

THE WINTER PLAN

December 2005 – February 2006

PAKISTAN

2 December 2005

SOUTH ASIA EARTHQUAKE

TABLE OF CONTENTS

1. EXECUTIVE SUMMARY

2. INTRODUCTION

- 2.1 Context
- 2.2 Strategic Framework and Planning Process
- 2.3 Humanitarian Response – October/November 2005
- 2.4 Financial Situation

3. THE WINTER PLAN: DECEMBER 2005 – FEBRUARY 2006

- 3.1 Situation Overview
- 3.2 Target Groups
- 3.3 Priorities
- 3.4 Planning Assumptions

4. HUMANITARIAN RESPONSE PLAN

- 4.1 Food and Nutrition
- 4.2 Emergency Shelter
- 4.3 Camp Management
- 4.4 Logistics
- 4.5 Water and Sanitation
- 4.6 Health
- 4.7 Protection
- 4.8 Education
- 4.9 IT/Communication
- 4.10 Early Recovery and Reconstruction

5. PLANNING MATRICES

- 5.1 Food and Nutrition
- 5.2 Emergency Shelter
- 5.3 Camp Management
- 5.4 Water and Sanitation
- 5.5 Health
- 5.6 Protection
- 5.7 Education
- 5.8 IT/Communication
- 5.9 Early Recovery and Reconstruction

EXECUTIVE SUMMARY

The first heavy snowfalls in the last week of November marked the beginning of the winter period in the area affected by the 8 October earthquake in Pakistan. The implications of this are already becoming apparent for the people themselves and for the humanitarian relief operation and are reflected in the greater population movement, more challenging access for the delivery of assistance, and in changing needs for the affected population as a whole, some 3.2-3.5 million, and the most vulnerable groups within this.

The overall relief effort for the people affected by the earthquake is led by the Government of Pakistan and its various entities. The humanitarian response by the international humanitarian community complements and supports this response, and the proposed actions outlined in this Plan thus support and complement those of the National Plan of Action, 1 November. This 'Winter Plan' has been developed within the thematic Clusters managing the international humanitarian response in their respective areas of sectoral responsibility. The Clusters themselves include representatives of the Government as well as a wide range of humanitarian actors, and consultation on the objectives, actions and priorities outlined in the Plan has taken place in both Islamabad and the humanitarian hubs.

The 'Winter Plan' reflects the evolving situation and needs of people in the affected areas now that winter has begun. It builds on the humanitarian response already undertaken, and the achievements in this, in the eight weeks since the disaster. To serve the overall goal of the emergency response - to save lives and support livelihoods – it outlines both the immediate overall priorities and those for the specific sectors. The overall priorities are to:

- Ensure the continued provision of assistance and support for an estimated 350,000 – 380,000 people who may choose to remain in their homes in remote locations.
- Support the provision and management of sufficient and appropriate camp accommodation, where required, and assistance to populations at lower elevations. The potential camp population in planned and self-settled camps for this period is estimated at 250,000 people.
- Ensuring that the protection and assistance needs of particularly vulnerable populations are met, including the including women and children, orphans, unaccompanied and separated children, those affected mentally and physically by the earthquake, the newly-widowed, single-female headed households, and the elderly. On-going assessment and monitoring of levels of vulnerability and related needs is essential.
- Continued assessment and monitoring of the changing situation, vulnerabilities, capacities and needs in order to adjust planning and response to emerging priorities.

This Plan is intended as a flexible tool. Although the sectoral response plans are, dependent upon the discrete requirements in the sector, for 3 months/90 Days, the priorities and proposed response will be reviewed on a monthly basis, adjusted as necessary, and the Plan 'rolled forward'.

Implementation of the Plan is dependent upon a number of factors, not least the availability of sufficient humanitarian capacity and resources. The complementary roles in the relief effort played by the Government of Pakistan and the humanitarian community has not only allowed the more effective use of assets and resources to benefit the humanitarian operation, and – most importantly - the people it serves, but has also reduced some initially-anticipated funding requirements as reflected in the Flash Appeal. In this context, and given this continued complementary role, **needs can be met**, but **subject to pledged funds being realized, and additional funding coming in** and thus allowing the programmes to be sustained.

INTRODUCTION

1.1 Context

In the eight weeks since the massive earthquake of 8 October devastated parts of Northern Pakistan, the humanitarian community has supported the Government of Pakistan in its efforts to provide immediate relief assistance to the populations affected in North-West Frontier Province (NWFP) and Pakistan-administered Kashmir (PAK) – approximately 3.5 million people – in order to both save lives and support livelihoods. The goodwill and strong leading role played by the Government of Pakistan and its military has considerably facilitated a complementary and effective response, yet humanitarian actors have also faced significant challenges. These have been posed by, *inter alia*, the size and nature of the mountainous area affected, the particular logistical challenges occasioned by the loss of road infrastructure in the initial earthquake, subsequent aftershocks and landslides, and – most especially – the rapid approach of winter which has influenced population movement into planned and self-settled camps in lower valleys; even as it threatens to cut some remoter areas off completely – and the people in them.

1.2 Strategic Framework and Planning Process

In this dynamic and challenging operating environment, humanitarian actors have had to tailor their response to the evolving situation – from the initial emergency actions, including search and rescue, to the November ‘race against time’ - as the weather deteriorated - to deliver and pre-position as much assistance as possible, particularly for shelter, food and non-food items, in areas where future access may be significantly curtailed.

The situation analysis and planning for life-saving activities reflected in the **Flash Appeal**, which was prepared in close consultation with the Government, provides the initial basis for the humanitarian response by the international community. In addition, a **National Plan of Action** was developed in October by the Government of Pakistan, and the sector-specific strategies developed by the respective Clusters supporting this National Plan are also reflected in the **Overall Strategy for Humanitarian Response, 31 October 2005**. This document that provides greater detail on the strategic direction of the operation than was possible within the format of the *Flash Appeal*.

It is within this strategic framework that the humanitarian community first identified the **Priority Humanitarian Actions in November 2005** to be undertaken by the principal UN Agencies/Clusters on the ground during November. This listing reflected the activities that required a particular concentration at that time, especially in relation to shelter, food and logistics, as well as the associated urgent resource needs. In November, two groups were highlighted as requiring particular attention within the context of the overall humanitarian programme for the 3.2-3.5 million affected. These groups were an estimated 200,000 people living between 5,000ft to 7,000ft and likely to be inaccessible with the onset of winter, and an estimated 150,000 in camps at lower elevations. The numbers and locations of these target groups have been re-assessed in the current Plan.

As November draws to an end, this ‘**Winter Plan**’, reflects the priority humanitarian actions for December 2005 – February 2006. It has been formulated in recognition of the requirement for a regular reappraisal of what has been achieved to date, for on-going assessment of the remaining or changing needs, the identification of gaps, and systematic review of response priorities. This Plan builds on what has already been achieved in November, and sets out the new goals and targets for the coming months. While this Plan details the response plan for three months¹, it will be subject to a monthly review process in order to ensure that the planned response and identified priorities remain relevant or are adjusted to a changing environment. It can then be ‘rolled forward’. It is crucial that the ‘rolling’ Humanitarian Action Plan also provide the mechanisms for the relief effort to dovetail into the early recovery phase over the next 6-18 months. The **Pakistan 2005 Earthquake Early Recovery Framework, November 2005**, provides the umbrella framework for this.

¹ The respective Clusters have determined the most appropriate planning period for their sector of responsibility. Most Plans cover 3 months/90 Days.

The Humanitarian Action Plan has been developed under the aegis of the UN Humanitarian Coordinator, and through consultation between and within the ten thematic Clusters for: Food and Nutrition (lead: WFP/UNICEF); Emergency Shelter (lead: IOM); Camp Management (lead: UNHCR); Logistics (lead: WFP), Water and Sanitation (lead: UNICEF); Health (lead: WHO); Protection (lead: UNICEF); Education (lead: UNICEF); Early Recovery and Reconstruction (lead: UNDP); IT/Communication (lead: WFP/OCHA/UNICEF). The Government of Pakistan is represented within the Clusters.² This cluster approach is also replicated in 4 humanitarian hubs in NWFP and Pakistan-administered Kashmir, which have each been consulted as part of this Plan. The overall strategy for the relief operation in Pakistan is based upon a complementary approach: with the vast majority of assistance being delivered by the Pakistan military. The Plan, therefore, takes this into account and focuses on the complementary actions, in support of the Government, undertaken by the international community, as well as knowledge transfer integrate humanitarian concerns in military planning in order to achieve the maximum net humanitarian benefit.

1.3 Humanitarian Response – October/November 2005

The current Plan builds upon the progress that has already been made by the Government of Pakistan and the humanitarian community in their joint efforts to address the enormous needs of the people affected by this disaster. In the eight weeks since the earthquake, much has been achieved by the respective actors. Some of the key achievements by humanitarian actors in the Cluster areas of responsibility include:

Emergency Shelter	Some 23,499 emergency shelter repair kits have been distributed, and materials and assistance provided to build shelters to benefit xxx people; with the GoP, 410,000 tents (82% coverage) and 3.1 million blankets have been distributed; a further 80,000 tents and 1.3 million blankets are in the pipeline.
Camp Management	21 planned camps accommodate 20,000 people; technical guidance has been provided on camp management; 13 new sites have been identified in NWFP, and are being established with additional capacity for 31,000 persons.
Logistics	The joint logistics operation has been sustained; 40 mobile transit storage tents established at all hubs, 6 at forward delivery hubs; jointly tasked air assets – 21 helicopters, and road transport fleets (272 trucks, 95 light trucks complement) GOP's own transport assets.
Food and Nutrition	3,406 MTs has been delivered for xxx (xx%) beneficiaries in remote areas; xxx has reached xxx (xx%) in general distribution; 100,000 children aged 6-59 months have received Vit. A supplements; 200 MTs seeds and fertilizer has been distributed in Muzaffarabad, Bagh and Rawalkot.
Health	16 field hospitals remain in place; 30 new emergency health kits have been distributed, providing basic drugs/equipment for 300,000/3 months; a Disease Early Warning System (DEWS) and 6 response teams are in place; 300,000 children, of a targeted 600,000, have been vaccinated; Ten Mobile Service Units are in operation providing obstetric care & 200,000 hygiene kits distributed to women; 9 mental health teams have been mobilized. 12 of 23 camps in Muzaffarabad now have primary health care.
Water & Sanitation	Almost 90% of water needs now covered in camps (?planned?); 1449 latrines provided (36% coverage); Muzaffarabad reservoirs have been repaired and 50% of water treatment plants are now functioning.
Education	A total of 369 schools have been opened, allowing more than 15,000 children to resume their interrupted education; 145 school tents have been provided and 2,040 'School in a Box' kits procured and are being distributed.
Protection	Over 10,00 children in camps in Muzaffarabad and Mansehra have been registered; 37 children have been reunited with their families; 16 safe play areas are available for 1024 children in Muzaffarabad and Bagh;
Early Recovery	An Early Recovery Framework has been prepared as a guide for transitional activities; the ER cluster has supported shelter efforts through distribution of 10,802 winterized tents & 9,636 kitchen sets, benefiting 10,802 families; technical assistance is being provided on building seismic resilient shelters for affected families about 2,000 ft.

More, however, remains to be done to consolidate and sustain these gains and, as winter closes in and the situation on the ground enters a new phase, to respond effectively to both remaining and emerging emergency needs.

1.4 Financial Situation

² For further detail on the management structure for the response, refer to the Flash Appeal.

The UN Flash Appeal was issued on 11 October, a mere 72 hours after the disaster struck. Initially requesting US\$312 million, the Appeal was subsequently updated on 26 October as the magnitude of the disaster and extent of needs became more fully apparent and requested US\$550. By 29 November, some **US\$151.4 (27.5%) has been committed/contributed** against the Appeal. **A further US\$64.5 million has been pledged.** If realized, funding for the Appeal will amount to US\$215.9 and will be 39.3% funded. In addition to funding against the Appeal, substantial pledges were received during the High Level Ministerial Meeting in Geneva on 26 October, when some US\$580 million was pledged, and during the 19 November Donor Conference on Reconstruction in Islamabad. It should be noted, however, that the contributions and pledges outside the Appeal include a number of bilateral donations for reconstruction, rather than immediate relief, as well as in-kind contributions – such as air support and field hospitals.

While the initial slow receipt of donations raised concerns about the ability to sustain the relief operation, and meant that a number of organizations had to expend their emergency reserves to maintain essential services, the consequences of this have, however, been ameliorated by the complementary roles in the relief effort played by the Government of Pakistan and the humanitarian community. At present, the Government undertakes and funds (with its own money, stocks, and the bilateral funding received, and through the use of civil –military assets and human resources) a significant percentage of the relief effort – particularly for logistics, food and shelter. The humanitarian community is thus able to tailor its own response, and support to *complement* Government efforts (both in the direct provision of assistance, and in capacity building, technical expertise and ensuring that humanitarian concerns are taken into account in Government/military planning and implementation). This has reduced some initially-anticipated funding requirements as reflected in the Flash Appeal.

In this context, and given this complementary role, **needs can be met**, but ***subject to the pledged funds being realized, and additional funding coming in*** and thus allowing the programmes to be sustained. The continued receipt of such funds is essential for the implementation of the humanitarian response outlined in this Plan: to save lives and support the affected communities during this harsh winter period.

THE WINTER PLAN

December 2005 – February 2006

Situation Overview

The first heavy snowfalls in the last week of November marked the beginning of the winter period in the area affected by the 8 October earthquake. The implications of this are already becoming apparent for both the populations affected by the earthquake and for the humanitarian relief operation. With the deterioration of the weather, the downward migration - ahead of the snowline - of some of the populations from higher elevations seems likely to increase during early December although actual numbers are difficult to assess. At the same time, delivering assistance for those who plan to remain near their homes in the mountains is becoming more challenging, even as the race to prepare them for winter with shelter programmes, food pre-positioning and other assistance continues. Snow and increased landslides are affecting access by road, despite the on-going efforts to keep major routes clear, and weather conditions have already grounded air transport for two days. It is anticipated that, during the winter, flying days will be reduced by one third. Populations arriving from the mountains are expected to move into planned and self-settled camps in the valleys for the winter period, and ensuring sufficient capacity for their accommodation remains a concern, as do the conditions in self-settled camps in particular. While much is being done to winterize tents, deliver heating and personal insulation materials, ensure water supplies and provide sanitation facilities, these will remain key priorities in the coming weeks. Outbreaks of acute watery diarrhea were successfully contained during November as a result of efficient disease surveillance and response mechanisms, but effective camp management, waste management, appropriate hygiene behaviour, materials and sanitation facilities, as well as continued vaccination programmes, are essential for preventing potential epidemics. At the same time, with the cold weather, an increase in the incidence of respiratory infections can be foreseen, and provision of primary health care services remains vital.

