

NPA - PART I: National Plan of Action Strategy



National Plan of Action for the Rehabilitation of the Most Vulnerable Population in Earthquake-Affected Areas in Pakistan

Draft

[14 June 2006]



Ministry of Social Welfare
and Special Education



Earthquake Reconstruction
& Rehabilitation Authority

Table of Contents

1	ASSESSMENT AND ANALYSIS.....	1
1.1	THE EARTHQUAKE AND THE RESPONSE TO IT.....	1
1.2	NATIONAL PLAN OF ACTION FOR THE VULNERABLE.....	1
1.3	DEFINITION OF THE “MOST VULNERABLE”	2
1.4	VULNERABILITY FACTORS AND GROUPS.....	2
1.4.1	<i>Loss or substantial weakening of family protection.....</i>	<i>2</i>
1.4.2	<i>Vulnerability of widows and women headed households.....</i>	<i>3</i>
1.4.3	<i>Vulnerability of children, in particular those who lost one or both parents.....</i>	<i>4</i>
1.4.4	<i>Vulnerability of the elderly</i>	<i>6</i>
1.4.5	<i>Disability and ill health</i>	<i>7</i>
1.4.6	<i>Poverty.....</i>	<i>7</i>
2	KEY PRINCIPLES AND STRATEGIES OF THE NATIONAL PLAN OF ACTION.....	8
2.1	KEY PRINCIPLES	8
2.2	SPECIFIC KEY STRATEGIES:.....	9
3	LOGICAL FRAMEWORK	12
4	NARRATIVE ON INTERVENTION STRATEGIES	16
4.1	FIRST STRATEGIC RESULT: POLICY MAKING, ANALYSIS AND MONITORING	16
	<i>Outcome 1: Policy making and planning.....</i>	<i>16</i>
	<i>Outcome 2: Assessment, analysis and programme monitoring.....</i>	<i>17</i>
4.2	SECOND STRATEGIC RESULT: REGISTRATION AND TARGETING	18
	<i>Outcome 3: Centralized registration of individual cases.....</i>	<i>18</i>
	<i>Outcome 4: Centralized registration and targeting of vulnerable households</i>	<i>18</i>
	<i>Outcome 5: Local monitoring and targeting of vulnerable households.....</i>	<i>18</i>
4.3	THIRD STRATEGIC RESULT: COMMUNITY BASED PROTECTION AND REHABILITATION SERVICES FOR VULNERABLE WOMEN, CHILDREN AND ELDERLY	19
	<i>Outcome 6: Social welfare service infrastructure.....</i>	<i>19</i>
	<i>Outcome 7: Family-based alternative care for children without parental care</i>	<i>19</i>
	<i>Outcome 8: Community-based support to widows and women headed households</i>	<i>21</i>
	<i>Outcome 9: Community based care for the elderly.....</i>	<i>21</i>
	<i>Outcome 10: Non-formal education.....</i>	<i>21</i>
	<i>Outcome 11: Psycho-social services.....</i>	<i>21</i>
	<i>Outcome 12: Shelter services.....</i>	<i>21</i>
4.4	FOURTH STRATEGIC RESULT: COMMUNITY-BASED REHABILITATION SERVICES FOR THE DISABLED	22
	<i>Outcome 13: Community-Based Rehabilitation.....</i>	<i>22</i>
	<i>Outcome 14: Special education</i>	<i>22</i>
	<i>Outcome 15: Special rehabilitative medical services</i>	<i>22</i>
4.5	FIFTH STRATEGIC RESULT: ACCESS TO MAINSTREAM SERVICES	22
	<i>Outcome 16: Equitable access to mainstream services</i>	<i>22</i>
	<i>Outcome 17: Referral capacity.....</i>	<i>23</i>
	<i>Outcome 18: Access to Mainstream Education</i>	<i>23</i>
	<i>Outcome 19: Access to Healthcare</i>	<i>23</i>
4.6	SIXTH STRATEGIC RESULT: EMPOWERMENT AND MOBILIZATION	23
	<i>Outcome 20: Empowerment.....</i>	<i>23</i>
	<i>Outcome 21: Community mobilisation and sensitization.....</i>	<i>23</i>

4.7	SEVENTH STRATEGIC RESULT: LIVELIHOOD.....	24
	<i>Outcome 22: Livelihood Support</i>	24
4.8	EIGHTH STRATEGIC RESULT: HOUSING AND INFRASTRUCTURE	24
	<i>Outcome 23: Housing Assistance</i>	24
	<i>Outcome 24: Gender considerate reconstruction</i>	24
	<i>Outcome 25: Barrier-free infrastructure</i>	24
4.9	NINTH STRATEGIC RESULT: LAW ENFORCEMENT AND ACCESS TO JUSTICE AND ADMINISTRATIVE PROCEDURES.....	24
	<i>Outcome 26: Strengthening law enforcement</i>	24
	<i>Outcome 27: Review of legal frameworks</i>	25
	<i>Outcome 28: Securing identity</i>	25
	<i>Outcome 29: Provision of Documents</i>	25
	<i>Outcome 30: Legal facilitation and assistance</i>	25
	<i>Outcome 31: Judicial, police & public officials training workshops & legal awareness</i>	25
	<i>Outcome 32: Public grievance review mechanisms</i>	25
	<i>Outcome 33: Non-administrative check on maladministration</i>	25
	<i>Outcome 34: Transparency and earthquake data collection</i>	25
	ANNEX 1: CONSIDERATIONS FOR DEFINITION OF PARTICULAR VULNERABILITY	I
	HUMAN RIGHTS, PROTECTION AND VULNERABILITY.....	I
	CHILD RIGHTS, CHILD PROTECTION AND VULNERABILITY	I
	DISASTER MITIGATION AND RESPONSE AND VULNERABILITY	II
	SOCIAL PROTECTION AND VULNERABILITY.....	III
	ANNEX 2: VULNERABILITY CATEGORIZATION.....	V
	ANNEX 3: OVERVIEW ON ADMINISTRATIVE STRUCTURES IN AJK AND NWFP	VI
	ANNEX 4: STATISTICAL DATA.....	VII

1.1 The earthquake and the response to it

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. 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.

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

Because of the adverse seasonal conditions during the winter period and the intention to rebuild houses so as to better withstand future earthquakes, large scale re-construction and rehabilitation efforts were halted until the spring of 2006. Following the end of the winter season, the focus has shifted towards the return of those who were staying in camps, and rehabilitating the infrastructure in the home areas.

To rebuild the destroyed public infrastructure in the affected areas, large scale reconstruction and rehabilitation programmes are implemented under the auspices of the Earthquake Rehabilitation and Reconstruction Agency (ERRA), a body dedicated to coordinate and oversee the rebuilding of the affected areas.

1.2 National Plan of Action for the Vulnerable

Given that the earthquake had a particularly disparaging effect on the wellbeing of vulnerable groups, the Government of Pakistan decided to form a high level inter-ministerial *National Task Force* to ensure their effective protection and rehabilitation in the immediate, as well as the medium to long term.

The Task Force was commissioned to formulate a *National Strategy* and a *Plan of Action for the Vulnerable Population of Earthquake Affected Areas* as an enabling and systematic framework to ensure that all partners, national and international, undertake wide-ranging and diverse interventions as part of a coordinated and consolidated approach, based a common understanding of the problems faced and a clear vision and specific goals on how to overcome them, with minimum gaps and duplication of efforts, and maximum use of resources.

Specifically, the terms of reference of the Task Force cover (1) the assessment and analysis of the situation of the most vulnerable, (2) the identification and prioritization of rehabilitation and resettlement needs, (3) the assessment of present services and available resources, (4) the preparation of a budget for the NPA, (5) the development of the NPA and strategy, and (6) the formulation of a monitoring and coordination mechanism to ensure effective implementation.

Following a first meeting of the National Taskforce on 19 January 2006, three Technical Working Groups were set up to formulate priority actions for *vulnerable children*, in particular those who have lost or were separated from their parents, *vulnerable women*, in particular those who were widowed or are otherwise heading a household, and the *disabled*. A fourth working group was formed to establish priority requirements for data collection and information management.

The role of the three thematic Technical Working Groups was (1) to assess and analyse the magnitude and nature of vulnerability, disaggregated by age, gender and geographic locations (2) to identify and prioritize problems that need to be addressed, (3) to identify short, medium and long term strategies

and activities to redress vulnerability, (4) to review current policies, available services and resources, and possible gaps, (5) to identify partners at all levels that can implement or support the identified activities, and to develop a Framework of Action including critical staffing, supply and equipment and financial requirements.

Based on the results accomplished in the Technical Working Groups, the present Draft National Strategy and Plan of Action for the Vulnerable Population of Earthquake Affected Areas was developed for review and approval by the National Task Force.

1.3 Definition of the "most vulnerable"

The notification on the Task Force speaks of the formulation of a national strategy and plan of action for the **vulnerable** population of earthquake affected areas, the terms of reference clearly relate to the **most vulnerable** population. 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 mandate of the Task Force is interpreted to pertain to formulating of a strategy and plan of action for the **most vulnerable**.

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. A detailed overview on the relevant concepts is provided in Annex 1 to this document.

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 recovery 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

For the purpose of this strategy and action plan 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 that looks beyond safety nets. Protection rights violations are thus seen not merely as a factor that increase vulnerability in economic terms, but as infringements of human rights that warrant responses independent on 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 inability to work due to illness or disability), or in fact both.

1.4 Vulnerability factors and groups

1.4.1 Loss or substantial weakening of family protection

In Pakistan, the *biraderi*, or extended family and kinship group, is the basic foundation of the community, while the family-based household is the key site for the organisation of the various strategies through which members of the community pursue their livelihood goals. Families are safety nets of first resort: their livelihood strategies prioritise the survival and security of their membership in environments where alternative sources of survival and security are few and unreliable. (Kabeer:

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

2006)². Therefore, the disruption or loss of this safety net is a curial blow to any individual's capacity to cope with the effects of the earthquake, both in terms of livelihood, and in terms of negotiating power relationships, be it in realizing claims and entitlements, or the protection from violence.

1.4.2 Vulnerability of widows and women headed households

Gender relations among populations affected by the earthquake have traditionally reflected a pervasive and deep-rooted discrimination of women. Relations within the family are characterised by gender-determined hierarchies of authority and deference and the asymmetrical distribution of roles, responsibilities, resources and power between men and women. Women lack freedom of mobility and are denied basic rights, including to influence in decision-making, even in matters that directly affect their lives. Women are subjected to sexual harassment and violence within the household and outside, restricting access to opportunities, such access to schools for girls. Women generally bear significant workloads. This sharp division of gender roles, resources and labour assigns men the responsibility for provision and protection of the family and the representation of its interests in the public domain. They also tend to exercise control over household resources in recognition of their role as household heads. Women, on the other hand, are given primary responsibility for child care and domestic tasks, but may also carry out a variety of productive tasks, including paid work, within the confines of their homes, and the rearing of livestock. (Kabeer: 2006).

Women who were widowed in the earthquake together with their children are therefore particularly vulnerable. Given patriarchal structure, they are in need of specific outside support in terms of establishing appropriate living arrangements and sources of livelihood within the community that enables them to enjoy protection and to rebuild their family safety net on a new ground.

The total number of women who lost their husbands to the earthquake is not known. The survey undertaken in camps, showed that a total number of 763 women were registered who have lost their husbands during the earthquake (for details, see Annex 1). At the same time, we can see that at total number of 4,617 women were registered in the camps who had been widowed *before* the earthquake.

