



ERRA – UN Early Recovery Plan

First Quarterly Report
June – August 2006

Prepared by ERRA and IASC Country Team, Pakistan

This report is part of ERRA's first annual report.

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1. Introduction

The ERRA – UN Early Recovery Plan is to support the longer-term road to reconstruction by bridging the end of the relief phase and the start of full-scale reconstruction. It was developed jointly by ERRA, provincial authorities, the IASC Country Team, and other implementing partners. It covers the period between the end of winter 2005 till the end of winter 2006. Its initial cost was about USD 300 million, out of which USD 107 million was secured at the time of its launch.

This quarterly review is part of ERRA's first annual report and provides an update of the emerging recovery needs and a reprioritized list of projects. The report covers the period between June and August 2006. The report was compiled by ERRA and IASC Country Team.

Projects in the initial Early Recovery Plan have been re-prioritised based on the following criteria:

- Do the planned projects meet the objectives as specified in the ERRA strategy for that sector?
- To what extent will the proposal help build local capacity in government, civil society, community organisations and the private sector?
- How far have the concerned organisations involved themselves in coordination efforts to date?
- What evidence is there that the organisation has the capacity to start the project quickly if funded?

2. Main Findings

After a re-prioritisation of the initial projects, the total funds required for the Early Recovery Plan has been revised to USD 255 million. As of the end of August 2006, some USD 161 million had been mobilised, leaving a funding gap of just under USD 94 million. In other words, nearly two-thirds of the total cost of the Early Recovery Plan is covered so far.

The best-funded sectors are Education (79% of requirements), Governance (75%), and Livelihoods (66%)¹. The sectors that are funded the least include Watsan (47%), Housing (53%), Support to Vulnerable People (54%).

The overall delivery rate² as of 31 August 2006 is over one-fifth of the available funds. The sectors with the highest rate are: Governance (42%), Education (38%), and Support to Vulnerable People (36%). The sectors with the lowest rate are: Housing (9%), Health (11%), and Livelihoods (15%).

¹ The Coordination and Common Services Sector shows the funding coverage of 74%, due to the fact that projects were particularly relevant for the initial transitional phase. Since then, most projects were either completed or dropped after the first quarter of the Early Recovery Plan.

² The delivery rate is actual expenditure as percentage of total cost.

The implementation rate³ at the end of the first quarter is nearly one-third of the total cost. The sectors with the highest delivery rate are Support to Vulnerable People (68%), Watsan (66%), and Governance (56%). The sectors with the lowest rate are Housing (17%), Health (18%) and Livelihoods (22%).

As of 31 August 2006, the top-5 donors for activities that cover the 12 month period from May 2006 – April 2007 are: the Netherlands (total of USD 14.3 million to Education and Watsan); USAID (total of USD 12.8 million to Livelihoods, Housing and Governance); EC (total of USD 9.0 million to Livelihoods, Education, Health); CIDA (total of USD 6.7 million to Livelihoods and Housing); and Asian Development Bank (total of USD 5 million to Livelihoods). UNICEF, IFAD, UNDP and UNHCR are providing core resources to implement parts of the Early Recovery Plan.

The two main challenges identified under the first Quarterly Report of the Early Recovery Plan are:

1. Smooth coordination on the ground among implementing agencies, provincial government, line departments, PERRA, SERRA, and DRUs.
2. Limited coverage by implementing agencies of the outlying districts, in particular Poonch, Neelum, Kohistan and Shangla.

³ The implementation rate is actual expenditure as percentage of available funds.

Table 1: Overview of funding and expenditure of the Early Recovery Plan (as of 31 August 2006) *

Sector	Latest Total Cost (\$)	Latest Available Funds (\$)	Latest Funds to be Identified (\$)	Percentage Funded	Expenditure (\$)	Delivery Rate	Implementation Rate
Education	37,774,180	29,766,763	8,007,417	79%	14,341,859	38%	48%
Health	36,119,263	21,852,917	14,266,346	61%	3,954,667	11%	18%
Livelihoods	93,455,073	61,590,917	31,864,156	66%	13,629,595	15%	22%
Water and Sanitation	29,719,952	14,010,610	15,709,342	47%	9,179,472	31%	66%
Housing Shelter Camp Management	32,015,023	16,865,184	15,229,838	53%	2,932,238	9%	17%
Support to Vulnerable Group	9,279,758	4,968,824	4,310,934	54%	3,362,832	36%	68%
Governance	8,328,604	6,237,132	2,091,472	75%	3,469,857	42%	56%
Common Services and Coordination	8,382,398	6,171,286	2,211,112	74%	2,700,000	32%	44%
Total	255,074,251	161,463,633	93,690,617	63%	53,570,520	21%	33%

