finance audit agency. The operation of the UN agencies' offices is audited internally by the Office of Audit and Performance Review, and externally by the UN Board of Auditors. Implementing agencies can engage with third party organizations and institutes to monitor aid

effectiveness, and to generate information on how funds channelled by them are translating into impacts for affected populations and local institutions on the ground. This information will feed into the Framework's development and refinement, and will complement the monitoring system.

A Development Assistance Database will reinforce existing capacities within the Economic Affairs Division to coordinate and manage national and international funds received in support of early recovery initiatives. The database will enhance information outreach, analysis, management and communication. It will produce donor and sector profiles and analysis for the Government at central, provincial and district levels, and provide project tracking information for the Government and the assistance community. This will contribute to greater donor alignment and harmonisation with national policies and systems, in line with the simplification and harmonisation agenda outlined in the *Paris Declaration on Aid Effectiveness* of March 2005.

Sharing of experiences

Implementation of the Framework will entail the regular collection and processing of data and information on key Framework outputs, reflecting the needs of strategic stakeholders such as the Government, the Army, RSPs, commercial and voluntary organizations, and CSOs. Eventually, this information will be used to develop an information dissemination strategy. The strategy's objective will be to ensure timely communication of information on the Framework to stakeholders such as executing and implementing agencies, the Government, community groups, donors and NGOs. A Web site will post the Framework document, programme documents, progress reports and briefs on best practices. The Web site will be regularly updated and linked with UN Resident Coordinator and UN agencies websites. Stakeholders Review Meetings will be held quarterly to review the Framework's progress, delivery and impacts, and may include representatives from other disaster-prone countries in the region. ICT and printed materials will be prepared for different target groups (e.g. government, the public, practitioners, experts and donors) on lessons learned and other aspects of Framework implementation.

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Annex 2

GUIDING PRINCIPLES FOR RECOVERY

Recovery is defined as: “Decisions and actions taken after a disaster with a view to restoring or improving the pre-disaster living conditions of the stricken community, while encouraging and facilitating necessary adjustments to reduce disaster risk. Recovery affords an opportunity to develop and apply disaster risk reduction measures.”¹⁸

1. **Focus on the most vulnerable and socially disadvantaged groups, such as children, women and the disabled:** Disasters increase the vulnerability of all, but especially of those who are already disadvantaged. Recovery programming needs to give priority to the most vulnerable groups, including female-headed households, children, orphans and the poor, and take account of those with special needs, to avoid their being overlooked.
2. **Restore capacities to manage the recovery process:** The capacity of local institutions must be rebuilt, including infrastructure. Along with local and national institutions, ensure that all levels of civil society are encouraged and empowered to participate in and manage the recovery process.
3. **Rapid rebuilding of people’s livelihoods:** Accelerate the revitalization of the local economy through the revival of production and trade and the creation of income and employment opportunities in support of people’s own initiatives.
4. **Secure human development gains and progress in poverty reduction:** Disasters can reverse hard won gains in poverty reduction and development, risking a downward spiral of decline. Recovery planning must attempt to re-establish and secure previous development gains. The poor in areas not affected by the disaster (the vast majority in the case of Pakistan) should not be negatively affected through cuts in funding for social sector development funding and/or poverty reduction.
5. **Avoid the creation of new disaster risk:** While avoiding radical redesign and restructuring of neighbourhoods and towns, ensure that sensible and realistic measures are taken to achieve development progress, to protect the environment, and to reduce future disaster risk.
6. **Encourage the engagement of private sector and civil society:** Mobilize private investment, both human and financial. Ensure that the local private sector has incentives and the technology needed to participate fully in reconstruction. Ensure that financial and human contributions from companies and individuals, as well as from Pakistanis living outside of Pakistan, are harnessed.
7. **Independence and self-sufficiency:** Maximize use of local initiative, resources and capacities. Base recovery and reconstruction planning and execution on local knowledge, skills, materials, methods and enterprise. Ensure community participation in all aspects of the recovery process.
8. **Transparency and accountability:** Achieve accountability through ensuring the effective operation of the judicial system and by making arrangements for third-party monitoring of activities. Achieve transparency through open processes and wide dissemination of information on all aspects of the recovery process.

¹⁸ International Strategy for Disaster Reduction (ISDR): Terminology - Basic Terms of Disaster Risk Reduction.