However, we lack hard data beyond the camps. The question is therefore, in how far we can utilize the data from the camps to extrapolate to the overall situation. The problem in this is that we must assume that the more vulnerable population was actually more likely to seek refuge in camps. However we can only speculate about that.

To still 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.

However, in order to account for the difference between the camp population and the rest of the population outside camps, the mortality rates were compared. 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 rate in camps which came to 4.09 (10,313/252,000) percent of the total camps population, whereas the death rate in the general population came to 2.58 percent (80,000/3,100,000). Using this rough ration, the extrapolation of the camp data was thus based on the difference in proportion coming to 0.623.

Based on this formula, an approximation comes to the following numbers that we may expect in the earthquake affected areas:

² Kabeer, Naila; Mumtaz, Khawar, Sayeed, Asad: Citizenship and social protection: towards a 'transformative' agenda for Pakistan (forthcoming 2006, cited from unpublished draft)

	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

Such an extrapolation is moreover speculative, and needs to be therefore treated with a lot of caution. This especially, as the numbers only include those from the camps and not those in institutional care outside of the camps.

Nonetheless, the figures are indicative of the overall problem that we are confronted with. In any case, the data collected in connection with the ERRR/World Bank cash grant scheme should give a more detailed picture on these numbers in a relatively short time period.

The ratios do imply, however, that there is a very substantial number of widows who were living in the communities before the earthquake and somehow managed to make a living. We should therefore look in-depth into the factors that allowed these women to manage their lives and livelihoods in the community. We also need to look at the question, what if any the differences in vulnerability are between women who were widowed before and those who were widowed as a result of the earthquake.

1.4.3 Vulnerability of children, in particular those who lost one or both parents

In Pakistan, many children from poorer households are vulnerable to exploitation and abuse, and child labour is rampant. A nationwide survey by the ILO in 1996 estimated that there are around 3.3 million children (8%) active in the labour market in Pakistan. Many children are put to work from an early age on, and countless numbers have been withdrawn from school in the past to enter the labour market in order to help the family cope in dire economic conditions. Physical and emotional violence against children is also commonplace, both in the household and in schools.

A substantial number of children have lost one or both parents during the earthquake. The survey undertaken in camps, shows that a total number of 213 were registered as orphans by both father and mother, plus 2,207 children who had lost their father and 2,664 who had lost their mother.

Orphans due to earthquake in camps, total numbers

	grand total	total AJK	total NWFP
by Father and Mother	213	73	140
by Father	2,207	1,056	1,151
by Mother	2,664	1,171	1,493
Total	5,084	2,300	2,784

When we compare the numbers for children who lost both parent during the earthquake with those who lost both parents before the earthquake, we find that 85.6 % of all full orphans in camps lost their parents before the earthquake, and only 14.4 % during the earthquake.

Age group	Before Earthquake	During Earthquake
	Both	Both
Under 1 year	9	1
1-4 years	113	30
5-9 years	257	50
10-14 years	389	65
15-18 years	490	66
TOTAL	1258	212

This shows again, that having lost both parents is not a phenomenon that is entirely new to society, on the contrary. However, what is new is having to cope with this situation in an overall scenario of destruction, loss of livelihoods and disruption of services.

If we apply the same principle of extrapolation to the overall figures for the affected population in the earthquake areas, we come to the following projection:

Projection of the total number of orphans due to the earthquake

	Grand total	total AJK	Total NWFP
by Father and Mother	1,700	620	1,080
by father	17,800	8,900	8,900
by Mother	21,440	9,880	11,560
Total	40,940	19,400	21,540

According to this extrapolation, the total number of full orphans due to the earthquake would be relatively small. The number of half orphans on the other hand would be quite significant. Further field research is required to better understand, what protection risks the various sub-categories of children face who lost parents before or during the earthquake. For instance, we don't know at this stage how children are faring who lost their parents before the earthquake. If we apply the same extrapolation ratio for pre-earthquake orphans, we would for instance come to roughly 10,000 full orphans. Their present situation will largely depend on the status of the caregivers that looked after them at the time that the earthquake happened.

Only very few cases have been registered by the ICRC as unaccompanied. A out of total number of 160 children who had been separated from their families following the earthquake, 156 are now reunited with their families, or at least back in contact with them while remaining in institutional care. Only 4 children are still not in contact with their relatives, and the ICRC continues to look for them.

The number of children who were newly admitted to institutional care as a consequence of the earthquake is given at 497 children, being 359 in Aashiana and about 138 children in SOS villages. 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.

As for children fostered by extended families, the risks for them are mostly associated with poverty of the extended family and the risk of abandonment or exploitation occurring as a result of informal coping strategies in the family, such as child marriage, harmful child labour, or formal coping strategies such as institutionalization.

Beyond poverty, it is difficult to gauge to what degree children fostered in extended families are likely to be exposed to increased levels of vulnerability. Some argue, that social norms and strong kinship and family ties will ensure that foster children will be treated akin to natural children. Others maintain, that children may be treated as "second-class" siblings, who are likely to experience lesser degrees of

family protection and consequently increased vulnerability. It is impossible to ascertain which is more likely, other than through monitoring and empirical research. Given the scale of the orphan problem in the wake of the disaster and the fact that the vast majority of children who lost parents is absorbed by extended families at this stage, the main strategy should be in any case to support extended families to play the guardian role they have taken on upon their own initiative and only to intervene, where children are suffering.

However, it must be recalled that protection violations are widespread in this society, independent of the earthquake and the loss of parents. Many parents fail to accord their children the protection they require, or actively abuse them. Child labour, school drop out or non-enrolment, childhood marriage, domestic violence etc. are commonplace in families where both parents are alive.

The Government of Pakistan and the State social welfare system have a heightened obligation under Article 20 of the Convention of the Rights of the Child to accord special protection and assistance to children temporarily or permanently deprived of their family environment. However, there needs to be a cautious approach to addressing these general protection concerns in relation to children in foster families only, in particular if the only other response available is institutionalisation. This does not imply that detected child protection violations should go unaddressed, on the contrary. It does mean however that the overall strategy should for placement and fostering in the extended family should be prepared to account for a level of risk that is in principle equal to the risks of abuse, neglect and exploitation that all children in earthquake affected areas face. Special measures need to be taken to strengthen families and to monitor the wellbeing of fostered children. The emphasis, however, has to be on supporting the families, and giving the family based system the benefit of the doubt, rather than controlling families and threatening to withdraw the fostered child on the first occasion of a failure provide appropriate care.

Children who lost either their father or their mother are also at risk. They may have been placed in a poor extended family in response to the loss of a parent. They may live in a vulnerable women-headed household. Or, they may live their fathers in a family that is likely to be transformed by another marriage of the father, potentially resulting in neglect or abandonment of children from the first marriage.

Children who were taken in by institutions (with the consent of extended families or even one of the parents, or without that consent) are at risk of getting stuck in these institutions and being deprived of a family environment for their entire childhood. Also, depending on the quality of care, they are at risk of abuse and neglect in the institution, as some institutions are likely to struggle with funding issues in the medium to long term. Finally, they also risk to miss out on essential lifeskills by growing up in an artificial environment separated from the community, resulting in less resilience and increased vulnerability to abuse and exploitation in the period of their lives after they leave the institutions.

1.4.4 Vulnerability of the elderly

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

As a consequence of the earthquake, many elderly have been left without family support, though their number can be determined at this stage. The majority of elderly who lost their family support system appears to be taken care of by extended families. Those who live with women-headed households face obvious vulnerability, as do those who live with poor extended families.

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

Older people are regularly marginalised in emergency response programmes, 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.

1.4.5 Disability and ill health

Socio-economic data on persons with disabilities in Pakistan is scarce. Where it exists, it is conservative. According to the 1998 Census, approximately 2.4 percent of the population has some form of disability. This is significantly lower than the WHO estimate of approximately 10 percent, which is likely due to a different definition of disability. It is estimated that 66 percent of persons with disabilities live in rural areas; only 28 percent of persons with disabilities are literate; only 14 percent of persons with disabilities are in work and; 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.

The disabled and those in ill health in earthquake affected areas are in many cases unable to sustain their livelihoods and depend on support from others. If the heads of a family is disabled or in ill health, the entire family will suffer.

1.4.6 Poverty

Poverty is a key issue for vulnerability in earthquake affected-areas. On the one hand, pre-existing poverty is obviously a key factor in determining the ability of individuals, families and communities to cope with the impact of the earthquake. On the other hand, present efforts to alleviate the impact of the earthquake have to look at the continuum of assistance and social protection. This, partially because some who suffered most from the earthquake may join the ranks of the chronically poor, partially because the response mechanisms (cash transfers, social assistance programmes etc.) in the present phase are already anticipating some of the future social protection strategies.

For Pakistan as a whole, panning figures estimate that about a quarter of society lives below the below the poverty line. A recent vulnerability assessment by the World Bank distinguishes between three levels: the vulnerable, those with a high probability of finding themselves in poverty in the near future, and the non-vulnerable. The study concludes that 56.2 percent of the population in Pakistan face a greater than 50 percent probability of finding themselves in poverty in the next two years. Furthermore, 21.9 percent of the population are considered chronically poor and vulnerable, being currently poor and also predicted to be so in the near future.

For the earthquake-affected the Centre for Research on Poverty Reduction and Income Distribution (CEPRID) undertook an assessment³ at the end of November 2006 to assess the impact of the earthquake on livelihoods and vulnerability, assessing a total of 476 households in Balakot, Muzaffarabad and Bagh. The report entitled "Pakistan 2005 Earthquake – An Assessment of Impoverishment Risk" estimates that pre-earthquake poverty in the surveyed households was between 17 to 19 percent, slightly lower than the national average, which is attributed to the contribution of remittances. Post earthquake poverty levels are estimated at 53 – 75 percent, when not considering food aid. Taken food aid into account, they still come to 33 – 50 percent. The study assumes that with incoming reconstruction activity, poverty levels will be reduced, but at the same time estimates the most vulnerable, such as the landless, unpaid family helpers (tied to agriculture land), widows and seriously injured will join the ranks of chronic poor in the country.

Landownership plays a critical part in poverty. The relationship between landlords and tenants go beyond the provision of agricultural labour and often involve tied credit transactions which require tenants to sell their produce at lower than market prices to their landlords as well as remaining at the landlord's beck and call for a range of services. It is not clear at this stage, what impact the relocation of the landless in earthquake affected areas will have on their vulnerability, but it can be expected to be significant.

The interrelationship between pre-existing vulnerability and the situation post-earthquake is evident. This concerns not only the situation of the pre-existing very poor, which if anything is exacerbated. It

³ Centre for Research on Poverty Reduction and Income Distribution (CEPRID), "Pakistan 2005 Earthquake – An Assessment of Impoverishment Risk"

also has implications for the informal strategies through which families and households will seek to cope with the multiple manifestations of the shock of the earthquake. A child orphaned by the earthquake from a non-poor background is likely to have an extended family that is able to look after him or her, whereas a child from a poor background is more likely to face child marriage or child labour as a coping strategy of the extended family.

This dimension of poverty has to be addressed as part of the overall reconstruction and rehabilitation effort, if responses to vulnerability in earthquake are meant to be sustainable. There is therefore a vital need to adopt a comprehensive social protection strategy in the earthquake-affected areas that interlinks with the vulnerability reduction measures taken as part of implementing the proposed National Plan of Action. Given the present development of a nation-wide strategy Social Protection Strategy, it is strongly recommended that the pilot phase for the implementation of this Strategy extended to the earthquake-affected areas and is – to the degree possible – accelerated in order to pick up, where short term interventions for vulnerability reduction end.

