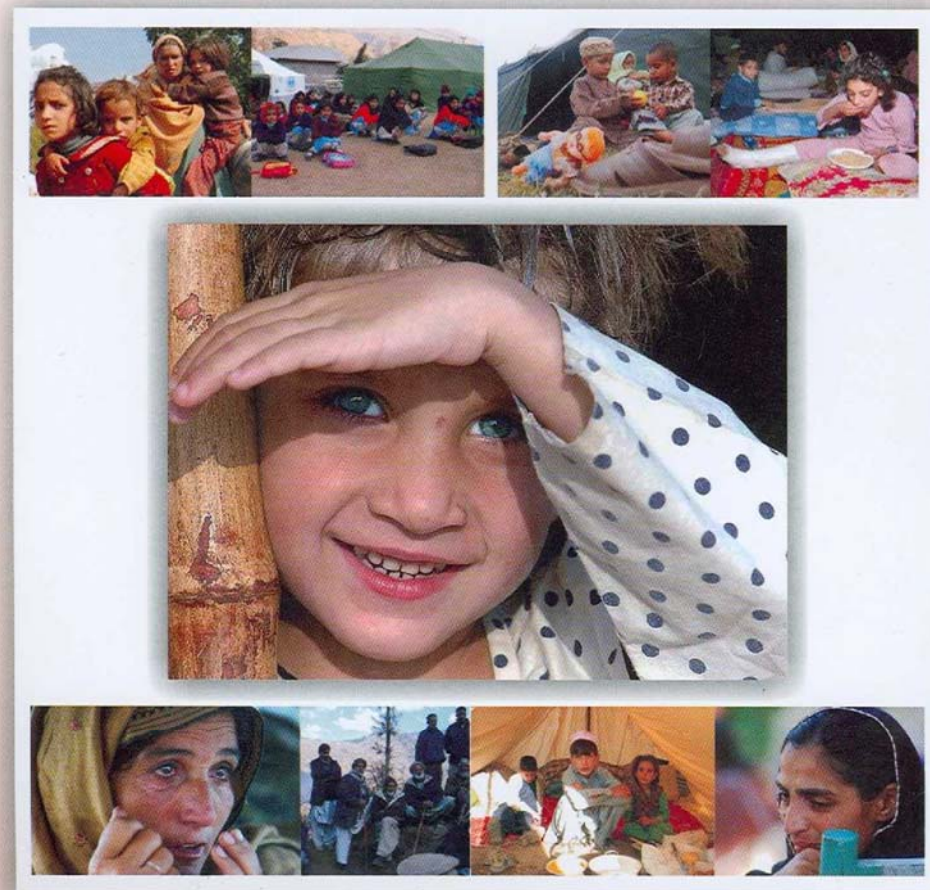




Social Protection Strategy



July 2006 - June 2009

**EARTHQUAKE RECONSTRUCTION & REHABILITATION AUTHORITY
GOVERNMENT OF PAKISTAN
ISLAMABAD**



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ACRONYMS USED:

AJK – Azad Jammu & Kashmir

CBOs – Community-based Organizations

CBR – Community-based Rehabilitation

CLRP – Community Livelihood Rehabilitation Plan

CMO – Camp Management Organization

CPC – Child Protection Committee

CRC – Convention on the Rights of the Child

DC – District Commissioner

DCO – District Commissioner’s Office

DHQ – District Headquarters Hospital

DoSW – Department of Social Welfare

DRU - District Reconstruction Unit

EDO - Executive District Officer

ERRA – Earthquake Reconstruction and Rehabilitation Authority

EVI – Extremely Vulnerable Individuals

FRC – Federal Relief Commission

GRM – Grievance Redressal Mechanism

HRC – Housing Reconstruction Centres

ICRC – International Committee of the Red Cross

IDP – Internally Displaced Person

MoSW – Ministry of Social Welfare and Special Education

NESPAK - National Engineering Services Pakistan (PVT) Limited

NIHd – National Institute for the Handicapped

NGO – Non-Governmental Organization

NRC – Norwegian Refugee Council

NWFP- North Western Frontier Province

PCIs – Planning Commission Form 1

PCO – Population Census Organization

PERRA – Provincial Earthquake Reconstruction and Rehabilitation Authority

POs – Partner Organizations

P&O – Prosthesis and Orthotics

PwD – People with Disabilities

SCI – Spinal Cord Injury

SERRA – State Earthquake Reconstruction and Rehabilitation Authority

SPC – Social Protection Coordinator

THQ – Tehsil Headquarter Hospital

UNFPA – United Nations Population Fund

UNICEF - The United Nations Children's Fund

VHH – Vulnerable Households

WHH – Women-headed Households

WHO – World Health Organization

EXECUTIVE SUMMARY

BACKGROUND

On 8 October 2005 an earthquake measuring 7.6 on the Richter scale brought death and destruction to the northern parts of the North Western Frontier Province (NWFP) and the Azad Jammu and Kashmir (AJK). This region had never before experienced devastation of this scale. Official estimates include 80,000 dead and a similar number of injured with a huge surviving population that is vulnerable to a number of factors. The victims were mainly from already vulnerable groups, living in comparatively inaccessible mountain areas with lower levels of income and service provision as compared to the national average. The population and social structures of the earthquake hit areas have been seriously affected by the number of human deaths. The earthquake had a particularly disparaging effect on the well-being of vulnerable groups. Women, children, elderly and the disabled are among the worst off.

DEFINITION OF VULNERABILITY

“By vulnerability we mean the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with resist and recover from the impact of a natural hazard (an extreme natural event or process). It involves a combination of factors that determine the degree to which someone’s life, livelihood, property and other assets are put at risk by a discrete and identifiable event (or series or ‘cascade’ of such events) in nature and in society.”¹

¹ See Weisner, Ben: Tracking Vulnerability: History, Use, Potential and Limitations of a Concept http://www.vulnerability.se/files/Ben_Wisner.pdf

CATEGORIES

Although all affected people in the earthquake affected areas are vulnerable to varying degrees, the Social Protection Strategy focuses specifically on the groups which are at greater risk²; these include:

1. Children (including separated, unaccompanied and orphaned)
2. Women (including widows and single headed households)
3. Elderly (both women and men)
4. Disabled

VISION

The vision of ERRA's Social Protection Strategy is to ensure that vulnerable people in the earthquake affected areas are provided basic social services, livelihoods assistance and support for rehabilitation primarily within their own families and communities and to establish linkages with the mainstream social welfare structures and services.

IMPLEMENTATION ARRANGEMENTS

Given the overall increased vulnerability in the areas affected by the earthquake, and the mandate of ERRA for the overall planning, monitoring and regulation of reconstruction and rehabilitation in earthquake affected areas, the Social Protection Strategy formulates a 3-year plan of action to support the most vulnerable groups. It is designed to ensure their effective protection in the immediate to medium-term and establish linkages with the overall National Social Protection Strategy which integrates national social assistance programmes such as the Bait-ul Mal and Zakat, in order to ensure a continuum of assistance and social protection over the medium and longer-term.

² The detailed categorization of the Vulnerable Groups is on page 7.

The Strategy also recognizes the Year 1 initiatives under 'Support for Vulnerable Groups' covered under the ERRA-UN early Recovery plan and seeks to effectively coordinate the inputs and activities being sponsored by UN agencies, NGOs and other agencies. The framework for the implementation of the Strategy encompasses the following:

1. **Data Collection** through Targeted Assessment of Vulnerable Groups
2. **Planning and Coordination** through ERRA Institutions (ERRA, PERA, SERA, DRUs)
3. **Roles of Development Partners** including effective Coordination of ERRA-UN Recovery Plan during 2006-2007
4. **Strengthening Social Welfare** Infrastructure
5. **Monitoring and Evaluation** through overall ERRA Monitoring Framework and project-wise.

Given the issues of Vulnerable Populations are cross-cutting, many of the activities proposed will be integrated in the Health, Education, Livelihoods and Governance Strategies. Additional technical and financial support would be sought from UN donors and NGO partners.

Financing: Implementation of this Strategy would be a collaborative effort of ERRA and other partners/agencies. The financing of various activities is accordingly apportioned among the partners. The budget included in this Strategy reflects both the direct financing of activities by ERRA as well as by other partners. Total funding allocated thus comes to Rs. 1,930,440,000/US\$32,174,000.

CHAPTER 1

INTRODUCTION

BACKGROUND

The 8 October 2005 an earthquake measuring 7.6 on the Richter scale brought death and destruction to the northern parts of the North Western Frontier Province (NWFP) and the Azad Jammu and Kashmir (AJK). This region had never before experienced devastation of this scale. Official estimates include 80,000 dead and a similar number of injured with a huge surviving population that is vulnerable to a number of factors. 2.8 million People are estimated to be without shelter, as their homes were either destroyed or are too damaged to live in. Women, children, and the elderly are among the worst off.

The victims were mainly from already vulnerable groups, living in comparatively inaccessible mountain areas with lower levels of income and service provision as compared to the national average. Women and children made up a large share of the victims, as many women were caught unaware in houses when the earthquake struck and the collapse of school buildings resulted in the deaths of many children. Among the injured, many are now permanently disabled due to spinal cord injuries, severe head injuries, and injuries to limbs, resulting in a high proportion of amputations.

In at least four Districts of Azad Jammu and Kashmir (AJK) and five in North West Frontier Province (NWFP), public and private housing, social service delivery, governance structures, commerce and communication have been either severely damaged or completely destroyed.