*Preliminary, based on near-complete data

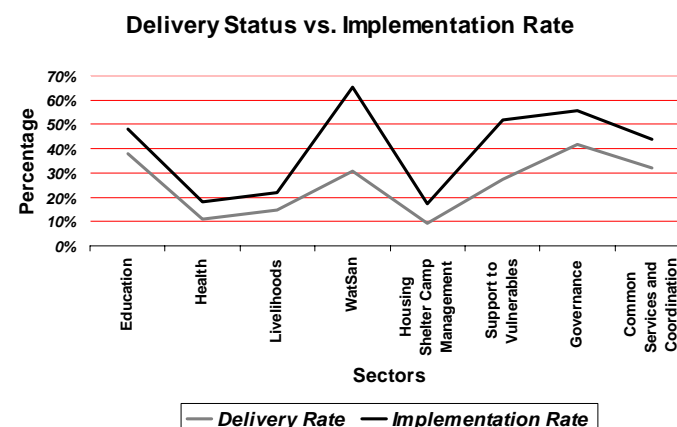
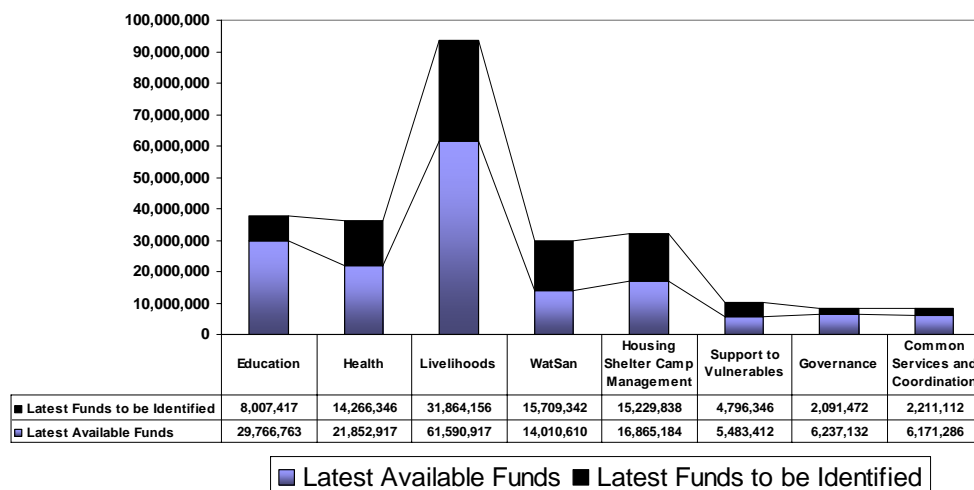


Table 2: Donors contributions over USD1 million to the Early Recovery Plan (as of 31 August 2006) **

No.	Donor	Total contributions	Supporting sectors
1.	Netherlands	\$ 14,263,694	Education, Health, Watsan
2.	USAID	\$ 12,777,126	Livelihoods, Housing, Governance
3.	EC	\$ 9,020,635	Education, Health, Livelihoods
4.	CIDA	\$ 6,729,652	Livelihoods, Housing
5.	ADB	\$ 5,000,000	Livelihoods
6.	Germany	\$ 4,782,770	Livelihoods, Housing, Governance
7.	DFID	\$ 3,620,120	Education, Watsan, Livelihoods
8.	Australia	\$ 3,055,136	Education, Livelihoods
9.	Saudi Arabia	\$ 2,101,241	Livelihoods, Health
10.	Switzerland	\$ 2,054,655	Education, Livelihoods, Housing
11.	World Bank	\$ 1,684,040	Support to Vulnerable People
12.	ECHO	\$ 1,650,000	Health, Common Services
13.	Belgium	\$ 1,590,529	Education, Livelihoods
14.	Italy	\$ 1,378,082	Education

**Preliminary, based on near-complete data.

3. General Update

As the mechanisms for recovery and reconstruction coordination are being established and strengthened, the IASC's concrete support includes:

1. Operational activities on the ground to help deliver basic social services such as primary health, basic education, water and sanitation and to restore livelihoods.
2. Advise Government on residual relief, transition and recovery strategy in relevant sectors, and disaster management.
3. Ensure that the coordination mechanism for the relief, recovery and reconstruction are effective and efficient. Such coordination mechanisms serve as fora not only to exchange information but also to take decisions by stakeholders.