The current situation is exceptionally fluid and potential developments over the coming weeks remain extremely difficult to predict, despite inclusive contingency planning exercises being undertaken in the affected area with national and humanitarian stakeholders. The weather itself, and the impact this will have on the delivery of assistance, is inherently unpredictable, but perhaps the most difficult to assess at present is the potential level of population movement. Normal seasonal migration patterns have been disrupted and, while people are arriving daily in the camps, often from the poorest and most vulnerable of the affected population, others appear to be returning to their homes having collected sufficient assistance and supplies for their needs. Communities in Allai Valley, for example, say that they intend to stay where they are throughout the winter season, unwilling to leave homes, property and land, citing fear of leaving these unprotected or that, having started to rebuild, their shelter needs are met. Livestock concerns also influence potential movement, as well as cultural sensitivities on residing in crowded camps and settlements.

The humanitarian operating environment is also a complex one. Cooperation and complementary action with the Government of Pakistan has been exemplary and this continues to greatly facilitate the overall relief effort. From 1 December, provincial and regional Governments in NWFP and PAK respectively are expected to assume responsibility and oversight from the national Government for certain aspects of the local relief operation, including camp management. Sustained coordination between the various actors will be essential. On the security side, although no problems have yet been experienced, the situation in this area is both complex and fragile. Police escorts are now recommended in certain areas and routes, and a single negative event could influence future operations. At the same time, cultural sensitivities in relation to gender are particularly acute in northern areas of NWFP; this is already affecting the deployment of some staff and has the potential to create some local tension.

TARGET GROUPS

Within this context, the following groups – out of the overall 3.2 - 3.5 million people affected by the disaster and served by the humanitarian programme - have been identified as specific targets for assistance during this period:

- 350,000 – 380,000 in remote locations (between 5,000ft – 7,000ft) through air access when possible and the delivery of relief items and support through final assistance points.

- 250,000 in planned and self-settled camps (of 50 tents and above).
- 2.3 million food insecure overall, including 250,000 in camps; 4,400 inpatients in hospitals; 280,000 women and children in supplementary feeding; 400,000 located in road inaccessible locations at higher and lower elevations, the latter fluctuating with vagaries of weather and migration.
- Particularly vulnerable groups, including women and children, orphans, unaccompanied and separated children, those affected mentally and physically by the earthquake, the newly-widowed, single-female headed households, and the elderly. On-going assessment and monitoring of levels of vulnerability and related needs is essential.

CURRENT PRIORITIES

The overall goal of the relief operation, shared by the Government of Pakistan and humanitarian actors, remains **to save lives and support livelihoods** for the population affected by this disaster.

Within this, the **current overall priorities** include:

- Ensuring the continued provision of assistance and support to populations who choose to remain in their homes in remote locations.
- Support the provision and management of sufficient and appropriate camp accommodation, where required, and assistance to populations at lower elevations.
- Ensuring that the protection and assistance needs of particularly vulnerable populations are met
- Continued assessment and monitoring of the changing situation, vulnerabilities, capacities and needs in order to adjust planning and response to emerging priorities.

The Government priorities for the current period, as outlined in a briefing on 25 November, also seeks to ensure the provision of assistance to those in remote areas in stressing the pre-positioning of rations and the re-erection of one room out of recoverable building material for populations above 5,000 ft, keeping the major roads open. At the same time, the Government is prioritizing expediting compensation payments – thus giving populations the resources to assist themselves, and increasing the camp capacity to house additional displaced persons in PAK and NWFP as necessary.

The Clusters have identified **sector-specific priorities** for the immediate period and, as needs vary across the affected area, the particular geographic area where the planned assistance is most required:

Sector Priority Needs	Priority Geographic Areas
Food and Nutrition: establishment of pre-fabricated storage depots, helpads, and sustain airlifts to food insecure in remote locations. Supplementary and therapeutic feeding of those falling through safety-nets.	Upper and lower Neelum, Leepa, Kaghan, Allai, Oghi, and Jhelum valleys, northern Bagh Tehsil, Dhir Kot, Jabori, and Kaladhaka
Shelter: the provision of self-help shelter repair materials, related non-food items for heating and thermal protection, and winterization of tents.	Upper Neelum, Kagan, Siran, Allai Valleys, Batagram, Kahuta (for shelter materials) Muzaffarabad, Mansehra, Batagram, Palas, Balakot, Abbotabad valley floors (planned and self-settled camps).
Camp Management: to ensure the effective management of planned and self-settled camps, improvement in sanitation facilities and provision of basic assistance, and increase the capacity to house additional IDPs.	Muzaffarabad, Mansehra, Palas, Batagram, Balakot, Abbotabad, Bagh valley floors (planned and non-formal camps accessible by road).
Water and Sanitation: provision of appropriate sanitation facilities and hygiene education in all planned and self-settled camps. Restoration and maintenance of the water supply in urban centres and areas of high population density.	Sanitation in planned and self-settled camps throughout the affected area. Water supply in Muzaffarabad, Poonch, Bagh, Abbottabad, Mansehra, Neelum, Shangla, Balakot.
Health: disease surveillance, outbreak management and	In all affected areas, but with particular attention, especially

the provision primary health care; female medical staff.	for disease surveillance, to areas of high population density and planned/self-settled camps.
Logistics Operation: maintaining road and air services for the delivery of assistance; establishing final assistance points for remote areas.	Serving all affected areas.
Education: the sourcing and provision of winterized tents for school structures.	Throughout the affected area.
Protection: the registration of unaccompanied/ separated children and single-women headed households.	Planned and self-settled camps throughout the region.
Early Recovery: Information and communication outreach on the entitlements of affected populations; environmental guidelines for rubble removal and recycling; policy decisions on land issues; capacity development of local institutions; skills training.	For all affected areas.

The overall and sector-specific priorities outlined above will be regularly reviewed, and adjusted as necessary, during the period of this Plan.

PLANNING ASSUMPTIONS

A number of overall assumptions have been made in the formulation of this Plan. Sector-specific assumptions are indicated within the Cluster overviews of the sectoral response.

General Situation

- The Government of Pakistan and the Pakistani Military will continue to play the leading role in the relief effort and in managing camps and the actions of the international community will be complementary to this.
- Specific areas of responsibility (including camp management and road maintenance) will be successfully transitioned to the civilian governmental authorities of Pakistan-administered Kashmir (PAK) and North West Frontier Province (NWFP) from 1 December 2005.
- Some population movement will continue from higher valleys to lower elevations and *vice versa*, and within populations at lower areas, but patterns of movement will remain unpredictable, and will differ from valley to valley, with no consistent trend.
- Net population movement to lower elevations across the affected area will be between 70,000 – 150,000 persons.

Security

- The security situation will remain sufficiently stable to allow the continuation of humanitarian operations by the international community throughout the affected area, and the Government of Pakistan will continue to accept international presence and assistance.
- Sufficient police escorts will be available to facilitate the movement of humanitarian personnel and the movement and delivery of assistance.
- Cultural sensitivities relating to gender will affect the deployment of female humanitarian personnel in some areas, particularly northern NWFP.

Populations in Remote Locations

- An estimated 350,000 – 380,000 will remain in remote areas (between 5,000 ft to 7,000 ft) and require support, including food assistance.³

Planned and Self-Settled Camps

- Assistance will be provided to 250,000 persons in planned⁴ and self-settled camps (with more than 50 tents). The majority of camp populations will be women and children.
- Camp management and support to planned and self-settled camps is a collaborative effort and all clusters will participate in ensuring appropriate camp conditions and that basic needs are met.

³ This represents an increase on the planning assumption in November.

⁴ Planned camps are those that are developed in cooperation and coordination with the GOP on sites provided by them for this specific purpose.

- Approved stoves/heating equipment will be provided in camps. Equipment will be in place by the end of December.

Logistics

- Access to remote areas by main roads will be limited during winter months as a result of deteriorating weather conditions and roads blocked by snow and/or landslides. Sufficient engineering assets will be present to clear and keep major routes open, but tertiary roads will not be useable.
- There will be increased reliance on air operations for remote locations; flying days will be reduced by one third due to poor weather conditions.

Funding/Capacity

- Financial resources and capacity for all stakeholders, including NGOs, will be sufficient to implement the planned activities if funding continues to be provided against the Flash Appeal and bilaterally to other humanitarian actors.
- Local procurement can be sustained; there will be price pressure, but the Government will work to keep prices stable.

HUMANITARIAN RESPONSE PLAN

The sector-specific Response Plan, shown below, has been prepared by the respective Clusters, with the involvement of both Government representatives and the range of humanitarian organisations active in the Clusters in both Islamabad and the field. Greater detail of the activities planned to achieve the outlined objectives can be found in the Planning Matrices at Annex 2. In all cases, the response plans support and complement the Government's National Plan of Action and assume that, in their implementation, humanitarian actors will be working closely with the relevant national and local Government bodies.

4.1

FOOD AND NUTRITION

Situation Analysis

Chronic malnutrition was prevalent in disaster areas before the earthquake, affecting sixty percent of children under five. The earthquake destroyed household food and seed stocks and impeded access affecting markets, banking and credit facilities. Many communities remain inaccessible by road and will remain so until March 2006. The ability to fund and sustain UNHAS air lifts is critical. Lack of sufficient food, fodder and shelter at high elevations has encouraged migration to camps where intestinal diseases counteract best efforts to maintain nutritional health. One month after the disaster, food supplies to remote locations were irregular, unevenly distributed and nutritionally imbalanced, raising the risk of malnutrition, micro-nutrient deficiencies and associated ailments and fatalities as winter encroaches and the body's caloric intake and defences against the weather and diseases erode.

Funding constraints have incapacitated or otherwise prevented international actors from responding in a timely and adequate manner to supplement/augment local efforts, contributing to significant food gaps and forced migration. Only nine of a planned fifteen NGO partners have been contracted to deliver food assistance. The remaining six await funding of the WFP emergency operation (EMOP).

While some families will be able to rely upon harvests or recovered food stocks for another two months, many will succumb to hunger unless adequate funding is received and a minimum daily food requirement of 2,400 kcal (winter ration – Dec-Feb) can be achieved for all food insecure persons. Of the total 2.3 million dependent on food assistance, it is estimated that only 1.8 million (80 percent) are receiving an average 1,700 kcal per day (71 percent) from all sources, including Government. The challenge will be to significantly increase funding, and accordingly, both the tonnage that can be delivered and the area covered, even as weather conditions impede deliver capacity by road and air.

The rapid joint WFP/UNICEF Emergency Food Security and Nutrition assessment in 700 households conducted mid October revealed 20 per cent of mothers with children under two years had stopped breastfeeding. The reasons given for this being maternal illness, and insufficient breastmilk. Almost half of the children between three and five years had changed or significantly reduced food intake due to shortage of food (55%), fear and shock leading to loss of appetite (11%) and illness (11%). A comprehensive nutrition survey commenced on 21 November to update the situation analysis.

Response Mechanisms and Needs Assessment

The Government, UN and NGOs will interact to support emergency food and nutrition to survivors of the earthquake during the period 1 December 2005 to 31 March 2006. The Food and Nutrition plan is for Government to cover 1.15 million people through cash compensation, subsidized market sales and emergency food relief. ICRC and WFP will cover 150,000 and 1 million food insecure persons respectively in more remote and difficult-to-reach locations. The plan is being implemented in a coordinated and efficient manner despite constraints posed by harsh weather, difficult terrain, and extensive infrastructural damage. Clear lines of command and control now exist under the Federal Relief Commission (FRC) and UN Humanitarian Coordinator. Joint planning and logistics cells have been established and the food and nutrition cluster, comprising Government, UNICEF, FAO, WFP, and 18 NGOs, is now actively gathering information, and planning and coordinating interventions daily, both in Islamabad and in the earthquake-stricken areas.

Planning Assumptions and Constraints:

- Insufficient seed and agricultural inputs will be distributed before the immediate planting season, necessitating food distribution until the maize/rice harvest in Oct 2006.
- Coupon/Voucher and financial compensations schemes will not be fully implemented in all locations to reactivate the market and ensure supply of food, fodder and other essential items. Food aid will be essential in locations lacking market access/activity.
- Household food stocks from small landholdings will only be partially recovered and will be insufficient to last beyond December at most.
- Recently cleared roads will be subject to rain/snowfall resulting in continuing landslides, obstructed road access, and increased reliance on air operations for food delivery.
- Lack of shelter and fodder for livestock will force the culling/slaughter of animals. Prices and supply of meat will rise steeply from December, rendering meat/milk prohibitively expensive. Culling has already commenced in several locations.
- Logistics and other constraints will prevent food from reaching all affected persons in a regular and nutritionally balanced manner. Supplementary and therapeutic feeding will be required as a safety net to ensure survival.

Objectives

The objectives for the Food and Nutrition Cluster in this period are to:

- Prevent malnutrition and micro-nutrient deficiencies **in remote locations. (only?)**
- Increase access to food for vulnerable groups and sustain lives in snow-bound and/or road inaccessible areas.
- Obtain information on nutritional status of women and <5 year old children in Mansehra district and NWFP camps, PAK camps and Muzaffarabad district.
- Prevent Vitamin A deficiency in 600,000 6-59 months old children.
- Identification and rehabilitation of severely affected malnourished children.
- Ensure that 240,000 children < 2 years are fed optimally.
- Prevention of micro-nutrient (MN) deficiencies in pregnant and lactating women and children 6-59 months.
- Ensure growth monitoring and nutrition surveillance.
- Provide nutrition education.