9. **Subsidiarity and decentralization:** Take decisions on plans, design and implementation at the lowest level possible to ensure community ownership and empowerment, and to ensure that solutions are locally appropriate.
10. **Coordination and coherent approaches to recovery:** Ensure full and effective co-ordination among all involved agencies, based on comprehensive information exchange and uniformity of policies.

Annex 3

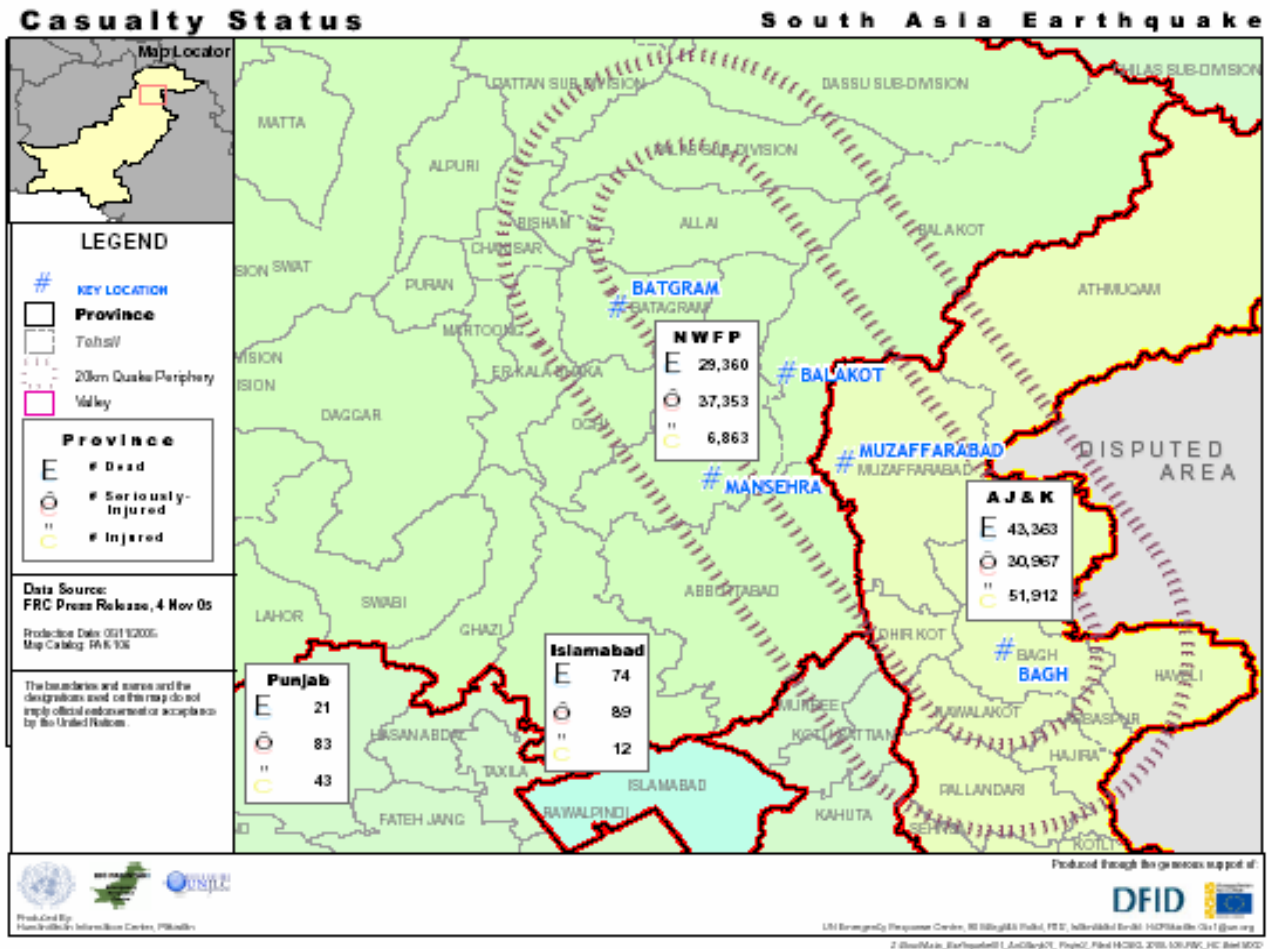
ESTIMATED COST OF EARLY RECOVERY NEEDS

The table below presents the estimated cost of early recovery needs over a 12- to 18-month period in all sectors.