2 Key Principles and strategies of the National Plan of Action

2.1 Key principles

As the main principles and policy approaches towards redressing vulnerability in earthquake affected areas, the following key general principles are proposed for the National Plan of Action:

Rights-based

Focus on the affected as citizens with full rights how are entitled to receive assistance to rebuild their lives, rather than as objects of charity.

Results-based

Be specific on and accountable for intended achievements.

Community-based solutions vs. institutional care

Enable the affected to rebuild their lives in a sustainable manner on their own terms in the context of their communities, rather than creating artificial institutional arrangements that will keep them apart from the community and will make them dependent on continuous outside support that is not sustainable.

Participation of the vulnerable, in particular of women

Ensure that the vulnerable participate as active contributors to community life and not as mere passive receivers, including greater consultation, participation and representation of women (target 33%, in line with commitments to gender equality - Beijing Platform for Action) in planning and implementing reconstruction and rehabilitation.

Participation of communities

Involve communities in planning and implementing programmes for the vulnerable obtain their full ownership over protecting the vulnerable in their midst.

Self-advocacy

Ensure that the vulnerable speak for themselves about their own situation and are listened to.

Inclusion

Ensure that vulnerable people are included in all aspects of community life, especially education, skills development, and decision-making bodies.

Build back better

Ensure that the rehabilitation and recovery does not recreate the social and economic inequities of the past, especially those that are gender based.

Functional coordination on the ground through effective public-private partnerships

Ensure that public-private partnerships can work to the maximum of their potential at local level, to ensure the best possible use of resources and to identify gaps.

Capacity building for social welfare infrastructure

Build the capacity of the social welfare system to deliver social protection programmes in earthquake affected areas and to provide initiative and leadership at local level for public-private partnerships.

Integration through targeting of families and households

Ensure integration of assistance by focussing on the protective environment of families and households, as much as on individuals.

Devolution to the District / Tehsil / Union Council

Ensure local ownership and actions that are informed by a sound understanding about the situation on the ground through effective devolution of roles and responsibilities.

Linkage to overall social protection strategy

Develop a comprehensive social protection strategy in earthquake affected areas that interlinks with the national social protection strategy currently under review.

Mainstream vulnerability

Ensure that reaching the vulnerable is a concern to all sectors and actors, recognizing the cross-cutting nature of vulnerability and the need for multi-disciplinary and inter-ministerial cooperation.

Sustainability

Ensure that all interventions for the vulnerable are geared towards sustainability, both in terms making individuals full and contributing members of the communities with viable means of livelihoods, and in terms of achieving that the systems set up in response to the earthquake stay on to effectively redress vulnerability and poverty in general.

Do no harm

Ensure that programme interventions have no negative side effects

2.2 Specific key strategies:

Beyond these general principles, there are also specific key strategies for the individual vulnerable groups, which were identified by the Technical Working Groups. Proposed key strategies include:

Vulnerable women:

- Ensure all prioritization of vulnerable women as beneficiaries of targeted assistance programmes
- Ensure vulnerable women are supported in obtaining ID cards, land and property deeds and access to compensation
- Ensure Federal Data Management System flags specific groups of vulnerable women (widows, women headed households, disabled women, elderly women) within core database
- Ensure community based protection options for vulnerable women are prioritized over institutionalized care


- Ensure institutional care limited to short-term use only, not more than 6 months and based in close proximity to community of origin
- Ensure the involvement of NGOs and civil society structures in community based care
- Ensure strong community level access points such as the lady health workers networks for vulnerable women to mainstream services
- 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 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)
- Ensure the land record system (Potwari System) is officially documented

Vulnerable children:

- Ensure family and community based care of children without parental care versus institutionalization
- Ensure that property rights of vulnerable children are realized
- Monitor the situation of vulnerable children
- Situation assessment and analysis of child protection issues in the affected areas
- Register all orphaned, separated, unaccompanied and disabled children
- Ensure birth registration and issuing of the birth certificate
- 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 rehabilitation and re-integration services, including counselling for children victims of abuses, including sexual abuse
- Build capacity of NGOs to provide services and of Government to monitor the situation and reinforce the laws
- Provide free access to education and health care services for vulnerable children
- Ensure child participation
- Assist the formation of children councils
- Conduct a comprehensive of the law on child protection
- Review specific child related laws such as guardian act, employment, marriage age, child definition
- Build capacity of civil service in child rights and child protection

- 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:

- Mainstream disability into education, health and community development programmes.
 - Enable disabled people to be in charge of their own development process by hiring disabled people as workers in rehabilitation programmes wherever and whenever possible, and encouraging them to form their own self-help groups.
 - Use the facilities which already exist, including special institutions, rehabilitation clinics, health and education services, and social workers. These need to be strengthened where necessary.
 - Develop a fully integrated network of trained workers at the community level who can identify disabled people and their needs and arrange for these needs to be met, either at the community level or by referral.
 - Ensure the participation of disabled people as active contributors to community life and not as passive receivers.
 - Ensure the inclusion of disabled people in all aspects of community life, especially education, skills development, and decision-making bodies.
 - Ensure sustainability through the integration of disabled people into the community as full and contributing members is well accepted and supported by the community.
 - Promote self-advocacy means so that disabled people speak for themselves about their own situation.
- 

3 Logical framework

Based on the principles and the specific consideration for the individual vulnerable groups as put forward by the working groups, the following logical framework is proposed:

Overall goal / strategic intent:

The most vulnerable people in earthquake affected areas of Pakistan are effectively protected from discrimination, neglect, exploitation, violence, abuse, and enabled to rebuild their lives in a sustainable manner on their own terms in the context of their own families and communities.

<p>1st Strategic Result:</p> <p>Policy making, analysis and monitoring</p> <p>The vulnerable in earthquake affected areas are effectively protected by appropriate policy and coordination frameworks</p>	<p>Outcome 1: Policy making and planning</p> <p>Decision makers at national, provincial and local levels ensure that legal, policy and coordination frameworks are functional, adequately resourced, evidence based, and in line with obligations under national and international law.</p> <p>Outcome 2: Assessment, analysis and programme monitoring</p> <p>Decision makers at national, provincial and local levels ensure that relevant information on both the situation of the vulnerable and the responses by all actors is systematically collected, updated and analyzed, to allow for a sound understanding and continuous monitoring of the situation.</p>
<p>2nd Strategic Result:</p> <p>Registration and targeting</p> <p>The vulnerable in earthquake affected areas are effectively reached by targeted social work interventions for improved protection, access to services and monitoring.</p>	<p>Outcome 3: Centralized registration of individual cases</p> <p>Governmental and non-governmental social work service providers register priority cases of vulnerable individuals for targeted interventions</p> <p>Outcome 4: Centralized registration and targeting of vulnerable households</p> <p>Competent government authorities ensure that information related to the registration of all households is collected in a way that facilitates the registration and targeting of vulnerable households.</p> <p>Outcome 5: Local monitoring and targeting of vulnerable households</p> <p>Governmental and paraprofessional social workers maintain localized registries for their own use with data on vulnerable households and individuals.</p>

<p>3rd Strategic Result:</p> <p>Community based protection and rehabilitation services for vulnerable women, children and elderly</p> <p>The vulnerable in earthquake affected are effectively reached by community based care solutions that strengthen the protective environment, promote self-reliance, and avoid institutionalisation or separation from the community.</p>	<p>Outcome 6: Social welfare service infrastructure</p> <p>Competent government authorities in cooperation with non-governmental organisations put in place the required human, financial and other resources to build a sustainable, community-based governmental social work infrastructure</p>
	<p>Outcome 7: Family-based alternative care for children without parental care</p> <p>Governmental and paraprofessional social workers place unaccompanied and separated children in a family environment and provide monitoring, support and advise to families who have spontaneously or formally fostered a child.</p>
	<p>Outcome 8: Community-based support to widows and women headed households</p> <p>Governmental and paraprofessional social workers specifically provide monitoring, support and advice to women-headed households and widows.</p>
	<p>Outcome 9: Community based care for the elderly</p> <p>Governmental and paraprofessional social workers specifically provide monitoring, support and advice to vulnerable elderly.</p>
	<p>Outcome 10: Non-formal education</p> <p>Non-governmental organisations offer non-formal education to vulnerable children and in particular reaching out to girls</p>
	<p>Outcome 11: Psycho-social services</p> <p>All vulnerable in earthquake affected areas have access to psychosocial services</p>
	<p>Outcome 12: Shelter services</p> <p>The vulnerable in earthquake affected areas have access to temporary shelter accommodation.</p>
<p>4th Strategic Result:</p> <p>Community-based rehabilitation services for the disabled</p> <p>The vulnerable in earthquake affected areas have access to non-discriminatory, inclusive mainstream services, and services for specialized care and rehabilitation, including specialized medical care and services for psychosocial recovery</p>	<p>Outcome 13: Community-Based Rehabilitation</p> <p>The vulnerable in earthquake affected areas have access to temporary shelter accommodation.</p>
	<p>Outcome 14: Special education</p> <p>Specialized education facilities – both institutional and non-institutional- provide primary and secondary education from kindergarten to class 10 level for children with special education needs as a consequence of severe and moderately severe disabilities, to enable them to develop fully their capacity for economic end social integration and participation and to promote self confidence and empowerment.</p>
	<p>Outcome 15: Special rehabilitative medical services</p> <p>All vulnerable in earthquake affected areas have access to appropriate special rehabilitative services.</p>

<p>5th Strategic Result:</p> <p>Access to Mainstream Services</p> <p>The vulnerable in earthquake affected areas have access to non-discriminatory, inclusive mainstream services, and services for specialized care and rehabilitation, including specialized medical care and services for psychosocial recovery</p>	<p>Outcome 16: Equitable access to mainstream services</p> <p>Service providers ensure more equitable access by all vulnerable women and girls to mainstream public and private services (health, education, water and sanitation and vocational training)</p> <p>Outcome 17: Referral capacity</p> <p>Service providers ensure appropriate referral of the vulnerable to mainstream public and private services, including access to advice and counselling.</p> <p>Outcome 18: Access to Mainstream Education</p> <p>Primary and secondary education services offer inclusive</p> <p>Outcome 19: Access to Healthcare</p> <p>Health service providers provide access to appropriate, quality health services including mental health care, tailored to the needs of the vulnerable in earthquake affected areas.</p>
<p>6th Strategic Result:</p> <p>Empowerment and mobilization</p> <p>The vulnerable are enabled to protect themselves and find social acceptance and a supportive and inclusive social environment in their communities</p>	<p>Outcome 20: Empowerment</p> <p>Vulnerable individuals and their families are better equipped to rebuild and maintain a protective environment for themselves.</p> <p>Outcome 21: Community mobilisation and sensitization</p> <p>Communities take responsibility and ownership over the protection of vulnerable individuals and families living in their midst, show acceptance and foster social integration and inclusion.</p>
<p>7th Strategic Result:</p> <p>Livelihood</p> <p>The vulnerable in earthquake affected areas receive support for their livelihood.</p>	<p>Outcome 22: Livelihood Support</p> <p>Authorities and agencies providing livelihood assistance to communities and households ensure that they reach the vulnerable and protect their rights and interests.</p>
<p>8th Strategic Result:</p> <p>Housing and infrastructure</p> <p>The vulnerable in earthquake affected areas receive support for their shelter and housing needs and have barrier free access in all public, private and commercial buildings and public places.</p>	<p>Outcome 23: Housing Assistance</p> <p>Authorities providing reconstruction assistance and organizing resettlement of communities who can not return to their home areas ensure that they reach the vulnerable and protect their rights and interests.</p> <p>Outcome 24: Gender considerate reconstruction</p> <p>Authorities overseeing the physical rehabilitation of the infrastructure ensure that urban and rural reconstruction planning duly considers gender aspects.</p> <p>Outcome 25: Barrier-free infrastructure</p> <p>Authorities overseeing the physical rehabilitation of the infrastructure ensure that all public, private and commercial buildings and public places are built in a way that provides effectively provides a barrier-free physical environment for persons with disability.</p>