Led by the leadership of the Federal Relief Commission (FRC), a massive, national and international humanitarian operation succeeded to provide effective relief to the populations who remained in the affected areas

of AJK and the NWFP and to approximately 250,000 people, who were displaced to camps in the aftermath of the earthquake.

The Earthquake Reconstruction and Rehabilitation Authority is mandated by the Government of the Islamic Republic of Pakistan as the coordinating agency for the reconstruction and rehabilitation of the earthquake devastated areas in Azad Jammu Kashmir and NWFP. ERRRA's sectoral strategies are addressing some of the basic aspects of rehabilitation including shelter, livelihoods programs, housing compensation, and the reconstruction of the social and economic infrastructure.

DEFINITION OF VULNERABILITY

The definitions of vulnerability differ, depending on whether they are used in the context of human rights, disaster mitigation and response, or social protection and poverty alleviation. In a post disaster setting, the following description can be used as a working definition of vulnerability:

“By vulnerability we mean the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with resist and recover from the impact of a natural hazard (an extreme natural event or process). It involves a combination of factors that determine the degree to which someone’s life, livelihood, property and other assets are put at risk by a discrete and identifiable event (or series or ‘cascade’ of such events) in nature and in society.”³

For the purpose of this strategy an operational concept of vulnerability is suggested that looks at all the angles of vulnerability, from a perspective of human rights, child protection, disaster recovery, as well as social protection beyond safety nets. Protection rights violations are thus seen not merely as a

³ See Weisner, Ben: Tracking Vulnerability: History, Use, Potential and Limitations of a Concept http://www.vulnerability.se/files/Ben_Wisner.pdf

factor that increase vulnerability in economic terms, but as infringements of citizens' rights that warrant responses independent of their impact on the livelihood of the affected. **Particular vulnerability** in earthquake affected areas is proposed to be understood as a function of the inability of individuals and families to pursue livelihoods and to mediate risks and insecurity in the social context of their communities, be it that this inability is the product of social constructs (such as gender roles) or absolute limitations (such as illness), or in fact both.

CATEGORIES OF VULNERABILITY

The impact of the 8 October earthquake has disproportionately affected women, children and the elderly. In addition to immense death and destruction, the earthquake has created and compounded vulnerabilities among the surviving population. Factors creating new vulnerabilities and contributing to existing vulnerabilities include internal displacement, gender discrimination and social exclusion, age, illiteracy, impairments and disability, marital status, socio-economic status, loss of family members, separation of families, loss of livelihood, income and shelter, and loss of social support networks. The consequences are severe. Separated and disabled children and women are at risk of being trafficked or abducted and subjected to violence and abuse. Single women and children face additional social and economic marginalization and physical threats, including rape. The injured are suddenly faced with physical and psychological impairments.

Marginalized groups are unable to access assistance on an equal basis. Members of female-headed households, widows and orphaned children are at risk of having little or no access to essential services and supplies, and of losing property claims. The elderly and the disabled have lost their support networks. And the internally displaced are sometimes returning home to find their land occupied by others.

Women's vulnerability

Women have particularly been challenged after the disaster since their roles have drastically changed from caregivers and contributors to the family income in a conservative society to household heads and thus main bread-earners for the family where the earning male head of household has either died or suffered from permanent physical disabilities.⁴ Following the earthquake, many women are coping with psycho-social distress and hopelessness. Women have limited access to information and little opportunities to participate in rehabilitation plans and programmes. Weakened public health services hinder access to reproductive healthcare. Customary practices often deny women their right to inheritance and limit their access to property, to income, and to livelihood options. Given these dynamics, widows and female-headed households in particular are in need of specific outside support in terms of establishing appropriate living arrangements and sources of livelihood within the community that enable them to enjoy protection and to rebuild their family safety net on a new ground.

Children's vulnerability

Children, in particular those who lost one or both parents, have been made equally vulnerable by the earthquake. In general, children from poorer households are vulnerable to exploitation and abuse, and child labour. Children who suffered disabilities and loss of limbs face danger of being marginalized and stigmatized within their immediate social-set up and in schools. They may also face difficulty in attending schools due to travel limitations or due to educational institutions not designed for easing their

⁴ UNDP/UNIFEM Gender Mission Report, March 2006

access and lack of specialized trainings among teachers to care for such children.

Vulnerability of the elderly

Vulnerable elderly are primarily affected when having lost family support or having suffered injuries and disability. Where the elderly provide for the protection of other dependants, they often face a double protection dilemma. Older people are often marginalised and frequently fail to access humanitarian aid and basic services for reasons of poor mobility, social 'invisibility' and the erroneous assumption that 'someone' is taking care of them already.

Vulnerability of people with disabilities

People with disabilities and those in ill health in earthquake affected areas are in many cases unable to sustain their livelihoods and depend on support from others, and are likely to lack access to appropriate medical care and rehabilitation programmes, as well as opportunities to participate in community life and decision making.

Poverty, landlessness and long term displacement

Landownership and permanent displacement will be critical factors for determining vulnerability and poverty. The residual camp population, consisting primarily of vulnerable groups, will experience further vulnerability as a consequence of a dependent life in the artificial environment of camps, apart from normal community life.

TARGET GROUPS

Vulnerable Children

Orphans are children up to the age of 18, both of whose parents are known to be dead. In some countries, as in Pakistan, a child who has lost one parent is also categorized as an orphan.

Separated children are those separated from both parents or from their previous legal or primary caregiver, but not necessarily from their other relatives. These may therefore, include children accompanied by other adult family members.

Unaccompanied children (also called unaccompanied minors) are children separated from both parents and other relatives and are NOT being cared for by an adult who by law or custom is responsible for doing so.

Children with a single male parent: Due to the traditional role of women as care givers as the main caregiver these children may be lacking proper care and attention (in other words may be neglected), either because fathers have to earn a living and remain out of the home for longer periods of time, or because they may remarry and may neglect the children from their previous marriage.

Children with a disabled parent These children are also at high risk of poverty and subsequent exploitation and abuse due to the disability of the parent/s; also lack proper care if mother is disabled and if the mother has died and the caregiver role is that of the disabled father.

Children with DisabilityVulnerable Women

Widows with no child above the age of 18 or breadwinner, women-headed households, unattended young girls, disabled women and girls, elderly women, women with disabled husband and/or children.

Disabled

A person unable to perform or unable to efficiently perform daily tasks due to physical disability or mental trauma/disorder.

Elderly

Population above the age of 60 with least employment opportunity, economically dependent and also having to look after separated children as grandparents.

POLICY FOCUS AREAS**General**

- Accurate assessment of vulnerable groups conducted for proper targeting of programmes for their rehabilitation
- All vulnerable groups should be provided coded NIC cards for priority access to social services
- Public sector health and education departments should provide free access to education and health care services for vulnerable groups
- All targeted assistance programmes should prioritize vulnerable groups as beneficiaries
- Strengthen existing Social Welfare infrastructure so as to establish long-term linkages of ERRA Social Protection Strategy to the National Strategy and Plan of Action for the Rehabilitation of the Most Vulnerable Population in Earthquake-Affected Areas and the overall national social protection strategy
- Implementation through coordination on the ground with Social Welfare Departments and effective public-private partnerships
- Inclusion and Participation of the vulnerable, in particular of women

Vulnerable Women

- Ensure vulnerable women are supported in obtaining ID cards, land and property deeds and access to compensation
- Ensure information about existing government assistance policies and plans reaches vulnerable women, in particular information about legal assistance, compensation, housing and livelihoods assistance and opportunities

- Ensure support for developing women's legal literacy and access to justice through the courts and legal professionals
- Ensure financial safety net/compensation policy for vulnerable women who are permanently without access or means to a sustainable livelihood, beyond the 6 month presently foreseen for cash grants.
- Ensure that vulnerable women without a home are assisted with finding housing or rebuilding where homes did exist
- Ensure relevant law enforcement agencies take responsibility for the protection of vulnerable women to prevent or stop violence, exploitation and abuse (trafficking, forced labour, sexual labour, early marriages, forced marriages, fake marriages)

Vulnerable children:

- Ensure that property rights of vulnerable children are realized
- Monitor the situation of vulnerable children
- Build capacity for social work services for children
- Provide support for families that are taking care of orphaned, separated and unaccompanied children
- Build the capacity of community protection networks to provide community based monitoring
- Provide free access to education and health care services for vulnerable children
- Establish mechanisms at district level for facilitating and assisting children requiring legal assistance

- Establish community based grievance review mechanism (Child Protection Committees) and linking up with the relevant authorities

The Disabled:

- Ensure Community Based Rehabilitation (CBR) approach adopted for people with disabilities
- Suggest 2% recruitment of people with disabilities in all public sectors, especially in rehabilitation programmes
- Mandate education departments to include children with physical disabilities in mainstream education (concept of inclusive education).
- Mandate public infrastructure development authorities to include barrier-free/disability friendly plan when formulating PC1s.
- Ensure barrier-free/disability housing plans available as option under Rural Housing Strategy.

KEY INTERVENTIONS FOR THE CARE OF VULNERABLE GROUPS

ERRA is pursuing a multi-sectoral approach for the reconstruction and rehabilitation of EQ-affected areas and affected populations. The needs of vulnerable groups are also proposed to be met through this Strategy as well as other relevant Sector Strategies, e.g. Livelihoods for especially vulnerable groups including Livelihoods Cash Grant component, Housing Sector Strategy, etc.