4.2

EMERGENCY SHELTER

Situation Analysis

The Emergency Shelter Cluster membership is concerned that a 'false sense of security' may prevail when it comes to shelter security. Mostly this is because 85% of tents delivered are non-winterised and can be found in self-settlements that do not accord with SPHERE standards. It is thought likely that up to half the non-winterized tents supplied will not last the winter, with signs already appearing of general disintegration. The situation will be jointly assessed by the Emergency Shelter Cluster and Camp Management Cluster in early December. Meanwhile, intra- and inter-communal tensions, sexual violence, and a deteriorating public health situation fuelled by malnourishment and lack of access to safe water and sanitation systems could yet lead to considerable additional excess mortality, especially among those less than five years of age. Further influx to such settlements would only compound the strain this winter. That said, significant downward migration from the highland areas additional to that which has already occurred is not expected, with village assessments⁵ almost universally signalling that affected populations will remain at or near their place of origin as long as sufficient food supplies, shelter materials, and wood-fuel are available. The emergency and transitional shelter strategy is driven by a twin-track policy which is 'need-based' and 'owner-driven': a market-led approach is preferred, financed by Government of Pakistan compensation payments which are already underway. While GOP offers affected communities the choice of leaving isolated mountain areas, short-term strategies focus on providing levels of humanitarian assistance sufficient to enable survival over the winter period, thereby minimizing the likelihood of mass migration to lower elevations. Such a strategy will reduce dependency upon relief supplies at these lower elevations, and lessen possible societal impacts of protracted confinement to tented camps. During the period of this Plan, emergency shelter provision will merge into medium-term recovery planning prior to full-scale reconstruction in the spring. Meanwhile, and in parallel, emergency shelter needs will continue to be met. These now focus on providing one warm room per family using, wherever possible, alternative non-tent

⁵ By IOM, Islamic Relief, Oxfam, NRC, and others

solutions to complement the tented option where coverage is likely to be 100% by mid-December. Essential non-food items needed for thermal protection will be delivered, while advice will also be given on the provision of safe shelter for animals that will sustain them through the winter. Challenges in responding to the shelter needs include ensuring close coordination with the Federal Relief Commission, Earthquake Rehabilitation and Reconstruction Authority, and provincial/district relief authorities.

Needs Assessments

The earthquake destroyed over 203,000 dwellings and damaged a further 197,000 to the point of being uninhabitable. Of the total housing stock, 84% was damaged or destroyed in PAK and 36% in NWFP. 3.5 million people have therefore effectively become homeless. Between 150,000 – 200,000 are estimated to have relocated to planned camps and over 1000 self-settled camps (comprising 50 tents or more). Participatory Rural Appraisals conducted by IOM and its NGO partners in highland areas show that the remaining case-load is determined to remain at home as long as it remains viable in food-security and shelter terms to do so. There, they shelter either in tents or makeshift emergency shelters constructed for the most part with recoverable materials from their former homes. The same assessments found that wood-fuel is available from non-recoverable housing remains, and it is not thought likely that significant amounts of larger building timbers would be burnt to provide heat.

Target Groups

The Shelter Cluster will target 350,000 – 380,000 people remaining in the 5,000-7,000ft zone; those remaining in the 3000-5000ft zone and those living in non-winterized tents

Planning Assumptions

- Absorptive and implementation capacities of NGOs are limited. Very few NGOs were working before the earthquake in PAK, with none active in shelter construction. Although the number of operational agencies working in NWFP was larger, capacities were also considered weak.
- Fewer than originally anticipated have elected to relocate to lower altitudes either to live in tents or with host families.
- Trend analysis of population movements to date has been *ad-hoc* and remains a challenge. Projections of anticipated mass-migration are not possible on the basis of empirical and anecdotal data collected to date.
- Excess mortality in self-settlements prevented.

Objectives

The specific objectives for the Cluster, in order of priority, are:

- To provide secure shelter, through:
 - The 'Winter Race' programme (distributing 20,000 emergency shelter repair kits) and similar from NGOS in Upper Neelum, Kagan, Siran, Allai Valleys, Batagram and Kahuta.
 - Winterization of 100,000 non-winterized tents in informal settlements in Muzaffarabad, Mansehra, Batagram, Balakot, Abbotabad valley floors (rural and non-formal camps).
 - Accelerated provision of emergency shelter-related non-food items to tent-dwellers and those remaining close to home, including through continued provision of no-cost transportation.
- To conduct a qualitative and quantitative 'shelter security' survey to ascertain levels of protection afforded by tents so far distributed.
- To provide technical guidance on convected/radiated heat options, and thermal protection to all stakeholders, including training of provincial authorities.
- To integrate emergency shelter into rehabilitation and recovery frameworks, through
 - progressively merging Emergency Shelter into Early Recovery Clusters;
 - establishing technical shelter advisers within tehsil ERRA offices.

These objectives reflect those outlined in the revised Flash Appeal by focusing on the most vulnerable, among which are the recently widowed, the elderly, female-headed households, and the mentally and physically disadvantaged.

Situation Analysis

There are currently 21 planned and organized camps and an estimated 1,000 self-settled camps throughout the earthquake-affected area. The Camp Management Cluster provides support and technical advice to the Government of Pakistan and its entities, who take the lead in managing the camps which are accessible by road. Camp coordination/camp management involves the overall responsibility to ensure access to and enjoyment of basic human rights by all segments of the displaced population. Camps should be set up and maintained to provide safe, secure and dignified temporary accommodation for displaced persons according to minimal internationally accepted standards. This requires a multi-sector protection and assistance response, by all stakeholders in the humanitarian relief efforts and in all Cluster areas of responsibility, as well as an effort to find durable solutions to ensure that the rights of the displaced are upheld and their coping mechanisms sustained to empower survivors of the earthquake to actively participate in reconstruction efforts soon after winter.

The conditions in the self-settled camps in particular vary considerably, and sanitation is currently a major concern, especially given recent – successfully contained – outbreaks of acute watery diarrhea. As weather conditions deteriorate, greater population movement into the camps is being experienced. While it remains unclear how many more will come down from the high altitudes or when, CMC has been requested by the GOP to support ongoing contingency planning efforts (new site selection, development of new camps able to accommodate significant numbers.) NWFP authorities estimate 100,000-200,000 new and potential arrivals. Pakistani administered Kashmir (PAK) Government estimates 30,000 more may require shelter. New sites have been identified in NWFP in Abbotabad, Haripur, Mansehra and Batagram districts. Similarly in PAK, sites have been identified in Bagh and in Muzaffarabad although the sites in these two areas are very limited due to the terrain. The Punjab Government has established a number of sites and efforts are being made to expand existing organized camps where land is available to do so.

The role of the Camp Management cluster, its lead agency and partners, is still to be clearly defined by all relevant actors at the institutional level and in the field. An agreed operational framework and implementation plan has, however, been produced. These gaps are being reflected in Pakistan as the Camp Management Cluster produces its own strategy in response to immediate and urgent needs. The needs are immediate and overwhelming and assistance organizations are widely spread across the area to meet those needs. In addition, this natural disaster has many unpredictable elements, leading to competing priorities and agendas, and in the case of camp management, a great deal of firefighting is required. Because the innovative mobile team initiative set up to do this firefighting, has yet to be institutionalized, NGOs are unsure that they wish to take part. Implementing Partners who are willing to work where needed and on what is necessary are proving difficult to identify. At the inter-cluster level, there is an agreement to cooperate as evidenced by the many meetings, documents and information exchange. The synchronization of agendas is still coming together. In the field, where the practical work is being done, this teamwork is happening.

Needs Assessment:

There is a need for an emergency task force to be convened to address the urgent needs of those living in scattered/self-settled camps bringing together all relevant actors under the leadership of the GOP: the military, including engineers, CMC partners and UNHCR, including site planners and mobile Quick Impact Technical Teams, provincial administration authorities (to manage water/sanitation/health sectors), and where possible NATO engineers. The role of this emergency task force should include: mapping the scattered/spontaneous settlements in each area (almost completed), quickly identify which are sustainable and make immediate recommendations to the GOP on which need to be closed/consolidated; for those that are sustainable, conduct rapid needs assessment, draw up implementation plan and assign responsibility for actions, ensuring all activities are covered and there is no duplication; establish ongoing monitoring/reporting mechanism; at the same time, the GOP should establish a mechanism for declaring spontaneous settlements either “official camps,” so ensuring sustainability and delivery of necessary services. Scattered settlements not meeting criteria for sustainability should rapidly be closed and/or consolidated. The CMC and lead agency will provide GOP officials with technical guidance and support in this process. The emergency task force should collaborate closely with other related cross- sectoral initiatives, e.g. the GOP Ministry of Health Task Force.

Priority Areas

- **Spontaneous (self-settled) camps:** those settlements having + 50 families/tents. UNHCR will prioritize efforts to support these larger settlements due to the increased vulnerability of the populations and the danger of outbreaks of disease without adequate water supply/sanitation and waste clearance. Joint UNHCR/GOP mapping of these settlements is underway, along with assessments to determine which of these settlements are non-viable and which will need to be moved or consolidated.

- **Planned camps** : Planned camps are places where displaced populations find accommodation on purpose-built sites, and a full services infrastructure is provided, including water supply, food distribution, non food item distribution, education and health care, usually exclusively for the population of the site.
- **Spontaneous settlements** (scattered self- settled camps) with less than 50 families.

Planning Assumptions

- The population in planned and self-settled camps (50 tents and above) will be approximately 250,000.
- The Government of Pakistan will continue to play the lead role in managing the camps and in the supply of equipment and resources, supported by the international community.
- Camp management and support to planned and self-settled camps is a collaborative effort and all clusters will participate in ensuring appropriate camp conditions and that basic needs are met.

Objectives:

Collective relief efforts should focus simultaneously on a number of interlinked areas:

- To provide emergency humanitarian assistance and life sustaining services in organised camps (military coordination with support of camp management cluster (CMC) during the 6 months of operation and the provision of non-food items (tents, plastic sheeting, blankets, mattresses, sleeping bags, kitchen sets, jerry cans and lanterns, heating/cooking stoves etc).
- To ensure strong collaborative emergency response/service provision for hundreds of spontaneous settlements led by GOP/military supported by CMC partners, once mapping survey complete and recommendations for consolidation/closure implemented.
- Continue current inputs in support of regularizing services to sustainable self-settled camps: mapping, sustainability recommendations, UNICEF/WHO WatSan assessment, UNICEF/UNHCR training of military and all involved in basics of camp management – decongestion, site planning, improved service delivery, etc, rapid response interventions by Quick Impact Mobile Technical Teams.
- To ensure that an appropriate protection/assistance framework for IDPs is negotiated by the UNCT with the GOP.
- Continued support for collective efforts to supply necessary relief items to those choosing to remain in/near their homes at high altitudes with “self help winterization of one room” kits.
- To support on-going contingency planning efforts to respond to potential population movement, including new site selection and the development of new camps able to accommodate significant numbers.

Note: For programming reasons this plan covers the period from 1 December 2005 to the end of April 2006.

4.4 LOGISTICS

The planning for Logistics is based on the requirements highlighted by the thematic Clusters for the implementation of their respective response plans. The Logistics Cluster will maintain two parallel supply chains with an increased demand for air deliveries expected mid-December as more tertiary roads will become blocked. Commercial transport contracting will be promoted for the use of adapted assets at the various hubs for secondary transport. Warehouse facilities will be maintained and advanced forward sites offered on demand.

Expected transport requirements (Mt)

		DEC	JAN	FEB
NFI*	Air	1,000	1,000	800
	Road	4,000	4,000	3,000
FOOD	Air	6,500	6,500	6,500
	Road	8,000	8,000	8,000

* Tonnage estimate based upon current movements and not expected to decrease throughout the winter period. Estimate based on volumetric equivalent.

1. Logistics Support and Surface Transport

- IOM; ATLAS and WFP will continue to provide free transport to UN Agencies; International Organizations and NGOs, through the UNJLC Cargo Request Process.

- ATLAS will also start a free transport service for NFI from Karachi mid-December.
- Surface deliveries will be maintained to all road accessible areas inclusive of the major population centres and the emergency camps operated by the “Camp management” cluster.
- For all cluster transport requirements, deliveries will be made on a Just-In-Time basis, namely the capacity exists and will be made available based on a demand/pull.
- The caseload for food will be a monthly tonnage of 8,000 metric tonnes by road. WFP has sufficient commercial transport capacity contracts in addition to its own fleet of 65 x 6 ton “last mile” capacity trucks and 32 x 15 ton medium haul truck in place to reach this requirement.
- IOM, ATLAS and WFP will keep prioritizing the use of local commercial available assets from Hubs adapted to rough terrain and will monitor jointly the transport market at each operational site to avoid in-house competition and secure best market rates. Commercial
- WFP will continue to provide when requested, mobile storage tents free of charge to the humanitarian community at Hubs. (46 tents so far deployed – representing some 30,000 Mt space). Additional mobile storage are presently proposed and installed on demand in forward advanced positions also called “FASS” in the agreed overall Plan.
- A storage facility for NFI will be maintained in Mansehra but present food aid stocks will be consolidated and handled from Abbottabad.
- Efforts will be maintained to promote “Transit Storage” instead of “Storage”.
- WFP will continue to provide Base Camp Support to the humanitarian community in four humanitarian hubs
- WFP will continue to chair the Logistics Cluster meeting twice a week in ISL and adapt such function at field level in accordance with existing demand.

2. UNHAS Air Deliveries

- WFP and UNHAS will continue to manage the main air transshipment hub in Abbottabad. WFP and UNHAS will continue to manage forward air bases in Muzafarabad; Chatterplain and Garhi Habbibullah. Air deliveries will be made direct from Abbottabad to FDPs on first trips. The forward air bases will be used for shorter sorties direct to FDPs, prior to aircraft returning to Abbottabad.
- MI 26 will no longer use either Muzafarabad, or Chatterplain and will only be operated from Abbotabad directly to destinations in order to mitigate air congestion.
- Coordination and tasking of UN, IO, (I) NGO and Pakistan Federal Relief Commission relief air deliveries will be facilitated through the Joint Operations Cell (JOC). The cell consists of operational decision makers from WFP / UNHAS, the Pakistan Military, the US Military and the IFRC. The UNJLC feeds demand data to the JOC for tasking of non-UNHAS managed assets.
- Air deliveries will only be made to surface transport inaccessible areas which are expected to increase starting third week of December.
- Based on the logistics resources available and a forecast of areas which will be worst affected by the winter snows, a caseload of 400,000 persons is assumed (equating to up to 7,500Mt of food and non-food items/month).
- Aircraft flying days will be decreased to 20 days per month, due to weather conditions.
- Prioritization of cargo type (food/non-food) will be made on a valley by valley basis based on the instruction of the office of the Humanitarian Coordinator and in coordination with the Heads of Clusters & the FRC.
- The UNHAS chartered aircraft (13 Mi-8; 2 Mi-26); the NATO seconded aircraft (4 CH-43) with the assistance of the Pak & US Military will be able meet the average monthly tonnage requirement of 7,500 Mt.