<p>9th Strategic Result: Law enforcement and access to justice and administrative procedures</p>	<p>Outcome 26: Strengthening law enforcement Law enforcement bodies provide enhanced protection for women and children at risk of violence, abuse, neglect and exploitation.</p>
<p>The vulnerable in earthquake affected in areas are strengthened in their legal protection and can realize entitlements to inheritance and claims to compensation and services.</p>	<p>Outcome 27: Review of legal frameworks Line ministries conduct review of relevant legal frameworks to strengthen the legal protection of the vulnerable</p>
	<p>Outcome 28: Securing identity Competent authorities provide a recognized identity document for adults and children recognized by courts and administrative bodies to conclusively and authoritatively establish identity.</p>
	<p>Outcome 29: Provision of Documents Competent authorities maintain accurate records and provide certificates and documents recognized by courts and administrative bodies to conclusively and authoritatively establish legal entitlements and relationships.</p>
	<p>Outcome 30: Legal facilitation and assistance Legal aid services provide assistance to the vulnerable in the realization of property claims, inheritance entitlements and similar claims.</p>
	<p>Outcome 31: Judicial, police & public officials training workshops & legal awareness Judicial, law enforcement and other public officials process property claims, inheritance entitlements and similar claims of the vulnerable in an efficient and expedited manner.</p>
	<p>Outcome 32: Public grievance review mechanisms Public grievance review mechanisms facilitate access of the vulnerable to legal and administrative remedies where their rights are frustrated, with priority to be given to women headed households, widows, elderly and disabled.</p>
	<p>Outcome 33: Non-administrative check on maladministration Mechanisms for non-administrative check on maladministration ensure oversight over actively engage political and civic entities to support effective and accountable reconstruction and rehabilitation.</p>
	<p>Outcome 34: Transparency & earthquake data collection Authorities ensure transparency and freedom of information related to the rehabilitation and reconstruction in earthquake affected areas</p>

For all details on implementing the proposed actions under the respective Strategic Results and Outcomes, please refer to the annexed Implementation Matrix for the National Plan of Action.

4.1 First Strategic Result: Policy Making, Analysis and Monitoring

Outcome 1: Policy making and planning

While the programme area of protection of and support to the vulnerable is not a completely new concept to Pakistan, there remain many aspects which are to be clarified. Other sectors that are of concern in the rehabilitation and reconstruction process, such as health, education, water and sanitation etc. have established policies and strategies, as well as a cadre of professionals trained to provide the services that are required. In relation to protecting the vulnerable, this is not the case. At this stage, there is no overall social protection policy for Pakistan. And, while there the National Plan of Action for Children has components on child protection, much remains to be done to make child protection an operational concept in Pakistan. In relation to social work services, the capacity of welfare departments in the earthquake affected areas is quite limited in comparison with the challenges. Thus, it is crucial to develop policy in order to determine which interventions can assist the vulnerable in earthquake affected areas.

Beyond the general policy issues and key strategies, many details of programme interventions need to be determined in detail. This starts with defining vulnerability criteria in a standard way and to determine procedures for categorization. While there is broad agreement about the main groups to be covered – vulnerable women, in particular widows and women headed households, vulnerable children, elderly, and the disabled – the criteria applied in practice are not uniform. Inter alia we need to determine in how far we also include those who were made vulnerable before the earthquake, which in turn requires more in-depth understanding on the specific vulnerabilities of individuals and families and households face in the present scenario. The data from the camp showed for example that already before the earthquake there was already a substantial number of orphans and widows living in the community. Yet, we know little, how this group has been affected by the earthquake. Here we need to undertake some well planned rapid assessments to establish facts, before we come to a final conclusion. This does not imply that programmes for the vulnerable are put on hold in the meantime. On the contrary, assistance can and must continue.

At the same time it is important to develop alongside with a more complex categorization a package of benefits that would be offered to the individual groups. There is a need to define the concrete entitlements and eligibility criteria for vulnerable in various categories.

On a number of policy issues, more in-depth concepts have to be developed. It is important to set standards and to develop operational procedures on key aspects of vulnerability and programme interventions. Key issues that need clarification beyond this broad strategy paper include:

Vulnerable women:

- Access to land rights, Child custody, Extension of compensation, Income generation, schemes, Framework on gender and social inclusion

Child protection

- Temporary placement of children in foster and residential care, Guardianship and formalization of permanent family placement arrangements, Child labour, Trafficking, Children with disabilities, Child marriage, Physical punishment, Sexual exploitation, Child abuse and exploitation

Vulnerable elderly

- Health needs, Livelihood support, Disabled, Community-based rehabilitation, Prosthetic care

Cash transfers

- Cash grants beyond initial 6 months period

Social protection

- Comprehensive social protection strategy in earthquake affected areas

Other key issues that need to be clarified include approaches to stakeholders participation, effective coordination at all levels, design of sponsorship programmes, standards for project audit and approval, capacity building for local resource mobilization and allocation, and mainstreaming gender into reconstruction and rehabilitation programmes.

It will be a challenge to appropriately address all of these complex issues with the available human resources in Government, the UN and national and international NGOs. The aim of listing the areas that need to be covered is to see what can realistically be achieved, where priorities have to be set, and where – if need be – partners and individual experts have to be identified in order to fill gaps in the presently available capacity.

Outcome 2: Assessment, analysis and programme monitoring

The situation of the vulnerable needs to be properly understood, both in terms of the scope and prevalence, and in terms of the concrete manifestations of problems that people face. At this stage, we still lack a lot of basic information that is required to respond in a strategic manner. Most information available stems from the camps and may not easily be transferred to the situation of the vulnerable in their home communities.

A number of actors have been collecting data in relation to vulnerability in numerous formats and for various purposes, without an overall strategy or management of data requirements. Inter alia, this has led to some discrepancy that hindered the comparison of data. For instance, data was collected on children without parental care, without desegregation of the loss of parents happened before or during the earthquake. Also, the multitude of information gathering brings about a duplication of efforts, and beneficiaries get frustrated about having to respond to many questionnaires without necessarily seeing any assistance materializing as a result of the process.

To maximize the use of data, it is therefore suggested to develop a comprehensive information management strategy on vulnerability. The primary entry point should be the data collected under the ERRA / World Bank cash-grants programme, as this will be the most comprehensive data on vulnerability available. Efforts to gauge the scope of vulnerability and to target families should build around this data. At the same time it seems important that the census planned by the Population Census Bureau also links up to this data, do the degree possible.

Surveys and targeted assessments are then required to better understand specific needs of vulnerable populations. Some of the aspects are quite complex and addressing them without properly understanding them may cause adverse effects and actual harm to the vulnerable.

Again, this does not imply that necessary assistance programmes should be put on hold until every aspect of vulnerability is properly understood. It does mean however that parallel to providing assistance the necessary steps are taken and the required resources allocated to obtain a better understanding. On the long run, only evidence-based strategies will be likely to have a lasting impact.

In order to plan and implement services at local level, information management also needs to cover a mapping of all available services – and gaps – Union Council and village levels. All data needs to be disseminated and updated on a reasonably regular basis.

Finally, the National Plan of Action requires monitoring and evaluation of its effectiveness. It is proposed to utilize the same framework that ERRA uses, which is understood to be a framework developed in conjunction with DFID. A monitoring framework requires an appropriate conceptual understanding on the reasons, why people are vulnerable and excluded. There is no need to re-invent

the wheel to develop new concepts for the earthquake affected areas, when complex but operational concepts such as the sustainable livelihood frameworks are available.

4.2 Second Strategic Result: Registration and Targeting

Outcome 3: Centralized registration of individual cases

Targeting the vulnerable is key in reaching out to them to provide them or link them up with services, and to monitor their situation. The general principle should be family-based or household-based targeting, looking the protective environment of the vulnerable in a holistic way. Also, in terms of data management, targeting of families and households is easier to manage (in particular to update) than targeting of individuals.

One notable exceptions are orphaned, separated, or unaccompanied children, including children who have been orphaned by one parent and may be at risk of separation. Here, the Government's obligation under Article 20 of the Convention on the Rights of the Child (CRC) to accord special protection to children without temporarily or permanently separated from their families warrants accountability for each individual case. This includes children who are fostered in extended families, children who are foster in non-kinship arrangements, and also children placed in institutional care, including SOS Children's villages. To that effect, a comprehensive registration exercise is required, lead by government bodies, and in turn prior capacity building to enable the exercise. Registration points could be set up at District levels, linking up with family data registered in connection with the ERRA / World Bank cash grants scheme. The details will have to be worked out as part of the overall information management strategy.

Individual information and case assessments will be collected by CBO field workers under the guidance of NGOs and local Welfare Departments. This outreach work will at the same time entail monitoring the situation of fostered children and providing support to families where required an appropriate.

The other exception are persons with disability in earthquake affected areas. Here, the Community Based Rehabilitation (CBR) programme will allow for a comprehensive registration of all persons with disability, as well as a continuous updating of the data set through CBR workers.

For all other cases of vulnerable persons, the question has to asked, how sensible it will be to register individual data, when it will be difficult and potentially costly to obtain the information and to keep it up to date. Often, projects tend to place hopes on complex, technology-driven information management solutions, which may be unsustainable and add limited value. Here a simple but manageable family based central registration in the context of cash transfers may be more straight forward, and can offer an entry point to link other information. E.g. if there is a data base containing family data with the name of the head of the family, the individualized registration information on an orphan living in that family can be linked up with that data set. Ultimately, the question of who should be registered how has to be answered as part of the overall information management strategy.

Outcome 4: Centralized registration and targeting of vulnerable households

The database developed for the ERRA / World Bank cash-grants programme, managed by NADRA would be the natural starting point to target vulnerable families and households. Again, an overall information management strategy needs to answer, what data can realistically be combined, who should have access to it, how confidentiality issues are managed etc.

Outcome 5: Local monitoring and targeting of vulnerable households

Efficient monitoring and targeting of vulnerable families and households at local level requires appropriate strategies. Essentially, the process should be locally driven and not overburdened with information management technology, in order for it to be functional, sustainable and cost-effective.

4.3 Third Strategic Result: Community Based Protection and Rehabilitation Services for Vulnerable Women, Children and Elderly

Outcome 6: Social welfare service infrastructure

The overall goal of the NPA is to effectively protect the most vulnerable people in earthquake affected and to allow them “to rebuild their lives in a sustainable manner on their own terms in the context of their own families and communities”. To achieve this, the social welfare system has to be significantly enhanced. While the non-governmental sector has seen a very substantial capacity increase with incoming organisations and funding, the governmental social welfare sector still remains restrained by an overall substantial lack of human and financial resources. A key component of this National Plan of Action must therefore be to overcome these constraints and to build the capacity of the social welfare sector. This requires a concerted effort that is embedded into the overall, national social protection strategy.

In this context it needs to be determined, what level of sustainability should be achieved. Arguably, the present challenges of the post-emergency reconstruction and rehabilitation period warrant a scale of intervention – and matching levels of capacity – by the welfare departments that do not have to be sustainable in the long term.

Commitment is required from the GoP to provide funding for salaries and other overhead cost to upscale Social Welfare Departments. This should also include special efforts such as providing incentives to ensure that qualified staff is available and motivated to work in remote areas and under difficult conditions.

