The Early Recovery Assistance Framework For FATA 2012

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"Early recovery is a multidimensional process that begins in a humanitarian setting. It is guided by development principles that seek to build on humanitarian programmes and catalyze sustainable development opportunities. It aims to generate self-sustaining, nationally owned, resilient processes for post crisis recovery. Early recovery programming encompasses the restoration of basic services, livelihoods, shelter, governance, security and rule of law, environment and social dimensions".[1]

[1] Guidance note on Early Recovery, CWGER, Geneva, April 2008

Acronyms

APA	Assistant Political Agent
ADB	Asian Development Bank
CHW	Community Health Worker
CMAM	Community Based Management of Acute Malnutrition
CNIC	Computerized national identity cards
DCO	District Coordination Officer
DDMA	District Disaster Management Authorities
DEWS	Disease Early Warning System
DLA	Detailed Livelihood Assessment
DNA	Damages Needs Assessment
DoH	Department of Health
DRR	Disaster Risk Reduction
EAD	Economic Affairs Department
ER	Early Recovery
ERAF	Early Recovery Assistance Framework
ERWG	Early Recovery Working Group
FATA	Federally Administered Tribal Areas
FAO	Food and Agriculture Organization of the United Nations
FCR	Frontier Crimes Regulation
FDMA	FATA Disaster Management Authority
FGDs	Focus Group Discussions
GAM	Global Acute Malnutrition
GoKP	Government of Khyber Pakhtunkhwa
HH	Household
IAERNA	Inter-agency Early Recovery Needs Assessment
ILO	International Labour Organization
IMF	International Monetary Fund
IVAP	IDP vulnerability assessment profiling
IYCF	Infant and Young Child Feeding
KII	Key Informants Interview
KP	Khyber Pakhtunkhwa
LHWs	Lady Health Workers
MDTF	Multi Donor Trust Fund
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
MOSS	Minimum Operating Security Standards

MoSW	Ministry of Social Welfare
NADRA	National Database and Registration Authority
NDMA	National Disaster Management Authority
NFIs	Non-food items
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
OTP	Outpatient Therapeutic Programme
PA	Political Agent
PARRSA	Provincial Relief, Rehabilitation and Settlement Authority
PCNA	Post Conflict Needs Assessment
PDMA	Provincial Disaster Management Authority
PHC	Primary Health Care
RAHA	Refugee Affected and Hosting Areas Programme
SAFRON	States and Frontier Regions
SGBV	Sexual and Gender-based Violence
SPHERE	Humanitarian Charter and Minimum Standards in Humanitarian Response
SRH	Sexual and Reproductive Health
TBA	Traditional Birth Attendant
TWG	Technical Working Group
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNWOMEN	United Nations Entity for Gender Equality and Women's Empowerment
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	United Nations World Food Programme
WHO	World Health Organization

Executive summary

Pakistan's Federally Administered Tribal Areas (FATA) has passed through its worst period of instability, governance challenges, natural disasters, and violence in the region. However, due to continuous efforts by law enforcement agencies and civil administration, more than 90 percent of FATA has been notified as safe by the Government of Pakistan.

Historically FATA has been one of the most underdeveloped regions in the country. Indicators reveal the extent of the challenges in the region with almost 60% of the population living below the poverty line and literacy rates being at 17.5%, with male literacy at 29% and female literacy at only 3%. Only one doctor is available to support every 7,670 persons, and with the additional challenge of the geographical spread of the population across the region, some communities have no access to healthcare[2].

Due to insecurity, large-scale displacement of populations throughout FATA has led to millions of people at one time or another living in camps and spontaneous settlements. This has compounded the challenges faced by the people of FATA on a daily basis. As is often the case in such crises, people have been forced to apply negative coping mechanisms, selling family assets and increasing personal debts in order to have the money to survive. This practice has not only worsened the situation for families during displacement, but it has also negatively affected opportunities for families and communities to start to rebuild their lives. The families that have returned have extremely limited capital to repair or rebuild homes, to re-establish livelihoods, or to restore critical community infrastructure.

As a result of significant improvements in the security situation in Agencies of FATA, and large-scale return of populations to their places of origin, the Government Authorities have requested the UN, to support the people of FATA by launching an Early Recovery Assistance Framework (ERAF) in collaboration and partnership with the government. Based on the findings of an Inter Agency Early Recovery Needs Assessment (IAERNA), the ERAF directly addresses the need for early recovery assistance in FATA to support the returned and stayee populations in the agencies of Mohmand, Bajaur, Orakzai, and South Waziristan.

The ERAF delivers a multi-sectoral response, addressing key aspects of recovery to assist the people of FATA, including Community Restoration, Education, Food Security, Health, Nutrition, Protection, Shelter and Water, Sanitation, and Hygiene (WASH) related early recovery activities. Large-scale support for the repair and rebuilding of homes is needed with an estimated 60% of homes damaged or destroyed. The Government and communities have both expressed the need for the restoration of critical community basic infrastructure for meaningful and sustainable recovery. With around 40% of family incomes from agriculture, and 46.5% from non-farm incomes, livelihoods support is also essential with over 40% of people not being able to prepare for their next crop and one third of livestock having been lost from pre-crisis figures. Moreover, 76% of families are unable to meet monthly minimum expenditures.

Working to help support efforts to continue improving human security and the stabilization of FATA under the overarching strategy of the Post Conflict Needs Assessment (PCNA), the ERAF is complementary to and cognoscente of the ongoing activities in the region being undertaken by the government or donors agencies. Within the ambit of PCNA, ERAF links relief to longer-term recovery, development and peace building. The Framework also focuses on areas where there have been large-scale returns, and some of the most vulnerable people are in need of immediate early recovery support.

Critically, the ERAF is a community-focused framework, with projects implemented through civil society, with activities for the communities by the communities. The implementation strategy ensures the civil society is strengthened; linking communities, and re-establishing social cohesion. In addition, the framework includes multiple agencies and partners, and is coordinated directly in partnership with the Government authorities. This means there are many national, international partners, and Government institutions involved in the ERAF, who already have a strong knowledge of FATA, and who have been

[2] Figures available at www.fata.gov.pk

implementing projects in the region over the past years.

The ERAF pulls together 72 organizations (12 UN Agencies, 55 National NGOs and five international NGOs) implementing 117 projects for the duration of 18 months. With multiple partners, many with extensive experience of working in FATA, the Framework has a large-scale implementation capacity. ERAF is co-coordinated by the FATA Disaster Management Authority (FDMA)and the United Nations Development Programme (UNDP). The Framework covers eight sectors supporting communities and Government institutions in FATA to bring about much needed transformational changes in the region. The requested funding is US$ 222,474,356.

The Early Recovery Assistance Framework presents an opportunity through partnerships to work together with communities to meet the immediate needs of vulnerable people, investing in communities, mitigation, resilience, and laying the foundations for continued progress so that people in FATA can have hope for a better future.

Humanitarian and development indicators in Pakistan

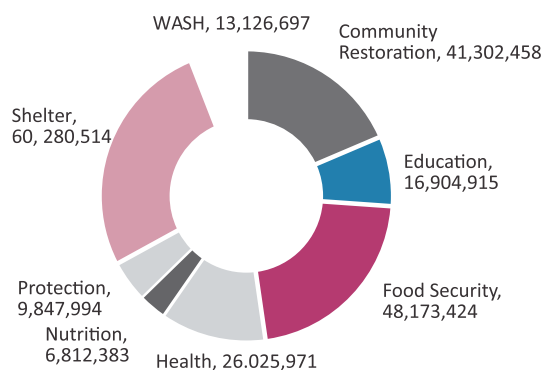|	Indicators	Most recent data	Source
General Information	Population	177.10 million people	Economic Survey of Pakistan 2010-11
	Sex ratio (Males per 100 Females)	108.5	Statistics Division, Ministry of Economic Affairs and Statistics, Government of Pakistan
Education	Primary school enrolment (net percentage)	72/60 m/f	UNICEF State of the World's Children 2011
	Secondary school enrolment (net percentage)	37/28 m/f	
	Literacy rate in percentage	57.0	Economic Survey of Pakistan 2009-10
	Public sector spending on education	2.1% GDP	
Economic status	GNI per capita	$1,254	Economic Survey of Pakistan 2010-11
	Gross domestic product	$162 billion	World Bank: Pakistan 2009
	Percentage of population living on less than $1.25 per day	22.6%	UNDP HDR 2011
Health	Adult mortality	162/1,000	World Bank Data 2009
	Maternal mortality	260/100,000 live births	UNICEF: Childinfo Statistical Tables 2008
	Under-five mortality	87/1,000	UNDP 2011
	Life expectancy	65.4	UNDP HDR 2011
	Number of health workforce (medical doctors + nurses + midwife) per 10,000 population	6.85/10,000	WHO Statistics 2011 2000-2010
	Infants lacking immunization against Measles	20% of one-year-old	UNDP HDR 2011
Food & Nutrition	Under-five global acute malnutrition (GAM) rate	GAM: 15%	National Nutrition Survey, 2011
	Population without access to improved drinking water	6.9%	UNDP HDR 2011

WASH	Population without access to improved sanitation	32.1%	UNDP HDR 2011
	UNDP Human Development Index score	0.504: 145th out of 187 (Medium Human Development)	UNDP HDR 2011

Overview of the Framework

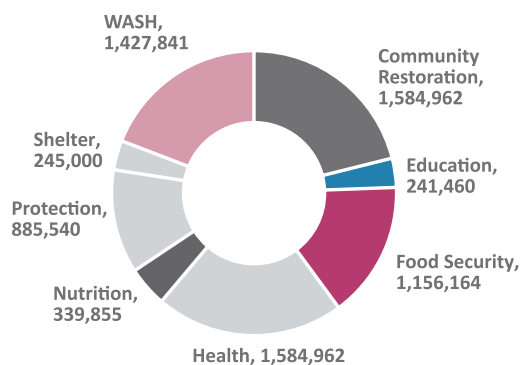| Key parameters of the Early Recovery Assistance Framework	
Duration of the Framework:	18 (eighteen) months
Agencies of intervention:	Bajaur, Mohmand, Orakzai, South Waziristan
Number of Framework partners:	72 (12 UN Agencies/60 NGOs)
Number of sectors:	8 (Eight)

Overview of the projects, beneficiaries, and funding requests			
Sector	Number of projects	Target beneficiaries (individuals)	Requested funding (US$)
Community Restoration	17	1,584,962	41,302,458
Education	13	241,460	16,904,915
Food Security	21	1,156,164	48,173,424
Health	14	1,584,962	26,025,971
Nutrition	5	339,855	6,812,383
Protection	22	855,540	9,847,994
Shelter	12	245,000	60,280,514
WASH	13	1,427,841	13,126,697
Total	**116**	**7,435,784**	**222,474,356**

Requested funding: TOTAL: US$ 222,474,356

WASH, 13,126,697
Community Restoration, 41,302,458
Shelter, 60, 280,514
Education, 16,904,915
Protection, 9,847,994
Nutrition, 6,812,383
Health, 26.025,971
Food Security, 48,173,424

Beneficiaries per sector: TOTAL: 1,584,962

WASH, 1,427,841
Community Restoration, 1,584,962
Shelter, 245,000
Education, 241,460
Protection, 885,540
Nutrition, 339,855
Health, 1,584,962
Food Security, 1,156,164

Map: Agencies of the Federally Administered Tribal Areas (FATA)

1 | Context

The Government of Pakistan has been making significant on going efforts to stabilize the situation in the region, and as a result, there are continued security improvements in FATA and momentum towards durable solutions for FATA. The improved security situation, particularly in Bajaur, Mohmand, Orakzai and South Waziristan has meant areas are considered safe for civilians[3], enabling people to return and start to rebuild their lives.

As of 18 February 2011, official figures[4] on population movements in FATA show that 143,947 families – approximately 1.4 million people – have returned to their place of origin. Moreover, of those who have returned, around 139,205 families – approximately 1.25 million people[5] – are reported to have returned to the abovementioned four agencies, with an expected 1.58 million people returning before the end of 2012.

It is of note that the Government of Pakistan and the humanitarian community, coordinated through the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), have worked together to both support persons during challenging times of displacement and assist people by facilitating safe returns[6].

However, many crisis-affected people, particularly those who have been displaced for extended time periods, have amounted sizable debts, lost livelihoods, and simply lack the resources and opportunities to start rebuilding their homes, regenerating incomes, or restoring their communities without support.

The Government has been working to assist the returning populations, and populations that have stayed[7] in location during the crisis, but the extent of the support needed in terms of scope and scale requires additional assistance. It is for this reason, that the Government of Pakistan authorities have requested the humanitarian community to work in partnership with the Government to assist persons affected by the crisis in rebuilding their lives in FATA.

In partnership with the Government authorities, the humanitarian community will initially focus on responding to the priority early recovery needs of the returnee and stayee populations in Bajaur, Mohmand, Orakzai, and South Waziristan where large-scale return has already taken place and still continues. As the situation continues to improve and conditions become more conducive for large-scale return, Kurram Agency may be added to the ERAF at the request of Government authorities and under the guidance of the Steering Committee[8] of the ERAF. Priorities of the ERAF are visible material actions with significant and immediate impacts including re-establishing livelihoods and critical public services, rebuilding and repairing homes and critical community basic infrastructure, and strengthening community resilience to crises.

In addition, the ERAF emphasizes the provision of support and creation of opportunities for vulnerable groups in FATA, specifically including women and children, also giving necessary attention to crosscutting themes such as gender empowerment and Disaster Risk Reduction (DRR).

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[3]Ref. Inter Sector/Sector Assessments to FATA available at pakresponse.info, perspectives reports from communities available at www.undertsandingfata.org, UN Security assessments, and IAERNA

[4]Official figures refers to the figures verified by the National Database and Registration Authority

[5]As of February 2012.Calculation based on the NADRA agency specific breakdown of returned families multiplied by the average household size per agency from the 1998 census.