3. UNJLC

- Provide a NFI tracking system for the humanitarian community in Pakistan
- Provide the UNJLC component in Islamabad with the capacity to:
 - Receive and prioritize Cargo Requests for the use of Surface assets to be fed through Atlas/IOM/WFP and UNHAS air assets
 - Provide further demand data related to air movements to the JOC
 - Undertake general humanitarian logistics coordination/troubleshooting
 - Disseminate logistics information for the greater humanitarian community
 - Engage in logistics related civil-military coordination
- Maintain the following services at the logistics hubs/base camps: Muzaffarabad, Bagh and Mansehra:
 - Receive and prioritize Cargo Requests for the use of Surface assets to be fed through Atlas/IOM/WFP and UNHAS air assets
 - Provide further demand data related to air movements to the JOC
 - General humanitarian logistics coordination/troubleshooting

- Dissemination of logistics information for the greater humanitarian community
- Maintain the following services at base camps: Bagh and Batagram, for:
 - General humanitarian logistics coordination/troubleshooting
 - Dissemination of logistics information for the greater humanitarian community
- Maintain UNJLC components at Islamabad International Airport and Chaklala Military Airfield for the purposes of:
 - Monitoring the flow of in-coming humanitarian aid and clearing bottlenecks as and when necessary
 - Liaising with UN/NGOs to insure in-coming aid consignments are received in a timely manner
 - Liaising with the military air component tasked with delivering humanitarian aid to the affected region
- Monitor inbound relief cargo at the port of Karachi

4.5

WATER AND SANITATION

Situation Analysis

The initial humanitarian assistance provided by the Cluster concentrated on meeting the most urgent needs for survival **through** tankering water, water treatment and distributing health kits. Progressively, there has been a move into larger rehabilitation, the reinforcement of water schemes, setting up new installations, extending available systems, digging pit latrines, and creating washing units. These efforts have been strongly supported by the Government, UN and NGO community. Approximately 30% of the target population (810,000) is now receiving a water supply, while the needs of those in camps are covered to **almost 90%**, although additional arrivals at lower elevations are putting resources and capacity in the camps under pressure. At the same time, the epidemiological situation prevailing in different camps requires more attention on promoting hygiene education. While 20% out of 1.5 million targeted people are receiving hygiene education kits and messages, diseases linked to water and hygiene are reported in a number of location/camps with, for example, 60 cases of watery diarrhea in Muzaffarabad being reported on 16 November. In this context, the slow progress in providing latrines and promoting hygienic practices is a concern (36% out of 275,000 people targeted). Problems have been experienced in digging pits in terms of capacity and hard soil, allocating sufficient space for latrines in the camps and finding available slabs in the local market as well. The report of a recent evaluation by MoH indicated that between 20%-70% of populations in the camps are using the fields. Furthermore, solid waste is not sufficiently and properly covered and managed. The concern now is to accelerate digging latrines, promote hygienic behaviour, cover the needs of growing spontaneous camps, and reach people above 5000ft, focusing on the most vulnerable.

The contribution and support of Government authorities is essential to the coordination and organization of operations in the field, as well as in the provision of basic information. The support of the local authority is important and necessary to accelerate the digging process, particularly in organizing community participation. Lack of formal site planning in some self-settled camps poses difficulties for the use of work machinery/devices to speed the construction of sanitation facilities and the Government **and HCR (?)** to close and to relocate several camps having serious infrastructure and hygiene problems. The continued availability of access remains an important factor in the ability to deliver timely assistance, while funding needs to follow the progress on the ground. Coordination in Water and Sanitation has begun to improve, but this needs continued work and joint efforts to put in place operational ground rules / systems and to create a basis for future actions related to recovery and rehabilitation. Given the size of the emergency, and the need to deliver a coordinated and appropriate response, a number of partnerships have been established to best utilize the comparative advantage of respective organizations in water supply and sanitation in Mansehra, Muzaffarabad, Batagram and Bagh.

Needs Assessment

Most of the actors working in Water and Sanitation have conducted individual assessments in the geographic areas of their planned operations. In November 2005, some 81 assessments were conducted by the Cluster members, jointly in some cases and individually in others, but usually in association with local Government. However, no comprehensive joint assessment has been conducted in the field, although the Asian Development Bank, World Bank and UN undertook both desk reviews and joint missions to some areas to obtain information from local authorities and identify target populations for recovery and rehabilitation programs. However, there is a need for more work in this area after mapping all activities in the ground. As part of this on-going planning process, agencies are working on a mapping of activities and current gaps.

Target Groups

The plan will target the most vulnerable groups, in particular: Children 0 to 18 years age (1,459,698), among them disabled children, UAC, HIV-affected children; women with special needs, including pregnant women and lactating mothers (140,356), those in difficult circumstances (socio-cultural, HIV situations, etc); people in self-settled camps; people in planned and organized camps; people affected by interrupted WES systems; people lacking defecation facilities; people lacking solid waste disposal facilities, in particular within hospitals; people under potential risk of the spread of diseases.

Planning Assumptions

- Government involvement, commitment and capacity for WES will continue, but at different levels in different areas.
- Community participation in WES actions should be based not on financial support, but on post-emergency gain.
- Donors will continue their support for the main actors intervening for WES in emergency area

Objectives

- Ensure the availability of minimum safe drinking water supply for 810,000 people in the earthquake affected regions.
- Ensure access to sanitary means of excreta disposal for 275,000 earthquake-affected people in camps and urban areas.
- Ensure provision and management of solid waste disposal facilities/services for 140,000 people in camps, urban congregations and rural areas.
- Ensure the use of safe hygiene practices by 1,570,000 earthquake-affected people.
- Promote environmental health awareness among 810,000 earthquake-affected people.
- Promote hazard control targeting 810,000 earthquake-affected people.
- Build and maintain emergency response capacity among Government departments in charge of WES emergency response.

4.6

HEALTH

Situation Analysis

The October 8 earthquake left over 80% of health facilities either destroyed or damaged beyond use. The majority of health care providers were affected themselves by loss of family members and loss of homes. The health care system in the six worst earthquake-affected districts was effectively rendered inactive. By the end of November, the combined response of the Pakistan military and the Ministry of Health, with support from the humanitarian cluster has sixteen field hospitals functioning and forty per cent of Basic Health Units supported to provide primary health care to the affected population. The biggest challenge for the next 90 days will be the provision of adequate sanitation and primary health care facilities to populations living in camps over the winter. In addition, while all health cluster partners are committed to remaining actively engaged in the earthquake-affected areas until end March 2006, the number one constraint to their doing so is funding. Many NGOs are providing the primary health care in remote locations and at high altitude by setting up self sufficient camps and supporting existing BHUs. These agencies are helping to provide first line care, vaccination coverage and midwifery services. The Ministry of Health welcomes support from these partners until it has regained the capacity and human resources to take over. Without these NGOs, many communities would be without primary health care this winter.

Needs Assessment

The health cluster is informed by the needs assessment carried out by the camp management cluster and is aware of the urgent need for sanitation in camps and for access to primary health care for the camp population. An assessment of the existing situation in regard to environmental health is planned within the next 90 day period.

Planning Assumptions

- Approximately two thirds of the population will remain in or as near to their own homes as possible
- Approximately one third will be in camps *or other alternative accommodation*.
- Most health facilities in the earthquake affected region have been destroyed or damaged beyond use.
- There will be a greater proportion of women and children in the camps than men.
- Seasonal migration patterns from high ground to lower ground will take place in greater number and possibly earlier than usual.

- Populations living in mountainous areas are not necessarily the most vulnerable.
- Women will not seek medical care from a male for obstetric and gynaecological problems.
- There will be increased needs for health care provision for the disabled.
- There will be increased needs for psychosocial health care provision.
- The Pakistan Government will continue to allow international medical staff open access to all areas of PAK.

Objectives

The following areas will be targeted during December 2005 – February 2006

- To provide life-saving hospital services, through the maintenance of at least sixteen field hospitals open to the public.
- To support 150 Basic Health Units to provide primary care, providing drugs and staff where necessary. 100 BHUs and 20 RHCs to be replaced with pre-fabs by mid-January.
- To provide primary health care to 250,000 camp dwellers, ensuring that all camps of over 50 tents have a primary health care facility.
- To provide primary health care to 350,000 people above the snowline, through pre-positioning NEHKs and staff in 10 forward supply areas.
- To re-establish and sustain the TB programme, through the provision of tents, retrieval of 'lost' patients, establishment of a referral system and raising awareness of TB in camps.
- To ensure as many women as possible deliver with a trained birth attendant, through the maintenance of 20 MSUs and ensuring training obstetric staff are available at BHUs.
- To ensure that 600,000 children are vaccinated against childhood diseases, with campaigns against measles, DPT and polio.
- To ensure early detection of disease outbreak, through expanded disease surveillance to cover 80% of the earthquake-affected area.
- To recognize and treat psychological symptoms in reaction to the earthquake, through the maintenance of 9 teams of psycho-social professionals and training of additional mental health professionals.
- To raise awareness of environmental health issues and hazard control through assessment of the existing situation, coordination among actors and training on material/hospital waste.

4.7

PROTECTION

Situation Analysis

The catastrophic effect and the humanitarian consequences of the earthquake are increasing. Official casualty figures have risen dramatically after the initial assessment, with the estimated death toll having reached 73,331 and 69,392 seriously injured. A large proportion of the injured have had amputations. An estimated 3.3 million people are without homes. The exact numbers of the most vulnerable groups, namely children, including those that have been separated or orphaned, widows, single heads of households, and the elderly are as yet not known, but are estimated to be in the tens of thousands. One of the challenges and constraints for protection-related activities includes the limited availability of data on vulnerable groups disaggregated by age, gender, geographical locations and type of disability. At the same time, despite tremendous relief efforts mounted by the Government with the support of International partners, national NGO's and civil society, the situation remains critical in view of the difficulty of access, harsh climatic conditions and logistical and financial constraints, and the capacity and ability of Government institutions to coordinate and distribute foods and goods equitably.

Needs Assessment

Needs Assessment and updates is a continuous process based on the first-hand knowledge and experience of the field protection clusters, which is shared with the national protection cluster.

Target Groups/Areas

The most vulnerable groups have been identified as: children (including those who are separated, unaccompanied, orphans) adolescents, especially young girls, women (especially pregnant women, widows), single parents and disabled persons both in camps and in affected areas. Target areas are affected districts (8) in PAK and NWFP and camps/settlements in other areas and provinces.

Planning Assumptions

- Coordinated accelerated action by all Partners under the leadership of the Government.

- Government will need support from international/national partners to formulate and enforce policies related to protection issues.
- International partners will provide sufficient support as regards staff and funds on the ground.

Objectives

- Enhance coordination with the relevant national authorities, in particular the Ministry of Social Welfare and Special Education, as well as with the relevant Clusters of Shelter, Camp Management and Health in Islamabad, and with Protection Clusters in all humanitarian hubs.
- Identification and registration of the most vulnerable groups. In particular, children, women, elderly, single parents, orphans, widows and disabled living in affected areas and in camps situated outside the affected areas.
- Provide psycho-social support to all vulnerable populations, in particular children, women, elderly, single parents, orphans, widows and disabled.
- Mobilize women, adolescents and young people through community-based approaches to participate in the rehabilitation activities in camps and settlements.
- Ensure protection of children and women against all forms of abuse, exploitation in all situations – in camps and in affected areas.
- Impart essential life-skills and HIV prevention messages to adolescents and young people.
- Support the preparation of national strategy and Plan of Action for the protection of the most vulnerable groups affected by the recent earthquake.

4.8

EDUCATION

Situation Analysis:

An estimated 7,669 schools were affected in the earthquake, of which 5,690 are primary schools (for an estimated 449,000 children aged 5-9 years). Of these schools over 50% are collapsed or beyond repair. An estimated 18,000 children and 853 teachers died. Population movements since the earthquake have resulted in an increasing number of organized and *ad hoc* camps with some families from PAK migrating into NWFP. The requirement is therefore to establish temporary learning spaces as quickly as possible in tented camps and villages, to identify teachers, provide teacher training needed to assist teachers to work effectively with children in the temporary school environment, and ensure that basic teaching-learning materials are available. Some of the challenges for the response include increasing the capacity of government, especially at district level, tehsil and lower levels, to plan and manage the overall relief and early recovery effort, identifying a sufficient number of implementing partners to ensure access, as well as supportive education quality and psychosocial support interventions; ensuring outreach to a broad range of Union Councils across the affected area; sourcing the required number of tents and other items such as textbooks; ensuring an unbroken supply line of education items, and effective distribution mechanisms; and streamlining coordination among implementing partners.

Needs Assessment:

A detailed needs assessment has been completed in affected areas of NWFP (by GoNWFP/UNICEF//UNESCO GTZ). Coordinated needs assessment and data collection efforts are underway in Muzaffarabad, (including by ITA, Save the Children, Alfalah Foundation). The Department of Education is initiating a basic needs assessment of schools starting on 25 November. This will be carried out through its network of Assistant Education Officers and will inform a more detailed assessment that is being prepared between the Department of Education, UNICEF and cluster partners which will start in early December. Furthermore, the Cluster is mapping education activities by Union Council as a basis for targeting and scaling up.

Cluster Target Groups/Areas:

In PAK, to ensure that all recognized camps will be reached during December, with schools established, and all required inputs in place. Efforts will be made to ensure that the Education Cluster reaches communities across the District, with emphasis on more vulnerable areas

In NWFP, efforts will be made to reach all camps as well as more vulnerable areas, including Kaghan Valley, Siran Valley, Chattar Plain area, Batagram, Allai Tehsil, Batagram Tehsil, Bisham Teshil, Shangla District and parts of Kohistan.