The capacity needs to be built both in relation to social protection including cash transfers, as well as in relation to social assistance. Outreach work is a crucial component for accessing the vulnerable and linking them up with the services they require for recovery and rehabilitation.

The capacity of the welfare departments to provide this outreach work directly will remain limited. Rather, they will work in close cooperation with Community-based Organisations (CBOs) who in turn will work directly with the vulnerable at local level. NGOs will equally work with and through CBOs. It is therefore crucial that Welfare departments and NGOs cooperate on their work with CBOs, *inter alia* through joint training programmes and the development of joint standards.

This cadre for community-based, paraprofessional social work will by and large form the backbone of the social assistance strategy in earthquake affected areas. Given the importance of this outreach work for monitoring and referral in the present situation, the thrust of capacity building needs to go into managing this community based work.

Outcome 7: Family-based alternative care for children without parental care

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 had been separated from them were spontaneously fostered by extended families. However, as it could have been expected, not all extended families who have taken care of children in the relative security of the camps feel that they can do so when going back to the relative insecurity that exists in the home areas. This may be because families are actually *de facto* not capable of looking after the children. It may also be because they lack information about possible support available to them when returning to home areas. But there seems to also be a trend that organisations operating orphanages and similar institutions are actively encouraging extended families to place those children in their care. Often this appears to entail promises in relation to education and care.

While children who could have stayed with their extended families were thus probably unnecessarily separated from them, in order to be placed in institutional care, this placement should by no means be seen to be the ultimate option. It is imperative that all reasonable efforts are made to reunify these children at a later stage, when the extended families are back in their home communities and support systems will be in place, or to establish other non-institutional solutions. Institutionalisation needs to remain a measure of last resort and last only for the shortest possible time.

Long term institutional care has shown to be detrimental to the psycho-social as well as the physical development of the child. Institutional uproots children from the communities they are from into an environment where children often fail to learn the necessary life skills, or to establish the functional social networks that will enable them to safely manage the transition to successful independence in adulthood life. Having grown up in an environment with little love, emotional support or personal space, and with little or no support available after they have to leave the institutions, many care leavers struggle to make a living in the outside world. Research from many countries shows that children growing up in institutional care are overrepresented in statistics as victims of crimes and exploitation, such as trafficking in human beings.

In addition, the direct cost and indirect social cost of institutional care are much higher in the long term than the cost of investing in systems that support family based care. Experience from other countries show that available institutions fill up with children. In other words, once the infrastructure is there, it is likely that it will be used. Mostly these are children who are often termed "social orphans", children who actually have one or even both parents alive, but who are placed in institutional care as this appears to be the easier option when families break up or are weakened.

Experience also shows that despite promises to the contrary, organisations often find it difficult to financially sustain institutional care in the long term. Donors and organisations that set up orphanages are likely to leave or scale down their programmes after a few years, when the international attention to this particular disaster will have subsided and it will be difficult for them to raise sufficient funds.

Yet, children who have lost their parents need support and a commitment for years to come, until they are able to establish independent lives of their own. Families who take care of a child from their extended family need to be assisted to overcome the initial difficulties to rebuild their livelihood in the aftermath of the earthquake. Once they have overcome this period they are likely to maintain their commitment until the child is old enough for an independent life on his or her own.

The crucial part in this is the individual relationship between the child and the foster parents, which is determined by a sense of obligation and respect. The foster parents assume responsibility for the child and are accountable for the child. This relationship should be formalized by issuing care orders for extended families. This way, a basic monitoring will be ensured to assess that the child is actually taken care of in the family.

In institutional care the care givers are merely contracted, like a nurse in a hospital, without assuming any immediate responsibility for the child. This lack of accountability and relationship is often reflected in the care that children receive. This is also true for organisations that call their facilities "villages" and speak of the care givers as "mothers". In the end, the caregivers have a contract, but no obligations towards the child, only to the organisation that runs the facility.

Where children have been placed in institutional care, this placement needs to be periodically reviewed by competent authorities, as prescribed by the Convention on the Rights of the Child. The review needs to determine if the continued stay in the institution is in the best interests of the concerned child, or if there are not alternative placement options that are more suitable for the child. To live up to Pakistan's commitments under the Convention on the Rights of the Child, competent authorities need to monitor institutional care to ensure that appropriate standards of care and protection are maintained. This also needs to include monitoring of foster arrangements.

There will be cases of children who can not be placed in their extended families or in other families willing to foster them. Also, there will be children who will require temporary placements. The challenge is to provide alternative care options at community level that avoid institutionalization. The key is to allow the child to remain within the community, in the village, in a house that does not have a fence around it and a sign on the wall, but rather is like the others. Here supported foster homes can be set up, where individual foster parents provide what can be termed "professional fostering". This can be combined with programmes for providing widows with a sustainable form of livelihood. The other crucial aspect is to establish a direct relationship between the foster parent and the child, whereas there is an obligation towards the child, not only to whoever provides for the livelihood of this set-up.

Funding to cover support to fostering arrangements, both for individual extended families as well as in group homes at village level could come for a trust fund that the Government could set up in

connection with an overall sponsorship scheme for vulnerable people and in particular vulnerable children without parental care.

Outcome 8: Community-based support to widows and women headed households

It is not a viable solution to set up vulnerable women away from their previous social environment in an artificial setting that renders them long term dependent on charity. Rather, widows and women headed households need to be enabled continue living in their habitual communities on their own terms and with the means for a sustainable livelihood. This requires empowerment (see below, outcome 20) community mobilization (outcome 21), specific assistance with facilitating access to livelihood support (outcome 22) and assistance with organizing housing needs (outcome 23). To refer vulnerable women to these services and options, targeted, gender sensitive social work is required.

As with the outreach work for children without parental care and other vulnerable children, CBOs will have an important role to play, under the guidance of the strengthened Social Welfare Departments and NGOs cooperating with them. The role of this outreach work is to provide advise and assistance to the vulnerable women and their families, but also to network in the community to increase acceptance for the living conditions of these women in the community and to ensure protection in their perilous situation. The paraprofessional social worker is the lynchpin that links up vulnerable women and households with the various programmes and services that are available, also flagging gaps in service coverage where they become apparent.

Outcome 9: Community based care for the elderly

Community based care for the elderly will be provided on the same basis and through the same avenues as the community-based care for vulnerable children and women. Specific training components need to address the health needs of the elderly.

Outcome 10: Non-formal education

Non-formal education and access to livelihood support and income generation skills to support vulnerable children in establishing a sense of normalcy and stability following the trauma of the earthquake and the subsequent displacement, and in particular to provide older children with ways of providing for the livelihood for their families without falling into harmful child labour.

Outcome 11: Psycho-social services

Access to psychosocial rehabilitation services is vital following the traumatic events and uprooting that people in the earthquake affected area experienced. Many people had terrible experiences which they will find difficult if not impossible to process and overcome without assistance. Different responses are required to meet the differing needs of those who suffer from distress. For those with signs of clinical trauma, health services need to be available and capable of dealing with the psychological fallout of the earthquake. For those who experience difficulties in coming to terms with their experiences, but otherwise don't display signs of trauma, it is important that opportunities are provided for them to establish a routine and to engage in constructive group activities, such as sports. Sports facilities and sports events that are inclusive also provide an important integrating factor for the disabled.

Outcome 12: Shelter services

Temporary shelter – beyond the already existing ones which should be gradually phased out – may be required for the elderly and the disabled on health grounds. Specific assessments have to establish if there is any need for such solutions.

4.4 Fourth Strategic Result: Community-Based Rehabilitation Services for the Disabled

Outcome 13: Community-Based Rehabilitation

The backbone of the response to the vulnerabilities of the disabled in earthquake affected areas is the Community Based Rehabilitation (CBR) Programme. A complete concept in its own right, it provides for a comprehensive framework for all disability related interventions, whereas disability is mainstreamed into education, health and community development programmes, the disabled are put in charge of their own development process through employment in the programme itself and through encouragement of self-help groups, existing rehab facilities and services are being fully utilized and strengthened where necessary, while a fully integrated network of trained community workers will identify disabled people and their needs and arrange for these needs to be met, either at the community level or by referral. The main thrust of the CBR is to build the system and its capacity, again also working through CBOs

This entails the recruitment and training of a number of staff. At the community level, Community Rehabilitation and Development Workers play a crucial role, similar to that of Primary Health Care Workers. The CBR network around them is designed to support and build the capacity of these community workers. Guidance and oversight is provided by CBR Supervisors, providing the link between the community and the district level. At the district level, services such as physiotherapy, orthopaedic workshops, special education, education advice, livelihood advice, CBR training and Information, Education and Communication materials are made available. These activities are in turn coordinated and managed from a Resource Centre, operated by a Regional Programme Manager managing a team of specialists at regional level. At central level, a National Programme Manager leads a small team to provide oversights and overall management.

Outcome 14: Special education

To meet the education demands of children with severe and moderately severe disabilities specialized education facilities – both institutional and non-institutional – need to be strengthened to provide primary and secondary education from kindergarten to class 10 level. This entails the development and use of assessment and diagnostic tools, the standardization of a disability-specific curriculum and a concerted effort to build the capacity of special education teachers

Outcome 15: Special rehabilitative medical services

To provide special rehabilitative services for the disabled in earthquake affected areas, the capacity of the basic rehabilitative care system will be strengthened at DHQ level through a range of trainings. To facilitate the provision of free of cost assistive devices, the distribution network needs to be strengthened and tax exemption obtained for the devices themselves.

4.5 Fifth Strategic Result: Access to Mainstream Services

Outcome 16: Equitable access to mainstream services

Access to quality mainstream services for the vulnerable is pivotal for a successful integration of the vulnerable. Of particular importance is here that services cater for the need of women. To make them more women friendly, training is required for service providers, as well measures to increase the number of women service providers, including incentives and improvements to the working environment for women.

Outcome 17: Referral capacity

Another critical component of access of the vulnerable to appropriate services is the capacity of these very services to refer the vulnerable to the range of available mainstream and special rehabilitative services. This requires to build the capacity of service providers to enable them to provide the appropriate advice to the people they service.

Outcome 18: Access to Mainstream Education

Increasing access to primary education is one of the key strategies to redress vulnerability of children and in particular girls. Education is the single most important factor to provide vulnerable children with a stable environment and the basic knowledge and skills to lead a better life. Primary education needs to be inclusive, which requires a shift in attitudes and physical accessibility, as well as a change in teaching techniques to provide Inclusive Education in regular schools from kindergarten to class 10. Teachers need to be sensitized and trained to be enabled to provide such inclusive education.

To increase the enrolment of girls and in particularly vulnerable girls, the environment needs to be adapted to their requirements, including though the recruitment of more female teachers and the establishment of girls' schools. Equally, special measures must be taken to reach out of school working children. Here, close cooperation between schools and social services are required to follow up individual cases.

Outcome 19: Access to Healthcare

Overall the challenge for the healthcare sector remains to provide quality services particularly in the remote rural areas. The reluctance of female doctors to work in those areas needs to be addressed through new initiatives. Training will increase the capacity of health care providers to offer better quality services and referrals, including to victims of violence, patients with mental health problems and the elderly, and women and adolescent girls with reproductive health care needs.

4.6 Sixth Strategic Result: Empowerment and Mobilization

Outcome 20: Empowerment

In order to strengthen the position of the vulnerable they required better awareness of their rights and entitlements. The flipside of improved access to services and an enhanced capacity of referral and outreach by community social workers is the demand side. The vulnerable need be aware of the services that are in place and the modalities for accessing them. At the same time, children and adolescents require lifeskills training to enable them to better protect themselves against threats to their protection and wellbeing.