[6]Work has also been done to support an estimated 15,576 Afghan refugees (figure from UNHCR Understanding Reports)

[7]For the purpose of brevity the term 'stayee' shall be used to refer a person or persons who did not leave a location as a result of crisis, but are also likely to have been significantly affected by the crisis and in need of support

[8]The Steering committee is co-chaired by Secretary SAFRON and the UN RC/HC, with members including the FATA Secretariat/FDMA and UNDP

Assistance also complements ongoing initiatives in FATA, ensuring a link between relief and recovery and laying the foundations for rehabilitation and development; particularly under OCHA as the primary coordinating office for continued assistance to displaced persons; and supporting their safe, dignified, voluntary and informed return.

Returned populations to Bajaur, Mohmand, Orakzai, and South Waziristan

Agency	Average family size[9]	Families returned[10]	Est.persons returned[11]	Families yet to return[12]	Est. persons yet to return[13]	Population[14]
Bajaur	9.1	69,158	629,338	1100	100,100	595,227
Mohmand	9.0	38,598	347,382	500	4,500	334,453
Orakzai	8.8	24,869	218,847	11,388	12,214	225,441
South Waziristan	8.5	6,580	55,930	34,983	297,356	429,841
Totals	N/A	139,205	1,251,497	47,971	324,080	1,584,962

Note: The estimated total figures of returnees including individuals yet to return amounts to 1,575,577 persons, which correlates approximately with the 1998 Census figure of the four Agencies, with a minimal margin of difference.

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[9] Average family size according to the 1998 Census

[10] Figures regarding family returns in FATA are compiled based on registration data of Social Welfare, WFP and Commissionerate Afghan Refugees, and available at www.fdma.gov.pk

[11] Figures calculated by multiplying the families returned by the average family sizes per Agency according to the 1998 Census

[12] Figures are compiled based on registration data of Social Welfare, WFP and Commissionerate Afghan Refugees, and available at www.fdma.gov.pk

[13] Figures calculated by multiplying the families yet to return by the average family sizes per Agency according to the 1998 Census

[14] Figures from the 1998 Census. Figures do not account for population growth since 1998.

2 Needs Analysis

2.1 Overview

The ERAF is based on the findings of the Inter-Agency Early Recovery Needs Assessment (IAERNA) and complementary assessments validated by the FDMA. Coordinated by the FDMA, Government line ministries, UN agencies, and humanitarian organizations, the objective of the IAERNA is to complement the Post-Conflict Needs Assessment (PCNA) with additional information in regard to the early recovery situation in FATA, upon which the foundation of the ERAF is built.

Under the ownership of the Government of Pakistan, the PCNA has been the overarching strategy for peace building in KP/FATA for the past two years, and is complemented by the ERAF as a central mechanism for:

∞ helping to ensure a stimulus for employment and livelihood opportunities;
∞ supporting capacity building of Government institutions in effective response; and
∞ delivering basic services to crisis-affected people.

The ERAF is also in line with the UN Framework on Durable Solutions, endorsed by the Policy Committee October 2011, which emphasizes providing support to:

∞ enable more predictable assistance;
∞ make the response faster and more coherent; and
∞ strengthen accountability, resources, and commitment to address the specific needs of formerly displaced people.

Based on the large-scale returns to the Agencies of Bajaur, Mohmand, Orakzai, and South Waziristan, the IAERNA and the resulting ERAF focus on the early recovery needs in these Agencies. As mentioned earlier, once conditions have improved and there is an increasing rate of return, Kurram Agency will be added to the Framework under guidance of the Steering Committee, after an early recovery needs assessment is conducted in the Agency.

The IAERNA highlighted the needs of the crisis-affected people, across a range of sectors including:
∞ Community Restoration;
∞ Education;
∞ Food Security;
∞ Health;
∞ Nutrition
∞ Protection:
∞ Shelter; and
∞ Water, Sanitation and Hygiene (WASH)

In addition, as part of the process of assessing the needs in FATA, analysis of other initiatives in the region has been conducted and is continually being mapped in direct coordination with Government authorities, UN agencies and NGOs, and other partners implementing activities in the region.

2.2 The Inter-Agency Early Recovery Needs Assessment (IAERNA)

The IAERNA is a multi-sectoral, multi-agency, needs assessment carried out in FATA in November 2011. The overall objective of the Assessment was to assess the social and economic conditions of life in FATA, and to provide an update of the early recovery needs and local capacities in order to inform the early recovery response in FATA.

The assessment is a perspectives assessment based on household surveys, focus group discussions, and key informant interviews, with questions designed through a multi-participatory process including Government authorities and sector partners from UN agencies and international and national NGOs[15].

2.3 Findings of the IAERNA and complementary assessments

With 139,205 families having returned and a further 47,971 families still displaced from Bajaur, Mohmand, Orakzai, and South Waziristan, the findings of the IAERNA highlighted a number of early recovery concerns in specific sectors and showed a clear need for early recovery assistance for returned and stayee population[16].

Significant areas of concern in the four Agencies include the need for shelter repair and rebuilding, the re-establishment of farm and non-farm livelihoods, the restoration of critical basic community infrastructure and public services including healthcare and education, food security, the provision of safe drinking water, and protection, particularly of vulnerable groups including women and children.

IAERNA revealed issues such as 60% of homes are damaged or destroyed due to heavy weapons and fighting, of which 20% of persons say homes have been completely destroyed.

In the four agencies the Assessment showed around 40.4% livelihoods are derived from farming, and 46.5% from non-farm livelihoods, including shopkeepers, builders, carpenters, tailors, and others. Around 40% of pre-crisis livestock has been lost, and farmers say they do not have the resources to prepare for the next cropping season. Sixty three percent of people say they need support to be able to restore and continue their business.

Markets across all four Agencies have been damaged or destroyed with shops and skilled services heavily affected, compounding a challenging situation in which non-farm incomes only average at around US$ 90 (8000PKR) per month per household, with women's income often less than one third that of male incomes. Additionally, 32% of people interviewed said it takes them over one hour to reach a health facility if they have access to health facilities at all. 70% of those surveyed were unaware of the concept of a balanced diet, while 93% of people said they were collecting water from unprotected wells, of which 31% of people stated their drinking water did not appear clean, and open defecation is considered common practice.

Public services such as schools, health and community centers, and government buildings have also been damaged or destroyed and are in need of repair or rebuilding[17]. The government's efforts aimed at restoration of these facilities needs to be complemented by ERAF for a speedy and immediate recovery.
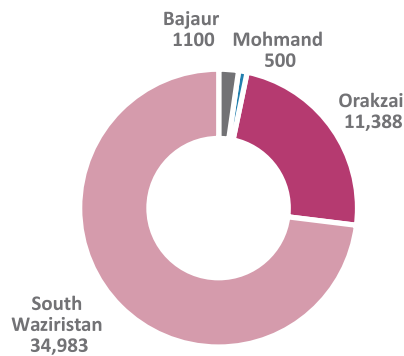
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[15] Ref IAERNA (page 11)
[16] NADRA official data as of 18 February 2012

Returned families
Total: 139,205 families (estimated 1,251,497 persons)[18]

South Waziristan
6,580

Orakzai
24,869

Bajaur
69,158

Mohmand
38,598
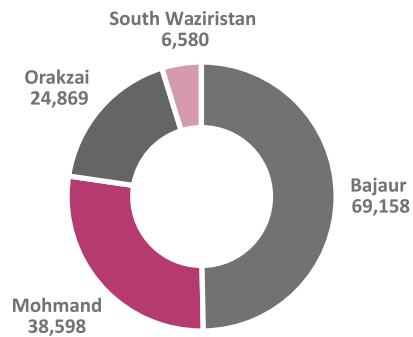
Families yet to return/still displaced
TOTAL: 47,971 families (estimated 324,080 persons)

Bajaur
1100

Mohmand
500

Orakzai
11,388

South
Waziristan
34,983

*Note: Further returns are expected to South Waziristan following the end
of the winter months, dependent also on continued security improvements.*

Homes damaged or destroyed
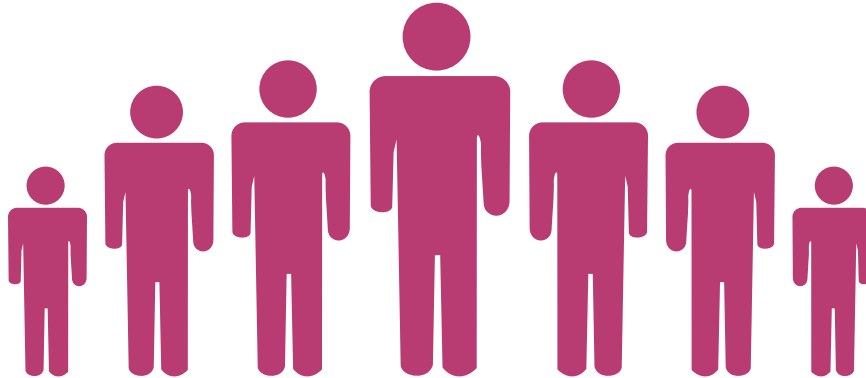
Undamaged
24%

Damaged or
destroyed
76%
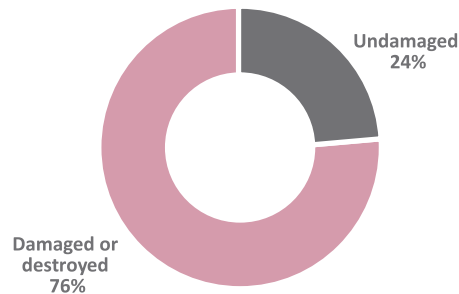
Note: Of the 76% of damaged homes, an estimated 20% have been destroyed

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[18]As of February 2012. Figures are official government verified figures.
[19]As of February 2012. Figures are official government verified figures.

An example of a family situation in FATA
Family size: 8 persons (husband and pregnant wife, six children)

- Displaced due to violence;
- Lived in a spontaneous settlements and a camp for 2 years;
- Debts amounted during displacement, and family assets and personal items lost;
- Returned home to start rebuilding lives, however support is needed;
- No livelihood opportunities;
- House severely damaged, so living in the damaged house;
- Schools damaged, and no teachers, so no education for the children;
- No access to health facilities, wife is pregnant and needs medical support;
- Women and children particularly vulnerable;
- Consideration of splitting the family, with mother and younger children moving back to a camp while father and elder sons look for employment, possibly outside of FATA in a major city of Pakistan.

3 Early Recovery Assistance Framework Response Plan

3.1 Strategic objective of the ERAF

The Early Recovery Assistance Framework (ERAF) for the Federally Administered Tribal Areas (FATA) is a multi-organization frame work in response to the request of Government authorities to support crisis-affected people in FATA, initially in the Agencies of Bajaur, Mohmand, Orakzai, and South Waziristan.

The strategic objective of the Early Recovery Assistance Framework is to help ensure the sustainable return of crisis-affected people to their homes, and increased stability for people in FATA through community restoration and early recovery assistance.

In achieving this objective, the ERAF will:

- ∞ augment ongoing assistance activities and support transition from relief to early recovery for affected people returning to their homes, in coordination with OCHA;
- ∞ complement and connect with the Post Conflict Needs Assessment (PCNA) to harmonize with PCNA recommendations and the long-term development needs of the affected areas, which include overcoming the consequences of the crisis by identifying social, economic, and development priorities;
- ∞ support the re-establishment of access to essential services such as health, education, water and sanitation, finances, and primary infrastructure;
- ∞ support locally implemented early recovery initiatives at community level;
- ∞ support affected communities to have adequate food security in specific Agencies/areas in FATA where accessibility is possible;
- ∞ support the restoration of livelihoods and economic opportunities for crisis affected people;
- ∞ assist strengthening the capacity of local authorities and communities in regard to social cohesion, gender empowerment, protection issues and disaster risk reduction;
- ∞ strengthen the coordination of early recovery initiatives in FATA.

3.2 Implementation of the ERAF

FATA is recognized as a complex area in which there is a need to provide early recovery assistance. The methodology of the ERAF is therefore designed to overcome challenges to the delivery of early recovery assistance.

Having learned lessons from other initiatives in FATA over the past decade and coordinating with the Government, UN agencies, NGOs and other partners working in FATA, the ERAF has eight major implementation methodology strengths, as follows:

∞ **Government commitment**

The ERAF is designed at the request of government authorities due to the ongoing early recovery needs of people in FATA. The Government has therefore proactively demonstrated the strong will to support the Framework and facilitate the implementation of the projects included in the Framework.

∞ **Community based**

The ERAF will implement activities at community level, focusing on civil society organizations, such as

NGOs, and Community Based Organizations (CBOs), in coordination with Government authorities. The experience gained from the IAERNA indicates people respond positively to community level engagement in FATA, and that communities are supportive of early recovery assistance implementation through a proactive community participatory approach, including consultations with community leaders such as Maliks, support through Community Based Organizations (CBO), and dialogue in Focus Groups Discussions (FGD).

At the core of the Framework is the idea to work for communities, through communities and civil society.

∞ **Vulnerability focused**

The ERAF places a strong emphasis in addressing protection concerns, with particular focus on the most vulnerable groups including women and children. Throughout implementation, there will be on-going efforts to ensure protection issues are mainstreamed throughout all sectors.

∞ **Area focused**

The ERAF focuses on areas with the most need in terms of returnee populations, including Bajaur, Mohmand, Orakzai, and South Waziristan. Of these Agencies, the ERAF will work to implement necessary activities through communities at a village level, advocating for continued access to populations and villages to maximize the impact of the Framework.

∞ **Integrated**

The ERAF is a multi-sectoral framework including a diverse range of partners each with their own specialization and the willingness to work together to provide an integrated response as necessary for the people of FATA. The Framework also threads through all sectors' crosscutting issues including gender equality, protection and DRR support; advised by specialist agencies, Government authorities and line ministries.