Extension of Cash Grants for Vulnerable Groups

Soon after the earthquake, ERRA initiated a Cash Grant programme (a component of a comprehensive livelihood programme), to provide assistance to vulnerable households as a result of the earthquake. This programme provides immediate cash grants of Rs 3,000/- per month for six months to the vulnerable households that fit the eligibility criteria. This Cash grant programme, funded by the World Bank, envisions provision of the cash assistance to approximately 250,000 households out of the 800,000 that have applied. The Social Protection Strategy proposes an extension of this cash grant (livelihood support) for another six months to one year so as to provide ongoing assistance to vulnerable households until they are better able to determine their own means of sustainable livelihoods and/or economic recovery.

In the meantime, a follow-on mechanism for cash transfers – potentially with a conditionality component – will be developed in conjunction with the Pakistan Bait-ul Mal.

Housing

ERRA's Housing Strategy is 'owner driven', whereby the owners participate in the construction of their houses at all levels including training, procurement of specified building materials, liaising with ERRA's Assistance

and Inspection teams to ensure that the construction has been in accordance to the seismic resistant specifications set by ERRA..

The Social Protection Strategy recommends the provision of specialized technical assistance for vulnerable groups, especially widows, female-headed households and the disabled. NGOs will be engaged to rebuild the houses of vulnerable groups as per the seismic resistance specifications set under the Housing Strategy guidelines. This assistance will be primarily available to widows, female headed households and the disabled that own property. For those that do not have any property of their own, community-based care options (widow/orphan homes) will be considered, focusing primarily within their own communities or home towns. For people with Disabilities, options for barrier-free/disability friendly construction, including guidelines and designs will be available at the Housing Reconstruction Centres (HRCs) and the District Reconstruction Units (DRUs).

Under the ERRA Housing Policy, Partner Organizations will also be engaged in training activities in line with the training strategy. As a part of this activity, Pos have also been tasked for specialized support to vulnerable headed-households and female headed households. This would entail identification and selection of VHHs (elderly, disabled and children), and needy FHHs through targeting criteria and process agreed with ERRA. They will also provide construction management support to vulnerable groups both immediately and periodically, such as arranging labour, conducting frequent supervision visits, etc. This sort of support would be available at PO Central Training Units as well as through community-outreach teams.

Livelihoods Support

ERRA has developed a broad-based livelihood strategy that works upwards from the grass-roots whereby communities are empowered to

develop their own Community Level Rehabilitation Plans (CLRPs) through CBOs. The two-stage Strategy envisions effective coordination of Early Recovery Phase Livelihood interventions by NGOs, UN Agencies and bilateral donors. Stage 2 will be based on CLRPs. CLRPs are expected to be developed by May 2007. Gender perspectives will be taken into account at the community level as well as the policy level.

In addition, ERRA will also support micro-credit and interest-free loan schemes providing support for livelihoods such as farming, procurement of live-stock and agricultural implements and small businesses. Special measures will be undertaken to ensure that in employment sectors such as nursing and teaching qualified widows receive a preferential treatment.

Under the livelihood support cash grant scheme each eligible family will get Rs. 3,000 per month for six months. About 250,000 families are expected to benefit from this program.

Land and Property Rights

A number of widows and orphans are feared to be in danger of losing their rightful share of lands/properties as a result of the damaged records and lack of access to appropriate revenue authorities. The Social Protection Strategy addresses this issue by ensuring that widows and orphans are provided with legal and administrative support at all levels to attain their rightful land records/titles. NGOs with experience in facilitating legal cases and providing legal assistance will be assigned to Districts to assist widows and orphans who face legal disputes in relation to land/property claims.

Health

ERRA's Health Strategy entails ensuring key principles of equity, access to essential health care, timeliness, results, accountability, placement of strong local leadership and strategic coordination of the effort. The

strategy also envisages addressing the special needs of vulnerable population, especially women and children who are the major clients of the health system and the needs of persons with disabilities and psychological trauma. As per the Health Strategy, the new health facilities are to be built ensuring access for people with disabilities. The Staff at the different level health facilities will be provided specialized training to care for people with disabilities.

Psycho-Social Support

Natural Disasters and conflicts leave survivors with immense emotional trauma, the extent of which depends on the severity of experience and personal threshold. Some people are able to overcome their emotional distress whereas others especially children and women –considered to be the most vulnerable – often tend to suffer long term symptoms. In the earthquake hit regions of AJK and NWFP, large numbers of women, children and men continue to be diagnosed with psycho-social symptoms leading to severe depression and Post Traumatic Stress Disorders. According to NGOs working in the earthquake region, psycho-social problems faced by the populations demonstrate the singular most pressing health issue for women, children and men.

The Social Protection Strategy supports provision of Women Friendly Spaces which would serve as private secured places where groups of vulnerable women will be facilitated to convene informal and formal meetings supervised by NGOs' psycho-social teams. This will engender emotional healing through counselling, mutual sharing and further leading to enhancing their resilience and capacities to lead normal lives. Children's trauma will be addressed through counselling and psycho-social focused activities.

Since Women Friendly Spaces are planned to be installed in close proximities of Health Centres therefore children and women with major

emotional stress may be referred to Psychiatrists for detailed and longer term psychological treatment.

A number of such facilities are already being operated and run by several NGOs for targeted populations within earthquake hit areas. ERRRA is committed to ensuring better coordination within these very beneficial but often disparate services for a collective and enhanced outcome.

KEY INTERVENTIONS FOR THE CARE OF VULNERABLE GROUPS (MATRIX)

Outputs	Inputs/Activities	Timeframe	Lead Department
Data Collection			
Centralize database of all Vulnerable Populations	Identification of Vulnerable Groups from NADRA registration forms for cash grant program.	June 2006	- ERRA - NADRA
Information available on all UN/NGO programs and services for vulnerable groups per District	Mapping of activities of UN/NGOs in area		- ERRA - PERA/SERA - DRU - OCHA
Provide Vulnerable Groups Special ID Cards	Special ID cards to be provided to each vulnerable individual with coding of their vulnerability status.		- ERRA - NADRA
Human Resources			
Strengthen PERA and SERA	Designate focal point for Social Protection Coordinator (preferably female) in PERA and SERA to address specific needs (housing assistance, legal aid, cash grant support)		- ERRA - PERA/SERA -through NGO partners

Strengthen District Rehabilitation Units	Recruit Social Welfare Coordinator (preferably female) in each DRU to address specific needs (housing assistance, legal aid, cash grant support)	September 2006	- ERRA-Social Protection - ERRA-Livelihood Unit
Housing			
Provide vulnerable populations adequate housing	Prioritize housing reconstruction for vulnerable groups, and determine non-institutionalized living arrangements (widow/orphan homes) Allocate property to vulnerable person/groups with no prior on a priority basis	Ongoing	- DRU - NGOs
Livelihoods/Compensation			
Families/Households supporting orphans are provided longer-term social safety nets	Extension of cash grant of Rs.3,000/month for 6 months to 1 year	After initial Cash Grant component is completed	- ERRA - DRUs
Protection			
Women specific complaints, redresses and counselling facility provided	Establishment of dedicated Social Protection cell in each DRU		- DRUs - SPCs
Violence and abuse cases referred to relevant authorities	SPC monitors/records and refers all cases		- DRU/SPCs - Social Welfare

			Departments - NGOs - legal authorities
Legal Rights			
Access to land/property deeds	- Provision of legal support to access documentation		- Provincial Govt's - PERA - SERA -RELEVANT NGOS like NRC
Access to Compensation for land/property	- Legal aid and counselling - Support in grievance redressal mechanism		- DRU
Health			
Psycho-Social support counselling and trauma counselling	- Provision of psycho-social support through Women- and Child Friendly Spaces and referrals through health facilities	- Health facilities - NGO	

Grievance Review Mechanism			
	Vulnerable Groups have place to go to report their grievances	Community-based grievance review mechanism in place facilitated by SPCs	<ul style="list-style-type: none"> - DRU / SPCs - NGO
Monitoring			
	Third party involvement in monitoring, reporting and follow-up system	Third party monitoring mechanism at DRU level	<ul style="list-style-type: none"> - Social Welfare Departments - District Level Child Protection Committee - NGOs

CHAPTER 2

ORPHANS AND OTHER VULNERABLE CHILDREN

In accordance with the Convention on the Rights of the Child, the Government of Pakistan recognizes its responsibility to accord special protection and assistance to vulnerable children, and in particular to those who have lost the protection of one or both parents. In the areas affected by the Earthquake, ERRA will be working closely with the Social Welfare Departments in both AJK and NWFP and international and national NGOs to ensure that child protection interventions are safeguarding the interests of the child.

The aftermath of the earthquake has shown that the family and kinship structures in the earthquake affected areas are indeed strong. The vast majority of children who lost parents or has been separated from them were spontaneously fostered by extended families. However, serious strains on the traditional coping mechanisms are evident as a result of the devastating effect of the earthquake on lives and livelihoods. Therefore, kinship care needs to be supported and strengthened, while alternate options for the rehabilitation of children without parental care need to be in place. ERRA will support the development of a district-wise monitoring mechanism to determine the best of the following options for a child on a case to case basis, prioritizing family-based care where feasible.

Monitoring through District-level Child Protection Committees

A monitoring unit will be established in the DoSW at district level with support from the ERRA Social Protection Coordinator. This unit will comprise a registration system of children with extended families, with siblings, single parents and those in care of group homes. The district office of Social

Welfare Officers in partnership with the ERRA SPC and relevant NGOs will maintain a database on children. Rapid identification of families whose economic situation is deteriorating would also be updated by the monitoring unit. ERRA will support the establishment of a review mechanism at district level that will assess individual cases of children in need of care to determine the best course of action with a view to the best interests of the child.