SECTORS	US\$
Shelter	42,650,000
Employment & Livelihoods (grants and non-grants)	109,303,500
Agriculture	42,610,000
Governance	9,510,000
Disaster Reduction	5,836,500
Environment	21,590,000
Education	40,000,000
Protection	5,000,000
Food & Nutrition	10,000,000
Health	57,000,000
Water & Sanitation	50,500,000
Monitoring and Evaluation	4,000,000
TOTAL	398,000,000

Annex 4

MAP OF THE AFFECTED AREA



Annex 5

TERMS OF REFERENCE FOR PREPARATION OF THE EARLY RECOVERY FRAMEWORK

Assessment of Post-Earthquake Early Recovery Needs

Background

The earthquake of 8 October 2005, measuring 7.6 on the Richter scale, is estimated to have killed more than 73,000 people and affected between 3.2 and 3.5 million people. It severely damaged and destroyed a large part of the housing stock, commercial units, health facilities and administrative buildings in Azad Jammu Kashmir (AJK) and the North West Frontier Province (NWFP).

While early relief and response efforts are still ongoing, the government has already begun to lay the foundation for rehabilitation and long-term reconstruction. Rebuilding the affected areas in all human development dimensions—social, economic, political, physical, cultural—poses a significant challenge over the next several years. Given the magnitude of the disaster, it will require large amounts of financial resources, skilled human resources and innovative institutional arrangements to achieve sustainable recovery. The early recovery needs assessment is a crucial step in formulating a sustainable early recovery framework that provides strategic guidance to the affected people and stakeholders involved in the early recovery process. This needs assessment will be a collaborative effort of the Government of Pakistan and the UN system. It will be complemented by a damage and loss assessment spearheaded by the Asian Development Bank and the World Bank in a simultaneous endeavour to identify long-term reconstruction needs.

Rationale for an Early Recovery Framework

Supplement Relief Efforts: A coherent and strategic early recovery framework will help to enhance national and international relief efforts. A few examples are listed below:

- Vulnerable sections of the affected communities may be unable or unwilling to move to relief centres. In such cases, the provision of technical and financial assistance can assist affected people in devising their own housing solutions.
- The provision of winterized tents is being pursued as a major option for the provision of emergency shelters. In the absence of adequate numbers of such shelters, early recovery assistance can help develop alternative temporary shelter options.
- Early recovery support can provide additional technical and organizational options in support of family and community coping mechanisms.
- Quick impact training and awareness raising activities can improve the affected people's preparedness for winter survival in areas where tented villages have been established.
- Alternative sources of income can be provided to strengthen coping capacities of the affected people and help them with their rebuilding efforts.
- Repair of small infrastructure to facilitate the work of communities as well as relief agencies to delivery humanitarian assistance and undertake other recovery activities.

Supporting Local Initiatives: The affected populations will spontaneously begin with recovery activities, such as rubble clearance, reopening of small shops and micro-enterprises and in some cases building of temporary shelter. It is important to put in place mechanisms at an early stage to support early recovery efforts. An incremental process of local recovery can begin in parallel with decision making on more strategic and policy issues. This requires a clear strategic distinction between early recovery - restoring basic services, infrastructure, livelihoods, and reconstruction - upgrading and improving existing development assets.

Preparing the Ground for Sustainable Long-Term Reconstruction: Adequate support to early recovery will also help prepare affected communities, local government and local civil society to participate fully in the reconstruction process. Early recovery efforts will help restore and strengthen the institutional infrastructure and capacities at the local level to help manage the design and implementation of the long-term reconstruction programmes at the local level.

Reducing Disaster Risk: In the absence of a support mechanism for early recovery, spontaneous and sometimes haphazard early recovery efforts can increase the vulnerability of the affected people. It is important that post-disaster recovery not only restores “normalcy” but also “builds back better” and seizes the opportunity to reduce future risks and expand the opportunities for sustainable development. The earthquake has revealed underlying risks faced by the mountain communities that had been configured over time as a result of environmental degradation, or poor building practices. While the earthquake was an extreme, infrequently occurring natural event, the underlying risks in the affected areas are regularly manifested as small and medium scale disasters and loss events, characterized by frequently occurring flash floods, landslides and fires. Thus, any humanitarian or development activity has the potential to either increase or decrease these levels of risk. Assistance to people’s own recovery efforts can help ensure that houses and settlements are built to higher levels of safety to withstand not only earthquakes but also other natural hazards prevalent in the affected region.