∞ **Capacity building**

The ERAF presents an opportunity through partnerships to provide early recovery assistance to crisis-affected people in FATA, but also an opportunity to support communities, local organizations, and Government authorities to build their capacities. The Framework sets out to develop capacities through partnerships and technical support, but also through supporting Government authorities to have mechanisms in place to provide nationally owned technical and vocational training, for national partners in order to continue building the strengths on civil society organizations supporting people in FATA.

In addition, the Framework supports Government authorities to develop monitoring mechanisms as part of the coordination of the ERAF to ensure there is a good standard of delivery of early recovery assistance.

∞ **Coordinated**

The ERAF is coordinated with the Government, but is also a Framework that includes 8 sectors, 116 projects, and 72 different organizations (12 UN agencies and 60 NGOs) working together through the sector system. This allows the framework to pull together an early recovery response under one umbrella through partnerships with different actors working together to achieve the same objectives, and linking local authorities, and local social structures and systems. The ERAF also coordinates with organizations working in FATA in order to complement initiatives outside the Framework, and to link relief to longer-term recovery and development.

∞   **Linking Relief, Recovery and Development**

The ERAF plays a critical role in linking relief, recovery and development, through coordination and project design. As the ERAF is focused on responding to the primary recovery needs of crisis-affected populations, it delivers the critical first response to persons when they have returned home or when they are beginning to rebuild their lives. Such support includes livelihoods assistance, restoration of critical basic community infrastructure, repair and rebuilding of homes and access to basic community services.

It is critical that there is a dovetail approach to linking relief, recovery and development to ensure continuity in support for crisis affected people according to their changing needs. These actions enable families and communities to not only return home sustainably but also to have a laid foundation for longer-term recovery and rehabilitation.

3.3 Coordination and Management

The Steering Committee (SC) for the ERAF provides the overall strategic guidance and oversight for the Framework. The SC is co-chaired by Secretary SAFRON and the UN Resident Coordinator and Humanitarian Coordinator.

Members of the SC include the FATA Secretariat, the Director General of FDMA, and the Deputy Country Director for UNDP as co-coordinators of the ERAF. UNDP acts as secretary for the SC. The SC will meet every quarter to review the Framework progress, work plans, provide policy guidance, and assist in the resolution of challenges experienced during implementation.

The Early Recovery Working Group (ERWG) coordinates the day-to-day activities of the ERAF, supported and co-chaired by FDMA and UNDP, linking directly to the General Coordination Meeting (GCM) in KP/FATA and to the SC.

The ERWG is responsible for ensuring there are no duplications of activities in the ERAF, monitoring and reporting of the Framework, and raising direction and policy issues to the SC.

The ERWG also links to the KP/FATA Policy and Strategy Committee (PSM), the Humanitarian Regional Team (HRT), and the Humanitarian Country Team (HCT). Membership of the ERWG is representative of a partnership between the Government authorities and the humanitarian community, including Government of Pakistan line department representatives and cluster coordinators.

The ERWG assumes responsibility for the following objectives:

∞   ensure accountability, leadership, and clearly defined roles and responsibilities in regard to coordination;
∞   to ensure aid effectiveness in accordance with the Paris Declaration, with an emphasis on national ownership, donor alignment with the ERAF, a harmonized approach to integrating actions and ensuring there are no duplications of projects, monitoring and reporting, funding and progress of the ERAF, and supporting mutual accountability in the implementation of the ERAF;
∞   to include the integration of crosscutting themes in project implementation, in close consultation with partners and national counterparts;
∞   to strengthen coordination and overall response capacity by supporting and mobilizing responses in specific areas of activity based on needs;
∞   to identify early recovery gaps and communicate these gaps to partners and donors;

∞   to strengthen the participation of national and local institutions;
∞   to provide information on projects for funding to donors; and
∞   to ensure that early recovery assistance links relief to longer-term recovery and development opportunities.

To achieve the objectives of the ERAF, the ERWG is responsible for facilitating and coordinating the following practical tasks:

∞   highlight and communicate sectoral needs based on findings of the IAERNA and complementary assessments;
∞   assess local capacities and capacity-building priorities for early recovery;
∞   design an assistance framework for early recovery, conceptualizing the early recovery needs for an integrated and participatory approach to early recovery assistance;
∞   ensure appropriate delegation and follow-up on commitments from sector participants;
∞   interact with sector leaders to ensure integration of cross-cutting issues;
∞   work with the Government authorities, the UN Country Team (UNCT) and Humanitarian Regional Team, and donors to mobilize the necessary resources for an adequate and appropriate response to early recovery needs;
∞   monitor and report on the progress of the ERAF and the context of the areas of intervention;
∞   support sectors and individual partners of the ERAF to overcome challenges in the implementation of projects in the Framework;
∞   derive lessons learned from reviews of activities, and monitoring of the ERAF, and revise strategies and action plans accordingly; and
∞   support the implementation of hand-over/exit strategies as required.

3.4 Monitoring and reporting

The ERWG is responsible for monitoring and reporting of the Framework, with oversight from the Steering Committee. All ERAF partners are responsible for providing quarterly inputs on funding and results to the ERWG, so that quarterly reports are compiled, and submitted to EAD and SAFRON.

In addition, projects included in the ERAF are loaded onto the Online Project System (OPS), with the Financial Tracking System (FTS) used to track donor specific funding according to projects, which will be included in quarterly reports.

The 4W's [20] mechanism will be used as the reporting tool for the ERAF, meaning information on who is doing what, where and when, with a focus on project activities and results are clearly reported. In addition, all partners are responsible to report to donors on the progress of projects in accordance to project agreements.

Quarterly reports will provide an overall summary of funding, project progress and results, and sector specific updates through an Early Recovery Dashboard (ERD), supported by the ERWG including the FDMA and UNDP as co-chairs, and Government line departments and cluster coordinators.

Concerning monitoring and reporting the ERWG will be responsible for ensuring the following:

∞   quarterly reports on donor funding giving updates from the Financial Tracking System (FTS);
∞   provide comprehensive quarterly reports on the progress of ERAF in terms of results to EAD and SAFRON;

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[20]The 4Ws mechanism is used as a tool to support coordination and reporting. All sector partners will use the mechanism providing information about who is doing what, where and when, coordinated by sector leads. The mechanism is used also to demonstrate the accountability and transparency of the ERAF and all partners implementing projects in the Framework.

∞ monthly financial expenditure tracking meaning financial expenditures will be tracked against projects by the ERWG;

∞ be the focal point for inquires in regard to the ERAF monitoring and reporting; and

∞ support ERAF partners by providing reporting guidance and supporting the development of reporting capacities of ERAF partners.

The FDMA, supported by UNDP, will conduct monitoring visits to ensure project relevance, aid effectiveness, and the quality delivery of assistance throughout the ERAF. Locations of monitoring visits will be selected at random and followed up by field reports highlighting the findings of field visits. Field visits will take place at least twice a month throughout the duration of the ERAF.

In accordance with the Paris Declaration on Aid Effectiveness, partners of the ERAF through the ERWG assume mutual responsibility for the successful implementation of the Framework and accountability for effective assistance.

All partners will report the implementation of their projects through the **Development Assistance Database** (DAD), which will be followed up by the ERWG.

3.5 Project selection

The Steering Committee for the ERAF is responsible for the approval of projects included in the ERAF taking into account clearly defined objectives, baseline indicators, expected outputs, budgets, project timelines, implementation strategies and the other criteria as set out in the ERAF.

The design of the ERAF has been a consultative and inclusive process with coordination between the Government authorities, UN agencies, and ERAF partners. This has enabled a prioritization of projects for inclusion, by approval from the Steering Committee, in the ERAF through the sector system, guided by Government authorities and based on the findings of the IAERNA and complementary assessments.

The average support cost percentage for the ERAF is 17.4%, contributing to operational, logistics, administration, coordination, and security costs for project implementation. Particular considerations in the context of the early recovery response in FATA include the logistics of working in geographically challenging and far reaching areas, specific security mitigations, and the necessary set up of administrative and operational mechanisms for quality assurance in the delivery of assistance and secure financial systems.

All projects included in the ERAF are based on the following criteria:

• the project is focused on early recovery activities, and is coherent with the objectives of the ERAF and the sector under which the project has been submitted;
• the project is based on the findings of the IAERNA, and/or complementary assessments validated by the FDMA;
• the project complements other assistance initiatives in FATA, links with return support packages, and is integrated with partner projects in the ERAF;
• the project must not duplicate another project geographically;

- the project owner has the capacity to implement the project within the project time frame;
- the project demonstrates consideration in regard to gender empowerment, protection, and disaster risk reduction;
- the project is coherent with the principles and implementation methodologies of the ERAF;
- project support costs do not exceed twenty (20) percent of the total project budget;
- implementation of the ERAF shall be carried out through INGOs registered with the Economic Affairs Division or whose application for an MOU or renewal of an MOU remains under process with EAD; the INGO should be similarly registered with the respective Provincial Government;
- NGOs should also be registered or going through the process of registration with the respective Government departments.

3.6 Crosscutting themes

The ERAF is an integrated Framework that seeks to connect sectors in providing a linked early recovery response. As part of this approach, there are crosscutting themes that are also integral to the successful implementation of the Framework. These crosscutting themes include gender empowerment, disaster risk reduction, and protection.

In order to ensure these issues are adequately addressed, project criteria for selection in the ERAF includes gender empowerment, DRR and protection, and ERAF partners have been continually reminded of the importance of these themes throughout the project prioritization process.

In the implementation of projects gender empowerment, DRR, and protection-lensed approaches will be adopted, supported by specialist Agencies and organizations, and the Government authorities and line ministries. In practical terms this means threat and risk analysis is taken into account during the design and implementation of projects according to both local and large-scale potential hazards, ranging from specific dangers for children in the local area to the risks of flooding for a community. Based on these analyses mitigating actions are implemented to better prepare and support people in the event of disaster.

Additionally, in linking early recovery and development, the integrated approach and emphasis on crosscutting themes is a significant component of the ERAF, ensuring maximum opportunity to develop strong community networks, links and capacities for the continuation of recovery into sustainable development. Specific actions include the active participation of women in project implementation and consideration for vulnerable groups in all early recovery actions.

3.7 Linking initiatives in FATA

In coordinating the ERAF, it is essential to ensure the links between relief, recovery and development, supporting people from displacement, through transitional relief, through to their return to their original homes, creating a platform for development.

In order to achieve these objectives the ERAF directly coordinates with different stakeholders implementing initiatives in FATA, including the Government of Pakistan and other governments, governmental organizations, UN agencies, and non-governmental organizations.

All projects included in the ERAF complement other initiatives in FATA, building on the response to date.
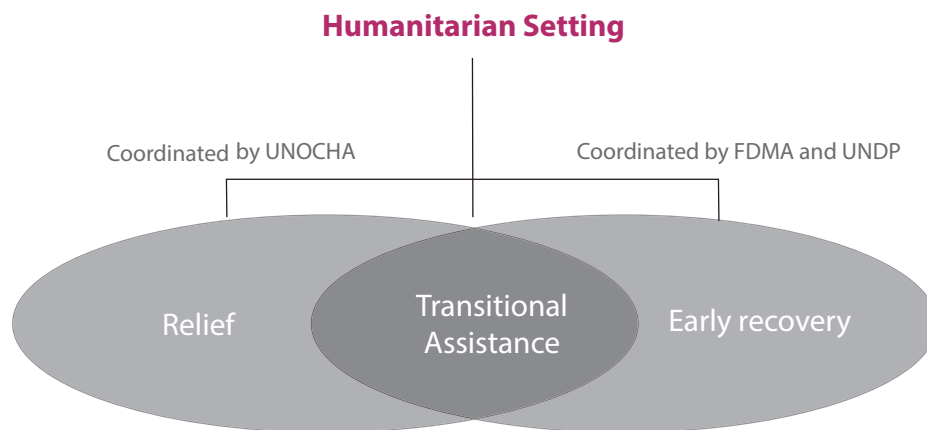
Government initiatives in FATA

The Government of Pakistan is working on major road repair, irrigation development, water supply, and sanitation in Bajaur, Mohmand, Orakzai, and South Waziristan. These schemes are complemented by a one-time cash grant for returnees of 25000 PKR (approx. US$290) to support people to manage the initial challenges faced when beginning to restore communities and rebuild their lives. Additionally, following a damage needs assessment in 2009, the Government supported by the US, provided compensation to around 11,000 households to rebuild homes.

The Shelter Sector of the ERAF complements these Government assistance interventions by building on what has been achieved thus far and continuing to support families who have returned and are in need of early recover shelter support beyond other support initiatives.

Linking Relief and Recovery

The ERAF is also complementary to ongoing relief interventions, coordinating with OCHA as the office responsible for the coordination of relief operations in FATA. This coordination partnership is designed to ensure information sharing, the development of strategies to manage population movements and changing contexts, and to implement well planned and effective assistance to support crisis-affected people in FATA.

Below is a graph to show link and shared responsibilities between relief and early recovery:

Linking Recovery and Development

An integral part of the ERAF is the complementary nature of the Framework with other initiatives in FATA. It is widely accepted that the needs in FATA require a major response if the region is to move forward into a better future, but that resources and implementation of projects has been a significant challenge. It is for this reason that the ERAF is coordinated with other initiatives and organizations working in FATA outside the Framework.

This includes the Multi Donor Trust Fund (MTDF), which focuses on supporting longer-term rehabilitation and development based on the findings of the PCNA. There are no overlaps or

duplications between the ERAF and the MDTF, but instead the ERAF complements MDTF initiatives by helping to lay the foundations for longer-term rehabilitation and development, including in areas such as Orakzai and South Waziristan where the MDTF is not yet operational.

The MDTF has five projects in FATA, focused mainly in the Agencies of Bajaur and Mohmand. These projects include urban center development, rural road rehabilitation, economic revitalization, rehabilitation of rural community infrastructure and support for livelihoods and a governance support project.