Orphans (Care Options):

1. Kinship care in extended family/community based care option
2. Placement in institutionalized care such as SOS villages for children, where placement in family-based care is not possible, or not in the best interests of the child.
3. Complete ban on adoption

1. Kinship care in extended family/community based care option

In Pakistan the first line of response to the needs of children orphaned comes from extended families. Kinship care in extended families is the first resort for orphaned children. Support to orphans in kinship care will be included in the overall child protection community outreach work for orphans and other vulnerable children.

Several NGOs are establishing community-based care facilities for orphans and widows that are not able to live within their extended families for various reasons. Such facilities will be monitored by the District Level Child Protection Committees.

2. Institutionalized Care such as SOS Villages for Children

In the aftermath of the earthquake, the Government of Pakistan authorized NGOs to identify orphans in the earthquake affected areas and to place them in temporary care. Following the end of the emergency phase, the cases of children placed in care will be re-

assessed by the proposed district-level review mechanism. As per the requirements for placement in institutional care, ERRRA will support the establishment of institutional care facilities such as SOS Children's Villages in earthquake-affected areas. Placement in institutional care will be overseen by the district level review mechanism and guided by the best interests of the concerned children. The Ministry of Social Welfare will develop standards, guidelines and procedures for case assessments, placement recommendations, the periodic review of placement, and the quality of care in institutions, including the monitored thereof.

3. Complete ban on adoption

In order to prevent any abuse, exploitation and trafficking of children from the affected areas, the Government has imposed complete ban on adoption of these children.

Cash Grants to Families Supporting Orphans

Relatives serving as natural guardians, on the one hand is a traditional coping mechanism that works very well and on the other, in a disaster situation in particular when livelihoods and incomes of families are eroded the family stress and poverty place children at higher risk of abuse and exploitation. In order to decrease the vulnerability of these families and to ensure that families taking on the additional responsibility of separated/orphaned do not abandon these children, indulge in abusive behaviour, neglect or subject the child to earning an income; it is important the families are strengthened monetarily. This would be done by providing socio-economic support to extended families. ERRRA proposes extending a cash grant of Rs. 3,000/month for 6 months to 1 year for families supporting 1 orphan or more. Beyond this, a possible continuation of payment is to be worked out in cooperation with the Ministry of Social Welfare and the Pakistan Bait-ul Mal.

Establishment of Child Friendly Spaces

Psychosocial interventions by NGOs in the form of child friendly spaces as well as provision of education will help children to reconnect and foster social connections and interactions, normalize daily life, promote a sense of competence and restore a sense of control over one's life; and would enable children to express their views and concerns within a trusted environment.

DATA ON VULNERABLE CHILDREN⁵

Although it is difficult to estimate the total number of children orphaned as a result of the earthquake, there is enough data to support that a substantial number of children have lost one or both parents during the earthquake. Contrary to common perceptions of the term 'orphan,' in the Pakistani socio-cultural context, a child who has lost his/her father is considered an orphan

In general, current estimates and projections of orphans are based on a number of known and assumed parameters

Based on the 1998 Population Census, there were approximately 10,000 full orphans before the earthquake. According to projections from the Camp Survey conducted by the Population Council, the earthquake has caused approximately 1,700 full orphans, and close to 18,800 orphans by father and 22,000 orphans by mother.

⁵ Using the 1998 census data for the affected areas and the percentages from the camps, the data from the camps was extrapolated to represent the vulnerable categories in the entire earth affected population. The basis for these estimations is as follows: For the camps the survey established a total number of 10,313 deaths, whereas government figures for the overall number of deaths is 80,000. Comparing the deaths in camp families which is 4.09 (10,313/252,000) percent of the total camps population. The death ratio in the general population is 2.58 percent (80000/3100000). The extrapolation of the camp data is thus based on the difference in proportion coming to 0.623.

Some 500 children were registered in institutional care, Of these, 497 children are in institutionalized care (359 in Aashiana and 138 in SOS villages), but the numbers is expected to be higher given that figures from a number of NGO operated institutions were not included.

Very few children were left unaccompanied, as extended families absorbed the children of their deceased next-of-kin. However, as part of the return process, numerous families who had initially spontaneously fostered children from their deceased relatives have at the time of leaving the camps resorted to handing them over to institutional care, sometimes encouraged by NGOs providing that care.

Projection of the total number of orphans due to earthquake							
	G. total	total AJK	<i>girls</i>	<i>boys</i>	total NWFP	<i>girls</i>	<i>Boys</i>
By Father and Mother	1,700	618	326	292	1,082	546	536
by father	17,802	8,901	4,465	4,436	8,900	4,536	4,364
by Mother	21,441	9,883	5,045	4,838	11,558	6,019	5,539
Total	40,943	19,402	9,836	9,566	21,541	11,101	10,440
Projection of the total number of households with orphans due to earthquake							
	grand total	total AJK	<i>girls</i>	<i>boys</i>	total NWFP	<i>girls</i>	<i>Boys</i>
by Father and Mother	1,487	545	290	255	942	479	463
by father	15,595	7,845	3,972	3,873	7,749	3,979	3,770
by Mother	18,777	8,712	4,488	4,224	10,065	5,280	4,785
Total	35,859	17,102	8,750	8,352	18,757	9,738	9,019

NEEDS OF VULNERABLE CHILDREN

COMPENSATION/CASH TRANSFERS	- Financial compensation/ support for families / households / foster families supporting vulnerable children
LIVELIHOOD SUPPORT	- Livelihood support for families / households / foster families supporting vulnerable children through linkage to existing livelihood support programmes at local level
CHILDREN WITHOUT PARENTAL CARE	- Support in family based care. Vulnerable children traced and reunified with immediate or extended family where required
	- Institutionalized care where necessary
LEGAL SUPPORT	- Legal support for property rights
	- Support for birth certification
PROTECTION	- From abuse, exploitation and neglect
PSYCHO-SOCIAL SUPPORT	- Psycho social and trauma counselling
HEALTH	- Free access to healthcare for vulnerable children
EDUCATION	- Free access to education for vulnerable children
	- Inclusive Education for physically disabled children
MONITORING	- Monitoring of situation in extended families, Aashiana's and SOS villages

RECOMMENDED ACTIVITIES FOR THE CARE OF VULNERABLE CHILDEN AND THEIR SUPPORTING FAMILIES

Strategic Result	Activities	Timeframe Lead Department
Rehabilitation		
Vulnerable children traced and reunified with immediate or extended family	DoSW/DRUs match information of vulnerable children and family members	- DoSW/DRUs - NGOs
	Institutionalized care	- SOS Villages - Aashianas
Monitoring		
Gender/vulnerability pop particular in need for monitoring support due too lack of redress/access/social exclusion/violence	Regular monitoring by independent groups to ensure protection from all forms of exploitation, violence and abuse Periodic monitoring vulnerable children in foster and institutionalized care	- DRUs - NGOs

CHAPTER 3

VULNERABLE WOMEN

Many women are coping with psycho-social distress due to the loss of loved ones, homes, and livelihoods. Limited or inadequate safety nets deepen despair, which is further compounded by an uncertain future. Among the most anxious are women or girls disabled due to injury. They suffer feelings of isolation and hopelessness as there is a stigma associated with disability. Moreover, living conditions in the mountainous terrain is even more difficult for the disabled.

Due to pervasive social exclusion, women have limited access to information. Women that have lost male heads of households in the earthquake are worse off as their access to information is further diminished. They do not have adequate information about humanitarian assistance, and the ways of accessing it. Details of compensation packages including subsidies for reconstruction are also not widely known to women. Often such information is received second-hand, and is at times based on rumours. Affected women who were displaced due to the earthquake and were brought to camps have comparably better access to information. Those that opted to remain in their communities have relatively lesser access. And women who live in remote areas have least access.

DATA ON VULNERABLE WOMEN⁶

The total number of vulnerable women in earthquake-affected areas is not known. The only reliable data we have comes from the survey undertaken by the Population Council in all camps containing 10 or more tents. The most significant aspect of women's vulnerability identified here is the loss of the husband. The survey registered a total number of **5,388** widows in the camps, out of which of **768** lost their husbands due to the earthquake, while **4,620** had been widowed *before* the earthquake.

To arrive at an estimation of vulnerability for the entire population, the Population Council used a formula to roughly project overall numbers. Using the 1998 census data for the affected areas and the percentages from the camps, the camp data was extrapolated, taking the difference in mortality rate for the camps and the general population as a ratio (0.623) to account for the difference between those in camps and the overall population. Based on this formula, the extrapolation came to an approximation of about 110,000 widows in total in earthquake-affected area, out of which about 5,500 would have lost their husbands in the earthquake.

Such an extrapolation is moreover speculative and therefore needs to be treated with a lot of caution. A clearer picture on the situation in the

⁶ To arrive at a rough estimation, the Population Council used a formula to roughly estimate the overall numbers that we may expect in the communities. Using the 1998 census data for the affected areas and the percentages from the camps, the data from the camps was extrapolated, taking the difference in mortality rate for the camps and the general population as a ratio.

For the camps the survey established a total number of 10,313 deaths, or 4.09 % (10,313/252,000), whereas government figures put the overall number of deaths at 80,000, or 2.58 % (80,000/3,100,000). The camp data was thus multiplied by 0.623 to account for the difference in the mortality rate, as an indicator of the overall vulnerability. Based on this formula, the extrapolation came to an approximation of about 110,000 widows in total in earthquake affected area, out of which about 5,500 would have lost their husbands in the earthquake.

affected areas should soon emerge from the data collected in connection with the ERRA/World Bank cash grant scheme.