Objectives of the Early Recovery Needs Assessment

The key objectives of the early recovery needs assessment are to:

- Identify priority programme interventions as well as policy suggestions that facilitate early recovery and transition from relief to reconstruction in different geographic locations;
- Assess key vulnerabilities and identify how these will be strategically addressed over the next 12 to 18 months;
- Identify and anticipate spontaneous early recovery efforts of the affected communities and devise strategies to strengthen local capacities to support these efforts.

It is important to get as complete a picture as possible of the early recovery needs of the different socio-economic, gender, age and minority groups.

Assessment Methodology

Given the urgency of assessing early recovery needs and the logistical challenges in organizing a comprehensive field mission on the ground, this joint rapid needs assessment will rely on a combination of secondary and primary information sources.

Secondary information sources and analysis:

- Development agencies and NGOs working in the affected areas prior to the earthquake;
- Existing and upcoming assessment reports of different sectors and geographical locations;
- Discussions with the Government and the Army.

Based on the analysis of available secondary information, the assessment team will develop an understanding of the social, economic and cultural conditions in the affected areas prior to the earthquake. This will be critical in determining options for early recovery assistance. Secondary information will also be of importance for preparing an initial picture of damages and losses, for anticipating early recovery needs; and for selecting appropriate locations to be visited during the primary data collection process. The main objective of the assessment will be to get a representative picture of the social and economic condition, earthquake damage and loss patterns, and local capacities.

Primary information sources:

- Selected field visits;
- Semi-structured interviews with survivors, local government, NGOs and community organizations.

Information gathering and output:

Some flexibility needs to be built into the information gathering process to allow for variations in local conditions and concerns. A general framework is proposed to ensure a certain presentational uniformity in the final report, which in turn will facilitate comparisons between districts/ regions and the development of an overall early recovery strategy. The information gathered should therefore permit the team to prepare a report with the following sections:

- Overview of the district/ region in the post earthquake context (human and material losses, impacts on the local economy, priorities required for recovery);
- Summary of findings of the needs assessments in that district (if available including the findings of the damage and loss assessment led by ADB/WB), plus locally produced damage/recovery reports and plans for the district or region, where they exist;
- An assessment of the essential issues in each key sector with regards to that district and of efforts already underway or planned to address those issues;
- Prioritizing those recovery issues that clearly need to be addressed in the coming twelve to eighteen months;
- Proposed broad mechanisms/approaches for addressing the recovery priorities that were identified by the team. This includes the support that may be required to strengthen the capacity of local actors to manage and implement recovery interventions;
- Observations on the cost and time implications.

The assessment team will use a uniform reporting format. With regards to the overview section of the final report, it will be important to include an assessment of how the transition from relief activities to the reconstruction phase can best be managed.

Key sector contributors to the Early Recovery Framework and needs assessment

- Shelter, including displacement (UN-Habitat, UNDP, UNHCR, AKPBS)
- Primary infrastructure: small roads, bridges, site clearance (UNOPS, UNDP, NESPAK, SRSP)
- Employment & livelihoods: farm-based, non-farm based (ILO, UNDP, UNOPS, ISCOS, ADPB, NRSP, LACHI, FAO)
- Agriculture and livestock (FAO)
- Capacity restoration of local government, reconstruction authorities, NGOs, community organizations (UNDP, CIDA, LACHI, DTCE)
- Water and Sanitation (UNICEF, UNOPS, WHO)
- Protection (UNICEF, UNHCHR, UNFPA)
- Food and nutrition (UNICEF, WFP)
- Education (UNESCO, UNICEF)
- Health (Save the Children, WHO, UNFPA, UNICEF, UNAIDS)
- Disaster Risk Reduction (ADPC, ADRC, UNDP, UNOPS, UN-Habitat)
- Financial Services (UNDP, Pakistan Microfinance Network, Privatization Commission, ORIX Leasing, First Micro Finance Bank)
- Environment (UNEP, WWF, Sungi Development Foundation, LACHI, DTCE)
- Logistics support to the needs assessment (UNOPS, UNDP)

Annex 6

HUMANITARIAN RELIEF CLUSTERS

Cluster	Managing UN Agency
Nutrition	WFP
Water & Sanitation	UNICEF
Health	WHO
Emergency Shelter	IOM
Recovery & Reconstruction	UNDP
IT/Communication	WFP
Logistics	WFP
Camp Management	UNHCR
Protection	UNICEF
Education	UNICEF