Projects included in the ERAF have been selected to ensure that there is no duplication with the MDTF and that the ERAF provides additional early recovery assistance in areas and in sectors not covered by the MDTF. The ERAF will support the FDMA in early recovery gap analysis and mapping the needs in the four Agencies of intervention.
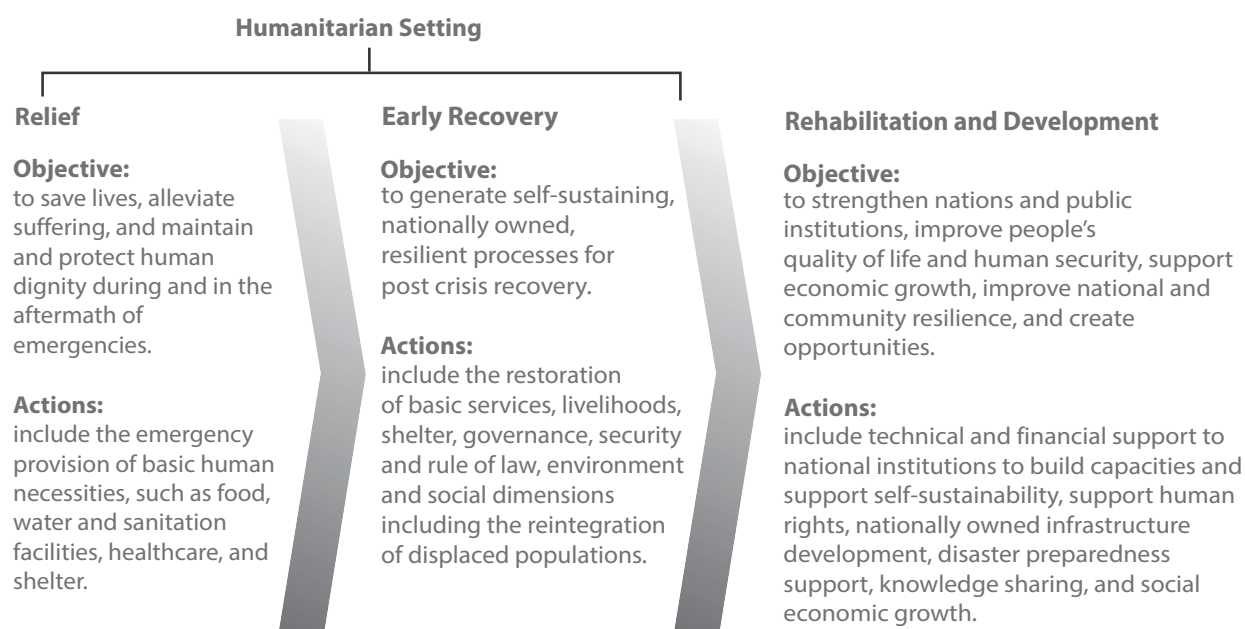
Linking other initiatives in FATA

Other bilateral rehabilitation and development initiatives in FATA are also linked to the ERAF. These initiatives include; livelihood development, education, quick impact, child healthcare, area development, and training and capacity development programmes. Major initiatives include: the Frontier Works Organization (FWO) and Office of Transition Initiatives projects supported by the US; development projects supported by the Kingdom of Saudi Arabia; health and debt swap projects supported by Germany; a rural development and poverty alleviation project supported by the Asian Development Bank; quick impact projects supported by the United Arab Emirates; an area development for debt swap project supported by Italy; and a capacity building project for the FATA Secretariat supported by the United Kingdom.

The ERAF complements ongoing initiatives such as those mentioned above ensuring projects included in the Framework build on other interventions and link recovery to development.

The ERAF is also coordinating with these implementing organizations in FATA and with donors to bridge the gap between recovery and development, ensuring actions are complementary to longer-term development objectives, whilst also maximizing the use of resources in supporting the crisis-affected people of FATA. In this respect, the ERAF plays a critical role in linking relief, recovery, and development in accordance with the overarching strategy of the Post Conflict Needs Assessment, including the objective of peace building in FATA. In accordance to the overarching strategy of the PCNA, development principles, and good humanitarian practice the links between different initiatives in FATA lead to an integrated and comprehensive response.

The following graph shows the linking role of early recovery activities from relief to development:

Humanitarian Setting

Relief

Objective:
to save lives, alleviate suffering, and maintain and protect human dignity during and in the aftermath of emergencies.

Actions:
include the emergency provision of basic human necessities, such as food, water and sanitation facilities, healthcare, and shelter.

Early Recovery

Objective:
to generate self-sustaining, nationally owned, resilient processes for post crisis recovery.

Actions:
include the restoration of basic services, livelihoods, shelter, governance, security and rule of law, environment and social dimensions including the reintegration of displaced populations.

Rehabilitation and Development

Objective:
to strengthen nations and public institutions, improve people's quality of life and human security, support economic growth, improve national and community resilience, and create opportunities.

Actions:
include technical and financial support to national institutions to build capacities and support self-sustainability, support human rights, nationally owned infrastructure development, disaster preparedness support, knowledge sharing, and social economic growth.

3.8 Risks, mitigations and assumptions

All partners in the ERAF acknowledge the complex nature of implementing projects in FATA, specifically surrounding access, social systems in FATA, and monitoring and oversight of projects. The Framework therefore includes considered risks to project implementation. Below is a table of the major risks identified in regard to the ERAF FATA:

Scenario 1	
Risk	Access (1): administrative risks such as limited issuance of NOCs for projects and individuals to travel to FATA
Mitigations	Government authorities are on the ERAF steering committee, and validate all projects and organizations for inclusion in the Framework. In addition, the authorities have been working to streamline the NOC process so to improve access to FATA, and have demonstrated success in facilitating more visits to the region as a result. The streamlining of the NOC process can be followed on the FDMA website through the 'NOC Tracking System.' The authorities have also made a clear commitment to continue supporting both project NOCs and individual visits to FATA. There has been significant improvement in access and granting of project NOCs during the last six to eight months.
Assumptions	Access to FATA will continue to improve largely due to the ongoing support of the Government authorities and the willingness to ensure early recovery assistance is provided to crisis-affected people.
Scenario 2	
Risk	Access (2): deterioration in the security situation

Mitigations	The projects are focused on areas of FATA where there have been significant security improvements, and as a result significant returns. Reports for the Government and analysis from UN agencies and partners indicate there are clear opportunities for intervention in these areas. If the security situation deteriorates, the ERAF partners will adapt projects to be relevant to the changing needs and context, in consultation with donor partners. Partners have also worked on developing contingency plans in the event of deteriorating security so projects are implemented as necessary and relevant to the context and needs. Though not preferable, remote control mechanisms with support from the authorities may be implemented as appropriate.
Assumptions	As there have been significant security improvements in the areas of intervention, and analysis suggests there will be continued improvements in the security situation, it is assumed that security deteriorations will not be a hindrance to the implementation of the ERAF.
Scenario 3	
Risk	Natural disaster in the areas of intervention
Mitigations	Projects in the ERAF can be adjusted as necessary to respond to the needs of the populations in FATA in the event of a natural disaster, and in consultation with donor partners. Agencies, organizations and government authorities will coordinate together to make needed changes to activities in the event of a natural disaster, coordinated with the disaster management authorities and OCHA as necessary.
Assumptions	In the event of a natural disaster the ERAF may even be used as a foundation for a response to assist the changing needs of the people of FATA.
Scenario 4	
Risk	Community acceptance challenges in FATA
Mitigations	The IAERNA indicates a positive attitude and acceptance towards a community based early recovery assistance framework for FATA. Working through communities, for communities, with proactive consideration and efforts to ensure a forum for inclusive community participation at different levels is a major mitigation of community acceptance challenges. Clear communication on the objectives and activities of the ERAF with community leaders such as Maliks, and respect and understanding of social systems in FATA will also mitigate acceptance difficulties.
Assumptions	The methodology, objectives and activities of the ERAF are appropriate for FATA, resulting in community acceptance of the ERAF.

Scenario 5	
Risk	Limited capacities of partners to implement projects in FATA
Mitigations	Partners with projects in the ERAF are validated by the Steering Committee of the Framework, after consultation with the authorities regarding capacity to implement projects in FATA. Experience in implementing projects in FATA has also been taken in account in regard to partners with projects in the Framework.

There has also been a process of project prioritization, which has included an analysis of partners' capacity to implement projects.

One of the strengths of the ERAF is the multi-partner nature of the Framework meaning many different partners working together to respond to diversity, and scope and scale of the needs of the crisis-affected people. |
| Assumptions | As a result of the process that has gone into the design of the ERAF, it is understood that partners with projects in the Framework have the capacity to implemented proposed projects. |

3.9 Guiding Principles

Early recovery takes place in a humanitarian setting and is guided by development principles that seek to build on humanitarian programmes and catalyze sustainable development opportunities. The following are the principles by which the ERAF is implemented.

The Guiding Principles of the ERAF:

∞ ensure national ownership of the early recovery process through engagement with national and local authorities, and communities in the planning, execution, and monitoring of early recovery initiatives;

∞ promote local and national capacities by ensuring that external technical assistance complements rather than replaces existing capacities, and is supportive rather than directive;

∞ use and promote participatory practices to identify needs, build capacities for empowering communities and create the foundations of a sustained, free, active, and meaningful participation throughout all phases of the early recovery process, linking early recovery with development;

∞ develop capacities for building constructive and inclusive working relationships between civil society organizations and government institutions;

∞ work to ensure that interventions' do no harm', as well as take into account longer-term development considerations;

∞ work to synergize different actors through efficient coordination of stakeholders in the early recovery process;

∞ include risk reduction measures in the early recovery process by ensuring that key decisions are based on risk assessment, including factors such as hazard and vulnerability;

∞   build capacity to strengthen accountability systems focusing on communities and target population participation and opportunity to address grievances;

∞   base early recovery interventions on a thorough understanding of the context in which they take place, including in terms of dynamics that may be unintentionally reinforced by such interventions;

∞   ensure integration of other crosscutting issues such as gender, security, and protection in assessment, planning, implementation, and monitoring and evaluation through the use of appropriate expertise and tools;

∞   promote empowerment ensuring specific support for initiatives and consideration for this issue, and to develop local capacities to prevent discrimination;

∞   monitor, evaluate and learn through appropriate participatory mechanisms to allow for timely identification of challenges and corrective measures, and capture the experiences and voices of the target population;

∞   build on development initiatives to ensure they contribute to building resilience and capacity in affected communities, reviewing actions to ensure they do not contribute to vulnerability.

3.10 Security

FATA has experienced security challenges over the past years, and particularly since mid-2008 violence has been the main reason for displacement and human suffering in the region. However, the security situation in FATA, particularly in the Agencies of Bajaur, Mohmand, Orakzai, and South Waziristan has significantly improved largely due to ongoing efforts by the Government to stabilize and secure these Agencies.

The large-scale return of displaced people is in itself testament to the improved security situation in these Agencies, and the on-going returns indicate a good level of confidence that the security situation will continue to improve.

Security analysis of the region from the Government, UN agencies, ERAF partners, and other partners working in FATA indicates security has continually improved, and that there is good reason to believe security can continue to improve in the future, based on recent events in the region.

Though the Government assumes overall security responsibility for the region, it is the responsibility of each ERAF partners to adopt appropriate security measures when working in FATA.

4 | Sector Response Plans

4.1 Community Restoration

Sector Projects Overview	
1. Sector	COMMUNITY RESTORATION
1.2 Sector lead agency	United Nations Development Programme (UNDP)
1.3 Contact information (email and phone number)	Faiqa Umer (Programme Analyst, CPRU, UNDP Pakistan) Office: +92-(0)51-835-5637 Faiqa.umer@undp.org

Hidayat Khan (Programme Analyst, CPRU, UNDP Pakistan) Office: +92-(0)51-835-5652 Hidayat.khan@undp.org |
1.4 Sector strategic objectives	The strategic objectives of the activities will be to enable: 1)Revival of livelihoods, employment creation and income generation; 2) Reconstruction of basic community infrastructure, restoration of basic community infrastructure through clean-up activities and public works/Cash for Work; 3) Peace promotion; and 4) Strengthening local governance capacities.
2. Summary	
2.1 Sector objectives	The specific objectives of the activities will be to: 1) Restore key community infrastructure to enable aid operations and the rapid re-launch of livelihoods facilities. 2) Support site clearance, rehabilitation and reconstruction of minor but critical public infrastructure. 3) Support the restoration of livelihoods systems for returnees, stayees and other vulnerable groups, including women and youth. 4) Based on careful needs and capacity assessments, support quick impact and modalities such as cash for work and cash assistance, where appropriate and relevant and when closely monitored. 5) Support both community-driven and government-led planned recovery efforts in settlements, integrating dispute mediation, reconciliation, disaster risk reduction and strengthening local governance capacities in all activities.
2.2 Number of projects	17 projects
2.3 Locations of projects	South Waziristan, Bajaur, Mohmand and Orakzai Agencies
2.4 Total number of beneficiaries	1,584,962 individuals

Sector Projects Overview	
2.7 Status and details of beneficiaries	Women, men, youth, children, and persons with disabilities
2.8 TOTAL funds requested for the sector (US$)	41,302,458
2.5 Overall budget breakdown	Activities costs (US$): US$ 34,456,039 (81%) Support costs (US$): US$ 6,846,419 (19%)
2.6Sector activities	I. Restoring access to essential services through employment and intensive rehabilitation of basic/critical infrastructure of crises-affected communities and households, including: • Repairing access to link roads, community water facilities, drains, etc.; • Repairing protection walls, small culverts, alternative energies, etc.; • Restoring community centres (mosques, funeral places, washing pads for women, etc.); • Applying Cash for Work modalities and standards to the above and to the persons with disabilities who will not participate in Cash for Work, ensure they are still benefiting from cash support, e.g. via other family members. II. Reviving non-farm livelihoods of crises-affected communities through access to income-generation and decent employment opportunities, including: • Replacing or providing productive tools and assets damaged or lost in the crisis; • Providing short-term employment opportunities through Cash for Work; • Facilitating vocational training for new/improved sources of livelihood; • Restoring home-based livelihoods activities through cash assistance; • Undertaking value-chain analyses to identify and support new livelihood opportunities. III. Reducing environmental hazards and disaster risks exacerbated by or resulting from the crises in ways that facilitate the safe and resilient recovery of livelihoods of the affected population, including: • Facilitating equipment for rubble removal; • Cash for Work activities to remove sludge and debris; • Undertaking community hazard mapping; • Promoting alternate energy.