The figures indicate that a substantial number of widows were accommodated in the communities before the earthquake and somehow managed sustain a livelihood. We should therefore look in-depth into the factors that allowed them to do so. We also need to look at the question if there are any differences in vulnerability for women who were widowed before or due to the earthquake.

	Widows before EQ	Widows due to EQ			Total
		Total EQ	Camps	HHs	
Total	105,142	5,545	764	4,780	110,686
NWFP	60,797	3,079	393	2,686	63,876
AJK	44,345	2,465	371	2,094	46,810

NEEDS OF VULNERABLE WOMEN

COMPENSATION	Financial compensation for vulnerable women without access or means to a sustainable livelihood
PROTECTION	From violence, abuse, exploitation such as rape, trafficking, forced marriage, early marriage.
LAND/PROPERTY RIGHTS	Approximately 30,000 women headed households ⁷ do not have access to land records and titles and entitlements to family property and require assistance.
HOUSING	Vulnerable women are given priority assistance in rebuilding their homes
	Vulnerable women without a home are provided housing/property
	Community based housing solutions for widows like widow/orphan homes
ACCESS TO INFORMATION/JUSTICE/LEGAL ASSISTANCE	Access to legal assistance and awareness-raising on legal rights
	Support in obtaining ID cards
	Support in obtaining compensation
	Information on existing gov't assistance and NGO support programs
LIVELIHOODS SUPPORT	Need for non-stereotypical and local specific training and livelihood programmes and not just sewing and embroidery (eg. Livestock provision, agriculture implements,

⁷ According to UNDP/UNIFEM Gender Mission Report April 2006

	poultry, seeds, fertilizers, reclaimed land (not just sewing and embroidery)
PSYCHO-SOCIAL SUPPORT	Dedicated spaces at community level to share needs and concerns and access information and referral services, such as psycho-social support, legal aid, literacy and vocational training and health facilities systems.
HEALTH	Access to adequate healthcare facilities, especially for pregnant women.

RECOMMENDED ACTIVITIES FOR THE CARE OF WIDOWS AND WOMEN-HEADED HOUSEHOLDS

Strategic Result	Activities	Timeframe	Lead Department
Protection			
Women specific complaints, redresses and counselling facility provided	Establishment of dedicated women's cell in each DRU.e.g.LHV		DRU women's dedicated cell In addition to social protection coordinator
Livelihoods Support			
Microcredit schemes/programmes provided	DRUs provide info. and support registration into such schemes		DRUs Khushali bank First Women's Bank
Vocational training provided (non-traditional forms)	DRUs provide info. And support registration into such schemes		DRU NGOs

Housing			
Assistance with finding housing or rebuilding where home did exist	DRU prioritize housing assistance		DRU
Women Friendly Spaces			
Space for sharing information, provision of psycho-social support and vocational training, health and hygiene information. *legal referrals *violence notification *awareness of rights			DRU NGOs

CHAPTER 4

PEOPLE WITH DISABILITIES

Back Ground

October 8th earthquake not only left 80,000 dead but also created a new generation of people with disabilities. It has been estimated that 741⁸ people, mostly women, suffered some kind of injury to their spinal cord resulting into paraplegias and quadriplegia. Almost 713¹ people lost their limbs in one form or the other and have to be provided with a prosthesis in order to make them functional to various extents.

Poverty and vulnerability indicators are concentrated in NWFP and AJK, including the districts of Mansehra, Shangla, Batagram, Muzzafarabad, and Bagh. Since the earthquake, People with disabilities (PWDs) have become one of the most vulnerable groups by the secondary effects of the earthquake. Prior to the earthquake few services working with and for PWDs existed in the affected areas. With the increased number of PWDs living in these areas, a greater need for services now exists. Furthermore, a coordinated approach to link Government Organizations, NGOs and CBOs is required to ensure that the needs and interests of PWDs are met in an efficient and cost-effective manner.

Persons with disabilities have traditionally been excluded from social, economic and political decision-making, and face stigmatization and exclusion from services such as education and health care. They also face numerous physical barriers in an environment inconsiderate to their needs. Therefore, the need for rehabilitation for the disabled is an ongoing priority

⁸ WHO Report on Disabilities , April 2006

for ERRA and is an integral component of the ERRA's, Health and Social Protection Strategies.

Vision

The purpose of the strategy is to ensure that Comprehensive Rehabilitative services are accessible and available to all the disabled of the Earthquake affected districts. The vision for the Rehabilitation of the disabled of the Earthquake affected areas is

“To ensure that the quality of life, of all the people with disabilities, in the community is improved in terms of disability awareness, social, economic and cultural inclusion”.

Strategic Plan for the Rehabilitation of Disabled

ERRA through the courtesy of the National Institute For Handicapped and the technical assistance from WHO would effect its schemes in the defined areas, for the purpose of Rehabilitation of the disabled for a period of 3-5 years. ERRA wherever feasible would seek the assistance of the concerned social sector agencies relevant to the field of Rehabilitation For comprehensive Rehabilitation services a combination of Institutional Based Rehabilitation and Community Based Rehabilitations is essential, which is duly reflected in the this Strategy which has the following four component:

- I. Institutional Strengthening for Medical Rehabilitative services (THQ's and DHQs in the affected districts)
- II. Establishment of comprehensive Rehabilitation Centers, one each at Muzaffarabad and Abbottabad;
- III. Community Based Rehabilitation.
- IV. Prosthetic and Orthotic Workshop

The present Director National Institute For Handicapped would facilitate all the project activities with WHO, providing the necessary technical

input for the implementation coordination, monitoring and evaluation of the Rehabilitation project.

Component I: Institutional Strengthening for the Medical Rehabilitative services

ERRA would strengthen the tertiary level health facilities at NIHd, to provide rehabilitation services for the disabled (through medical rehabilitation equipment, physiotherapy ,artificial limbs and support devices for amputees and paraplegics) The specific health facilities targeted for basic rehabilitative services are, DHQ Hospital Mansehra, DHQ Hospital Battagram, THQ Hospital Balakot, DHQ Hospital Atthmuqam, THQ Hospital Hattian Bala and DHQ Hospital Bagh.

Goal: Provide comprehensive quality medical care, rehabilitation and integration to the disabled with participation restriction due to physical/sensory challenges.

Expected outcome: Provision of comprehensive rehabilitative services to the disabled and establishing a network of strong referral system

Objective: Developing Medical Rehabilitative service capacity of NIHd, THQS and DHQs

Activities:

- Recruitment of staff (rehabilitation professionals and support staff).
- Formal training of rehabilitation professionals
- On job training and supervision of rehabilitation professionals
- Purchase of required machines and equipments
- Implementation and follow-up
- Monitoring and evaluation

Component II : Establishment of Medical Rehabilitation Centres

Two sustainable 50-bedded Rehabilitation Centres, one at Muzzafarabad and the other at Abbottabad would be established ,for providing Comprehensive Rehabilitative services

Goal: To provide curative, preventive and rehabilitation services to disabled .

Expected outcome: Provision of comprehensive rehabilitation services to all PWDs

Objective: All PWDs to have access to rehabilitation services and facilities.

Activities:

- Identification/acquiring of land for the establishment of Pre-fabricated Rehabilitation Centres from the provincial Governments
- Recruitment of staff (rehabilitation professionals and support staff)
- Formal training of rehabilitation professionals
- On job training and supervision of rehabilitation professionals
- Purchase of required machines and equipments
- Implementation and follow-up

Component III: Community Based Rehabilitation (CBR)

The vast majority of the population affected are rural. While towns like Balakot, Muzaffarabad, Mansehra and others were destroyed or damaged, most people are trying to rebuild their lives in villages in a mountainous area with bad roads and difficult communications systems. This means that solutions to the problems of disabled people in these villages must be found at the level of the local community, The project would be effected in the districts of Muzaffarabad, Bagh, Mansehra and Shangla

Goal: To ensure the quality of life of all people with disabilities in the community is improved terms of disability awareness and social, economic and cultural inclusion

Expected outcome:

- Provision of rehabilitation services to all PWDs
- PWDs to be fully participating and contributing members of their communities.

Objective: To ensure that people with disabilities are able to maximise their physical and mental abilities, to access regular services and opportunities, and to become active contributors to the community and society at large.

Activities:

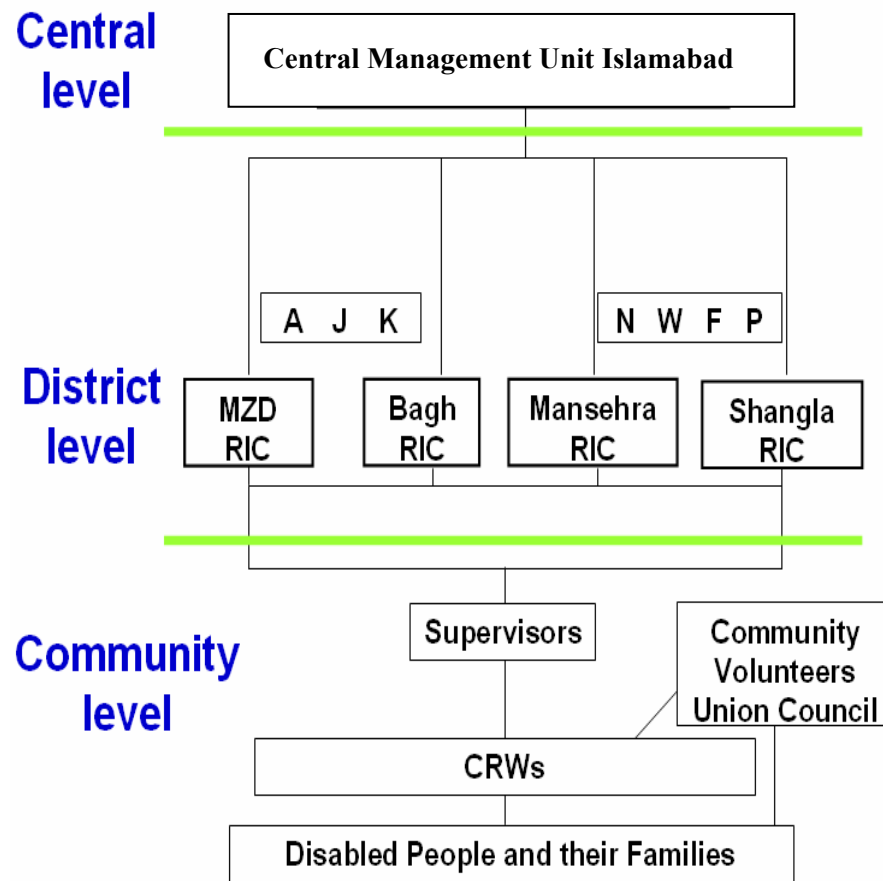
- Providing basic rehabilitation services in homes and/or the community.
- Recruitment of Community Rehab workers
- Provide family members with basic skills and knowledge about assisting disabled persons.
- Provision of technical and financial resources for development of rehabilitation training and service delivery capacity.