Outcome 21: Community mobilisation and sensitization

The accepting and supporting role of communities is crucial for the integration of the vulnerable population, in particular of vulnerable women in the environment where they have lived before. Programmes assisting widows and vulnerable women headed households to reestablish themselves in their communities need to ensure appropriate community participation and planning. A bottom up community planning scheme is required that allows those concerned to participate in the planning of programmes for the vulnerable and to develop a sense of ownership.

Media campaigns on the rights and inclusion of the vulnerable, based on a solid understanding of causes of exclusion and community social norms, attitudes and practices, can redress negative stereotypes, in particular in relation to gender and disability. Direct community sensitization can help creating an enabling environment for the vulnerable, and in particular for vulnerable women.

4.7 Seventh Strategic Result: Livelihood

Outcome 22: Livelihood Support

Equally important for an independent and sustainable life within the community is that the vulnerable have access to sustainable livelihoods. The ERRA / World Bank cash grants should reach the majority of the beneficiaries in need during their initial 6 months running period. It appears likely that the scheme will be extended for up to a year, at least for the most vulnerable. There is a clear need to monitor the coverage of these cash transfers in order to see if there may be vulnerable in need of assistance, who are not eligible for it; or if there are people who are eligible for it, but fail to receive it. In the context of a wider social protection strategy, a question of phasing the ERRA / World Bank cash transfers out or replacing them with another scheme such as Bait-UI-Mal needs to be addressed. Conditional cash transfers to vulnerable families can play a critical role in stabilizing their situation in the earthquake affected areas and preventing them from falling below the poverty line.

Traditional social barriers prevent women from accessing a number of professions and thus also livelihood programmes that are on offer. Livelihood programmes and vocational skills training programmes need to be reviewed to assess the barriers for the vulnerable in training programmes and the labour market itself. Targeted livelihood programme need to be established for women and girls.

Special programmes can promote the employment of the vulnerable, inter alia through quota systems and apprenticeships. Simplified access to micro finance schemes is required for the vulnerable. Building back better also

4.8 Eighth Strategic Result: Housing and Infrastructure

Outcome 23: Housing Assistance

The vulnerable and in particular women need to be facilitated to obtain access to housing assistance. This may include additional financial support as well as support with the physical reconstruction of houses.

Outcome 24: Gender considerate reconstruction

Basic gender aspects should be considered in urban and rural planning, including locations on water and sanitation facilities.

Outcome 25: Barrier-free infrastructure

As the physical infrastructure is being rebuilt, building back better entails that the barriers that have kept out people with disabilities in the past should not be rebuilt. To that end, existing building regulations need to be strengthened and enforced in their implementation.

4.9 Ninth Strategic Result: Law Enforcement and Access to Justice and Administrative Procedures

Outcome 26: Strengthening law enforcement

Law enforcement plays a critical role in the protection of the vulnerable from acts that constitute criminal offences, such as gender-based and domestic violence, including sexual violence and trafficking, abuse, neglect and exploitation, including child labour. Of particular importance is the cooperation between law enforcement and social welfare bodies. Multi-disciplinary training helps to familiarize the various actors with their respective roles and responsibilities and to enhance their cooperation. Sensitization about gender and specifically intends to enhance the law enforcement system to better respond to women and girls needs

Outcome 27: Review of legal frameworks

The specific legal frameworks on children without parental care, as well as the legal framework on disability need to be reviewed with a view to possible amendments to ensure that possible bottlenecks are removed and administrative and legal procedures for the vulnerable can be expedited.

Outcome 28: Securing identity

The issuance of national ID cards to the entire population in earthquake-affected areas is critical to facilitate the effective delivery of services to the vulnerable. Documentation of identity will allow a speedier processing of claims and settling of disputes.

Outcome 29: Provision of Documents

The provision of documents that conclusively and authoritatively establish legal entitlements and relationships are critical to avoid unnecessary delays in resolving disputes that the vulnerable will face to claim what is rightfully theirs. The first step in this is for affected departments to retrieve and secure records. The provision of birth and death certificates is critical in this context. In relation to children without parental care, the review of the legal system relating to custody and guardianship is vital to enable the inexpensive and expeditious resolution of cases where children have lost parents. The provision of succession certificates is of importance particular for the vulnerable and specifically for women in order to enable them to access movable property such as bank accounts. Facilitation to obtain necessary documentation further entails an extension of limitation periods, provision of land-securing titles to establish ownership of immovable property, particularly orphans and widows, and steps to ensure that widows and widower receive pensions of their deceased spouses.

Outcome 30: Legal facilitation and assistance

Legal empowerment and provision of free legal aid and information to the vulnerable is an important component to ensure access to justice for the vulnerable. Particularly women require support to allow them to effectively pursue inheritance claims and land rights.

Outcome 31: Judicial, police & public officials training workshops & legal awareness

Strengthening the overall capacity of officials in the judiciary, courts and revenue authorities, as well as the police and prosecution, to deal with earthquake-related matters and disputes will facilitate access to justice for the vulnerable.

Outcome 32: Public grievance review mechanisms

Providing public grievance review mechanisms will increase accountability of public authorities and will enable citizens and especially the vulnerable to timely obtain their entitlements. Child specific complaints mechanisms such as children's ombudspersons will help to process and address complaints by children and pertaining to children.

Outcome 33: Non-administrative check on maladministration

The establishment of a mechanism for non-executive checks on mal-administration will provide oversight and support the effective and accountable reconstruction and rehabilitation, which will also benefit the vulnerable.

Outcome 34: Transparency and earthquake data collection

Ensuring that citizens have the necessary access to information and transparency to obtain information on public goods and services is critical so that the vulnerable can realize rights and entitlements to compensation packages and services.

Annex 1: Considerations for definition of particular 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.

Human rights, protection and vulnerability

From a human rights perspective, Governments are obliged to act to protect the human rights of citizens. In this context, the terms “vulnerable“ or “vulnerability” are often used to describe segments of the population which are or should be the recipients of specific protection measures.

In the relation to internal displacement, the notion of vulnerability is informed by the concept of protection developed under humanitarian and refugee law. The Interagency Standing Committee describes the protection of internally displaced persons (IDPs) as a concept that “encompasses all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law” including human rights law, international humanitarian law and refugee law.⁴

The humanitarian aid community postulates a right of affected populations to receive assistance, and in turn considers the inability to access resources and aid a rights violation.

In December 2005, the UN Protection Cluster in a policy paper⁵ defined vulnerable persons, groups and situations in order to provide guidelines to relief agencies. It formulated as the aim to ensure that “the vulnerable populations are fully protected from exploitation, abuse, violence and neglect and have equal access to the resources and aid.” The paper covers a broad range of circumstances and groups of vulnerability, including the displaced, the very poor, the illiterate, orphans, separated and unaccompanied children, children with a single male parent, children with a disabled parents, disability, geographical vulnerability, women at risk, the elderly, religious and ethnic minorities, youth, and the trauma affected.

Similarly, the Returns Task Force in the recent return policy document⁶ defined as vulnerable groups in the return process – including but not limited to – women and children, in particular pregnant women, female-headed households, unaccompanied minors, older persons and the disabled.

In this context, particular vulnerability can be understood as a heightened degree of exposure to the risk of rights violations and is generally understood to include widows and women headed households, children without parental care (unaccompanied, separated, orphaned), the disabled and the elderly. However, in terms of targeting, the criteria don't seem to be universal, e.g. the degree of disability, the age of the elderly etc.

Child rights, child protection and vulnerability

The Convention on the Rights of the Child (CRC) contains a number of protection rights, covering inter alia protection from sexual exploitation and abuse as well as trafficking (CRC Article 34 and 35), from all forms of violence and maltreatment (CRC Article 19), protection when without parental care (CRC Article 20), and from harmful child labour and other exploitation (CRC Article 32 and 36).

Children are in general vulnerable to abuse, violence and exploitation, as they depend on the protection of their parents, families and communities. Where the ability of this protective environment is weakened, children become particularly vulnerable. Therefore, the livelihood of families and community plays an important role in the protection of children. But it is at the same time important to recognize, that while economic factors play a crucial role, issues such as child abuse also occur outside a context of poverty.

⁴ See Protection of Internally Displaced Persons, Inter-Agency Standing Committee Policy Paper, New York, December 1999

⁵ Protection and Vulnerability Factors, UN Protection Cluster, December 01, 2005

⁶ Framework and Operational Process for the Return or Resettlement of Persons Displaced by the October Earthquake, Islamabad, 11 March 2006

The most vulnerable are arguably children without parental care, be it because they are orphaned, or for other reasons, such as separation, abduction, placement in institutional care, detention etc. The CRC therefore obliges states to accord special protection and assistance to children who have lost the protection of their parents.

Disaster mitigation and response and vulnerability

In the area of disaster mitigation and response a number of definitions are being used, depending on whether the focus is more on the macro or the micro level⁷. A working definition describes vulnerability as follows:

*"By vulnerability we mean the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with resist and recovery 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."*⁸

Given that these factors are often manifold, there is a tendency to define vulnerability by groups such as women, children, the elderly, people living with disabilities etc, without defining in greater detail, what they are vulnerable to and which factors determine their vulnerability. While such classifications and targeting can obviously be useful and is widely practiced, it is also criticized for not being sufficiently differentiated and labelling those groups as needy rather than as actors who have themselves resources and capacities to cope with the impact of a hazard.

In relation to the Pakistan earthquake, CEPRID conducted an assessment⁹ in which five areas of risks to impoverishment were identified: (1) Landlessness and Food Insecurity, (2) Homelessness and Loss of Access to Common Property; (3) Joblessness and Loss of Current Earnings, (4) Marginalization and Social Disarticulation, and (5) Poor Health. The concentration on these five factors is based on a modified model for the socio-economic and cultural impact of forced displacement and livelihood reconstruction, a framework that was itself developed as a synthesis of two other approaches, the Sustainable Livelihood approach and the Risk and Reconstruction model for displaced populations modified for situations in natural disaster.

Under (4) *Marginalization and Social Disarticulation*, the report describes the particular vulnerability of disabled people, single female headed families and single women, and unattended children in earthquake affected areas.

The report defines marginalization risk as the loss of economic power and social status, and loss of confidence in self and society, with a sense of injustice at individual level. Social disarticulation is defined as a result of destabilization of community life and existing structures. Both marginalization and social disarticulation are described as interconnected outcomes of economic and social risks, including landlessness, homelessness, joblessness and food insecurity, which themselves signify a decline in economic power and standards of living for displaced populations.

The assessment maintains that social and psychological dimensions are often overlooked and makes reference to the importance of reconstructing both formal and informal group structures at community level, as well as overcoming the marginalization of individuals and families as part of the reconstruction process. It argues that for some groups marginalization would be temporary because reconstruction and rehabilitation, and the resumption of economic activity would restore their socio-economic status, while for others the loss of living standards could either be a prolonged or in some cases permanent. The assessment concludes that

⁷ See "vulnerability" at <http://www.csc.noaa.gov/vata/glossary.html>

⁸ See Weisner, Ben: Tracking Vulnerability: History, Use, Potential and Limitations of a Concept http://www.vulnerability.se/files/Ben_Wisner.pdf

⁹ Centre for Research on Poverty Reduction and Income Distribution (CEPRID), "Pakistan 2005 Earthquake – An Assessment of Impoverishment Risk"

vulnerable groups are particularly exposed to long-term marginalization and subsequent disarticulation if the reconstruction process is marred with inequality and social injustice.