Sector Projects Overview

IV.   Ensuring community ownership and laying the foundations for sustainable recovery by restoring public administration capacities and functions, reactivating participation of women in Community Based Organizations (CBOs). Reactivating CBOs, in particular those focusing on women and persons with disability and promoting partnerships between local authorities, communities and private sector entities, including:

- Repairing public administration premises and provision of essential equipment, including restoration of damaged early warning systems;

- Recovering damaged/lost records;

- Supporting mechanisms to solve Housing Land Property issues;

- Reactivating CBOs, in particular women's organizations;

- Strengthen capacities of disaster management.

V.   Strengthening social cohesion and reduce vulnerabilities through reactivating dispute resolution mechanisms, including:

- Reactivating and supporting dispute resolution mechanisms;

- Improving access to information and knowledge through mass communication activities and capacity building of media specialists based in FATA.

3. Additional details	

3.1 Situation and needs analysis

Livelihoods and economic opportunities

Non-Farm livelihood forms the basis of almost 46.5 % of the residents of FATA. In IAERNA, it was identified that a large majority of the respondents said that their businesses require some measure of reinvestment to continue, while only a small minority (12.9 %) said their businesses have escaped harm. The majority consensus is that financial assistance or repair/rehabilitation would be needed for their businesses to start operations. Women in particular say that in order to start some home based income generation they would need sewing machines as their top priority (45 %) followed by skill development (32 %). Also, on whether the family has a regular source of income, 62.4% respondents said 'no' while 34.2% said yes. This goes to show that the general conditions of FATA have worsened since the crisis.

According to 44.2% of respondents, they 'partially' lost working instruments and equipment during the crises. 22.2% said they lost instruments and equipment, while 30% did not lose anything. As far as damage to the shops/business/premises is concerned, 41.4% said the

Sector Projects Overview

crisis damaged their work/business. Almost the same number of respondents, 40.9% said they stopped their business as a result of violence.

Community recovery, peace building and risk reduction
In order for the community to come together, resolve their issues, and improve the infrastructure, the participants of South Waziristan Focus Group Discussions said they could make committees at the village level. They felt strongly about not involving the Political Administration in the committees. They want elders and local villagers to be part of the committees to make them more effective.According to a large number of respondents, the neighbourhood support system was what helped the most during the crisis (37.4%), followed by 14.4% who said availability of safe places. Transportation and skilled/trained people were also identified as means of support during the crisis. This is an area that can be further strengthened and which can lead to people's empowerment.

In terms of infrastructure damages due to violence, IAERNA showed that almost half of the respondents (46.9%) thought that fortification of houses and basic facilities is needed to protect damage to house and facilities. 9.8% of the respondents also said reforestation would help.

In terms of disaster risk reduction, respondents were asked if they thought the routes to public places are vulnerable to becoming inaccessible in the event of a flood, earth quake or a land slide. More than half the respondents, 54.5%, said yes while 41.5% said no. Almost 70% of respondents thought that retrofitting is an option and that reconstruction is not always necessary.

Youth and vulnerable groups for social cohesion
According to IAERNA, youth's role in peace and community restoration was answered needed by 98% respondents which shows how keen people are on involving young people to take part in community work. According to more than half of respondents, 56% youth need support in advocacy and organizational skills to play an active role in peace building and community restoration; followed by communication opportunities and tools (27%), and intergeneration networking activities (16%).

Existing Community Restoration Activity Projects in FATA
Some Community Restoration projects are on-going or planned by entities such as MDTF and USAID. Their target areas are mainly Bajaur and Mohmand, and implementation of activities is being negotiated. Although existing projects are scheduled to assist parts of FATA in Community Restoration, given the vast amount of needs in FATA, there is need to reach out further. The Community Restoration Sector will coordinate closely with existing actors working on Community Restoration in FATA, to avoid duplication and complement each others'

	efforts. The MDTF coverage of Community Restoration activities in FATA are as follows: MDTF coverage ============= Rural Roads rehabilitation in Bajaur: US$ 16 million (project status: under negotiation, expected to be 80 km) Economic Revitalization in all FATA agencies: US$ 7 million (project status: implementation started) Rural Livelihoods and Community Infrastructure in Mohmand and Bajaur: US$ 12 million (project status: under negotiation) Rural Town Urban Centres Development in Tehsil Khar, Bajaur: US$ 7 million (project status: under negotiation)
3.2 Expected results	1) Community Infrastructure • Basic and critical community infrastructure and services restored 2) Non-farm livelihoods • Livelihoods of vulnerable crises-affected people stabilized and restored. • Livelihoods opportunities for the crises affected people to restart their life through cash for work through opportunities in debris removal and restoration of damaged infrastructure provided. • Training, procurement of assets and equipment and cash assistance. 3) Environment • Environmental hazards and disaster risks reduced. • Community organizations to take the lead role in responding to the damages created by the crises reactivated. • Reseeding of affected areas; hazard mapping, and rubble and environmental hazards removal through community participation carried out. 4) Governance/public facilities • Capacities of local institutions and crises-affected communities for recovery strengthened. • Technical assistance to the FATA Secretariat, line departments and political administration for coordination of relief and recovery activities and restoration of government facilities provided. • Office equipment to FDMA, line departments and political administration in planning and coordination of community restoration work provided.

Sector Projects Overview

	5) Social Cohesion
	    • Participatory approach in planning and implementation of community restoration projects applied.
	    • Social cohesion strengthened.
	    • Trauma caused by the disaster healed through the provision of earning opportunities for women and men.
	    • Psycho-social counselling for the affected communities provided.
	    • Vulnerabilities reduced.

3.3 Indicators	Number of infrastructure schemes identified by local communities as critical and % of these identified by women. Number of direct beneficiaries provided with access to services / facilities through repair of roads as % of total population. Number and % of households benefiting from restoring drains, the repair / restoration of streets and meadows, restored community centres (mosques, hujras, funeral places, washing pads etc.). Number of protection walls, dikes, check dams restored as % of total needs. Number of vulnerable people that benefited from CFW and the creation of temporary employment opportunities as % of total vulnerable population. Number and % of households, especially vulnerable groups that benefited from the removal of rubble, mud and debris through temporary employment / CFW activities. Amount (cubic meter) and % of rubble, mud, debris and other hazardous material removed and safely disposed of. Number and % of villages, settlements, public offices/places, markets cleared of standing water, rubble, mud and debris. Number and % of families using alternate energy. Number and % of household/ families provided with productive tools/assets. Number and % of household/families received vocational skills for new / improved source of livelihoods. Number and % of people/households enrolled/engaged in CFW activities. Number and % of small business restored. Number and % of people that benefited from cash grants or micro-credit. Number and % of beneficiaries supported to manage their micro-finance loan repayments. Total amount of cash injection into local communities/economy for livelihoods support. Number and % of public administration offices repaired, re-equipped and operational. Number and % of essential early warning systems restored. Number and % of public administration offices provided with hazard maps and capable of using them to support disaster resilient community recovery. Number of CBOs and % of population (including women) they cover

reactivated and participating in community restoration initiatives through partnerships between local authorities, community organizations and private sector entities.

Amount of contributions (in cash or kind) to community restoration initiatives from local authorities, community organizations and private sector entities.

Number of disputes over land, houses, assets and other resources reported and successfully resolved.

Number of revitalization or establishment of village committees.

Number of availability of safe places for vulnerable groups, especially women.

Number of Disaster risk reduction activities.

Number of Youth engagement (through building their capacity for advocacy and organizational management).

Number of communications products broadcasted.

3.4 Sector strategy

Community Restoration Concept

Community restoration is a multi-dimensional process of recovery that aims to generate self-sustaining, nationally owned, resilient processes for post crisis recovery. Support to restore and rehabilitate Community infrastructures, integration of environmental concerns, regenerate non-farm livelihoods, restore good governance, social cohesion and Disaster Risk Reduction are the activities the Community Restoration sector concentrates on.

Guiding Principles

The Community Restoration sector will follow the following principles in designing and implementation of projects.

1. PCNA and IAERNA will be followed as the guiding document.
2. In order to accurately answerthe needs and avoid possible duplications of activities, the Community Restoration sector will coordinate closely with development agencies working in FATA, other sectors, as well as with FDMA, FATA Secretariat, Political Administration and line departments throughout the Early Recovery process.
3. Involvement of local communities, with close coordination with locally based Community Restoration Sector member NGOs, will be strengthened.
4. Special focus will be put on vulnerable groups such as women, youth, and persons with disabilities.
5. From a sustainable development perspective and in line with the Hyogo Framework for Action (HFA), emphasis will be placed on mainstreaming Disaster Risk Reduction into early recovery process.
6. To contribute to income generation, economic revitalization and sustainability, sector partners will consider partnerships with private sector firms where possible. Mass communication activities will be some of the first projects that will work in partnerships with the private sector.

Sector Projects Overview

7. To answer the sensitivities of FATA, all communication materials will be submitted to the sector and cleared before being shared in public.

Community Restoration Activities in the FATA Early Recovery Framework

The focus of the Community restoration sector is on facilitating the return process, through providing access to the areas of return. This will be achieved through the restoration of the community physical infrastructure, provision of vocational training and productive tools to most vulnerable population in particular women, youth, children and persons with disabilities in addition to reviving local economy through injecting small cash grants. Meanwhile the required work will be a source of labour for supporting the livelihoods of the most vulnerable farmers and their families to bridge the period to the next cropping season.

In line with the above-mentioned focus, the Community restoration priority areas are the rehabilitation and restoration of community infrastructure and non-farm livelihoods, integration of environmental concerns, facilitating the re-functioning of public administration and resumption of public services, and support to social cohesion through support to traditional and alternative dispute mechanism and community organizations.

Complementing each others' Community Restoration Efforts

To complement and fill the gap of assistance that existing projects such as MDTF and USAID projects implement in FATA, with close coordination with existing actors in FATA, the Community Restoration sector will focus on the following areas:

1. Assistance in South Waziristan and Orakzai.
2. Assistance in areas in Mohmand and Bajaur that are not covered with MDTF, to respond to any unmet needs.

3.5 Risks, mitigations and assumptions

Political:

Risk - Change in political/ bureaucratic leadership at provincial/ federal level delays implementation.

Mitigation - Diversify programme implementation through multiple partners. Consultation and information sharing beyond the first tier leadership in relevant institutions.

Security:

Risk - Direct attack on CR partners, assets/ collateral damage to partners and assets. Increased security fees and delays in implementation due to instability.

Mitigation - Take approaches of having stand-alone programme components and geographical focus on de-notified areas as guided by FDMA. Strong coordination and implementation through CBOs and local government.

Sector Projects Overview	
	Social: Risk - Cultural resistance to concepts such as peace building results in challenges in identifying entry points and developing trust with communities, resulting in delayed implementation. Mitigation - In-depth consultation and sensitization of organizations and communities before implementation. Horizontal and vertical sensitization of the programme with political leaders, community leaders, etc. **Operational:** Risk - Resource mobilization constraints results in delayed implementation, inability to meet government and community expectations. Mitigation - Maintain flexible programme components to enable scaling up or down of projects.
3.6 Sector coordination plan	- The Community Restoration sector's co-chairs are FDMA and UNDP. - The sector co-chairs will hold regular meetings with national and local Government departments, UN and other international agencies, international and local NGOs, Inter-Sector coordination, Political Administration, Donors and the private sector, in order to complement and fill the gap of assistance that existing projects such as MDTF and USAID projects implement in FATA. - Sector meetings will be held once a month as well as on a needs basis. In these meetings, discussions that the sector co-chairs had with stakeholders will be shared so all partners are up to date with the holistic picture of Community Restoration activities implemented in FATA. - The sector will host sector partners trainings on different thematic areas on Community Restoration, some project management and financial management. The sector will also visit some sector member NGO offices, so the capacity building needs of each member organization is identified. These activities are aimed to strengthen the capacity of sector partners, ensure the quality and sustainability of Community Restoration Early Recovery projects in FATA. - Knowledge management will be practiced through sector meetings, endorsement of communication materials by the sector, sharing of member organizations' knowledge products etc.

Sector Projects Overview	
3.7 Sector monitoring plan	The Community Restoration sector, in coordination with FDMA and the FATA Early Recovery Framework will incorporate the following key points to monitor its sector member projects: • A unified reporting format will be used; • Joint Field Monitoring Missions by sector partners will be sought; • Standardized monitoring mechanism provided by the Framework will be followed; • Needs & Gaps Analysis matrix will be updated and shared with sector partners in periodical meetings; • Lessons learnt & best practices will be shared with sector members in periodical meetings.