- Inclusion of PWDs in all routine secondary level services (health care, education, income generation etc.)

The CBR strategy is based on activities and responsibilities at three distinct levels:

1. Community level
2. District level facilities
3. Central level facilities

CBR Model



Community level

- A combination of Community Based and Institutional based approach will be used
- At the community level individuals will be recruited and trained as Community Rehabilitation Workers (CRWs). They will be the people from the community and will be the first point of reference for disabled people. They will be supervised by CBR Supervisors, who provide the link between the community and the district level. . Possible activities to be performed by CRWs may include
 - Training family members and others to provide basic assistance to PWDs
 - Refer PWDs to specialised services
 - Facilitating the inclusion of PWDs into development activities through awareness raising and advocacy programs
 - Development in-family and between-family support networks for PWDs
 - Motivating other people, local enterprises and communities to include PWDs
- Training of CRWs will be done by Mid Level Rehabilitation (MLRWs) Workers at the resource centres at secondary level facilities.
- The CBR programme will create community awareness regarding the disabilities, their causes, prevention strategies, rehabilitation of the disabled. Local NGOs, CBOs and other organizations working for the disabled will be involved in this process.
- Community mobilization will be an important strategy used by this programme. A community committee on CBR will be formed at every union council level, comprising of representatives of the disabled people and their families .The local NGOs will provide the link between the institutions and the community.

- Training of BHU,RHC staff for identification and then referral to the secondary level services and availability of IEC material regarding disabling conditions at BHU and RHC level.

Linkages

- Between Resource information centre at the district level and Rehabilitation centres to be established at Abottabad and Muzaffarabad.
- Referral system to be developed between BHU's, RHC, THQ's and DHQ's.
- With Prosthetic and Orthotic workshop at Muzaffarabad, Bagh, Rawalakot ,Manshera and Shangla would be established

Secondary level

Resource information centres (RICs) as identified in the previous model, will be established which will be the hub for the implementation of the methodology. They will be established in the 4 most affected districts of Muzaffarabad, Bagh Shangla and Mansehra, and will be operated as far as possible by the disabled people. These centers will be a link between the community and tertiary levels to ensure the needs of the disabled people in their community are being heard and met.

The RICs would be responsible for:

- Identification and registration of PWDs and dissemination of information on existing services to PWDs and their families
- Networking, coordinating and liaising with existing mainstream and specific stakeholders
- Provision of workshops, seminars and training in disability issues to primary and secondary sectors

- Provision of technical support in terms of physiotherapy, orthopaedic workshops, special education, education advisor, livelihood advisor, CBR training and Information, Education and Communication materials are made available
- Encouraging PWDs to participate in community committees that will help to give them a voice in their community
- Organisation of special events to increase the awareness of disability
- Provision of disability specific library resources (books, pamphlets, DVDs etc.)
- Development of specific and adaptive solutions for the independence of PWDs in remote areas
- Assisting with the flow of disability information between primary, secondary and tertiary level

Linkages

- With the two Rehabilitation centres to be established at Abbottabad and Muzaffarabad Vocational training centres, Banks and schools etc.
- Between the BHU, RHC THQs and DHQs, regarding disability management.
- With the above mentioned health facilities and major Hospitals like Abass Institute of Medical Sciences, Combined Military Hospital (CMH) and Ayub Teaching Hospital Abbottabad.
- With P&O Workshops in Muzaffarabad, Bagh, Rawalakot, Mansehra and Shangla would be established .

Central Level

A central management Unit will be established at Islamabad, comprising of Project coordinator presently, Director of NIHD who, would oversee and facilitate the implementation of the entire project, along with, Director Social Protection ERRA Technical advisor disabilities WHO, an Operation Manager and a Medical Rehabilitation Specialist

This unit will serve as a regulatory Body to supervise, plan, coordinate and monitor the implementation of strategy for the disabled in the earthquake affected districts, so that best practices are followed and mal practice discouraged. The responsibilities of the CMU would be to:

- Have overall management control of the programme
- Design and organise training needed at different levels of the programme
- Recruit specialist consultants as required
- To ensure there is adequate technical support at the secondary level so that CRWs are able to provide a high quality of care
- To undertake research and development activities for the Rehabilitation of the Disabled
- Maintaining effective communication pathways between all ministries to ensure the needs of PWDs are considered in all policy development
- To coordinate with the National/International Agencies and NGOs for improving the Rehabilitation services

Role of District health Authorities in the implementation of the Strategy

In order to ensure conforming standards the Districts governments will be requested to provide assistance to the projects for establishment of various project related structures and setups. Ultimately, efforts will be fashioned to make the project sustainable by gradually handing over the ownership of the project to the relevant authorities.

PEOPLE WITH DISABILITIES

COMPENSATION	Financial compensation for PWD with no means to a sustainable livelihood
PROTECTION	From violence, abuse, exploitation.
PUBLIC ACCESS	Public institutions and facilities should be disability friendly (buildings, buses, etc.)
HOUSING	PWD given priority assistance in rebuilding their homes
	PWD without a home are provided housing/shelter preferably within their own communities
ACCESS TO INFORMATION/JUSTICE/LEGAL ASSISTANCE	Access to legal assistance and awareness-raising on legal rights
	Support in obtaining ID cards
	Support in obtaining compensation

	Information on existing govt. assistance and NGO support programs
LIVELIHOODS SUPPORT	Need for specific training on independent living and tailored livelihood programmes
PSYCHO-SOCIAL SUPPORT	Dedicated spaces at community level to share needs and concerns and access information and referral services, such as psycho-social support, legal aid, literacy and vocational training and health facilities systems.
HEALTH	Access to adequate healthcare and rehabilitation facilities including prosthesis and orthotics Consistent treatment and care to prevent increased morbidity/mortality
EDUCATION	Speech therapy, Sign and Braille Language Inclusive Education Special Education Schools
MAPPING	Directory of NGOs working for Disability

CAPACITY- BUILDING/TRAINING	Need for Health workers to learn how to deal with specific needs of PWD
AWARENESS RAISING/SENSITIZATION	Community Mobilization to prevent stigma and discrimination against PWD and to sensitize people on the specific needs of PWD

SPECIFIC ACTIVITIES FOR THE CARE OF PEOPLE WITH DISABILITY

Activities	Timeframe	Lead Department
Compensation		
PWD as a result of the earthquake are currently being provided Rs.6,000 month for 6 months	Ongoing	Punjab Govt NIHd
Housing		
HRU prioritize housing assistance for PWD Technical assistance provided in housing reconstruction for PWD. as per NIHd and WHO Manual	Ongoing	ERRA
Livelihoods Support		
CBR links PWD to livelihood programs including vocational training. DRUs provide info. and support registration into such schemes. Need for specific training on independent living and tailored livelihood programmes		NIHd Mile Stone
Health		
Establishment of 2 rehabilitation centres in earthquake affected areas		ERRA
Provision of equipment and		NIHd

specialists/trained medical staff who can work together with other institutions for the rehabilitation of SCI survivors		
Provision of necessary prosthesis and equipment including cheap local alternatives for disabled persons necessities, such as braces, walkers and wheelchairs		NIHd, PIPOS
Education		
Independent Living; NGOs are conducting Workshops/trainings for PwD on how to live an independent life	Ongoing	CMU,ERRA
Public Access		
Public institutions and facilities are designed to be disability friendly (buildings, buses, etc.)As per NIHd & WHO manual.	Planning	- ERRA - Nespak
Community-Mobilization, Awareness-raising and Acceptance		
NGOs are working in remote areas prevent stigma and discrimination and misconceptions of PWD and to sensitize people on the specific needs of PWD	Ongoing	- ERRA thru CBR - NIHd,NGOs

CHAPTER 5

ELDERLY POPULATIONS

Vulnerable elderly are primarily affected when having lost family support or having suffered injuries and disability. Where the elderly provide for the protection of other dependants, they often face a double protection dilemma. Older people are often marginalised and frequently fail to access humanitarian aid and basic services for reasons of poor mobility, social 'invisibility' and the erroneous assumption that 'someone' is taking care of them already. The challenge will be to ensure that the elderly will not be overlooked in the reconstruction and rehabilitation programmes.

With the overall strains on familial networks in the face of poverty, the vulnerability of many elderly people in Pakistan increased in recent years, particularly when their children are themselves too poor and over-burdened to care for them.