Cluster Planning Assumptions:

- 35% schools will close for the winter holiday (2mths +)-'winter zone', government MoE will request teachers to continue programmes in 'summer zone' and some winter zone areas below 5,000 feet
- Teachers on government payroll will be available to teach in tented camps and other school locations
- Families will remain in camps throughout the period of this plan
- There will be increasing absorptive capacity of Government and implementing partners to sustain increases in number of schools/temporary learning spaces
- The Government's policy will prioritize the establishing of temporary schools, and implementation of teacher training.
- Partners continue to show interest in coordinated efforts in cluster planning.

Objectives

- To ensure that 35% of school-age children in earthquake affected areas (summer zone), previously in school, are re-enrolled in schools.
- To restore confidence in education amongst teachers, children and parents and support parents' readiness to send their children to school.
- To ensure access of children to school structures appropriate to context and functional needs.
- To ensure access to all children to textbooks and basic learning materials free of charge, plus special teaching-learning materials which deal with post-earthquake trauma.
- Teachers for all transitional schools established are trained and provided with the basic support needed to teach effectively.
- Enhanced education administration, planning and management capacity, including systems for registering teachers who can return to work.

4.9

IT/COMMUNICATION

Situation Analysis:

The geographical area affected by the earthquake suffers from difficult accessibility and poor telecommunications infrastructure. The fact that the whole area is in security phase 1 and that there was a very limited UN presence there before, requires an extensive setup to fulfill the MOSS requirements. A specific challenge for the implementation of this project has been the availability of funding. Initially, WFP and UNICEF advanced substantial amounts (over US\$700,000). The project is running out of funds and if funding is not provided in full longer term support will not be possible. The deployment in remaining locations has also been put on hold, which makes the operation in those areas non-MOSS compliant.

Needs Assessment:

From the telecommunications/data point of view all assessments were done, however deployment in remaining areas depends on funding.

Planning Assumptions

- The availability of sufficient funding.

Objectives

- All common locations are MOSS compliant from a telecommunications perspective.
- All common locations have basic data connectivity provided through use of VSAT systems.

4.10

EARLY RECOVERY AND RECONSTRUCTION

Situation Analysis

Spontaneous efforts by the affected people on early recovery in shelter and livelihood sectors are already underway. In the shelter sector, in order to augment the tents and other temporary shelters being provided to the affected people, tool kits are being distributed to the affected people who are engaged in building temporary shelters on their own. Tents were distributed with kitchen sets and it is proposed to also distribute LPG burners for cooking in the camp sites mainly in the urban areas, as a step towards mitigating against further environmental degradation due to the cutting of forests for fuel. In a few locations in the urban areas, cash for rubble removal programmes have also been started. A number of micro-enterprises have initiated local level economic activities on their own. Financial services will develop the required mechanisms to allow for immediate financial services and aid, from both private and public sources to reach the affected areas in the short-, medium- and the long-term. Plans have been laid out, and resources mobilized to rebuild schools and

resume schooling in the remaining weeks before the winter break is commenced. This is viewed as a centrally important undertaking to prevent mass out-migration of families to other areas in the search for schools, prevent negative impacts on children, and as a means of beginning the healing process amongst families and communities. An improved mind-set amongst the affected people will count greatly towards speeding-up the recovery process.

Some challenges for the response include ensuring cross-linkage and integration of early recovery activities with respective thematic clusters, as well as informing on-going planning with field-based analysis; assuring linkage between the Government National Plan for Recovery and Reconstruction and UN/international planning and actions, and ensuring that mitigation and 'building better' is taken into account in a transparent and accountable recovery and reconstruction process

Needs Assessment and Gap Analysis

A Needs Assessment of the Early Recovery Cluster Group was carried out during the week of the 24 October to determine the needs of the affected areas in Muzaffarabad, Mansehra, Batagram, Beshan and Balakot. The Cluster was divided into 12 sectors and each sector produced an assessment of the needs in each sector and the proposed interventions. A number of gaps and possible future issues have become apparent. These include a lack of technical and policy advisory services for, for example, supporting ERRA in urban reconstruction planning; the need to take young people into account in livelihoods and employment plans; the potential for social conflict given the massive population movement and the need to take this into account in social planning, and the challenge of strengthening the capacities of the authorities to address housing, land and property disputes and rebuilding the destroyed land ownership and property/inheritance records in a transparent and equitable way in order to prevent future land disputes.

The recently-released *Early Recovery Framework* is based upon a joint preliminary assessment of the early recovery needs in the most affected areas, and 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 and guides 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;
- Strengthen government capacity in addressing land and property disputes and in settlement planning and
- Reduce future disaster risks including the support to revision of building codes and enforcement mechanisms.

Target Groups/Areas:

Particular target groups include those especially vulnerable in the current situation, including those at higher elevations (Jehlum, Neelum, Siran, and Kagan Valleys, as well as upper reaches of Allai and Maciara Tehsil) to whom access is difficult, and populations in camps. For shelter provision, the target group is all those whose homes, businesses, lifestyles, supporting infrastructure and environment were destroyed. In education, not only will school-age primary children be targeted (449,000 aged between 5-9 years) and those who have not received schooling in the past due to their remote location, but also youth below 18, parents, teachers and education personnel. For protection, an estimated 2.2 million of the affected population are women and children, many of whom may be particularly vulnerable due to loss of family members, property and lack of community safety nets, especially in the current living conditions. The needs of persons whose land tenure or inheritance rights has been put at risk will be addressed. It should be noted that, even before the earthquake, the populations in this region were vulnerable and their situation now is even more perilous.

Cluster Planning Assumptions

- Longer-term planning is required for some agencies in early recovery and reconstruction. The Plan is based, therefore, on a 120-day timeframe.
- The Plan will be revised regularly and following an up-coming inter-agency field visit in late November, consultation with the ERRA and greater involvement of Government in Cluster meetings.

Objectives

The Early Recovery Cluster has identified objectives in a number of sectoral areas and will be working closely with the partners in the relevant Clusters.

Education

- To enhance administration, planning and management capacity in the education sector and lay the foundations for school reconstruction.
- To send disabled children back to schools and to prevent child labour.
- To re-establish secondary, vocational, technical and higher education facilities.

Logistics

- To provide logistics procurement and infrastructure development support to various stakeholders.

Employment and Livelihood

- To provide cash assistance to affected households for basic sustenance and small business activities.
- To undertake rubble removal with the use of machinery and manual labour in affected urban areas in Mansehra, Poonch and Bagh Districts.
- To start the first Emergency Employment Information Centres.
- To determine the labour market in the affected districts.

Shelter

- To support the construction of durable and insulated winterized transitional shelters for villages above 1600 meters.
- To provide policy and technical support to national and local government institutions on housing issues.
- To support emergency shelter construction and reconstruction of earthquake resilient housing units.
- To lay the groundwork for school reconstruction.
- To remove and recycle rubble for construction in Muzaffarabad.
- To meet the cooking and heating requirements of the affected people.

ANNEX 1

HUMANITARIAN RESPONSE – OCTOBER/NOVEMBER 2005

There has been considerable progress in the relief effort to save lives and support livelihoods since the earthquake caused such devastation on 8 October 2005. The overall relief operation has been led by the Government of Pakistan, through the Federal Relief Commission, with the Pakistan Military (PakMil) playing a vital role in the delivery of assistance. This relief effort has been strongly supported by the international community, both in the deployment of national and international search and rescue teams, field hospitals and civil-military assets, but also through the concerted efforts of the UN Agencies, International Organisations (including the Red Cross Family) and Non-Governmental Organisations (international and national). Members of the thematic Clusters, which include Government partners, have complemented and supported the national effort with both technical expertise and knowledge transfer on humanitarian issues and response, as well as materially and financially. Some of the progress made during the period since the earthquake, and key achievements, are summarized below:

- **Food and Nutrition**

A total 17,268 metric tonnes of food was delivered to 901,757 persons by WFP and collaborating partners, representing 90 percent of the target population, some 12,160 mt dispatched in November. WFP food airlifts (3,406 mt in November) were significantly increased and averaged 260 metric tonnes per day end-November. Realizing that reactivation of the market will be the most successful means of ensuring food security, GoP began in November to implement a cash compensation programme for earthquake survivors. GoP distributes food assistance through two modes: a) wheat flour (Ata) through utility stores and other market outlets at subsidized prices to the general population, and b) free relief food assistance to earthquake survivors. The latter increased to an average 300 mt/day from 1 November and has been delivered by military and civil authorities in close coordination with WFP and ICRC.

Vitamin A supplements were distributed to more than 100,000 children aged 6-59 months along with measles immunization campaigns. BP5 (high energy and high nutrient) biscuits were procured and distribution is under way. Some 375,000 leaflets and 25,000 posters on the importance of breastfeeding were produced and distributed. Supplies for 20 Therapeutic Feeding Centres (TFCs) for a total of 12,000 severely malnourished children/3 months were in the pipeline. A technical workshop was organized for for the identification and treatment of severely malnourished children 23 and 24 November, and for infant feeding in emergencies (24 November) with the aim of benefiting 240,000 children under two years of age. Mother's Corners were established for support to breastfeeding women in camps. Oral Rehydration Solution (ORS) for 50,000 children under five years of age was procured to ensure appropriate management of diarrhea. A comprehensive joint UNICEF/WFP/WHO Nutrition Survey commenced 21 November in collaboration with the Ministry of Health in Mansehra District and the internally displaced people (IDP) camps, with results due mid December.

Some 200 mt of seed and fertilizer were distributed to farmers in Muzaffarabd (50 mt), Bagh (30 mt) and Rawalakot (20 mt) by FAO and Government just in time for the planting season. These inputs, combined with seed stocks salvaged from the rubble, will help reduce overall dependence on food assistance.

- **Emergency Shelter**

Emergency Shelter Cluster members comprise 43 international and national NGOs, 3 UN agencies, and the Federal Relief Commission (FRC). Twice weekly 'strategic' and 'tactical' coordination meetings take place with full FRC cooperation at Islamabad and field levels respectively. With 23,499 self-help shelter kits distributed, over xxx transitional shelters built by PakMil and additional shelters constructed by the populations themselves, over xxx are now estimated to have access to the 'one warm room' prioritised by GOP policy. To this total should be added the distribution of over 410,000 tents⁶, 172,000⁷ of which have been provided through the national and international humanitarian community (many via PakMil distribution mechanisms). Although it is not

⁶ FRC figures show 510,000. However, a 20% discrepancy in de-duplication of figures has been assumed

⁷ Source: Emergency Shelter Cluster

clear what proportion of tents have been supplied within the 5000-7000ft zone, and allowing for distributions under an imperfect 'pick-up' system along main access routes, the overall coverage in the 5000-7000ft zone can therefore be estimated to be 80+%. In addition, over 3.2 million blankets have been distributed (32% coverage) and 17,600 stoves installed (c.20% coverage). Members of the Early Recovery cluster, including UNDP, IOM, UNOPS and Habitat, have also contributed to the shelter effort: working together, with local authorities and the army, to procure and distribute tents and kitchen utensils to some 10,802 vulnerable families in the worst-affected areas of Muaffarabad, Bagh, Balakot, Garhi, Dopatta, Mansehra and for the self-settled camps in Islamabad, as well as initiating a winterized shelter programme, using salvaged and locally available materials, for 5000 family shelters in Machiara Tehsil is already underway and procurement has begun for the same programme in the upper Siran Valley.

In conjunction with IFRC, UNJLC, UNHAS, the Pakistan Military, and NGO partners such as Islamic Relief, IOM began a programme ('Winter Race') in early November to provide emergency self-help shelter materials to an initial target of 10,000 families in areas above the snow-line involving mobile outreach teams providing material and technical support for construction of 'warm rooms' capable of withstanding winter weather at high altitude. Such an approach depends on the presence of teams on the ground, whose role is to ensure equitability in meeting needs, motivation in use of materials supplied, and skills transfer. The Winter Race programme is designed to 'leverage' and coordinate the inputs of NGO operational partners.

- **Camp Management**

Camp management has received and dispatched the following relief items to high altitude areas, spontaneous and planned camps in support of the cluster activities: 18,271 tents; 276,464 blankets; 68,925 plastic Tarps; 26,178 jerry cans. Other items dispatched include mattresses, sleeping mats, lanterns, kitchen sets and stoves.

A total of 21 planned camps have been established to date with 20,000 inhabitants, while nearly 200 spontaneous camps have been surveyed for viability and continued assistance in the affected areas. The governments of NWFP and Azad Kashmir have been informed of the findings which include those camps recommended for closing and those with more than 50 tents and year-round access for continued support by the cluster. Additional sites for planned camps have been surveyed by the cluster site planners. Some are appropriate for the establishment of camps, but many are not for technical reasons.

To date the cluster has deployed, through sub-agreements with UNHCR, 25 technical teams and 12 camp management teams in Mansehra/Balakhhot, Battagram, Bagh and Muzafarabad. Over the next few weeks, it is intended that this number will double depending on the availability of funds and partners. Contingency plans and equipment are in place for large-scale displacements. However, the availability of sites in PAK continues to be major bottleneck.

A camp management strategy has been prepared and shared with cluster partners and the Government of Pakistan. All have agreed in principle to the concept, which outlines what the cluster can and will do regarding advice on camp management as well as the proposed administrative arrangements to be put into place with civil authorities in the affected areas.

- **Logistics**

- **Water and Sanitation**

There has been considerable progress by Cluster members in conjunction with the relevant Government bodies in restoring the water supply and improving water quality in affected areas. Approximately 90% of the needs in camps are now covered, with an overall 30% of the target population of 810,000 now receiving a water supply. 90% of the water supply network has been repaired in Muzaffarabad town and its surrounding area, with drinking water now supplied to 150,000 people. Reservoirs have been repaired and 50% of the water treatment plants are now functioning. In addition, 20 water points have been set up as well as 8 water purification plants, providing 510,000 lit/day (serving 25,000 persons). A water quality monitoring and control system has been initiated to ensure the safe quality of the water supply 24hours/day. In Mansehra, Cluster partners have been working together on the water supply for 40,000 people. Work has been completed in the planned camps and handed over to PEHD, but water quality remains a concern. Chlorination of water supplies for Mansehra town

has been undertaken, and a total of 13 supply systems have been repaired with the assistance of PEHD and local Government, while 8,500ft of mains supply line has been provided for Jaba camp and the restored water supply now reaches 10,000 in Ghazikot township. In Bagh, the system has been restored for the town, but work on the distribution lines and the rehabilitation of the reservoir is still in progress, while in Balakot, three treatment plants are now functioning and water is being provided through 5 bowsers, targeting 7,000 people. Normal water supply systems in Rawalakot have been restored, while work is in progress in Batagram which will benefit 47,000 people. Water quality has been receiving particular attention during this period, especially for the planned and self-settled camps (including those with less than 50 tents). Technical guidance and expertise has been provided to the MoH and MoE by a number of cluster partners, including WHO, and over 500,000 water purification sachets have been distributed to households.