4.2 Education

Sector Projects Overview	
1. Sector	EDUCATION
1.2 Sector lead agency	UNICEF and SAVE THE CHILDREN
1.3 Contact information (email and phone number)	AmsonSimbolon: asimbolon@unicef.org Mob: 0345-500-6561 Burki: erum.burki@savethechildren.org Mob: 0345-854-0768
1.4 Sector strategic objectives	The main objective of Early Recovery strategy is to support the restoration of the education system in crisis-affected areas, both formal and non-formal education, which is in line with the priorities and plans of Government of Pakistan. This will strengthen the education system to enable all children, adolescents and young people, to access quality learning opportunities in a protected, gender sensitive, and learner-centred environment.
2. Summary	
2.1 Sector objectives	• Ensure that all children, adolescents and young people affected by the crisis have access to safe and well-equipped learning opportunities. • Provide opportunities for teachers and other education personnel to gain skills to address emergency issues and support quality teaching and learning. • Identify and provide life-skills for learners to cope with the crises and DRR skills that are provided through safe and learner-centred

Sector Projects Overview	
	methodologies.
	• Provide Taleemilslahi Jirga (PTA/SMCs) and education authorities with skills to support teaching and learning for teachers and children in emergency and recovery situations.
	• Ensure that the FATA Education Sector coordinates all strategies and activities effectively with other sectors, as well cross cutting themes in close collaboration with the Government of Pakistan.
2.2 Number of projects	13
2.3 Locations of projects	Bajaur, Mohmand, Orakzai, and South Waziristan
2.4 Total number of beneficiaries	241,460 individuals
2.5 Status and details of beneficiaries	Girl Child (Under 15): 76,248 Boy Child (Under 15): 96,648 Male Teachers/ SMC members: 36,300 Female Teachers/ SMCs members: 32,264
2.6 TOTAL funds requested for the sector (US$)	**16,904,915**
2.7 Overall budget breakdown	Activities costs (US$): 14,028,338 Support costs (US$): 2,876,576
2.8Sectoractivities	Core recommendations based on the IAERNA needs assessment for Education Sector in FATA covers following activities: • Support in rebuilding the key institutions needed to service a viable education system. • Post-crisis Education Priorities: • Access, gender, quality, achievement and post-crisis transition teacher training; • Support institutions, school management agencies, education planning authorities, financial management agencies and inspection and regulatory authorities; • Provide temporary school structures in areas where schools have been damaged badly; also provide school books, supplies and needed curricula supplies; • Peace building education and psychosocial support in school curricula and train teachers on the same issues; • Provide special education services for children with special needs; • Mine risk education; • Accelerated Learning Programme; • (ALP) reaches out to over-aged children who were associated with the fighting forces during the crisis. • Business Development Services. • (BDS) programme works with demobilized children who graduate

Sector Projects Overview

	from vocational skills training and apprenticeships; • Literacy programmes for adults, especially women.
3. Additional details	
3.1 Situation and needs analysis	The FATA annual school census report 2009-10 reveals that dropout rate in the agencies is a staggering 63 per cent among boys and 77 per cent among girls, while 54 per cent children drop out from schools before reaching grade 10. These figures are one of the highest dropout ratios in the country and not surprisingly literacy rate in FATA is about 17 per cent with only 3 per cent of the total women population being literate. The reasons are many for these concerning statistics; however major factors contributing to the high dropout rate are violence and large-scale displacement of population due to escalated violence in FATA. In the last two years more than one million people have been displaced from tribal agencies and around 40,000 children had been affected due to the closure of schools and subsequent displacement of their families. In South Waziristan Agency alone 447 schools out of total 638 were declared non-functional in the wake of the violence. Educational activities are also at standstill in Mohmand Agency where militants have destroyed 38 government schools and one degree-college, which affected about 6,000 students. In Bajaur Agency, 78 schools were bombed while 46 schools were closed mainly due to violence during the last two years. Similarly 94 schools have been closed and 29 were non-functional in Mohmand Agency. In the four agencies, 184 schools have been completely destroyed, out of which only 53 schools have been pledged support by various donors leaving a gap of remaining 131 schools. 24 schools have been categorized as having major damage out of which only 3 have been committed while 21 schools are in need of funding. Schools categorized as having minor damage are 78 out of which 22 schools have been committed and there is a gap of 56 schools. However, UNICEF has indicated that it has secure funding for supporting 41 (primary/middle schools) out of 56 schools that have minor damage. There is a gap for repair of 15 high schools, which are in need of support. The projects detail information regarding school damages (agency wise) and needs and gaps for funding for each school level i.e. Primary, Middle, High/Secondary schools. The Education sector has tried to ensure that all the projects that are included in this Early Recovery framework represent the actual needs on the ground and are requesting for funds for filling the critical gaps in the education sector.

	Sector Projects Overview
	The Education Sector, with the support from FATA Disaster Management Authority and FATA Education department has been tracking down the allocation of funds at school level so as to avoid duplication of committed funding and to ensure coverage in gaps. The government has been spending heavily on rehabilitation of education sector and the federal government had allocated Rs7.61 billion for education in FATA's Annual Development Programme (ADP) between 2005 and 2010. In 2011 ADP Rs. 2.68 billion had been allocated for education. Besides FATA's own ADP, there has also been some level of foreign investment in education in the tribal areas, of which the Education Sector has taken into account in project planning.
3.2 Expected results	• School-age going children/adolescents and young people have access to safe, protective and quality learning environments • Teachers and other education personnel gain skills to address emergency issues including DRR and to support quality teaching and learning • Renovation of partially damaged schools is undertaken and where school structures are completely damaged, transitional structures are in place to allow teaching and learning to continue • Dropout rate is minimized and there is smooth resumption of formal education system • Children including adolescents and young people's educational, health and protection needs are addressed by the integrated approach • Taleemilslahi Jirga (PTA/SMC) and Education Authorities acquire skills to support teaching and learning for teachers and children in emergency and recovery situations.
3.3 Indicators	• # of partially damaged schools renovated • # of fully damaged schools built • # of children accessing transitional school structures • # of out of school children (girls/boys) and adolescents/young people (female, male) benefitting from learning opportunities and ALP • # of children (girls, boys) benefiting from psychosocial, health and hygiene education and peace/mine education interventions • # of adults (men, women) benefitting from adult literacy interventions • # of gender sensitive capacity building courses organized for teachers and PTAs/SMCs on DRR, disaster management, learner-centred classroom management and pedagogy, protection, and health education etc.
3.4 Sector strategy	To ensure that education ER responses are linked to development to sustain existing good practices, the Education Sector will focus its strategy on building capacity of Sector's partners, alignment of programs within government system, partnership and supporting a sustained knowledge

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	management.
	Special focus will be weighted on life-skills on DRR by building up integration with existing community-based capacity. The Education Sector is focusing on building the capacity of partners by rolling out series of capacity building initiatives, covering INEE Minimum Standards for Education: Preparedness, Response, Recovery, DRR, preparedness, contingency planning, project management and coordination.
3.5 Risks, mitigations and assumptions	• Security threats in some areas– flexibility in implementation based on experiences. • Political interference in selection of schools –well established sector system in FATA will ensure that coordination takes place at all levels to avoid duplication and interference in schools selection • Community members lack motivation to continue working in the School Management Committees – Community members will be motivated to continue their involvement in school related activities.
3.6 Sector coordination plan	Education sector will have a well-established coordination mechanism at FATA level that will be managed by full time sector coordinator and IM position based in KP
3.7 Sector monitoring plan	• Build participative monitoring system involving Taleemilslahi Jirga (PTC/SMC) members by training them on school based monitoring and mobilize them as a resource to report quality issues within the schools.
	• Strengthen the existing education government monitoring system and engage them to ensure quality of education ER, response is implemented accordingly.
	• Agreed monitoring tools of the Education Sector are adopted and used to measure education ER responses.
	• Develop systems for monitoring and evaluation based on commonly agreed indicators and effective information sharing between partners at all levels.
	• Collaborate with other members to implement on a joint inter-sector working group monitoring system.
	• Regular reporting mechanism of members is established and all stakeholders including FDMA, Education Department, Donors and Members are updated regularly.

4.3 Food Security

Sector Projects Overview	
1. Sector	FOOD SECURITY
1.2 Sector lead agency	Food and Agriculture Organization of the UN, World Food Programme of the UN
1.3 Contact information (email and phone number)	**Andrea Berloffa**, andrea.berloffa@fao.org, 03468544177; **Khalid Khan**, khalid.khatki@fao.org, 03468544175, **DorteJessen**, dorte.jessen@wfp.org, and **Khalid Rasul,** khalid.rasul@wfp.org
1.4 Sector strategic objectives	Affected communities have improved food security in crisis-affected areas in FATA, specifically Bajaur, Mohmand, Orakzai and South Waziristan.
2. Summary	
2.1 Sector objectives	1) To contribute to the food security of crisis-affected population in FATA through agriculture and livestock-based interventions, rehabilitation of agricultural productive infrastructure and assets protection. 2) Coordination of early recovery interventions has improved through accurate food security analysis, quality of coordination and effective response
2.2 Number of projects	21
2.3 Locations of projects	**Orakzai:** Lower Orakzai, Central Orakzai, Upper Orakzai; **Mohmand:** Safi, Ambar, YakaGhund, Pindialai, Prang Ghar, Haleemzai, Bezai, Danishkol, Khowezai, Lakaro Tehsils; **Bajaur:** Khar, Nawagai, Salarzai, Mamund, Chamarkand, Barang, Utmankhel Tehsils **South Waziristan:** Sararogha, Sarwakai, Wana, Birmal, Tiarza, Ladha Tehsils
2.4 Total number of beneficiaries	1,156,164 individuals (70% returnees=809,315 and 30 %=346,849 stayees)
2.5 Status and details of beneficiaries	Female: 286,833 Male: 283,316 Youth/Children: 291,940
2.6 TOTAL funds requested for the sector (US$)	48,173,424
2.7 Overall budget breakdown	Activities costs (US$): 39,639,689 Support costs (US$): 8,533,734

Sector Projects Overview	
2.8 Sector activities	The sector proposes: 121Metric Tonnes of wheat seeds and 5MT of fodder distributed; 900 goats distributed; 14000 poultry birds distributed;1500 packets of vegetables seeds distributed; 13,850 benefit from Cash for Work activities; Land reclamation of 1300 acre of land; Capacity building sessions of more than 1500 people arranged on kitchen gardening, poultry birds vaccination; Establishment of 2 cold storages; Renovate 4 Farm Service Centers; 14 forest nurseries established with a total of 18,200 tree plants; Coordinate and support capacity building of 81 partners in the Sector

62,700 food insecure households would get access to 2-3 months conditional food rations in lieu of their participation in food for assets creation. |
| **3. Additional details** | |
| **3.1 Situation and needs analysis** | It is estimated that 60 percent of FATA's population lives below the poverty line with a per capita income of US$ 250 per annum. Literacy rates are 29 percent for males and a dismal 3 percent for females. Overall in FATA, close to 59 percent of the population is categorized as food insecure with high rates of malnutrition and micro-nutrient deficiencies and many are facing limitations on access and availability to foods, since many markets are located at a distance or are closed. According to the respondents of the IAERNA, the food available in markets is unaffordable to most returnees.

With very limited economic opportunities, most of the population in these areas engage in primary level subsistence activities, such as agriculture and livestock rearing, or in local small-scale businesses.

Within the returnee population, the sources of earned income are similar both before and after the crisis, with only a few percentage points of change registered: according to the assessment of 1 million returnees, 40.4 percent are dependent on farming and 15 percent on livestock and poultry rearing (and fishing) for their primary source of income. Most notably, after agriculture and livestock as the primary sources of income, unskilled labour was the third most important means to earn additional income.

In terms of agricultural losses sustained as a result of crisis, of those who depend on agriculture, 43 percent suffered at least some losses in their wheat crop, 23 percent in their vegetable crop, and 18 percent with their orchard related yields. The most pressing needs related to the livelihoods recovery were: 42.2 percent of returnees cited land reclamation; 26 percent cited inputs for land preparation; and 19.7 percent cited irrigation system recovery. Crop and horticulture production also serve as important food sources for households. According to the survey, 36 percent of wheat, 15 percent of the vegetables and 10 percent of fruits consumed by returnees, are from |

their own production.

The livestock sector has incurred significant losses in terms of mortality, and households have incurred losses to income and food due to distress sales. Animal losses can severely compromise the recovery capacity of rural families. Livestock and poultry represent the savings account of rural families; in times of crisis, it represents a way to quickly obtain cash. It is not surprising that 13.9 percent of assessment respondents identified livestock as a priority need in the IAERNA. The provision of feed and fodder is particularly relevant considering that 40 percent suffered loss of fodder stock. Some 26 percent of respondents said that the milk products and 9 percent said their oil/ghee products come from their own production.

Communal grazing lands represent an important source of fodder for livestock for 75 percent of respondents and that access to communal pastureland is non-existent for 21 percent of respondents. According to the respondents, grazing lands resources are overstretched and suffer from water scarcity (13 percent) and overgrazing (30 percent) which has led to reduced productivity (42 percent) in livestock.

Forests represent a communal resource that is a source of timber, firewood, fodder and other non-timber forest products like resin, mazri (local material used in basket work), and medicinal plants, for many returnees and their communities as profitable income generation activities. Apiculture represents another income generating activity for many communities. Over 53 percent of respondents said they obtain their firewood from forests and 27.5 percent said they received their timber from communal forests. Farm and agro-forestry represent major suppliers of wood for local markets, which are a significant source of timber (59.7 percent) and firewood (28 percent) for returnees. Both farm and agro-forestry provide an alternative to cutting down communal forests, which is important from the biodiversity and environmental point of view as well.

The markets for food, inputs and supplies as well as for wood represent a potential income-earning source for many. Over 21 percent of all returnees said that their primary source of income is through trading and shop keeping. Because of the crisis, many markets have closed down or become non-functional and insecure, thereby negatively impacting local businesses. In addition, farm-to-market roads and paths were damaged during the crisis and require rehabilitation.