ERRA has finalised most sectoral strategies. Where applicable, the former Cluster System and its succeeding mechanism of Working Groups made substantial contributions to developing these strategies. Sectoral expertise provided by the IASC group and donors to ERRA have contributed to strategy development. IASC members and other implementing partners actively participate in Working Group meetings

to provide policy advice on concerned sectors and jointly develop policy and implementation guidelines with the Government.

IASC is working closely with ERRA on various transition-related issues such as shelters, winter contingency planning and new coordination mechanisms for the recovery and reconstruction phase by drawing lessons learnt from the relief phase.

The humanitarian coordination system during the relief phase is being superseded by and transformed into the Government-led coordination mechanism. In Islamabad the Cluster System during the relief phase has been transformed into the Working Group meetings led by ERRA. Further, the Transition Cell of ERRA holds a weekly meeting on residual relief matters with representatives of an IASC representative and other agencies if needed. As OCHA officially closed its office on 30 June, OXFAM represents the IASC Country Team at the Transition Cell as of 1 July 2006.

ERRA holds regular donor meetings in Islamabad. Further, ERRA holds a meeting with NGOs on a monthly basis. As in Islamabad, the responsibilities to organise various coordination meetings in the field have been handed over to SERRA in AJK⁴, PERRA in NWFP, District Reconstruction Units (DRUs), and provincial and district authorities.

While Government is leading the coordination efforts, there exist continuous needs for IASC to provide support for field coordination. Thus, each sectoral lead agency remains engaged to strengthen the capacity of the government to chair the meetings and provide secretariat services, as well as to continue providing substantive advice. The lessons learnt from the Cluster System during the relief phase and from other transition countries including post-Tsunami experiences are being applied.

⁴ Kashmir is referred to as 'AJK' (Azad Jammu Kashmir) in the Early Recovery Plan. While AJK is the national designation, the official designation of the UN is 'PAK' (Pakistan Administered Kashmir).

4. Sectoral Summary

4.1 Education

Main achievements

Activities under the Early Recovery Plan have supported the operationalisation of ERRA's strategy to reconstruct and rehabilitate the education sector. ERRA, together with UNESCO, UNICEF, and NGOs, have committed to build back better the entire education system by improving access to quality primary, secondary and tertiary education in healthy and protective environments.

- Out of the 7 education projects in the Early Recovery Plan, 5 are being implemented.
- Out of the 7, only 1 is fully funded and 4 are partially funded.
- Two projects are still awaiting funding; one is aimed to reactivate and expand secondary schooling and selected tertiary education facilities. The other one aimed to reactivate and expand non-formal education.
- No projects in the Education Sector have been dropped from the Early Recovery Plan.

Programmes are being implemented within the framework of the Minimum Standards of Education in Emergencies (MSEE), Chronic Crisis and Early Reconstruction. Training and the dissemination of the MSEE handbook (in English and Urdu) represent a unique tool to ensure the right to quality education for people affected by the earthquake.

The Education Sector is well coordinated. In its efforts to set up an effective harmonizing mechanism for streamlining the ongoing process of reconstruction and rehabilitation as well as developing the necessary policy guidance, ERRA created the Education core group.

Psycho-social support training is being delivered to primary and secondary teachers in NWFP. Roll-out of both primary and secondary

teachers on psycho-social support training will soon be started in AJK. Educational Senior Managers and Middle Managers including EDOs, ADOs, subject specialists, principals and head teachers have been trained on Educational Planning and management in both NWFP and AJK. Teaching and learning supplies are also being distributed.

The World Food Programme's school feeding activities are taking place in both NWFP and AJK. On-site ration of biscuits to boys and girls in primary grades 1-5 and kachi classes as well as the distribution of vegetable oil as take-home ration to girls in middle schools are aimed to increase enrolment and retention rates.

Recently a request was made by SERRA in AJK for tents to secondary and tertiary schools, which support was not originally included in the Early Recovery Plan. This was part of a larger request for tents to primary, secondary and tertiary institutions, submitted jointly to UNESCO and UNICEF. Based on its mandate to focus on primary level education, UNICEF has provided supplies to middle schools, and will continue to provide, tents (and other educational supplies) to primary and middle schools in the earthquake affected areas. UNESCO is reviewing the request to support the upper education system levels where possible.