There have been concerns in October and early November in relation to the digging of pits and obtaining latrine slabs to improve sanitation and hygiene. Approximately 36% (1446/4000) of the targeted provision of latrines, particularly within the camps, has now been achieved by, *inter alia*, the joint efforts of the local Government, NATO, the US Army, UN agencies and NGOs. A number of constraints have been faced in the provision of latrines, including the availability of slabs in sufficient quantity and quality (the latter varies considerably), the weak capacity for digging, hard soil (rock) in some locations, the scarcity of space in camps, as well as maintenance issues. Hygiene education in this period has focused on three core issues: the use of latrines, hand-washing and clean water. A range of agencies are working in this area, but there is a scarcity of appropriate local partners. More than 2200 hygiene kits have been distributed and communication material has also been prepared in close collaboration with Cluster partners and the MoE. 30 promoters/health workers have already been trained, and training for a further 6,000 is now being undertaken. 20% of the 1.5 million people targeted to receive hygiene education kits and messages have now done so.

The situation on the ground in relation to solid waste disposal is of concern and needs improvement, especially in the camps. Several agencies are already working in this area, but much is yet to be done. Two MOUs have been signed between UNICEF and the Government for solid waste collection, disposal and management, as well as the procurement of additional tractors and trailer units. Solid waste disposal in Muzaffarabad city has now been operationalised, including the treatment of health care waste. 12 incinerators have also been built recently by a local contractor using an Oxfam design. If the experience on this is positive, then this programme will be expanded.

- **Health**

Sixteen field hospitals are in place and, at the request of FRC, are willing remain until March 31st minimum (but for many of them this is funding dependent). Provided air evacuation services remain in place, it is felt that this number of hospitals is sufficient to cope with the emergency life saving needs of the affected population. The field hospitals are no longer dealing with acute earthquake related trauma but are providing essential surgical services and hospitalised care for severe medical conditions. The field hospitals working group is now drafting an exit strategy and a gradual handover to permanent hospital facilities. This is being done in conjunction with the provincial Health Secretaries in NWFP and Pakistan Administered Kashmir and the respective Relief Commissioners for each province. Primary health care activities are the focus of most members of the health cluster with more than forty four health partners supporting PHC in either pre-existing Basic Health Units (BHUs) or set up nearby in order to link in to pre-existing structures as far as possible. These health partners consist of Ministry of Health personnel deployed from other parts of the country, international and national NGOs and individual health practitioners from overseas or within Pakistan. More than thirty New Emergency Health Kits and trauma kits have been distributed to health partners working with BHUs, providing basic drugs and equipment for the needs of more than 300,000 people for three months.

A Disease Early Warning System (DEWS) is in place for these partners to feed back to the National Institute of Health any trends or changes in disease patterns. Six response teams are available to investigate reported outbreaks. Given outbreaks of – successfully contained - acute watery diarrhea in Muzaffarabad, sanitation issues, particularly in the self-settled camps, must be addressed. In this context, the deployment of six field-based environmental health officers, one in each hub, and the re-establishment of water to Rawalakot following the installation of a water treatment plant, should be noted. Disease case prevention is always more effective than case management. Standard case definitions and treatment guidelines have been prepared by the Ministry of Health and posted on the joint WHO/MoH web site along with reporting forms for easy reporting on line. Other reports are fed back through the national surveillance system. Vaccination campaigns have been ongoing in the earthquake affected districts since the disaster. These include measles, diphtheria, tetanus, polio and vitamin A. A total to date of 300,000 children have received vaccinations.

Ten mobile service units (MSU) are in operation, with ten more to follow, to provide locations for pregnant women to deliver with the assistance of a trained female professional. 200,000 hygiene kits have been provided by UNFPA and distributed to women of child bearing age; a further 400,000 are planned. Nine mental health teams have been mobilised to focus on psycho social support for the earthquake affected population. A three day training of trainers course for mental health professionals has been held in Islamabad to mobilise the mental health professional community to recognise and treat signs of mental and psychosocial trauma as a result of the earthquake, bereavement, loss of home and displacement

- **Protection**

A rapid assessment of protection issues has been undertaken and further assessments are on-going in some camps in Mansehra, Muzaffarabad, Bagh, Batagram. The Government has set up a camp in Hattian for destitute women, widows and children. The registration of all children living in camps has been carried out in Muzaffarabad and settled camps in Mansehra district, with registration in camps in Batagram due to start shortly. More than 10,000 children have been registered and the unaccompanied referred to ICRC for tracing and family reunification. Initial training on child protection issues has been provided to the representatives of the army responsible for the management of camps in Mansehra. Psycho-social support and trauma counseling has also been initiated through provision of child-friendly spaces and recreational activities in selected camps in Bagh, Mansehra, Balakot, and including one in Islamabad as well as in many different hospitals in Rawalpindi and Islamabad. Registration of all displaced persons in Islamabad has been undertaken by NADRA. Field Protection Clusters have now been established and are functioning in Muzaffarabad, Mansehra, Batagram and Bagh.

- **Education**

The progress made in the education sector is reflected in relation to the two regions. In Pakistan-administered Kashmir, the regional Government has asked all teachers to resume duties, and engage children in education activities. Anecdotal evidence suggests that many schools have indeed reopened, often as shelter-less schools, and some with the support from local NGOs. Temporary schools have established in 8 camps, with government teachers deployed and temporary teachers from the affected communities hired. In addition, 300 non-formal schools have re-opened and an emergency school feeding programme has begun in 29 schools. Some 145 tents have been provided to camp and government schools, as well as 98 School-in-a-Box for 3,000 children. The latter includes textbooks, notebooks, mobile blackboards, chalk, activity charts, slates, school bags, and school registers. Latrines have also been established for all camp schools and several formal schools, as well as a clean water supply. Rubble clearance is underway for 18 schools in urban and peri-urban Muzaffarabad and this will be completed by 6 December. Rubble will also be cleared from the main Directorate of Education.

In NWFP, In conjunction with the Department of Education, a school-by-school assessment of damaged school buildings at the Union Council level in NWFP. 69 Child Friendly recreational/learning spaces/schools have been established (13 in Mansehra, 12 in Batagram, 4 in Shangla) and 291 teachers deployed to these schools. Out of these, 160 are from the Education Department, and 131 are voluntary teachers. Temporary schools were established with the minimum available facilities; however, school improvement has already started in line with opening of new schools in camps and tented villages. An expert group comprised of the Directorate of Curriculum, Abbottabad, UNICEF and NGOs are in the process of developing a resource book for providing psychosocial support to teachers in the earthquake affected areas. The book is expected to be completed by the end of November 2005. At the same time, plans are already in place for production of resource materials, training of trainers for provision of psychosocial support to teachers and training for 20,000 teachers for psychosocial support in the classroom. NCHD, in partnership with the Department of Education and UNICEF have developed and finalized a detailed proposal to reopen 500 schools in the most affected areas. Furthermore, proposals for various types of temporary structures are under discussion and consideration by the cluster members.

- **IT/Communication**

The Cluster aimed to establish communication networks for the United Nations offices established to facilitate the relief operation and maintain the communications systems necessary for MOSS compliancy, coordination and operational management. Since the initial deployment, basic security telecommunications infrastructure has been installed in 3 locations (Muzaffarabad, Mansehra, Balakot) by WFP, while UNICEF has provided basic

data connectivity in Muzaffarabad, Mansehra and Bagh. Overall coordination of the inter-agency effort has been successfully performed by the acting Telecommunications Coordinating Officer.

- **Early Recovery and Reconstruction**

In emergency shelter, UNDP, UNOPS and IOM have begun the provision of tents as emergency shelter to the worst affected families in PAK and NWFP has begun and, by the end of November, some 10,802 winterized tents and 9,636 kitchen utensil sets will have been distributed, benefiting 10,802 families. Having received funding from donors, discussions with Government and preparations are underway on implementing rubble removal and recycling through Cash for Work as well as the seismically resilient rehabilitation of damaged houses. Led by UNDP and UN-Habitat, activities have been launched to provide technical assistance for seismic resilient shelters for affected families, particularly those living above 2,000ft who had begun to rebuild makeshift houses for the winter. Support to the affected beneficiaries will be augmented by the provision of LPG cooking stoves to reduce the immediate impact on the local ecosystems.

Activities in relation to early recovery in education sector, which has been led by UNESCO, have included two needs assessments, including reconstruction costs, of the education systems in PAK and NWFP using both primary and secondary sources of information and on-site visits; the formulation of a 9-point plan for the early recovery and rehabilitation of the education system(s) in PAK and NWFP; training workshops to develop an outline for a rapid teacher training programme aimed at school teachers from affected areas, including counseling and psychosocial support; and technical support and assistance to the Departments of Education to respond to the crisis and manage emergency interventions in education.

In addition, the *Pakistan 2005 Earthquake Early Recovery Framework, November 2005* has been prepared and distributed at the November Donors' Conference on Reconstruction, upon agreement with the ADB and WB. This Government and UN System Report was part of a two-volume set of reports to the donor community on the physical and social impact of the disaster in dollar terms, as well as the modus operandi for the recovery phase. It provides the framework for early recovery, including twelve sector reports providing overviews of the extent of damages sustained and proposed interventions and costs to meet the immediate, medium-term and longer-term needs of the affected areas and populations. The ILO were the first to commence a cash-for-work scheme in Balakot, Muzaffarabad and Bagh on 2 October, targeting 4,500 survivors living in camps in these areas (including 1,500 women).

ANNEX 2

PLANNING MATRICES BY SECTOR

The sectoral planning matrixes have been prepared by the responsible Clusters, which include Government representation. They support the overall strategy outlined in the Government of Pakistan's National Plan of Action for the earthquake response. They provide an overview of the key objectives, planned activities for the winter period, as well as the actors involved in implementing these. The timeframe of the respective plans prepared by the Clusters vary, and this is indicated at the head of each table. The majority of these cover a 90-day (three month) period, exceptions include the Education Plan, which covers 60 days in view of the specific activities that may be required in this period of potential school term suspension, and that for Early Recovery which, given the transitional nature of some of its activities, operates on a longer timeframe than for the purely emergency interventions.

FOOD AND NUTRITION (90 Days)						
<i>Objective</i>	<i>Activity/ies</i>	<i>Location</i>	<i>Timeline</i>	<i>Indicators</i>	<i>Main Actors Involved</i>	<i>Logistic Requirements</i>
Prevent malnutrition and micro-nutrient deficiencies in remote locations	Distribution of basic dry rations to 620,000 food insecure persons,	Remote Muzaffarabad, Mansehra, Batagram, Balakot, Shangla, Bagh	Nov - Feb	% population receiving 2,100 kcal/day Quantity dispatched by road	WFP, Pakistan Military, ARC, ACF, Goal, Islamic Relief, TVO, NRSP, SRDO, IRC, SCF, RI, HOAP, Acted, Oxfam	Total 16,078 mt of which 9,866 mt/month by road
Increase access to food for vulnerable groups and sustain lives in snow-bound and/or road inaccessible areas.	Airlift of food to 387,000 in road inaccessible areas	Upper and lower Neelum, Leepa, Kaghan, Allai, Oghi, and Jhelum valleys, northern Bagh Tehsil, Dhir Kot, Haveli, Jabori, and Kaladhaka.	Dec - Feb	% population receiving 2,100 kcal/day Quantity dispatched by air	WFP, Pakistan Military, ACF, WVI, Islamic Relief, and ICRC.	6,212 mt/month by airlift
Obtain information on nutritional status of women and <5 year old children in Mansehra district and NWFP camps, PAK camps and Muzaffarabad district	Joint UNICEF/ WFP /WHO nutrition survey in collaboration with MoH		- Mansehra district and NWFP camps 21 Nov – 2 Dec, report available mid December - PAK camps mid December, report available early January - Muzaffarabad district early January, report available end January	Survey completed Necessary data obtained	UNICEF, WFP, WHO in collaboration with MoH at central and local level	Helicopter assistance for Neelum and Jhelum valleys
Prevent Vitamin A deficiency in 600,000 6-59 months old children	Supplementation of children, as part of measles immunization campaign		End December	Number of children 6-59 months who has received a Vitamin A supplement Number of children with clinical signs of Vit A deficiency (night blindness, xerophthalmia)	MoH at local level	Helicopter assistance for vaccinators???
Identification and rehabilitation of severely malnourished children	Finalisation of protocols and training plan, training of staff of potential TFCs in phased approach, equipment of TFCs		Training will be initiated early December, after which pilot TFCs can start functioning and additional TFCs will start	Finalised protocol, training plan and training materials Number of health workers trained Number of TFC operating Number of children admitted	MoH at central and local level, NGOs	

			functioning according to need	Number of recovered children		
Ensure that 240,000 children under the age of 2 are fed optimally	Finalisation of training plan, training of health workers, establishment of Mothers Corners		Training will be initiated early December and throughout December and January. Mothers Corners will be established on an ongoing basis	Finalised training plan and training materials Number of health workers trained Number of Mothers Corners established	MoH at central and local level, NGOs	
Prevention of micronutrient (MN) deficiencies in pregnant and lactating women and children 6-59 months	Procurement of MN supplements, training of health workers in their distribution		Procurement will be done in November, training will be done in December and distribution from December onwards	- Number of health workers trained in the distribution of MN supplements for pregnant and lactating women and 6-59 months old children - Number of pregnant and lactating women and 6-59 months old children that have received a MN supplement - Number of cases of MN deficiencies in the target population (for example night blindness, anemia)	MoH at central and local level, Micronutrient Initiative (??)	
Ensure growth monitoring and nutrition surveillance	Establishment of GM and nutrition surveillance system, operationalisation of surveillance system		Design of GM/ nutrition surveillance system will be done in December, after which staff will be trained and the system can start to function in January	- GM/nutrition surveillance system - Number of staff trained - Number of children with severe malnutrition identified and referred	MoH at central and local level	
Nutrition Education	Nutrition education, IEC and social mobilization activities		Materials will be developed in December, training will take place in January after which activities will start in January/February	- Number of health workers trained - Number of materials developed and distributed - Number of nutrition education activities carried out		