Older women who provide for the protection of other dependants, such as orphaned grandchildren face a double protection dilemma, having to ensure their own protection and protecting those in their care. Specific attention is required for the elderly who are too frail to return back to their home areas from camps.

Health

The Elderly face specific problems in relation to health and medical treatment. They face problems accessing health facilities due to mobility issues and therefore specific interventions require health service providers going to them. Some NGOs like Merlin, with the support of HelpAge International, are addressing this problem in AJK, by training and strengthening the existing Lady Health Workers Network to identify the

elderly and provide onsite care and treatment where possible. They also propose the establishment of Mobile Medical Units to specifically ensure elderly are provided treatment near to their own homes. Chronic health conditions and medical problems pertaining to the elderly include nutritional deficiencies, chronic diabetes, eye problems and dental problems. A series of mobile eye camps, dental camps and mobile medical camps will be encouraged so as to address the specific health problems of the elderly, and also cater to others requiring such treatment.

Psycho-Social Support

Based on research on the elderly in different parts of the world, it is apparent that the elderly face a great deal of social isolation and neglect, and in crisis situations, this tends to manifold as caretakers are often preoccupied with their own issues. The elderly have been severely traumatized due to the Earthquake, often due to the loss of children, grandchildren and their entire savings, property and livelihoods accumulated over a lifetime. They require specialist psycho-social care and support. Psycho-social/social protection interventions to cope with trauma for the elderly that have worked in other countries can be applied in the earthquake affected areas, such as intergenerational protection, whereby elderly and children interact with each other.

Housing and Shelter

As the ERRRA Housing Strategy is owner driven,' the elderly with no adult caretakers (or even with adult caretakers, but who are still neglected) require support in the reconstruction of their houses in cases where they owned the property. There may be a substantial number of elderly who do not have their own houses due to property and/or compensation being taken over by family members, often their own children. The Elderly will be encouraged and supported to go through the Grievance Redressal

Mechanism to realize their claims. In cases where elderly have no land, shelter or adult support, culturally-sensitive arrangements such as the Dar-ul-Khifhala, can be made available, in which living arrangements for the elderly and the destitute are provided by the Government. This model is already in operation in NWFP.

DATA ON ELDERLY

As a consequence of the earthquake, many elderly have been left without family support, though their number cannot be determined at this stage. Those who live with female-headed households face obvious vulnerability, as do those who live with poor extended families. The total number of vulnerable elderly registered in the Camp Survey comes to 8,393. A total of 495 were registered in the camps as having suffered injuries and disability.

Table 1: Vulnerable elderly people in camps who lost family support

	Elderly without Male Adults 19-59 years	Elderly without Female Adults 19-59 years	Elderly without Any Adult 19-59 years	Total Vulnerable Elderly
Elderly (60+)	3,912	2,917	1,564	8,393

Table 2: Vulnerable elderly people in camps with injuries or disabilities

Age group	Broken Fracture Legs	Broken Fracture Arms	Spinal Cord Injury	Other Physical Disability	Post Surgical Disability	Severe Injury	Head Injury	Vision Related Disability	Total
Elderly (60+)	100	57	17	73	1	190	24	39	501

NEEDS OF ELDERLY

COMPENSATION	Financial compensation for elderly (above 60 years) with no adult caretakers
PROTECTION	From violence, abuse, exploitation, social isolation and neglect
HOUSING	Provision of Shelter for elderly with no extended family/caretaker
ACCESS TO INFORMATION/JUSTICE/LEGAL ASSISTANCE	Access to legal assistance and awareness-raising on legal rights
	Support in obtaining ID cards
	Support in obtaining compensation
	Information on existing gov't assistance and NGO support programs
LIVELIHOODS SUPPORT	Need for specific training on independent living and tailored livelihood programmes
PSYCHO-SOCIAL SUPPORT	Dedicated spaces at community level to share needs and concerns and access information and referral services, such as psycho-social support, legal aid, literacy and vocational training and health

	facilities systems.
HEALTH	<p>Access to free and adequate healthcare</p> <p>Consistent treatment and care to prevent increased morbidity/mortality</p> <p>Provision of medical treatment nearby</p>

SPECIFIC ACTIVITIES FOR THE CARE OF THE ELDERLY

Activities	Timeframe	Lead Department
Compensation		
Link elderly without caretakers to Bait-ul Mal system for livelihood support.		- Bait-ul Mal
Protection		
Social Welfare Departments and NGOs monitoring to ensure that elderly are not left alone and that extended family help support elderly where possible		- Social Welfare depts of AKJ and NWFP - NGOS
Housing		
Living Arrangement options such as 'Dar-ul-Khifhala' for elderly with no caretakers		- MoSW - NWFP Gov't
Access to information/justice/legal assistance		
Support in obtaining compensation, information on existing gov't assistance and NGO support programs, access to legal assistance, support in obtaining ID cards.		- DRUs - NGOs

Psycho-Social Support

Health facilities refer elderly for psycho-social support		- Health workers
Specialized psych-social support for elderly including intergenerational protection through interaction between children and elderly		- NGOs

Health

Free medical services available for 60 and above		- DRU
Health facilities provide free healthcare to persons exhibiting vulnerable category ID card		- Health Departments

CHAPTER 6

LANDLESS DUE TO THE EARTHQUAKE

The Provincial Governments in AKJ and NWFP are responsible for devising the strategy for the relocation of vulnerable people due to loss of land as a result of the earthquake and potential loss of land due their land being in areas which are in red zones, slip areas or prone to landslides. The TRC has been working closely with the Provincial Governments and UNHCR to address the following:

- relocation of at-risk groups of population (due to landslides, fault lines, etc.)
- Status report on constraints and vulnerability survey (of remaining IDPs in both official as well as spontaneous camps)
- A brief paper from OCHA on issues related with contingency planning

NWFP

In NWFP, Mansehra AoR, 40,930 individuals have left official +50 camps since the beginning of the return process. This constitutes about 93% of the population living in the camps before 10 March. 43 out of 55 camps are closed or empty. In the former Batagram Hub, 22,262 individuals have left official camps, constituting some 95% of the population who was in the camps before 1 March. Three out of five camps are now closed.

AJK

In AJK 5,359 individuals returned home from Bagh since 12 March which represents 86% of the total IDPs in the camps. In Muzaffarabad, the total number of inhabitants to be relocated from the identified 31 villages at-

risk is currently estimated at 1,095 families from Muzaffarabad Tehsil and 355 families from Hattian Tehsil. Detailed plans for the consolidation of the existing population in camps and relocation of villages have been finalized, and the relocation will begin by the end of June. Villagers from Muzaffarabad Tehsil will be placed in seven camps and the villagers from Hattian will be placed in four camps. No new camps had to be developed for this purpose as existing capacities can be used. However, contingency planning for potential further necessary relocations needs to take place as risk assessments in landslide prone areas progress.

Mass Information Campaign

A mass information and outreach campaign on relocation was launched on June 22nd, in the initially 23 identified villages of Muzaffarabad and Hattian Tehsils, and will be completed over three days, after which the relocation of villages will begin. Committees with the participation of CMO, IOM, UNICEF, UNHCR and one person from the government administration have been formed to visit the villages to ensure that every single IDP is informed about the relocation process. The information has also been forwarded to local radio stations.

IDP Statistics from +50 Camps

	AJK		NWFP		Total	
	Persons	No. of Camps	Persons	No. of Camps	Persons	No. of Camps
IDPs Currently in +50 Camps	19,553	44	4,900	14	24,453	58
IDPs Returned	71,785	96 (3/2006)	60,740	60 (3/2006)	132,525	156 (3/2006)
% of IDP Returned*	78.6		90.16		83.5	
Camps Closed		52		46		98

* Percentage of IDP returned = (No. of IDPs returned / Total No. of IDPs registered) × 100

DATA ON LANDLESS DUE TO EARTHQUAKE**Landless due to relocation of Balakot to Bakrial**

- Approx. 30,000 people

Landless due to Earthquake

- Approx. 30,000 in Muzaffarabad

Potential landless due to coming monsoons, winter and expected landslides

- 18 villages in AJK (52,000 ppl)

- 4 villages in NWFP (6,000 ppl)

People not willing to go back to places of origin because:

- Have no land
- Were living in bad conditions
- physically unfit

PROPOSED MEASURES FOR RESETTLEMENT**IDPs and People living in Camps (Immediate)**

In order to ensure that the IDPs currently living in Camps are secure before the upcoming winter, the Transitional Relief Cell in conjunction with Provincial Authorities in AJK (CMO) and NWFP (DCO) is developing a plan to provide temporary housing to IDPs before the next winter. Approximately 50,000-60,000 people can be accommodated in temporary shelters through the two-bedroom prefabricated structures that will soon arriving as donation from the Governments of Saudi Arabia and the United Arab Emirates (UAE).

Relocation of Balakot relocated to Bakrial

The topographic survey of Balakot has been conducted and the relocation has been officially announced to the new site of Bakrial, which is approximately 20 kilometers from the existing Balakot. ERRA is working with Nespak to develop an urban plan with a three year timeframe for the relocation. The residents of Balakot will continue to live where they are until the new City is developed. As of date, no final decision has been taken as to the fate of Balakot; it may retain as a tourist attraction being the Gateway to the Kaghan Valley or it may be condemned as a no-go zone.

Landless due to earthquake

ERRA is working with Provincial authorities to locate Government land that can be used to resettle population in the 18 villages in AJK and 4 villages in NWFP that are considered slip areas prone to landslides and/or in red zones.