Key challenges

The Education Core Group has committed to rehabilitate the education sector holistically. One of the main challenges is to reconstruct not only in terms of buildings but in terms of reinvigorating and boosting the capacity of the educational institutions and its members including educational planners, managers, curriculum developers and teachers:

- Ensure that every reconstruction effort is supported and supplemented by "soft component" activities that are taking place in parallel approach.
- Reaching remote areas and scattered schools to deliver some of the services such as distribution of food items and teaching/learning material.

- Difficulty in finding Implementing Partners in the most isolated districts.
- Establish sustainable mechanisms of Monitoring and Evaluation to track progress in school reconstruction, presence of trained teachers and the management of general educational activities.

4.2 Health

Main achievements

ERRA holds regular meetings of the Health Core Group for strategic and policy discussions. It is attended by NWFP Provincial and AJK state health authorities, donors, UN and NGOs. In the field, DHOs (District Health Officers) and EDOs (Executive District Officers) are starting to assume more responsibilities.

The disease early warning system (DEWS) was established throughout the earthquake area to identify incipient epidemic prone disease outbreaks and take intervention before they developed. In the last six months, there have been 210 alerts and 25 outbreaks of epidemic prone diseases in the earthquake zone. Measles presented the largest number of alerts, with 63, and acute watery diarrhoea (AWD) the largest number of outbreaks, with 11. All of the AWD outbreaks occurred after the advent of the monsoon season. Of the diseases and conditions under surveillance, acute respiratory tract infections are the most common cause of health consultations, followed by acute watery diarrhoea.

Other achievements are as follows:

- UNICEF supplied 10 ambulances to district hospitals.
- Over 40 prefabricated BHUs (Basic Health Units) have been handed over to Government by WHO and UNFPA; 24 RHCs (Rural Health Centres) are in the final stages of construction.
- The earthquake provided an opportunity to vaccinate children in the region.

- Many hospitals are still in tents but are functional. JICA has finalised the DHQ in Batagram with prefab structure.
- The monsoon has resulted in landslides and floods, creating additional health risks that were reflected in an upsurge in waterborne diseases.
- Winter planning is underway, including identifying and stocking facilities at risk of isolation.
- WHO, UNFPA and UNICEF held two District Health Planning workshops in NWFP and AJK in collaboration with ERRA to enhance the capacity of concerned health authorities in the affected districts for preparing district health master plans for the health sector recovery.
- Essential medicines are being provided for 3 months, at which time MoH/Department of Health will assume full responsibility.
- UNICEF has initiated its community outreach programme in the earthquake affected areas by identifying and training around 3,300 community health workers on first aid, health monitoring and provision of basic services.
- UNHCR undertook with partners a 2 weeks hygiene campaign, operation Heartbeat in camps to increase awareness and to support hygiene care.
- IMC is providing health services in 6 BHUs and Khashtra tent village. Over 500 children have been vaccinated in Jaraid village as well as in camps in Gari Habibullah and in Jabba.
- CWS has been focusing on psycho-social care, providing services and training community workers, as well as supporting the renovation of water system and the provision of health services in 26 villages. CWS are also operating a mobile medical dispensary at MCH centre in Sheikhabad and providing basic health services to BHUs in Paras.
- Essential primary health care services are being provided through Merlin in the Muzaffarabad and Neelum districts, with 5 semi-permanent facilities already working, and another 4 planned. Merlin is also providing primary health care to the transitional camps in the Muzaffarabad district, including a diarrhoea treatment centre, operational during the monsoon season.

- UNICEF and WFP have initiated a project to supply fortified blended food to pregnant and nursing mothers and children.
- IOM has provided medical screening services, through funding from UNHCR.
- ICRC has started the construction of permanent facilities in Muzaffarabad.