EMERGENCY SHELTER (90 Days)						
Objective	Activity/ies	Location	Timeline	Indicators	Main Actors Involved	Logistic Requirements
Provision of secure shelter	'Winter Race' prog (20,000 emergency kits) + similar from NGOs	Upper Neelum, Kagan, Siran, Allai Valleys + Battagram + Kahuta	By 31 Dec to 3000-7000ft zone	Number of 'at risk' population reached with tents, alternative structures, NFIs	All Cluster Members	2 x dedicated UNHAS Mi8 helo's
	Winterization of 100,000 non-winterized tents in informal settlements	Muzaffarabad, Mansehra, Batagram, Balakot, Abbotabad valley floors (rural and non-formal camps)	By mid-Jan 06			
	Establish liaison officers within PakMil engineer units		By 10 Dec 05		PakMil, IOM	
Integration of emergency shelter into rehabilitation & recovery frameworks	Progressively merge Emergency Shelter into Early Recovery Clusters		By end Feb 06	Reduction in Emergency Shelter Cluster meeting frequency and attendance	UNDP, HABITAT	
	Technical shelter advisers within Thesil ERRA offices		By end Jan 06	Advisors in place	UNDP, IOM	

CAMP MANAGEMENT (December to April inclusive)

<i>Objective</i>	<i>Activity(ies)</i>	<i>Location</i>	<i>Timeline</i>	<i>Indicators</i>	<i>Main Actors Involved</i>	<i>Logistic Requirements</i>
Coordination in Camp Management with Pak. Army, NGOs, Local organizations. Increase staffing in field	Monitor the implementation of the camp management strategy which has been adopted by the GOP. Identify more implementing partners for mobile team deployment. Deployment of a further 12 UNHCR staff to the field	Mansera/Balakhot, Battagram, Bagh and Muzafarabad	Monitoring strategy implementation is continual. Additional staff deployed by 1 st week of December. Additional partners on board by first week of December	Civil authorities in charge of camp management are trained and responding to needs within the strategy. Numbers of staff deployed and numbers of mobile technical/management teams on the ground	UNHCR, cluster members, GOP	None
Development of internal supply chain to deliver essential non-food items to final distribution points:	Deployment of staff, identification of storage facilities, assessment of needs for winterization and distribution of relief items for winterization.	Islamabad, Mansera/Balakhot, Battagram, Bagh and Muzafarabad	By the end of the year all winterization items will be distributed to beneficiaries in either planned or spontaneous camps where road access is available. Items arriving in Islamabad are dispatched immediately to forward logistic points. Some contingency items will be retained for late winter needs.	Items received in Islamabad vs dispatch to forward locations vs actual distribution statistics.	UNHCR, GOP, implementing partners	Required on an as needed basis from abroad and possibly within the affected area depending on the availability of trucks. Actual needs are difficult to predict and depend on UNHCR's ability to maintain the internal supply chain. Road clearing may be required in certain areas.
Assist in site planning/construction for new planned camps and as contingency for possible influxes.	Coordinate with civil authorities to identify sites that are suitable for the establishment of camps. Make sure that land issues are resolved prior to construction. Plan and install wat/san facilities prior to the arrival of new beneficiaries. Train civil/military authorities in basic camp planning and management.	Mansera/Balakhot, Battagram, Bagh and Muzafarabad	This will be a continual process, particularly in NWFP where suitable land is more available than in PAK.	Number of suitable sites identified and planned. Capacity of those sites to accommodate new arrivals according to contingency plans.	UNHCR, GOP	Required as needed and when UNHCR internal supply chain cannot deliver goods as and where needed.
Assist GOP in winterization of planned and spontaneous camps	Dispatch and deliver personal insulation materials (blankets, sleeping bags) at a rate of 3 blankets per person. Distribute plastic tarps at a rate of 2 per tent. Carry out training in tent	Mansera/Balakhot, Battagram, Bagh and Muzafarabad	This has already begun and will continue until mid December. A contingency stock will be kept for new influxes.	Numbers of items delivered. Successful installation of tent heating from UNDP and accident (fire) occurrence in camps due to heating devices.	UNHCR, GOP, UNDP, implementing partners.	On an as needed basis when UNHCR's logistics capacity cannot deliver required inputs. Some road clearing may be needed.

	winterization techniques. Liaise with UNDP on the provision and use of heating in camps.					
--	--	--	--	--	--	--

WATER AND SANITATION (90 Days)

Overall Goal: Ensure availability of minimum safe drinking water supply and access to sanitary means of excreta disposal and the use of safe hygiene practices by earthquake-affected population.

Objective	Activity/ies	Location	Timeline	Indicators	Main Actors Involved	Logistic Requirements
Ensure availability of minimum safe drinking water supply for 810,000 earthquake-affected people in NWFP and PAK by the end of February 2006.	Assess, repair, rehabilitate improve, expand and maintain drill bore-holes. Create new systems to improve the quality of water, tankering, treatment and tapping stations.	Affected locations in the district of NWFP and PAK, including planned and self-settled camps, urban and rural centres.	1 December 2005 – 28 February 2006.	% of people who have access to, use and safely store and drink safe water.	UNICEF, UNHCR, WHO, NRSP, OXFAM, SCF, HRDS, ISLAMIC RELIEF, NRSP, SRO, IRC, NCA/SWS, SSD, NATO, IFRC, SRSP, PHED, Local Government, Solidarity, TVO, Concern, MC, WSD, TMAS	
Ensure access to sanitary means of excreta disposal for 275,000 EQ-affected people in camps and urban area in NWFP and PAK by the end of February 2006.	Digging pits, setting up superstructure and constructing hand-washing places.	Affected locations in the district of NWFP and PAK, including planned and self-settled camps, urban and rural centres.	1 December 2005 – 28 February 2006	% of people who have access to, and use, sanitary latrines (or safely dispose of excreta through other means in times of emergency).	UNICEF, UNHCR, WHO, NRSP, OXFAM, SCF, HRDS, ISLAMIC RELIEF, NRSP, SRO, IRC, NCA/SWS, SSD, NATO, IFRC, SRSP, PHED, Local Government, Solidarity, TVO, Concern, MC, WSD, TMAS	
Ensure provision and management of solid waste disposal facilities/services for 140,000 EQ-affected people in camps, urban congregations and rural areas of NWFP and PAK by the end of 2006.	Provide metal, concrete and plastic garbage bins at camps and urban congregations of displaced people. Provide expertise and knowledge on who to create and manage the systems.	Affected locations in the district of NWFP and PAK, including planned and self-settled camps, urban and rural centres.	1 December 2005 – 28 February 2006	Number of garbage bins positioned in camps and urban congregations of displaced people. Number of garbage bins that the community fills with garbage at any time. Number of times that garbage is disposed/week.	UNICEF, UNHCR, WHO, NRSP, OXFAM, SCF, HRDS, Islamic Relief, NRSP, SRO, IRC, NCA/CWS, SSD, NATO, IFRC, SRSP, PHED, Local Government, Solidarity, TVO, Concern, MC, WSD, TMAS, MO, MOE, USAID.	
Ensure the use of safe hygiene practices by 1,570,000 EQ-affected people in NWFP and PAK by the end of February 2006.	Conduct hygiene campaigns, Provide hygiene kits, basic water kits, hygiene education materials.	Affected locations in the district of NWFP and PAK, including planned and self-settled camps, urban and rural centres	1 December 2005 – 28 February 2006	Number of people reached. Number of families provided with hygiene kits and basic water kits. Amount of hygiene education material distributed. % of people who wash their hands after defecation, before preparing food or handling food	UNICEF, UNHCR, WHO, NRSP, OXFAM, SCF, HRDS, Islamic Relief, NRSP, SRO, IRC, NCA/CWS, SSD, NATO, IFRC, SRSP, PHED, Local Government, Solidarity, TVO, Concern, MC, WSD, TMAS, MOH, MOE, USAID.	

				and before eating food.		
Promote environmental health awareness among 810,000 EQ-affected people in NWFP and PAK by the end of February 2006.	Assessment and coordination among actors. (?)	Affected locations in the district of NWFP and PAK, including planned and self-settled camps, urban and rural centres	1 December 2005 – 28 February 2006	Number of camps meeting established environmental health minimum requirements.	UNICEF, UNHCR, WHO, NRSP, OXFAM, CF, HRDS, Islamic Relief, NRSP, SRO, IRC, NCA/CWS, SSD, NATO, IFRC, SRSP, PHED, Local Government, Solidarity, TVO, Concern, MC, WSD, TMAS.	
Promote hazard control targeting 810,000 EQ-affected people in NWFP and PAK by the end of February 2006.	Conduct training courses and distribute training material on hospital waste disposal.	Hospitals in affected locations in districts of NWFP and PAK urban and rural centres.	1 December 2005 – 28 February 2006.	Number of field hospitals meeting established requirements for hospital waste disposal systems.	UNICEF, WHO, UNHCR, OXFAM, SCF	
Build and maintain emergency response capacity among Government departments in charge of WES emergency response.	Produce design drawings of water schemes Build emergency response capacity through provision of training. Establish and maintain an effective inventory control system. Develop and implement surveillance systems. Lead the sector coordination for assessment, planning and monitoring.	Affected locations in the district of NWFP and PAK, including planned and self-settled camps, urban and rural centres	1 December 2005 – 28 February 2006	Detailed design estimates, specifications and working drawings.. Number of training sessions and workshops held. System established and operational. Coordination mechanisms operational.	UNICEF, UNHCR, WHO, NRSP, OXFAM, SCF, Islamic Relief, NRSP, SRO, NCA/CWS, NATO, IFRC, PHED, Local Government, MOH, MOE, PCRWR.	

HEALTH (90 Days)						
Objective	Activity	Location	Indicators	Main Actors Involved	Comments and logistics required	
To provide life saving hospital services and emergency obstetric care	Maintain at least sixteen field hospitals open to public	See health mapping for all FH sites	Nos. of patients admitted and reason for admission	All agencies providing FHs. UNAIDS ensuring safe blood.	Need to maintain bed occupancy to justify existence	
To support 150 BHUs and 20 RHCs to provide primary care	Provide prefabs to 100 BHUs and 20 RHCs, also drugs and staff where necessary to 150 BHUs	Across all districts	No. of BHUs supported each month No. of prefabs completed.	MoH, WHO, UNICEF, UNFPA, UNAIDS, NGOs	Prefab material for 100 BHUs and 20 RHCs. Drugs and equipment.	
To provide PHC to 250,000 camp dwellers	Ensure all camps of over 50 tents have a primary health care facility	Camps	No. of camps with PHC clinics	MoH and all health cluster partners	Need to map number of camps and size and location (UNHCR)	
To provide PHC to 350,000 people above snow line	Pre-position NEHKs and staff in 10 forward supply areas	Kahuta, Bagh district plus others to be identified	No. of forward supply areas supported	Pak military, MoH, Relief International and others	Need to know areas selected as FSAs	
To re-establish and sustain TB programme	Provide tents, retrieve 'lost' patients, establish referral	NWFP	No. of TB centres supported, reduce 'lost' from 80% to 40%,	MoH, WHO, other health cluster partners		

	system, raise awareness of TB in camps		number of TB patients registered from referrals, use of TB education material.		
To ensure as many women as possible deliver with a trained birth attendant	Maintain 20 MSUs and ensure trained obstetric staff available at BHUs	See site maps for MSUs	No. of women delivering in MSUs and in BHUs with trained obstetric staff	MoH, UNFPA, Merlin, MSF	Increase no. of Skilled Birth Attendants. Clean delivery kits for TBAs.
To ensure 600,000 children are vaccinated against childhood diseases	Vaccination campaign against measles, DPT, polio,	Across earthquake affected area	No. of children vaccinated	MoH, UNICEF, Merlin, IMC, ICRC, AAI, other NGOs	Ensure adequate field supply of all vaccines and access for NGOs to vaccine supply. Also need NGO report back.
To ensure early detection of disease outbreak	Expand disease surveillance to cover eighty per cent of earthquake affected area.	Across earthquake affected area	No. of surveillance reporting sites. No. of disease outbreaks reported No. of agencies reporting	MoH surveillance officers, all health partners	Ensure more health partners use DEWS reporting forms
To recognise and treat psychosocial symptoms in reaction to earthquake	Maintain 9 teams of psychosocial professionals. Train more mental health professionals.	Across earthquake affected area	No. of mental health care workers trained and operational.	MoH, mental health partners, WV, IOM, IFRC< MSF, Plan Int.	Disseminate more widely to health cluster
To raise awareness of environmental health issues and hazard control	Assessment of existing situation. Co-ordination among actors. Training in material and hospital waste	Across earthquake affected area	Conformity with min established req'ments in EH. Disease control. Hospital waste better managed.	MoH, Min of Env. WHO, UNICEF, UNHCR, hospitals, Oxfam, IFRC.	Learning materials, chemical products, entrepreneurs, EH specialists

PROTECTION (90 Days)						
Objective	Activities	Location	Timeline	Indicators	Main Actors Involved	Comments/Logistic Requirements
Enhance coordination with the relevant national authorities and clusters	Strengthen coordination mechanisms at national and field level; and between Islamabad and field clusters.	Islamabad, Muzaffarabad, Mansehra, Bagh, Batagram & Shangla (Hatial Bala – Ghazi Barotha)	Mid-December 2005	System for flow of information between Islamabad and field clusters established and functioning.	UNICEF, ITA, World Vision, UNFPA	
Strengthen capacity of relevant national authorities	Technical support for capacity building Training of MoSW/other Ministries staff and provision of equipment and supplies.			Number of civil servants trained	Save the Children, UNICEF	
Build capacity of authorities and NGOs in general protection, including IDP Guiding Principles and specific protection concerns of vulnerable groups.	Training and providing technical support for capacity building.	Islamabad, Muzaffarabad, Mansehra, Bagh, Batagram & Shangla	Mid-December 2005	Number of people trained.	NRC, ILO, UNAIDS, IOM, World Vision, UNICEF	