Social Protection and vulnerability

In the context of Social Protection, the concept of vulnerability is part of a wider conceptual framework, which uses the following terminology:

- **hazards**, referring to events that are likely to adversely affect welfare,
- **risk**, referring to the probability associated with a hazard,
- **shocks**, referring to events that trigger the materialization of a hazard,
- **vulnerability**, referring to the measure of exposure to shocks, and
- **poverty**, referring to a consumption that is less than a certain cut-off value (the poverty line) for a given period (e.g. a month) at a given point in time

Here, vulnerability is understood as the likelihood that the welfare of a person or a household is adversely affected in economic terms, as a consequence of being exposed to hazards and the ability or inability to manage them.

The discourse on social protection and vulnerability shows some significant conceptual differences among key international agencies, namely the World Bank, the Asian Development Bank and the International Labour Organization, but also among academics. The differences centre on the question of whether to address vulnerability primarily in the context of relief and rehabilitation measures, focussing primarily at safety nets in the face of crisis. Or, to address vulnerability in a more holistic manner, that looks at the protection of the assets and livelihoods of the poor and the promotion of 'springboards' out of poverty, and seeks to tackle social, political and economic structures and relationships, and processes of exclusion that prevent the poor from benefiting from market opportunities and policy.

The latter perspective is reflected by Kabeer (2006), who defines vulnerability as a sociological phenomenon as well as an economic and environmental one. Social vulnerability in the Pakistan context is understood as rooted in the relationships which make up its communities and which determine the basis on which their members are able to pursue their livelihoods. They are seen as constituted by hierarchical sets of social relationships which define certain categories and groups as subordinate to others and either exclude them from the social, economic and political life of the community or else only permit them to participate on highly unfavourable terms. These social relationships, and the patterns of inclusion and exclusion which they generate, are described as the sources of particular conditions of vulnerability and particular categories of vulnerable groups, which equally mediate the latter's experience of *all* other forms of risk and insecurity. (Kabeer: 2006)¹⁰

But even the more holistic perspective tends to look at the questions of social, political and economic causes primarily as a means to reduce economic vulnerability, rather than as issues that as human rights questions warrant responses in any case, independent of their economic impact. This, despite the fact that there is a growing trend towards looking at social protection from a rights perspective¹¹. In practice, many rights violations are closely related to poverty anyway, in as much as they are either a result or a cause of it, though this is certainly not the case for all.

These conceptual differences in social protection are largely relevant in determining strategies for **risk prevention** (as ex ante strategies to reduce the likelihood of hazards, interplaying with broader development policy measures, including sound economic management, public health policy etc.) and strategies for **risk mitigation** (as ex ante strategies to reduce the effects of possible shocks, including measures to strengthen and diversify portfolios of assets and activities, insurance and hedging against risk etc.) as they determine

¹⁰ Kabeer, Naila; Mumtaz, Khawar, Sayeed, Asad: Citizenship and social protection: towards a 'transformative' agenda for Pakistan (forthcoming 2006, cited from unpublished draft)

¹¹ http://www.odi.org.uk/rights/Publications/Rights_based_approach1309.pdf

where to set the priorities before the risks manifest themselves. In the context of recovery and rehabilitation in earthquake affected areas, these questions will only become relevant in the longer term, when seeking to prevent and mitigate future risks the vulnerable will inevitably face.

In the present stage, we are looking at strategies for *risk coping* (as ex-post strategies to mitigate the effects of shocks), in other words at strategies that concretely help the vulnerable to overcome the shocks induced by the earthquake. Here, the question of how to address vulnerability is not so relevant in the short to medium term, as the main challenge is to respond to very concrete manifestations of vulnerability, which will include a broad range of interventions, including cash transfers and social assistance. Social protection in the earthquake affected areas will thus in any case go beyond livelihood support to also address the social dimensions of agency and exclusion in a holistic manner.

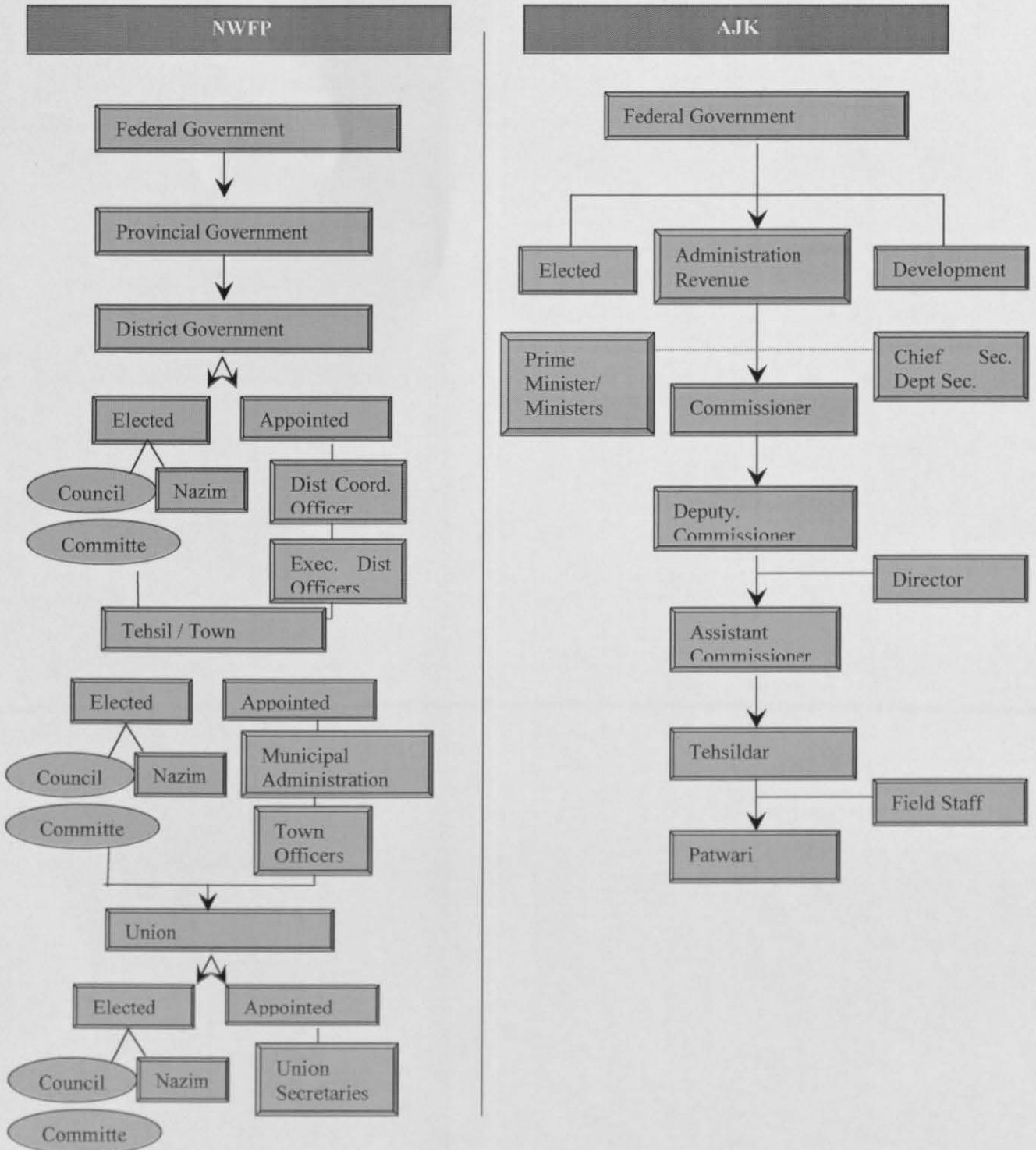
Particular vulnerability would be linked to chronic poverty, but also to the lack of agency of individuals, families and groups in relation to pursuing their livelihoods, as a result of social relationships, and the patterns of inclusion and exclusion which they generate. (Kabeer: 2006).

Annex 2: Vulnerability categorization

	Category	Description
1	Disabled	Physically or mentally disabled persons (breadwinner of the house hold).
		Seriously injured in earth quake (bread winner of the household).
2	Women at risk	Single woman without any male support.
		Female head of house hold with out any male support (extended relatives).
3	People in need of physical protection or legal assistance	Victim of violence (victim of domestic violence by husband or other relative, etc) and needed assistance.
		Widow or single woman in need of govt compensation.
		People in need of legal assistance regarding inheritance or other matters.
		Others.
4	Single parents (men/women)	Female head of the household accompanied with some male relative.
		Male head of the household with minor children (children below 18).
5	Children	Children below 18 without parents and without support of extended family.
		Children below 18 head of the household (accompanied with siblings)
		Orphans (without mother and father) below 18 with some extended family.
		Children below 18 with missing parents but living with extended family.
6	Unaccompanied Elder	Person over the age of 59 without any support of extended family.
7	Malnourished	Person whose nutritional status requires follow up or further monitoring.
8	Serious medical condition	Refers to particular medical condition that requires follow up, may include TB or other specific conditions that need monitoring.
9	Pregnant women	Pregnant women or girls

Annex 3: Overview on administrative structures in AJK and NWFP

(source: UNDP Pakistan)



Annex 4: Statistical data

Camp Data - Total Numbers

Full orphans by father and mother, total numbers

	Grand total	total AJK	Girls	boys	total NWFP	girls	boys
0-4 years	31	8	3	5	23	13	10
5-9 years	50	19	10	9	31	16	15
10-14 years	65	24	12	12	41	19	22
15-17 years	67	22	11	11	45	19	26
TOTAL	213	73	36	37	140	67	73

Orphans by father, total numbers

	Grand total	total AJK	Girls	Boys	total NWFP	girls	boys
0-4 years	450	230	89	141	220	103	117
5-9 years	685	339	156	183	346	172	174
10-14 years	728	329	166	163	399	190	209
15-18 years	344	158	82	76	186	92	94
TOTAL	2,207	1,056	493	563	1,151	557	594

Orphans by mother, total numbers

	Grand total	total AJK	Girls	Boys	total NWFP	girls	boys
0-4 years	510	249	126	123	261	132	129
5-9 years	876	394	188	206	482	252	230
10-14 years	875	362	162	200	513	241	272
15-18 years	403	166	81	85	237	114	123
TOTAL	2,664	1,171	557	614	1,493	739	754

Camp Data - Percentage of child population in camps

Full orphans by father and mother, percentage

	grand total	total AJK	girls	boys	total NWFP	girls	boys
	0.09	0.06	0.04	0.07	0.12	0.13	0.10
	0.12	0.11	0.12	0.11	0.13	0.13	0.12
	0.17	0.16	0.16	0.15	0.19	0.18	0.19
	0.35	0.23	0.24	0.23	0.46	0.39	0.53
	0.16	0.13	0.14	0.13	0.18	0.18	0.19

Orphans by father, percentage

	grand total	total AJK	girls	boys	total NWFP	girls	boys
	1.33	1.66	1.33	1.96	1.10	1.06	1.14
	1.67	2.04	1.94	2.14	1.41	1.45	1.38
	1.96	2.15	2.28	2.03	1.82	1.80	1.84
	1.78	1.67	1.77	1.57	1.89	1.87	1.91
	1.68	1.91	1.85	1.97	1.51	1.50	1.52

Orphans by mother, percentage

	grand total	total AJK	girls	boys	total NWFP	girls	boys
	1.51	1.79	1.89	1.71	1.31	1.36	1.26
	2.13	2.37	2.34	2.40	1.97	2.12	1.82
	2.35	2.36	2.22	2.49	2.34	2.28	2.40
	2.08	1.75	1.75	1.75	2.40	2.31	2.49
	2.03	2.12	2.09	2.14	1.96	1.99	1.93