While several implementing partners have withdrawn from the health sector at the end of what most observers consider to have been an effective and successful relief operation, many remain active and have initiated rehabilitation and revitalization of the health care delivery system. The following are the main health partners:

Mansehra:	Mercy Corps, Church World Service (CSW), NCHD, IFRC, International Medical Corps (IMC), WHO
Batagram:	CSW, NCHD, IFRC, WHO
Shangla:	NCHD, IFRC
Bagh:	AAI, NCHD, IFRC, MSF, WHO
Muzaffarabad:	ICRC, Islamic Relief, IOM, NCHD, WHO, Merlin
Poonch:	NCHD, WHO

Key challenges

- Several implementing partners left at the end of the relief phase, creating a gap that needs to be filled by BHUs and RHCs.
- Challenges in the recruitment of female service providers in the affected districts.
- Mobilising the national and local resources for revitalization of health care system.
- Establishment of effective mechanism for supervision and monitoring of health services to help service providers improve their performance.
- Training needed at all levels of health care, including reproductive health, mother and child services, rational use of drugs, management of health facilities, emergency

preparedness, epidemiological services such as surveillance and outbreak investigation and response.

- Lack of technical laboratory capacity at the district level, and lack of supplies leads to delays in disease confirmation.
- Environmental health issues, such as access to safe drinking water, solid waste disposal, provision and use of latrines, and appropriate hygiene promotion materials.
- Lack of systematic water quality testing in the districts.
- Difficulty in dealing with the large number of disabled, including lack of beds for spinal injury patients, lack of trained staff, lack of specialized equipment, lack of prosthesis or orthosis for amputees, lack of co-ordination in tracking the disabled to be able to provide needed services when they have been discharged into the community.
- Appropriate monitoring of drugs at district level to be continued to ensure delivery of effective drugs to the right place at the right time, and minimization of wastage due to expiry.
- Risk of a malnourished population, particularly pregnant and lactating women and young children.

4.3 Livelihoods

Main achievements

A great deal of livelihood rehabilitation is underway in the earthquake affected areas with over eighty agencies assisting communities in a wide range of activities. These include agriculture, livestock and horticulture rehabilitation, vocational skills training, cash voucher systems for those vulnerable, and re-establishment of small business. Cash-for-work programmes are operational to provide employment, to build skills and to rehabilitate small-scale infrastructure. Some of these activities are being undertaken through UN-ERRA Early Recovery livelihood projects, others by NGOs with NOCs (non-objection certificates) for the recovery period or by livelihoods projects which were already operating in the affected areas before the earthquake.

- Of the 26 livelihood projects in the UN-ERRA Early Recovery Plan, 11 projects are fully funded. The INGO-run projects have started; four UN-run projects are starting now after completion of the planning stage.
- Seven of the 26 projects are partially funded, of which 5 have started their activities.
- Eight of the 26 projects are still awaiting funding.

In addition the World Bank is funding a livelihood cash grant programme which provides Rs. 3,000 (about USD 50) per family per month to the most vulnerable families over a period of six months.

The Livelihood Working Group meets in Islamabad, Mansehra and Muzaffarabad, chaired by ERRA with secretariat support by FAO. Recently the DCO Mansehra has taken over the chairing of the weekly Mansehra meeting. ERRA has also instigated a livelihood core group which meets monthly at ERRA since early August.

ERRA finalised its livelihood rehabilitation strategy, which was approved by the ERRA Board. The strategy involves the establishment of Livelihood Coordination Units in each DRU, as well as in PERRA, SERRA and ERRA. It includes funding for reconstruction of damaged line department infrastructure, and a USD 22 million community investment fund to support the implementation of community livelihood rehabilitation plans. Livelihood coordination units will be instrumental as a conduit for the community livelihood rehabilitation plans that will include activities in these other sectors. In this way the unique nature of the livelihood strategy – that of being based on community planning - will inform all other sectors.

Key challenges

- Coordination: Until the livelihood coordination units are established in the DRUs, PERRA, SERRA and ERRA, coordination between agencies working in the same areas remains ad-hoc, and becomes an issue in every livelihood working group meeting. Efforts are made to set up separate

coordination meetings for particular areas (Siran Valley, Balakot etc).

- Involvement of relevant line departments: Connections between line departments and other implementing agencies vary, yet are essential for sustainable livelihood rehabilitation. Unlike some other sectors, livelihoods is cross-cutting and cannot be aligned with just one government department. To date more involvement of all relevant line departments (social welfare, agriculture, livestock, labour) is required in the Islamabad and Muzaffarabad working groups.

4.4 Water and Sanitation

Main achievements

In the main four districts of Mansehra, Batagram, Muzaffarabad and Bagh, many watsan agencies are active. In the outlying districts of Poonch, Neelum, Shangla and Kohistan), however, the level of activity is much lower. Few agencies are present there, and the Government of Pakistan has initiated funding from ERRA through the formal PC-1 process⁵.