3.2 Expected results	Improved agricultural production through land rehabilitation/preparation and repair of irrigation channels; Enhanced income and food security for women, child and poorest headed household families

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	through provision of poultry and vegetable packages; income and food security of the affected families enhanced due to the provision of agriculture inputs and livestock support; Reduced Risk of flooding and destruction of houses through the establishment of nurseries and plantation; improved fertility and productivity of agriculture lands through land reclamation; improved food/seed stocks and nutritional status by establishing food storage; improved grassroots institutional and community capacity building through different trainings; restoration of labour intensive community physical assets through FFW interventions, support capacity building sessions through FFT, as well as addressing food insecurity of school children through distribution of fortified food.
3.3 Indicators	Establishment of number cold storages; Renovate number of Farm Service Centres; Land reclamation of number of acres of land; Number of goats distributed; Number of poultry birds distributed; Number of people who benefit from Cash for Work activities; Number of packets of vegetable seeds distributed in three agencies; Number of MT of wheat seeds and Number of MT of fodder distributed; Capacity building sessions of people on kitchen gardening, poultry birds vaccination; Number of forest nurseries established with a total number of plants; Number of partners supported through capacity building; quantity of food distributed through food for asset creation.

3.4 Sector strategy	The response strategy for the Food Security Sector aims to ensure affected communities have adequate access to food in Bajaur, Mohmand, Orakzai and South Waziristan in FATA. The proposed Food Security Sector Response Strategy spans over a period of 18 months. By improving access and availability to food for the most vulnerable groups through building sustainable livelihoods, the Sector aims to achieve the following outcomes:
	• Address the food insecurity needs of returnees as well as vulnerable stayee households by supporting the resumption of productive agricultural and livestock activities.
	• Support the livelihood needs of returnees through:
	    ○ distribution of needed inputs;
	    ○ diversification of income sources through capacity and skill enhancement in improved agricultural practices and value addition;
	    ○ using modalities (cash and food) to rehabilitate productive infrastructure and manage communal forest and grazing land resources;
	• Building resilience of crisis affected communities through disaster

Sector Projects Overview	
	preparedness and risk management. • Improve coordination of the sector to maximize use of limited resources, facilitate information sharing and enhance assistance to crisis affected communities.
3.5 Risks, mitigations and assumptions	**Risks**: General Law and order security and accessibility, funds availability, social issues and rumours, timely issuance of NOC. **Assumptions:** Situation may be calm, peaceful and conducive; engagement of local community will help reduce the risk of social issues. Government and donor agencies continue technical and financial support in the area, authorities are facilitating in NOC process.
3.6 Sector coordination plan	FATA Food Security Sector will co-lead with the Agriculture, Forestry Departments of FATA to coordinate sectoral activities and work with UNDP and FDMA to coordinate within the Early Recovery Framework.
3.7 Sector monitoring plan	Food Security Sector will work with the FDMA, UNDP, and Line Departments to develop a sector-monitoring plan of the ER projects under this framework. The Sector lead organizations will also take responsibility to support sector partners to report activities progress and centralize information.

4.4 Health

Sector Projects Overview	
1. Sector	HEALTH
1.2 Sector lead agency	WHO
1.3 Contact information (email and phone number)	Dr. Jorge Martinez, Emergency/Sector Coordinator, email: martinezj@pak.emro.who.int, Cell: 0308 555 9647,
1.4 Sector strategic objectives	The overall objective of the health recovery framework is to support the reactivation of the health care system in areas affected by the crisis with special emphasis on maximizing access for the returning and resident population to a basic package of quality essential health services. **Short term:** Sustain functionality of essential health services, especially primary health care, in affected areas; expanding and strengthening surveillance and response to communicable disease outbreak;

Sector Projects Overview	
	Long-term: Support to field operation and coordination of provision of essential equipment and refurbishment, reconstruction and rehabilitation of complementary infrastructure and enhancement of institutional capacity at the different levels of the health system.
2. Summary	
2.1 Sector objectives	• To ensure access to a package of comprehensive PHC services (including MNCH/Reproductive health/FP) at community level and in facilities for all crisis affected population especially for women and children • To restore/ revitalize health services delivery in areas of return while enabling the health authorities to deliver their humanitarian responsibilities and by engaging the key national programmes and campaigns (LHWs/CHWs) • To address the emerging public health threats in a timely and appropriate manner by expanding DEWS to crisis affected areas and by developing health components of contingency plans • To advocate and increase the awareness of affected population especially women on key lifesaving health issues/ interventions • To ensure the delivery of health response interventions in a coordinated manner, according to Sphere and national/global standards.
2.2 Number of projects	14
2.3 Locations of projects	Mohmand, Bajaur, Orakzai and South Waziristan agencies
2.4 Total number of beneficiaries	1,584,962
2.5 Status and details of beneficiaries	See below.
Total Population	1,584,962
Male (52%)	824,180
Female (48%)	760,782
child bearing age (48.8% of female)	368,414
Population below 15 years	682,598
New born 7% of total Pop under 15years	117,174
Children (Below 5 years excluding new born)	232,775

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Population 15 - 64 years	835,160
Pregnant Women 3.7 % of 15 - 64 population	58,194
Elderly (Above 65 years)	55,048
2.6 TOTAL funds requested for the sector (US$)	**26,025,971**
2.7 Overall budget breakdown	Activities costs (US$): 21,139,299 Support costs (US$): 4,886,671
2.8Sector activities	Support the reactivation of the health care system in areas affected by the crisis with emphasis on maximizing access to a package of essential health services for the returning and resident population of Bajaur, Mohmand, Orakzai, and South Waziristan Agencies.
3. Additional details	
3.1 Situation and needs analysis	The Inter Agency Early Recovery Needs Assessment (IAERNA) revealed the following facts about the health system in the targeted 4 tribal agencies. In Bajaur Agency proper health facilities are not available, the BHUs and civil dispensaries that do exist are rather poorly equipped and low staffed. Villagers have to walk long distances to reach the health facilities and in case of emergencies or accidents, there is no facility available close by. The mother and child health facilities are only available at the agency headquarters hospital which is far to travel for many families. The health facilities are in poor condition, unhygienic and lacking proper equipment, medicines and experienced staff. In Mohmand Agency, there are total 54 health facilities available in the Agency. Agency Head Quarter Hospital Ghalanai and RHC Yakaghud are two major ones which are from five to 50 kilometers away from different populated areas. Health centres are mostly located near the concentrated population. Although most people go by foot to these centres, some use cars. People in general face transportation and financial problems while the health facilities are not proper in case of accident or emergency. If ambulances are provided, at tehsil and major villages' level, situation can improve. The maternal and infant care facilities are available in Tehsil headquarter hospital, RHC and all BHUs however, it is not available at civil dispensaries. The issues related to accessibility are damaged roads, unavailability of water and electricity. Due to presence of Afghan refugees the load on the local facilities has increased in EkkaGund while shortage of life saving medicine is serious problem and water is also unavailable. For cleanliness, at every hospital Grade IV employee has been employed who takes care of environment issues and overall cleanliness.

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In Orakzai Agency the closest health facility is between 35 –45 minutes away by walk and transport is generally available to get to the facility. The services in the health facilities are not according to mark; there is no mother and child health facility and the staff is inexperienced as well. Unavailability of medicines, trained staff, supplies, drinking water and poor health infrastructure are the main issues. In South Waziristan, there is no big hospital, except one in Saroki. Pregnant women have to be taken to Wana and DI Khan, which is more than 30 kms away as there are no MCH facilities in the villages. Due to roads being in such bad conditions, it is very difficult to reach hospitals on time. The Afghan refugees did not have great impact on health facilities in the areas as they were mostly in Wana where the facilities are better and there is easy access. Although BHU and CHC were at a distance of six and three kilometres respectively, most health facilities are far from villages and need transport, as people can't cover the distance by foot. The health facilities are poorly equipped, with no proper doctors or MCH facility. The only regular people who visit are for polio vaccinations. There is no water or sanitation facility at the health facilities either. However, overall, Afghan refugees' presence has burdened the already limited or health infrastructure leading to a lack of equipment and health staff. Medicines available were consumed by more than what was allocated. Nevertheless, there were health program for Afghan refugees, which were also utilized by the local population.

3.2 Expected results	Restoration of the functionality of damaged/destroyed health facilities and strengthening of referral mechanisms along with Mobile Health Units coverage. Accessibility to essential PHC services including MNCH/RH and immunization coverage to the affected population. Improving access and availability of essential life-saving medicines, supplies and equipment. Prevention against emerging health threats and outbreaks through strengthening fast, timely, effective and coordinated joint health interventions. Strengthening Early Detection and timely, effective response to outbreaks of communicable diseases.
3.3 Indicators	# of static health units re activated/rehabilitated for provision of essential PHC services. # of active mobile units on ground along with referral services # of LHWs reached. # of temporary health units operationalized. # of consultations related to MNCH/RH and other key diseases undertaken. #of complicated cases referred. # of coordinated health promotion activities delivered. # of CBDRM training courses held/ no of volunteers trained # of LHWs and Community Health Workers(CHWs) trained on CBDRM.

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# of HOPE training courses held/ no of health and hospital staff trained. # of EHKs, DTKs, ARI kits LLINs, procured and distributed. # of alerts and outbreaks identified and responded to weekly. #No of training courses held for communities and health workers on DEWs. # of outbreaks responded and controlled within 48 hours of detection. # of health sector meetings held per month at the federal, provincial, or agency level. # of health facilities reporting to HeRAMS.

| **3.4 Sector strategy** | Five strategic pillars have been defined for Health Sector early recovery response framework:
(1) coordination of health actors and information management support for prioritization of response, streamlining decision making and monitoring;
(2) improving access and availability of essential life-saving medicines and supplies at the PHC level;
(3) expanding and strengthening of disease early warning, surveillance and epidemic response systems (DEWS) to all priority Agencies
(4) accessibility to essential PHC services including MNCH/RH and immunization coverage; and
(5) restoration of the functionality of damaged/destroyed health facilities (including basic water and sanitation services) and strengthening of referral mechanisms to secondary and tertiary care hospitals for critically ill patients.

• The coordination of humanitarian interventions executed by the health partners constitutes the key strategic choice deliberated by the humanitarian community to enhance the efficiency and effectiveness of response interventions in support of national actors. This coordination is focused on actions addressing the main determinants of morbidity & mortality i.e. communicable diseases outbreaks, lack of access to essential Primary Health Care (PHC) needs including reproductive health & family planning, immunization and other key lifesaving issues. Minimum essential health service standards have been developed ensuring provision of quality comprehensive essential health care services. The impact of health response on morbidity and mortality is not easy to quantify, however, it is clear that even with this scale of disaster the current morbidity and mortality figures are quite similar to the ones from previous years, which is a success by itself. Excess mortality due to direct or indirect violence causes is not de-facto that high.

• Improved access to an essential package of public health services for the affected and returning population with a |

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reasonable degree of contact (above 0.5 New Cases/person/year) between the population in the catchment area and the public health delivery system in each of the priority agencies.

- Essential health system service delivery to the affected population will be through still functional health facilities, and community based health care providers of the government and civil society organisations, organisation and development of mobile medical teams and ensuring effective referral support through outsourcing the provision of health care to international and national non-governmental organizations that are currently engaged in providing health services in the crisis affected agency via the sector coordination mechanism. Build capacity of civil society and authorities in exposed areas to respond to health and nutrition needs in emergencies.

- The coordination of humanitarian interventions executed by the health partners constitutes the key strategic choice deliberated by the humanitarian community to enhance the efficiency and effectiveness of response interventions in support of national actors. This coordination is focused on actions addressing the main determinants of morbidity & mortality i.e. communicable diseases outbreaks, lack of access to essential Primary Health Care (PHC) needs including reproductive health & family planning, immunization and other key lifesaving issues. Minimum essential health service standards have been developed ensuring provision of quality comprehensive essential health care services. The impact of health response on morbidity and mortality is not easy to quantify, however, it is clear that even with this scale of disaster the current morbidity and mortality figures are quite similar to the ones from previous years, which is a success by itself. Excess mortality due to direct or indirect violence causes is not de-facto that high.

- Improved access to an essential package of public health services for the affected and returning population with a reasonable degree of contact (above 0.5 New Cases/person/year) between the population in the catchment area and the public health delivery system in each of the priority agencies.

Sector Projects Overview	
	• The Disease Early Warning System (DEWS) model of outbreak "Detection and Response" will be extended or brought into action to reduce morbidity and mortality in the affected population. In addition to the existing DEWS team, new Surveillance Officers (SOs) would be immediately hired and trained for the crisis-affected agencies to establish weekly reporting of communicable diseases and a system to detect and respond to alerts for epidemic-prone diseases. • Institutional capacity building for the provision of specialized health services and medical care for persons with disabilities and older persons by training staff on appropriate responses, by providing appropriate drugs, by referring individuals to rehabilitation services and by providing specific equipment.
3.5 Risks, mitigations and assumptions	1. Keeping in view the historical background and the prevailing situation, security remains the major project risk factor, which jeopardizes the staff mobility. 2. Accessibility in remote areas i.e. tough terrain, poor road network etc. 3. Though generally major areas are security wise cleared but security at the local level would still be a risk. 4. Female staff mobility in the areas. 5. Keeping in view the historical, cultural and traditional background of the area the non-acceptance of interventions targeting women is there, however, effective sensitization and mobilization of community will be ensured. 6. Shortage of skilled human resource especially female medical and paramedical staff.
3.6 Sector coordination plan	Coordination is the back-bone for the streamlining of response, decision making and monitoring of the activities and its impact on the life of affected population during emergencies and early recovery phases. The operational platform under the leadership of WHO has been instrumental in mounting adequate and timely response by WHO and health Sector partners, including the government, to life threatening risks and diseases, saving lives and reducing disease. The provincial offices have also made it possible for health responders to reach the farthermost periphery, especially in case of alerts for life threatening communicable diseases. This operational platform requires the continued placement of manpower and financial support to allow Sectors to function and sustain current services including wide-scale

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| | distribution of life saving essential drugs.

Through the coordination mechanism already in placed in at national provincial and agency level, the sector will continue to facilitate coordination and support functions at provincial and agency levels, run WHO operations, run the DEWS and respond to outbreak alerts, run and mange sentinel surveillance sites for malnutrition, provide necessary logistical cover to ensure procurement and distribution of medicines, medical supplies and equipment, and supervise/manage health facility restoration activities in areas identified as priority for early recovery and rehabilitation.