CHAPTER 7

IMPLEMENTATION STRATEGY

The Strategy will be implemented over a period of three years (2006-2009) through ERRA's existing infrastructure (ERRA, PERRA, SERRA, DRUs) and Social Welfare infrastructure at the Federal and Provincial levels in collaboration with development partners, INGOs, National NGOs and CBOs. The District Reconstruction Unit (DRU) will, however, be the lead coordinating agency at the district level to ensure coordination of information and services for the vulnerable groups.

1. DATA COLLECTION

During the relief phase, a number of independent surveys/assessments on vulnerabilities were conducted through various stakeholders, including the FRC, District authorities, INGOS and NGOS. However, lack of coordination and a collective approach in data collection has resulted in incomplete and scattered data, with a large focus on the populations that were in Camps.

Under the Cash Grant component of the ERRA Livelihood Strategy, a survey of approximately 800 families was undertaken to ascertain vulnerable families. The criteria were female-headed households or households headed by widows, households with 5 or more children, with one or more orphan/s or with a disabled person. (The Cash Grant component aims to provide a cash grant of Rs.3,000 a month to eligible households for up to 6 months.)

Although the Cash Grant Survey provides useful information on vulnerability indicators, it does not provide detailed information such as

whether the orphan was by father, mother or both parents, if the widow was pre or post earthquake, or the nature of disability.

In order to design effective policies for the longer-term care and rehabilitation of the vulnerable groups, it is important to ascertain the real size, types, location and specific needs of vulnerable populations left in the aftermath of the earthquake. For this reason, the Social Protection Strategy recommends an immediate targeted assessment of vulnerable groups based on the preliminary data from the Cash Grant Survey, which is managed by NADRA. The targeted Survey will be conducted by the Population Census Organization with technical and financial support from the United Nations Population Fund (UNFPA). The complete results of this Survey are expected to be available by December 2006.

2. PLANNING AND COORDINATION

THROUGH ERRA INFRASTRUCTURE (ERRA, PERRA, SERRA, DRUs)

In order to adequately address the needs of vulnerable populations, ERRA needs to strengthen its capacity at the Federal, Provincial and District levels.

- Creation of a Social Protection Cell in ERRA responsible for coordination and monitoring and evaluation of social protection issues and implementation of Social Protection Strategy.
- ERRA will strengthen its capacity at district level by recruiting a Social Protection Coordinator (SPC), preferably a woman, at SERRA PERRA and DRU levels. The TORs of the SPC at the PERRA/SERRA level will include liaising with relevant Line Departments to implement policy recommendations for vulnerable groups (free access to education, healthcare, rehabilitation facilities, etc.) The TORs for SPC the DRU level will include

providing information on specific programs and projects for vulnerable group, supporting them with legal aid, access to compensation, prioritization for housing reconstruction, provision of barrier-free housing plans for the disabled, linking vulnerable groups to livelihood support programs, etc.

PERA/SERA

The SPC will forward policy recommendations to the relevant Line Departments. Following are some examples:

- 30% recruitment of women in all public sectors
- 2% recruitment of people with disabilities in all public sectors
- Provide free access to education and health care services for vulnerable groups
- Inclusive education for all children with physical disabilities
- Ensure all public schools have barrier-free access

DRUs

- 1) Establishment of a Social Protection Cell at DRU level to address protection issues of vulnerable groups.

3. ROLE OF DEVELOPMENT PARTNERS

Under the ERRRA-UN Recovery Plan, several UN agencies and NGOs have submitted proposals under 'Support to Needs of Vulnerable Groups.' These projects, amounting to a total of US12 million will support ERRRA's Social Protection Strategy. The following strategic interventions will be undertaken:

- 1) Creating awareness among duty bearers and right holders at all levels of local communities and policy makers;

- 2) Enhancing the technical and operational capacities of all partners including local governments, national NGOs and CBOs to protect and support vulnerable individuals and groups;
- 3) Introducing community-based approaches to the protection, rehabilitation and reintegration of vulnerable individuals within their indigenous societies. Institutionalized resident care will be used as a last resort for the shortest possible time.
- 4) Empowering vulnerable people, especially widows and female headed households.

In addition, ERRA will entertain future projects and proposals supporting vulnerable group on a case by case basis.

4. STRENGTHENING SOCIAL WELFARE INFRASTRUCTURE

AT FEDERAL, PROVINCIAL AND DISTRICT LEVEL FOR LONG-TERM LINKAGES

At the Federal level, the Ministry of Social Welfare is responsible for coordinating the rehabilitation and recovery programmes and initiatives for vulnerable groups, which include women, children disabled, elderly and the destitute. The ERRA Social Protection Strategy is designed to jumpstart the rehabilitation process for the vulnerable groups within three years and to establish linkages with the overall Social Welfare infrastructure/services for their longer-term rehabilitation. To achieve this, the Social Welfare system has to be significantly enhanced. A comprehensive social protection strategy is required to develop strategies beyond the short term response in order to ensure a continuum of assistance and social protection. The governmental social welfare sector remains restrained by an overall substantial lack of human and financial resources. ERRA will support the strengthening of the Social Welfare infrastructure to respond to the long-term needs of vulnerable groups. ERRA will support projects that address capacity-building, training,

infrastructure development, equipment and human resources. ERRA will require PC1 proposals from the respective Social Welfare Departments in AJK and NWFP, which incorporate:

- Province and District-wise Damage and Needs Assessment of infrastructure, equipment and human resources, infrastructure, equipment and human resources.
- Plans for capacity-building and training for existing social welfare officers to respond to the needs of vulnerable groups.
- Plans for recruitment of additional human resources in the Social Welfare infrastructure.
- Plans for strengthening of the social safety nets through Zakat and Bait-ul Mal system.

5. MONITORING AND EVALUATION

Monitoring and Evaluation will be conducted through the overall ERRA Monitoring Framework and project-wise as NGOs and UN agencies are major partners in the implementation of the Social Protection Strategy. The District-level Child Protection Committees (headed by the Social Welfare Departments) will be responsible to monitor the children that are placed in extended families, Aashianas or SOS Children's Villages. All projects submitted to ERRA under the Social Protection Sector will be required to provide a monitoring framework and/or evaluation indicators.

Monitoring Indicators:

The following are some of the indicators which will be used for monitoring outcomes:

- Number of children rehabilitated through community-based care options

- Number of orphans who have received cash grant (Rs.3,000/mo. for 1 to 2 years)
- Number of widow homes constructed through NGOs
- Number of NGO sponsored programmes initiated for providing shelters to widows
- Number of programmes initiated for craft development among widows of affected areas
- Number of micro-credit and interest-free loan schemes initiated for entrepreneurial activity
- Number of institutions strengthened for provision of healthcare to disabled including NIHD
- Number of Rehabilitation Centers established for the disabled
- Number of vulnerable people provided assistance in housing reconstruction
- Number of people resettled in Bakrial from Balakot and allocated land
- Number of people relocated from red zones, slip areas prone to land slides and allocated land
- Number of people issued special ID cards by NADRA
- Completion of targeted assessment of vulnerable groups by Population Census Organization
- Establishment and functioning of Technical Advisory Group (TAG) on Social Protection
- Recruitment of Social Protection Coordinators for PERRA/SERRA and DRUs

CHAPTER 8

COSTS, PHYSICAL AND FINANCIAL PHASING

ERRA LED INTERVENTIONS

US \$ Million Financial Phasing Intervention/Activity Est. cost Year

		1 ST	2 ND
Data Collection/management			
Survey of vulnerable groups by PCO	1.000	-	-
Rebuilding of Social Welfare Infrastructure (AJK & NWFP)	1.000		
Issuance of special ID cards for vulnerable groups by NADRA	0.5	-	-
Extension of Cash grant for vulnerable groups			
Cash grant for 1700 full orphans (Rs. 3,000/mo)	2.04	1.02	1.02
Cash grant for 5,545 widows (Rs. 3,000/mo)	6.654	3.327	3.327
Rehabilitation of disabled			
Institutional strengthening (NIHD and 6 THQ's and DHQ's)	0.75	-	-
Establishment of 2 Rehabilitation Centres (Muzaff. And Abbott.)	2.5	-	-
Community Based Rehabilitation (CBR) programme	6.1	-	-
Strengthening of ERRA structure			

Recruitment of Social Protection Coordinators (11)	0.3	0.150	0.150
Advocacy campaign	0.5	0.25	0.25
Total	21.844		

UN-ERRA RECOVERY PLAN PROJECTS UNDER ‘SUPPORT FOR VULNERABLE POPULATIONS’

ERRA SOCIAL PROTECTION UNIT IS WORKING CLOSELY IN COLLABORATION WITH UN AGENCIES, INGOS AND NGOs FOR THE IMPLEMENTATION OF THIS PLAN. THE COST ESTIMATES OF THE PLAN ARE AS FOLLOWS:

Total Cost: 12,830,000

Available funds: 2,500,000

Funds to be identified: 10,330,000

Policy Guidelines On Issues Regarding Construction Of Shelters/Houses By Ngos For The Vulnerable Groups In The Earthquake Affected Areas

- The NGOs desiring to reconstruct houses for vulnerable groups (including widows, orphans, disabled and elderly) shall follow ERRA's approved house designs and construction guidelines available on ERRA's website.

- The project proposals will contain the following details: Project objectives, selection criteria used to target vulnerable, detailed budget proposal along with break up of different activities, details of targeted groups, details of building material and project completion timeframe.

- A formal letter by UC Nazim or DCO/DC verifying the authenticity of information (lists of beneficiaries) will be submitted along with project proposal.