Programmatically, the sector is broken into the following broad categories, with some receiving focused attention of the humanitarian agencies, while others currently lack adequate support.

Support to Watsan in camps

- Some concern exists as to the need to engage and access technical support from responsible line departments.

⁵ PC-I stands for Planning Commission-1, a generic name for the project document. It is required in case of projects where Government entities provide cash contribution to the programme. The PC-I is prepared by the sponsoring Federal Ministry or Provincial Department and must be endorsed by the competent authority. There are 12 different PC-1 formats corresponding to 12 development sectors.

- The lifespan of camps has not been clarified. As a result, there are reservations on the part of agencies to involve themselves in an open ended commitment.
- Attention is needed to ensure hygiene promotion is supported and undertaken.
- Adequate contingency planning is required for possible returnee caseloading in winter.

Rehabilitation of Rural Water Schemes

- Of the 4,000 identified schemes requiring rehabilitation following earthquake damage, approximately half have received sponsorship commitment from agencies, and the government is aiming to tackle the balance through PC-1 funding via ERRA.

Community Hygiene and Sanitation

- In close collaboration with the health programmes, community mobilization and training is taking shape in communities serviced by the repaired WSS.
- The WATSAN Core Group has requested to shift the policy on household latrines to reflect National Sanitation Policy in Pakistan, a move that will permit agencies to assist vulnerable families with materials for household latrines – a move that will maximize the impact of community level hygiene promotion.

Water Quality Monitoring

- Close collaboration of watsan agencies has helped to deal with increasing caseload of severe watery diarrhoea in a number of locations. However, the water quality monitoring capacity needs to be mainstreamed into line agencies.

Tented School Facilities

- With the reopening of schools, this is an area of priority intervention by many watsan agencies.
- Child to Child hygiene messaging has been launched, and teacher training in hygiene promotion is planned in the immediate future.

Urban Water Supplies

- While agencies have shifted focus to rural areas with the returning IDPs, the limited urban water systems have to serve greater population than before the earthquake, thus have become even a more serious health concern.
- Government is seeking to tackle this priority need through the PC-1 process.

Municipal Solid Waste

- Urban solid waste problems pre-exist the earthquake, and whilst assistance was offered to alleviate increased production during the emergency phase, no continuation of support is available from agencies on the ground.
- This remains an area of critical importance, and ERRA wishes to draw attention to the need to tackle this whilst processing funding through the PC-1 process.

Key challenges

Overall a limitation on degree of coverage has been encountered due to the shortage of implementing agencies, and the hesitation of organizations to undertake work in the outlying, poorly serviced districts, especially in Shangla and Kohistan. Given these facts, ERRA has initiated action through the official Government funding channels.

4.5 Housing, Shelter & Camp Management

Main achievements

About 600,000 homes were severely damaged or destroyed by the earthquake. The rural housing reconstruction programme has created a structure to provide support for the massive rebuilding process. Planning and preparations for large-scale shelter/housing programme are underway to address the needs of the urban displaced. Conditions within the camp are currently being upgrading.

AJK and NWFP have concluded the contingency planning exercises for the upcoming winter and are in process of identifying resources for the anticipated needs. The international community supported this process and has identified different sectors where contributions can be made.

Based upon the contingency plan, the following assistance gaps* have been identified:

Items	Total	NWFP	AJK
Tents	44,910	33,910	11,000
CGI Sheets	61,973	49,000	12,973
Blankets	591,847	149,998	441,849
Plastic Sheets	75,112	27,166	47,946
Stoves	14,166	14,166	0

* The numbers require final validation.

The urban housing assessment is being conducted by Government. Results will be available by the end of the September. Sufficient information currently exists for planning purposes.

The 'Rural and Relief Shelter Issues Paper' compiled and endorsed collectively by NGOs and UN agencies, provides a summary of the situation as well as specific recommendations. Serious concerns were registered such as the cost and accessibility of materials, the quality of construction with reference to seismically safe standards, the quality, coverage and flow of information on safe reconstruction, the degree of coordination and participation by implementing organisations, landlord-tenant disputes, women's access to legal rights and assistance, and the availability of winterised shelter for vulnerable people in camps, camp-like situations, towns and remote villages.

Based upon available information, ERRA has estimated that approximately 16,000 non-permanent homes for the urban-displaced will be required this upcoming winter. The current eligibility criteria

prioritize those with destroyed homes over damaged houses as well as vulnerable groups identified by eligibility for livelihood grant. Currently, an urban housing assessment tied to compensation is underway and the results will be available by the end of September.