Child population in camps, total numbers (below 18)

	Grand total	total AJK	<i>girls</i>	<i>Boys</i>	total NWFP	<i>girls</i>	<i>boys</i>
0-4 years	33,813	13,876	6,684	7,192	19,937	9,684	10,253
5-9 years	41,101	16,604	8,035	8,569	24,497	11,887	12,610
10-14 years	37,234	15,320	7,286	8,034	21,914	10,572	11,342
15-18 years	19,330	9,470	4,624	4,846	9,860	4,929	4,931
TOTAL	131,478	55,270	26,629	28,641	76,208	37,072	39,136

Projection total number of affected children (below 18)

	Grand total	total AJK	<i>girls</i>	<i>boys</i>	total NWFP	<i>girls</i>	<i>boys</i>
Population living in HHs	1,484,134	660,499	344,284	316,216	823,635	425,035	398,600
Population living in Camps	131,478	55,270	26,629	28,641	76,208	37,072	39,136
Total Effected Population	1,615,612	715,769	370,913	344,857	899,843	462,107	437,736

Orphans due to earthquake in camps, total numbers

	grand total	total AJK	<i>girls</i>	<i>boys</i>	total NWFP	<i>girls</i>	<i>boys</i>
by Father and Mother	213	73	36	37	140	67	73
by Father	2,207	1,056	493	563	1,151	557	594
by Mother	2,664	1,171	557	614	1,493	739	754
Total	5,084	2,300	1,086	1,214	2,784	1,363	1,421

Projection of the total number of orphans due to earthquake

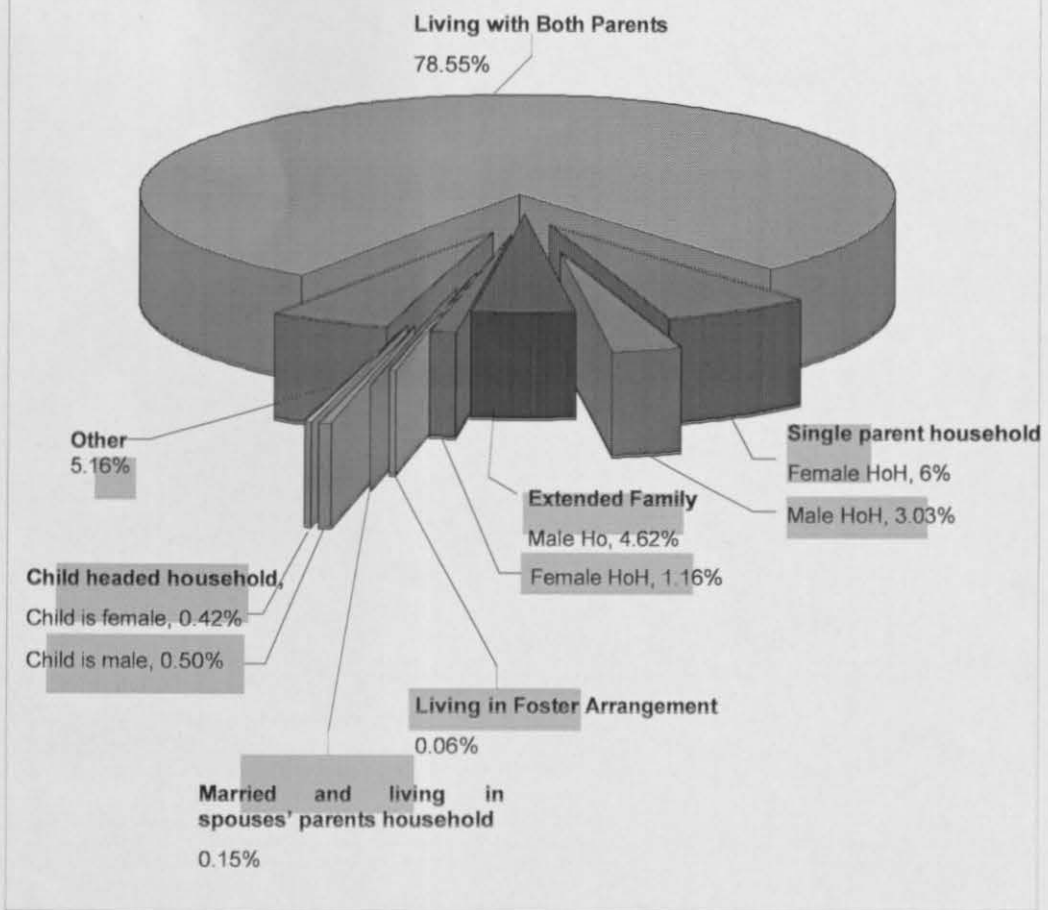
	grand total	total AJK	<i>girls</i>	<i>boys</i>	total NWFP	<i>girls</i>	<i>boys</i>
by Father and Mother	1,700	618	326	292	1,082	546	536
by father	17,802	8,901	4,465	4,436	8,900	4,536	4,364
by Mother	21,441	9,883	5,045	4,838	11,558	6,019	5,539
Total	40,943	19,402	9,836	9,566	21,541	11,101	10,440

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

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.

Household Structure for Children living in IDP Camps



Numbers of Children by Age without any adult 19-59 in their households

Age of living member	Children Without Male Adults 19-59 years	Children Without Female Adults 19-59 years	Total Children without Any Adult 19-59 years	Total Vulnerable Children
Both Sexes				
Less than 5 yrs	2,281	1,272	161	3,714
5-9 yrs	4,303	1,981	465	6,749
10-14 yrs	4,847	2,445	695	7,987
15-19 yrs	4,230	3,501	829	8,560
Total Children	15,661	9,199	2,150	27,010
Male				
Less than 5 yrs	1,170	656	85	1,911
5-9 yrs	2,214	1,031	253	3,498
10-14 yrs	2,547	1,266	375	4,188
15-19 yrs	2,253	1,427	447	4,127
Total Children	8,184	4,380	1,160	13,724
Female				
Less than 5 yrs	1,111	616	76	1,803
5-9 yrs	2,089	930	212	3,251
10-14 yrs	2,300	1,179	320	3,799
15-19 yrs	1,977	2,074	382	4,433
Total Children	7,477	4,819	990	13,286

Numbers and percentage distribution of disabled population by age

Age group	Male			Female		
	Total Population	Disabled Population	Percent Disabled	Total Population	Disabled Population	Percent Disabled
Less than 5	17,456	142	0.81	16,382	134	0.82
5-9	21,193	248	1.17	19,950	225	1.13
10-14	19,385	228	1.18	17,871	294	1.65
15-19	15,196	216	1.42	14,804	299	2.02
Children under 19	73,230	834	1.14	69,007	952	1.38
20-24	10,980	159	1.45	11,319	266	2.35
25-29	9,182	164	1.79	9,790	275	2.81
30-34	6,773	126	1.86	6,999	193	2.76
35-39	7,071	169	2.39	6,827	200	2.93
40-44	5,392	120	2.23	4,716	143	3.03
45-49	4,293	102	2.38	3,874	126	3.25
50-54	3,653	105	2.87	3,485	118	3.39
55-59	2,334	70	3.00	1,731	63	3.60
Productive age People	49,678	1,015	2.04	48,761	1,384	2.84
60-64	2,882	119	4.13	1,856	73	3.93
65-69	1,347	50	3.71	914	40	4.38
70/+	2,835	138	4.87	1,721	81	4.71
Elderly People	7,064	307	4.35	4,491	194	4.32

Numbers of disabled children by age, gender and type of disability

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
Both Sexes									
Less than 5 yrs	47	13	7	21	5	138	23	22	276
5-9 yrs	85	42	8	39	4	210	45	39	472
10-14 yrs	138	45	12	44	2	216	35	28	520
15-19 yrs	98	34	24	53	7	236	28	33	513
Total	368	134	51	157	18	800	131	122	1781
Male									
Less than 5 yrs	27	9	4	15	3	63	12	9	142
5-9 yrs	44	25	3	22	2	107	20	24	247
10-14 yrs	64	17	6	15	1	97	16	12	228
15-19 yrs	44	17	7	25	3	94	12	13	215
Sub-total	179	68	20	77	9	361	60	58	832
Female									
Less than 5 yrs	20	4	3	6	2	75	11	13	134
5-9 yrs	41	17	5	17	2	103	25	15	225
10-14 yrs	74	28	6	29	1	119	19	16	292
15-19 yrs	54	17	17	28	4	142	16	20	298
Sub-total	189	66	31	80	9	439	71	64	949

Number of women who lost their husbands, before and after the earthquake

Age group	Before Earthquake	Due to Earthquake	Total
15-19 yrs	22	10	32
20-24 yrs	61	73	134
25-29 yrs	102	88	190
30-34 yrs	167	100	267
35-39 yrs	300	102	402
40-44 yrs	375	89	464
45-49 yrs	432	94	526
50-54 yrs	631	69	700
55-59 yrs	392	37	429
60-64 yrs	703	46	749
65-69 yrs	377	24	401
70/+ yrs	1035	31	1066
Total	4617	763	5380

Percentage of widows by their educational status

Age group	Education Level				Total
	No Education	1-7 years	8-9 years	10 and more	
Widows before the earthquake					
15-19 yrs	68.2	4.5	9.1	18.2	22
20-24 yrs	65.6	16.4	3.3	14.8	61
25-29 yrs	70.6	13.7	2.9	12.7	102
30-34 yrs	81.9	12.0	1.8	4.2	166
35-39 yrs	85.0	6.0	3.3	5.7	300
40-44 yrs	90.1	7.0	1.3	1.6	373
45-49 yrs	92.3	4.2	1.6	1.9	428
Overall	86.0	7.4	2.2	4.4	1452
Total Widows	1249	107	32	64	1452
Widows due to earthquake					
15-19 yrs	66.7	33.3	0.0	0.0	9
20-24 yrs	76.7	12.3	6.8	4.1	73
25-29 yrs	65.9	14.8	6.8	12.5	88
30-34 yrs	72.0	16.0	3.0	9.0	100
35-39 yrs	84.3	11.8	0.0	3.9	102
40-44 yrs	84.3	6.7	2.2	6.7	89
45-49 yrs	95.7	3.2	0.0	1.1	94
Overall	79.8	11.2	2.9	6.1	555
Total Widows	443	62	16	34	555

Number and Percentage of unmarried women who lost their fathers, mothers or both parents, before and during the earthquake

Age group	Before the Earthquake				During the Earthquake			
	Only Mother Alive	Only Father Alive	Both Dead	Total	Only Mother Alive	Only Father Alive	Both Dead	Total
15-19 yrs	1429	630	206	2265	263	302	33	598
20-24 yrs	627	264	120	1011	100	123	18	241
25-29 yrs	252	90	64	406	35	47	5	87
30-34 yrs	76	23	36	135	7	10	4	21
35-39 yrs	42	11	39	92	4	4	3	11
40-44 yrs	18	6	22	46	0	0	1	1
45-49 yrs	14	5	20	39	0	1	1	2
Total	2458	1049	507	4014	409	487	65	961

10000 ST
0807003

Number and percent of families by their willingness to go back

Time Frame	No. of Families	Percentage
As soon as possible	1,046	2.33
1-2 Month	5,691	12.69
3-4 Months	11,025	24.59
More than 4 Months	1,595	3.56
Living in the same locality	11,014	24.56
Do not want to go back	12,006	26.77
No reply	2,467	5.50
Total	44,844	100.00