<p>Identification & registration of the most vulnerable groups: in particular children, women, elderly, single parents, orphans, widows and disabled living in affected areas and in camps situated outside the affected areas.</p>	<p>Create a computerized database.</p> <p>Refer identified separated and unaccompanied children to ICRC/PCRC for family tracing, reunification and referrals.</p> <p>Project officers recruited and actively identifying vulnerable families and children/number of cases registered.</p>	<p>Islamabad, Muzaffarabad, Mansehra, Bagh, Batagram & Shangla</p>	<p>End December 2005</p> <p>On continuous basis.</p>	<p>Number of vulnerable people identified, registered and monitored (data disaggregated by gender and age)</p>	<p>UNICEF, ITA, World Vision, Save the Children UK</p> <p>World Vision</p>	<p>Strong coordination required with Government (NADRA/ and ICRC.</p>
<p>Provide psycho-social support to all vulnerable populations, in particular children, women, elderly, single parents, orphans, widows and disabled.</p>	<p>Provide training, group counseling and recreational activities for the identified vulnerable groups in camps in affected areas.</p> <p>Specific training on gender and protection issues.</p> <p>Psycho-social support in the camps for women and young girls.</p> <p>Distribution of 200,000 hygiene kits to women and young girls.</p>	<p>Islamabad, Muzaffarabad, Mansehra, Bagh, Batagram & Shangla</p>	<p>By end of February 2006</p>	<p>Completion of training for trainers and number.</p> <p>Number of play areas established and number of children enrolled in child friendly spaces activities.</p>	<p>UNICEF, ITA, World Vision, Save the Children UK, SAHIL, Danish Red Cross, ARC, ROZAN, AMAL, CRC, ARS</p> <p>UNFPA, UNICEF</p> <p>In collaboration with MoSW and MoH</p>	
<p>Ensure protection of children and women against all forms of abuse, exploitation in all situations, in camps and in affected areas.</p>	<p>Organise women and youth as volunteers for each camp and village in affected areas.</p> <p>Put in place a monitoring system for child protection.</p> <p>Awareness raising on trafficking and direct assistant to risk/potential victims of trafficking.</p> <p>Child Protection training to MoSW staff.</p> <p>Establishment of child protection networks in communities.</p> <p>Impart essential life-skills and HIV prevention messages to adolescents and young people.</p>	<p>Islamabad, Muzaffarabad, Mansehra, Bagh, Batagram & Shangla.</p>	<p>End January 2006</p> <p>December 2005 – February 2005</p>	<p>Number of community groups of women formed, trained and functional in camps and settlements.</p> <p>Number of camps and settlements that have a security system in place.</p>	<p>UNICEF, World Vision, Save the Children, IOM, ITA</p> <p>Save the Children UK</p> <p>UNICEF</p>	

Support and elaborate the preparation of national strategy and Plan of Action for protection of the most vulnerable groups.	Design and pilot a general plan of protection measures for groups vulnerable to protection risks. Support the establishment of a national inter-ministerial taskforce	All affected populations	End February 2006 End December 2005		UNICEF (under the leadership of MoSW and other relevant partners)	
Addressing housing, property and land rights	Elaborate and print a reference handbook on property rights.	All affected areas	December 2005 – February 2006	Reference handbook published.	NRC	
Protection of voluntary return in safety and dignity when conditions are conducive.	Collection and dissemination of information about assistance and plans for return. Provision of legal advice and mediation..			Number of displaced people having access to information on the disaster and associated relief efforts and to legal advice	NRC	

NB: Most vulnerable population includes: elderly, single parents, orphans, widows and disabled.

EDUCATION (60 Days)						
Objective	Activity/ies	Location	Timeline	Indicators	Main Actors Involved	Logistic Requirements
To ensure that 35% of school-age children in EQ-affected areas (summer zone), previously in school are re-enrolled in schools.	Provide access to temporary schools/learning environments in all 22 established & recognized camps and 450 school sites, including the provision of school tents (in NWFP, in 200 camps)	All affected areas.		Number of children (girls/boys) enrolled in schools.	Department of Education. All partners.	JLC Local logistics company for transport and tent installation.
135,000 primary school age children:	Ensure provision of clean water and soap and access to clean sanitary facilities in all temporary schools.	All affected areas.		No. of children with access to clean drinking water.	UNICEF WES/WES Cluster	
Muzaffarabad: 50,000 Bagh: 25,000 Mansehra: 40,000 Batagram: 10,500 Shangla: 10,000	Initiate school feeding programme in 80% of established temporary schools/learning environments..	All affected areas.			WFP	Food items as per WFP list.
	Monitoring and data collection for EMIS	All affected areas.	26 February 2006		ISCOS, NCHD, UNICEF, SC Alliance, Plan International, SC UK, TBH, Sungi, Relief International, Mercy Corps, other national and international NGOs.	Temporary shelters (tents, prefab structures), teaching learning materials, textbooks.
To restore confidence in education amongst teachers, children and parents and support parents' readiness to send their children to school.	Prepare a 'Back to school' communication strategy for implementation in March/April 2006.	All affected areas.	February 2006	Communication strategy developed/agreed with Government.		
To ensure access of children to school structures and appropriate context and functional needs.	UC based school-to-school assessment of damaged school buildings and teacher availability in NWFP	NWFP	November 2005	Assessment report completed. Mapping report completed.	Department of Education; NCHD, UNESCO, GTZ, UNOPS, UNICEF, local PAK cluster.	
	Mapping of all schools in affected areas of PAK.	PAK	Nov/Dec 2005	Number of schools meeting minimum indicators (eg space and		
	Design and develop options for transitional structures required to		Nov/Dec 2005			

	meet emergency temporary school needs.			teacher-student ratio).				
	Complete planning for 20 'model' transitional school structures		December 2005					
	Provide technical assistance for design of temporary school structures and long-term school designs including improved specifications for schools.	All affected areas.	December 2005					
	Develop strategies for providing intermediary temporary structures to 70% of regular government schools in NWFP.	NWFP	Dec 2005/Jan 2006					
To ensure access of all children to textbooks and basic learning materials free of charge plus special teaching-learning materials which deal with post earthquake trauma.	Provide teaching-learning materials/equipment (including 3,740 School in a Box kits comprised of 1 SIB, 1 set of supplementary readers, 1 SIB extender pack).	All affected areas.	Nov 2005/Jan 2006	Number of 'School in a Boxes' distributed and in use.	Department of Education; Save the Children Alliance, CRS, ItA, Alesai, local partners	JLC (for heli services for remote areas); local logistics company.		
	Support printing/distribution of textbooks (3,000 sets of textbooks, 1 per teacher).	All affected areas.	December 2005					
	Print/distribute supplementary reading materials (2,000 sets, 1 per class of 40 children).	All affected areas.	December 2005					
	Procure/distribute recreation kits to 2,000 temporary schools (1 per 2 schools)	All affected areas.	Dec 2005/Jan 2006					
Teachers for all transitional schools established are trained and provided with basic support needed to teach effectively.	Develop and implement initial basic teacher training programme to prepare teachers to teach in tents/open spaces (600 teachers in NWFP).		Dec 2005/Jan 2006	30% of teachers participating in rapid 'return to teaching' programme.	Department of Education; SC Alliance, ITA, Alesai, ISCOS, Philanthrope, Taraquee Foundation, Best, Society for Education, Welfare, Dosti, other local partners.			
	Provide psychosocial support/training to 20,000 teachers in NWFP	NWFP	End February 2006				No. of materials available. No. of TOTs held. No. of teachers trained.	Directorate of Curriculum UNESCO, ISCOS, UNICEF< IRC
	Prepare/implement rapid training programmes for temporary and replacement teachers.	All affected areas.	Dec 2005/Jan 2006					
	Preparation/adaptation of health and hygiene messages.		December 2005					ISCOS, UNICEF
	Provide care and support to affected teachers (including transport and logistics) as well as for their shelter.	All affected areas.	December 2005					UNOPS
Enhanced education administration, planning and management capacity, including systems for registering teachers who can return to work.	Provide a minimum of 10 tents/temporary structures and furniture/equipment/materials to facilitate resumption of DoE administration and management of human resources (more to be ordered as cluster plans finalized).	Muzaffarabad, Bagh, Mansehra, Batagram, Shangla.	Dec 2005/Jan 2006	All DoE's Elementary provided with minimal shelter and resources required to facilitate resumption of education administration and management.	Department of Education			
	Support identification and deployment of available teachers and, as necessary, temporary	All affected areas.	Dec 2005/Jan 2006				Minimum of 35% teachers deployed to start teaching again.	

	teachers.			Teaching assistants deployed in 15% of schools established.		
--	-----------	--	--	---	--	--

IT/COMMUNICATION (90 Days)						
Objective	Activity/ies	Location	Timeline	Indicators	Main Actors Involved	Logistic Requirements
All planned common locations (5) are fully MOSS compliant (from telecommunications perspective)	Installation of telecommunications equipment. Setting up common radio/radio room operating on 25/7 schedule. Supporting the established infrastructure.	Muzafarabad, Mansehra, Bagh, Balakot, Batagram (or Shangla)	15 January 2006 (dependent on funding) 31 December 2005 (dependent on funding) Throughout mid-April 2006.	Project plan/proposal drafted and submitted to HC and UNOCHA. Number of locations equipped with security telecommunications backbone Number of radio rooms for 25/7 coverage established and manned	UNOCHA as cluster lead. WFP implementing the security telecommunications system UNICEF implementing the data/connectivity services.	Transport of equipment (covered in the project document)
All planned common locations (5) have basic data connectivity provided through use of VSAT systems.	Establishing satellite network	Muzafarabad, Mansehra, Bagh, Balakot, Batagram (or Shangla)	15 January 2006	Number of locations provided with basic data connectivity utilizing VSAT technology		

EARLY RECOVERY AND RECONSTRUCTION (120 Days)						
Objective	Activity	Location	Timeline	Indicators	Main Actors Involved.	Logistic Requirements/Comments
Education To enhance administration, planning and management capacity in the education sector and lay the foundations for school reconstruction To send disabled children back to schools and to prevent child labour To re-establish secondary, vocational, technical and higher education facilities	Capacity-building of education department officials for planning and managing the recovery of education sector Technical assessments for planning of long-term physical reconstruction Development of policies and plans for inclusion of disabled children Provision of non-formal education as well distance learning by radio Planning for reopening of educational facilities and provision of textbooks, school stationery etc.			Number of officials trained in different aspects of education sector recovery Number of buildings technically assessed as safe, fit for repair and strengthening, fully damaged % of disabled children enrolled by March 2006 Number of children served by non-formal education as well as distance learning programmes No. of secondary, technical and vocational schools reopened	Departments of Education; UNESCO, Federal MoE, Provincial Depts, NGOs, local officials UNICEF, ILO, partner NGOs	

<p>Logistics To provide logistics procurement and infrastructure development support to various stakeholders</p>	<p>Technical Assistance & Programme Management (Winterization, Environment) Establish a Procurement bridge (via Dubai, Karachi and Kabul) & work as a Disbursement Bank for donors</p>			<p>Qualitative/quantitative. cluster indicators</p>	<p>UNOPS-ERRA-GOP UNOPS-WB-ADB-USAID-EU, National Volunteers</p>	<p>Urgent need for the finalization of modalities of work such as quick clearing and forwarding process in place by Pakistan Customs and Immigration.</p>
<p>Employment & Livelihood To provide cash assistance to affected households for basic sustenance and small business activities. To undertake rubble removal with the use of machinery and manual labour in affected urban areas in Mansehra, Pooch and Bagh Districts To start the first Emergency Employment Information Centres To determine labour market the labour market in the affected districts</p>	<p>Organize teams, supervision mechanisms, guidelines as per agreements with local authorities & army. Define locations, modalities of disposal of rubbles/debris (including hazardous debris), define rules of engagement, rent appropriate machinery, Set up Emergency Employment Information Centres Undertake household surveys</p>			<p>Number of work/days of paid labour produced, number of women provided with cash assistance Amount of rubble removed, number of public sites/buildings cleared, number of working/days of paid labor produced Number of workers requested, workers trained, number of women and vulnerable people assisted</p>	<p>Local Government; Army; Aid agencies and camp management agencies; Ministry of Labour; INGOs like SRSP, RWSS, NCHD; Pakistan Workers Federation Ministry of Environment (for hazardous debris disposal); Pakistani Federation of Employers & Pakistan Workers Federation University Of Islamabad & Muzaffarabad</p>	
<p>Shelter To support the construction of durable and insulated winterized transitional shelters for villages above 1600 meters To provide policy and technical support to national and local government institutions on housing issues To support emergency shelter construction and reconstruction of earthquake resilient housing units. To lay the groundwork for school reconstruction To remove and recycle rubble for construction work in Muzaffarabad. To meet the cooking and heating requirements of the affected people</p>	<p>Provision of technical assistance on shelter construction using salvaged and locally available materials, supplemented by CGI sheeting, polypropylene sacks, basic tools, dual purpose stove and other minor inputs; training of local authorities, Development of guidelines for improving building standards. Provision of technical advice on land and resettlement issues Rapid assessment of damage, needs and local capacities. Establishment of community reconstruction committees. Training of masons and engineers Establishment of systems (site identification, contracting procedures, machinery) for removal and recycling of rubble Establishment of systems (needs assessment, distribution, refilling) for providing heating and cooking equipment to the affected people</p>			<p>No of shelters built by onset of winter in Siran Valley and Machiara Tehsil. No of Shelter Recovery Centers (SRCs) established, staffed and operational Baseline studies conducted and consultations on guidelines and mechanisms with all relevant stake-holders are underway Provision of CGI sheets & toolkits. Setting up of two offices & staff. Training for the engineers and masons. No. of buildings officially condemned, declared safe or marked for repair</p>	<p>UN-HABITAT (in partnership with WWF-Pakistan in PAK and with HAASHAR in NWFP); local authorities, the military and local NGOs National and district level authorities, UNDP, UNOPS & other relevant UN agencies as well as NRC Army, NGOs and INGOs Departments of Education; UNESCO, UNICEF, Ministry of Environment,</p>	<p>Started mid- Nov. & ending when winter ends; begin Jan.06 at lower altitudes and extending through 2006 Beginning January 2006 and running through the year</p>