Twelve housing reconstruction centres have been established by UN-HABITAT, GTZ and SDC in the affected areas with funds totalling USD 6.1 million made available by CIDA and the German and Swiss Governments respectively. An additional need for USD 1 million (stated in the original ERP) is requested by UN-HABITAT to strengthen and expand operations and training service provision in six housing reconstruction centres.

Rubble removal was one of the key challenges to tackle to expedite the reconstruction phase, and a number of organisations undertook rubble removal programmes. Among them were UNDP and IOM, who helped local authorities to remove over 20 million cubic feet of earthquake debris from urban areas.

Key challenges

It has proved difficult to raise funds for temporary shelter for the urban displaced. The financial commitment for non-permanent urban housing by Government, donors and implementing partners needs to be clarified to identify gaps. So far the Kingdom of Saudi Arabia committed to provide 10,000 non-permanent houses.

The main challenge faced for support to safer rural housing reconstruction is the lack of Partner Organizations operational on the ground to impart training, technical assistance and information. The infrastructure for "training of trainers" through 12 Housing Reconstruction Centres (HRCs) is in place and fully operational. However, two-thirds of the 280 Union Councils are still not covered by partner organizations. Half of which are currently attended by the army as a temporary stopgap arrangement that need to be replaced by the long-term presence of Partner Organizations. Some funding is available from ERRA to contract Partner Organizations but there is still a wide funding gap to be able to support affectees in rebuilding half a

million houses introducing earthquake resistant elements in building techniques.

4.6 Support to Needs of Vulnerable Groups

Main achievements

The monsoon period brought renewed movements of populations in both NWFP and AJK. In AJK, people were relocated due to seismic surveys that indicated high risk of landslides. This resulted in a heavier residual caseload than earlier expected. Following the consolidation of camps and relocation from some areas of return, a registration and constraints survey was carried out in all residual camps across the earthquake affected areas. This will provide critical information on the vulnerable populations and allow the government and international community to focus their activities and assistance. Provincial and district authorities are working on a winter contingency plan.

With ERRA's decision to establish a Working Group to strengthen coordination within and across the sectors, a Protection Core Group started on 1 August 2006 as the UN-led Protection Cluster officially closed. In order to tackle challenges in coordinating a number of different actors, the Working Group is currently working to map all activities geographically and thematically and to ensure that gaps in the area of protection are highlighted and solutions identified.

ERRA, with the support of UN and NGO partners, developed a Social Protection Strategy which was approved by the ERRA Council in mid-June 2006. The Strategy incorporates concrete actions, recommendations and policy guidelines for the rehabilitation of the vulnerable groups, identified as widows and women-headed households, children without parental care, people with disabilities, the elderly and the landless due to the earthquake. Some of the components of the Strategy include provision of cash grant to vulnerable groups, assistance in housing reconstruction, livelihood development and vocational training opportunities, and legal and administrative support in accessing land/property rights especially for women and children. ERRA is currently liaising with donors to find

funding for some of the components of the Strategy. The Strategy refers to the ERRA-UN Early Recovery Plan and seeks to effectively coordinate the inputs and activities being sponsored by UN agencies, NGOs and other agencies.

ERRA and the UN agreed to establish a joint system to enhance the monitoring and analysis of the return and reintegration process, covering both residual camps and areas of return in order to ensure timely response to challenges and ultimately an overall stabilisation of the earthquake affected population.

As part of the system, joint protection monitoring units (JPMUs) are being established in Abbotabad and Muzaffarabad, which will be comprised of international and national protection focal points as well as protection monitors. The JPMUs will provide support to provincial and state governments on all protection-related matters, working closely with PERRA and SERRA protection officers, relevant stakeholders including NGOs. The UN will continue this support to the government until the end of the year. There is a need to consolidate because there are too many small-scale and fragmented projects.

Key challenges

The current main challenges for vulnerable populations in the earthquake affected areas are: (1) the need for a comprehensive solution for those who were made landless by the earthquake, including the identification of funds for buying new land, (2) challenges in obtaining compensation for the most vulnerable and disadvantaged families, (3) the provision of legal assistance to those who are illiterate or live in remote areas, and (4) ensuring adequate living conditions for the coming winter months.

Given the cross-cutting nature of Protection issues, it has not been easy to secure funding for specific protection related initiatives. This has made it difficult especially for small NGOs, who often need very little funds to implement needed projects. Many projects are small-scale and fragmented; they are being consolidated into larger and

more comprehensive proposals that will be submitted to interested donors.

4.7 Governance

Main achievements

The earthquake caused serious damages and disruption to the governance structures and systems in the affected regions of NWFP and AJK. This included impact upon the functioning of the local government, civil society organizations, NGOs and the private sector. The rehabilitation of effective governance systems and services in the region will take a concerted effort over the short to medium terms to address.

The ERRA Governance focal point chairs regular meetings with project representatives and received secretariat support from UN staff.

The Governance sector in the Early Recovery Plan presently consists of three projects, namely BEGINER (Building Enabling Governance and Institutions for Earthquake Recovery), TAMEER (Technical Assistance for the Management of Earthquake Early Recovery) and Capacity Building for Aid Coordination or (DAD).

The BEGINER project has initiated the procurement of prefabricated structures for use in union councils/districts in AJK/NWFP as temporary offices for local government officials. In addition, preparations are underway to do a needs assessment study of disaster risk management learning needs of local elected officials/government staff to be followed by a TOT for government/NGO staff that will be contracted to conduct disaster risk reduction training courses.

Following the earthquake, the Government brought in civil servants from other areas to assist in the relief and recovery initiatives. The TAMEER project has recruited professional planners for ERRA to support activities at the district and hub levels in AJK and NWFP.

Additionally, this project has leveraged additional fiscal resources to expand its support to capacity building of ERRA and local government in the earthquake affected area.

The coordination of relief and recovery efforts is a particular concern for the Government to ensure no duplication of effort and ensure more efficient needs-based use of resources. The Capacity Development for Aid Coordination (DAD) trained 23 EAD officers and now tracking US\$ 17.6 billion in resources and is supporting greater flow of information to key stakeholders.

The Project on Strengthening Pakistan's Disaster Risk Management Capacity has been removed from the Early Recovery Plan since it will extend beyond the 12-month period and is not directly related to early recovery phase. Two other projects have been dropped. Altogether, they reduced the funding needs of the ERP by over USD 5 million.

Key challenges

- The provision of temporary accommodations for local government offices through the BEGINER project experienced lengthy delays that resulted from a long approval process.
- Support to Aid Coordination Project: Moving beyond data collection toward data analysis by upgrading reporting tools in DAD to generate donors and sector profiles.

4.8 Coordination & Common Services

Main achievements

The main focus of the sector is to provide logistics assistance needed for the agencies working in the earthquake affected area. During the emergency phase, the use of common services, particularly for helicopters, trucking and base camps, ensured the effective delivery of humanitarian assistance.

UNHCR, OCHA, UNICEF and IOM facilitated the return of 76,000 people or 16,000 families through the end of August 2006 from

temporary camps in Batagram, Mansehra and Abbottabad districts of NWFP; Muzaffarabad and Bagh districts of AJK, and; Islamabad and Faith Jang in Punjab Province. IOM conducted the medical screening which identified approximately 92% of the IDPs fit to travel home.

The proposals under this sector were mostly relevant for the initial transitional phase. After the first quarter of the Early Recovery Plan, however, the needs have substantially changed. Therefore, a number of projects was either completed or dropped, thus the funding coverage shows 74% with the implementation rate of 44%.

- UNHAS finalized its operation in the country, achieving their goals, at the end of May.
- UNJLC closed its operation at the end of July after the regular analyses of the road access. They produced and distributed three important documents: 1) Quake zone Road Atlas; 2) Earthquake Affected Area overview; 3) UNJLC Logistics Capacity Assessment.
- WFP provided free accommodation and office tents for relief workers in the affected areas.

The current status of the sector in the recovery and reconstruction phase is as follows:

- Transport by road is the only mode of transport.
- The need remains for transit storage facilities.
- Transport for the return of the affected people to their places of origin as well as that for non-food items is still required.
- The base camp for staff accommodation and office space ceased to exist.

ERRA is taking the lead in coordinating the sector and with support from WFP, IOM and the major NGOs. The implementing agencies meet on a weekly basis to exchange their logistics related information and jointly identify gaps and solutions within the available funds.

Key challenges

- Maintain road access and landslides clearance which are vital for reconstruction in the most remote areas.
- Address medical conditions for each returnee during the return to their places of origin.
- Establish a small fleet of helicopters (3-4) as part of the winter contingency plan for 4 months