The Health Sector has set up an effective and efficient mechanism of coordination whereby the health partners share/map the information, produce situation reports and 'who is doing what and where' matrix. The information is used to identify the gaps and plan the response activities.

In support to the Ministry of Health, Government of Pakistan, the World Health Organization as the Health Sector lead, along with sector partners, is ensuring that:
- A coordinated response is put in place to ensure delivery of health services to the most vulnerable;
- The communicable disease surveillance and outbreak response system is expanded and is robust for timely detection of disease, and prevention of outbreaks;
- Stocks of necessary medicines and supplies are delivered to areas warehouses, as requested by FATA Health department;
- Water and sanitation condition is improved in the targeted areas.

Information management activities will also be strengthened at all levels to guide decision-making, identify needs and critical gaps, and monitor impact of interventions. Additional expertise for GIS/geo-spatial analyses will also be commissioned to produce maps including mapping of health partners working in the affected areas to avoid overlapping and duplication of activities. Information management capacities including those for geo-spatial analyses will be made available at Islamabad office and field hubs. |
| **3.7 Sector monitoring plan** | Health Sector Partners will monitor health interventions according to the indicators outlined above disaggregated by sex and age, and conduct evaluations and assessments to measure the impact of the interventions and to facilitate improvement / changes where required. Specific areas of focus such as the DEWS will deploy surveillance officers in the areas affected for close monitoring and supervision of the disease trends and investigate any alerts and outbreaks to provide the timely and appropriate response. The essential drugs team will monitor the rational use, storage and dispensing activities and capacities of the department of health and all the proposing organisations through the |

deployment of a pharmacist in each area.

After the first 9 Months of the Early Recovery process, an ad hoc real time evaluation will be organised to measure progress made per areas over the last 6 months using the same indicators. This RTE should be closely coordinated with the areas' health authorities. It should look at midterm progress and inform the design of a follow up programme after 9 months.

Health Sector has established criteria for the assessment of partners' capacities in terms of human resources, financial management and internal controls, past experience in the health sector especially in emergencies and post emergencies situation, familiarity with the community and national health authorities and active health Sector participation. WHO has Surveillance Officers on ground that are responsible along with technical support to the partners and for also doing monitoring of partners activities. WHO Pharmacists look into the rational use of medicines and have proper system for the recording and utilization of medicines by the partner's staff. The health authorities in each agency are also regularly monitoring the partner's activities on regular basis. Monitoring and Evaluation is an integral part of the Health Sector Response strategy, which initiated from the onset of the response. The monitoring of health Sector activities is more participatory and collective in nature where all the stakeholders are involved in the monitoring process. Joint monitoring visits along with the Health authorities are one of the successful mechanisms for the monitoring of Sector activities. Health Sector is using IASC standard indicators for communicable and non-communicable diseases including average population coverage, emergency obstetric care, maternal and neonatal care, etc. Health Sector is using different data collection tools and methods for the assessment of health facilities like HeRAM (Health Resources Availability and Mapping) and IRA (Initial Rapid Assessment). Health Sector Partners also participate in the Multi Sector Rapid Assessment (McRAM) along with the UN partners. Health Sector has established different Working Groups/Task Force for different areas like malaria, communicable diseases, Reproductive Health to monitor the response effectiveness and efficiency. The task force are established for specific period of time with specific objectives to monitor the implementation mechanism and rate for example the distribution of bed nets for malaria control in malaria prone areas in the crisis affected areas.

4.5 Nutrition

Sector Projects Overview	
1. Sector	NUTRITION
1.2 Sector lead agency	UNICEF
1.3 Contact information (email and phone number)	Aien Khan Afridi [Nutrition Sector Coordinator] Email: [akafridi@unicef.org] Phone# [+92-91-570 1311-15, Ext-3168] Cell# [+92-300-500 2598]
1.4 Strategic Objectives	The overall objective of the Nutrition Sector for FATA is to ensure that GAM (Global Acute Malnutrition) rate in the affected area is maintained below the 10% emergency threshold by improving nutritional status through provision of effective nutritional services at the community and facility level; that meet national and internationally recommended minimum standard of care for population affected by emergency.
2. Summary	
2.1 Sector objectives	Specific Objectives: 1. To ensure provision of lifesaving nutrition services for acutely malnourished children (boys and girls) less than five years of age and pregnant and lactating women (PLW) suffering from acute malnutrition through community and facility based nutritional management approach. 2. To prevent malnutrition in early childhood through promotion of improved infant and young child feeding, care giving, and care seeking practices at the facility, community and family level and to prevent and control the donation and distribution of breast-milk substitutes in emergency affected areas. 3. To prevent and treat micronutrient deficiency disorders in children and women through provision of multiple micronutrient supplementation, Vitamin A and deworming campaigns. 4. To provide refresher trainings to DoH and NGOs for effective implementation of nutrition interventions; ensure effective and timely implementation of nutrition interventions through enhanced coordination and information gathering; nutrition surveillance, monitoring of trends and status of malnutrition in the target population.
2.2 Number of projects	5 [UNICEF, WFP, MERLIN, CDO-Swabi& NIDA-Pakistan]
2.3 Locations of projects	Bajaur, Mohmand, South Waziristan, and Orakzai Agencies.

Sector Projects Overview	
2.4 Total number of beneficiaries	339,855
2.5 Status and details of beneficiaries	209,867children aged < 5years [49% male and 51% female] 129,988 Pregnant & Lactating Women
2.6 TOTAL funds requested for the sector (US$)	**6,812,383**
2.7 Overall budget breakdown	Activities costs (US$): 4,984,103 Support costs (US$): 1,828,225
2.8 Sector activities	1. Undertake a need assessment and mapping exercise to determine number of children & women and locations 2. Coordinate supplies and equipment, including therapeutic food, micronutrients and fortified foods for children, lactating and pregnant women 3. Improve the capacity of the service providers to treat, refer and prevent acute malnutrition and establish referral mechanism 4. Integrate Infant and Young Child feeding within the treatment of acute malnutrition. 5.Promote breast feeding, hygienic ways and nutrition & balanced diet awareness
3. Additional details	
3.1 Situation and needs analysis	Infant mortality and Maternal mortality ratio in FATA is high as compared to rest of the country (IMR 87 deaths per 1,000 live births, 380 deaths per 100,000 live births) . The nutrition status of population is even worse in this region. The recent National Nutrition survey (NNS 2011) reported 15.1% Acute Malnutrition rates across Pakistan and much higher rate of chronic malnutrition. i.e. 43.6% and 31.5% children under five year of age were reported as stunted and wasted, respectively. The NNS also reported GAM rate of 10% in FATA with SAM rate of 6%, which is beyond WHO emergency threshold of 4%. The children with severe acute malnutrition have a high risk of mortality, i.e. 9 times more prone to mortality compared to healthy children. Furthermore 35.5% children are severely stunted (<-3 SD) and 7.1% are severely underweight. The food insecurity in the region further compounds the problem of malnutrition and ill health. According to IAERNA, 29% respondents say that they have no food at all.

Sector Projects Overview	
3.2 Expected results	1. Improved nutrition status of mothers and children in FATA; 2. Raised awareness regarding health, hygiene and nutrition among caretakers; 3. Raised capacity among sector partners; 4. Well-placed nutrition interventions with no overlapping; 5. Improved coordination among the government, donors and implementation organization; 6. Adopting Integrated Nutrition polices in FATA.
3.3 Indicators	1. Need assessment conducted in the crisis-affected areas; 2. Lists of functional CMAM sites including OTPs, SFPs and SCs; 3. List of CMAM sites provided with anthropometric equipment and therapeutic supplies; 4. Number of HCPs trained and involved in CMAM; 5. Number of volunteers/CHWs/LHWs trained and involved in screening; 6. Number of HCPs/CHWs trained on IYCF; 7. Cure, defaulter and death rate of nutrition activities; 8. Number of children registered in SFPs, OTPs and SCs; 9. Funding proposals and donor reports are available; 10. Monitor and evaluation system is in place.
3.4 Sector strategy	Providing early recovery focused interventions for improved nutrition of crisis affected population of FATA through coordination of integrated nutrition and health care services
3.5 Risks, mitigations and assumptions	Risks include: 1. Security 2. Socio cultural barriers 3. Availability of female health care providers 4. Low coverage of LHWs Mitigations include implementation methodology through communities, and national institutions, working to provide much-needed healthcare. The Health Sector ensures assistance is relevant and therefore valued by communities, which increases acceptance and mitigates risks.
3.6 Sector coordination plan	Coordination will be through partner organizations including government, UN, INGOs and NGOs through the Nutrition Sector focal persons. Inter-sector coordination with the Nutrition Sector and other sectors.
3.7 Sector monitoring plan	Third Party monitoring of static and community components. Joint Inter-sector monitoring. Joint Nutrition Sector monitoring and reporting through the sector system.

4.6 Protection

Sector Projects Overview	
1. Sector	PROTECTION
1.2 Sector lead agency	UNHCR, co-leadership by IRC; sub-groups lead by UNICEF and UNFPA
1.3 Contact information (email and phone number)	Lauren Aarons (protection sector co-lead) lauren.aarons@rescue.org 03455014655; Murat Yucer (protection sector lead) yucer@un.org 03085557290; Bee Khan (CP sub-sector lead) kbkhan@unicef.org; ShabanaAman (GBV sub-sector lead) aman@unfpa.org
1.4 Sector strategic objectives	To provide protection support for the crisis affected populations of FATA, particularly for vulnerable groups including women and children.
2. Summary	
2.1 Sector objectives	1. Safety and security of FATA residents monitored and at risk individuals protected from harassment, abuse and supported with access to remedies; includes GBV and risks faced by children 2. Vulnerable and marginalised persons are able to access early recovery assistance, restitution and government compensation schemes on an equitable basis; special thought given to needs of women, children, people with disability 3. Increased mobilization and participation of FATA residents including women and children to identify and address protection concerns and engage in decisions which affect their lives
2.2 Number of projects	Protection – 5; Child protection - 11; GBV - 6
2.3 Locations of projects	Bajaur, Mohmand, Orakzai, and South Waziristan.
2.4 Total number of beneficiaries	855,540 persons
2.5 Status and details of beneficiaries	According to the 1998 census the ratio of males to females in FATA is 108.4 to 100. The Sector provides protection support for the most vulnerable populations with a specific focus on women and children with the following targeted breakdown of beneficiaries: Protection - 113,778; Child protection - 579,612; GBV - 162,150

Sector Projects Overview	
2.6 TOTAL funds requested for the sector (US$)	**9,847,994**
2.7 Overall budget breakdown	**Protection:** Activities costs: US$ 1,466,004 Support costs: US$ 266,120 **Child Protection:** Activities cost: US$ 4,459,282 Support Cost: US$847,785 **GBV:** Activities Cost= US$ 1,740,375 Support Cost= US$ 1,068,432
2.8Sector activities	1. Monitoring the safety and security of FATA residents by collating concerns at protection sites (such as protection welfare centres, women friendly spaces, child friendly spaces) and by undertaking proactive research at the community level; 2. Monitoring of FATA residents access to ER assistance, restitution and compensation either at protection/CP/GBV specific sites (e.g. protection centres or friendly spaces) also through pro-active research including FGDs at a local level; 3. Capacity building and information sharing with protection monitors of government agencies (e.g. child protection units of social welfare); 4. Provision of support to men, women and children to access civil documentation; 5. Initiation of protection, child protection and GBV case management, so as to ensure improved access of beneficiaries/survivors to secure and appropriate reporting, follow up and protection; 6. Provision of psychosocial support to persons affected by the crisis, including women and children; 7. Establish strong referral linkage with the other sectors (Health, Community Restoration) so as to ensure holistic protection response including GBV and CP, and also to facilitate people in need of protection services; 8. Increase linkages with income activities (vocational skills development) for women and vulnerable families to ensure their economic support and minimize the risk to their safety and security including sexual exploitation, survival sex, forced marriages, and forced/child labour; 9. Training and capacity building of government agencies and service providers on protection concerns and solutions; 10. Sharing information on concerns and raising concerns with the protection sector working group for follow-up including advocacy with political authorities and other stakeholders as appropriate 11. Community awareness-raising on protection and rights issues, including GBV and CP issues such as violence against women, mine awareness etc.;

| | 12. Mobilization of protection committees at the local level to support communities' access to protection solutions and to share concerns. |
| **3. Additional details** | |
| **3.1 Situation and needs analysis** | The combined protection sector has identified key needs based on the IAERNA findings, references to which are included below. However, despite the use of trained and female enumerators, key concerns related to protection, child protection and GBV may not have been reported in the household surveys and FGDs due to their sensitive nature, and the IAERNA report itself has highlighted the need for focused protection monitoring. As such, we as a sector have accepted some projects relating to concerns (e.g. GBV) that are not highlighted in the report.

1. Threats to physical and mental integrity
Safety and security concerns were raised by participants in all FATA agencies surveyed in IAERNA, though the findings cannot be assumed to be comprehensive due to the sensitive nature of safety and security issues including GBV and child protection. FGD participants in all agencies stated they felt at risk, with participants in SWA stating the presence of both the army and the Taliban create a climate of insecurity. Only 44 percent of adult men (over 18) reported that they felt very secure in the household statistical survey. Women were more likely than men to state that they felt very insecure at 8 per cent for adult women. Interestingly, when asked what caused insecurity, the most common response selected by both men and women was the presence of checkpoints (30 per cent for men, 83 per cent for women). Women also highlighted concerns related to restrictions of movement due to their vulnerability (19 percent) and access restrictions related to the crisis (10 percent). Harassment (10 percent), sexual violence (6 per cent) and human trafficking (2 percent – 11 persons) were also raised highlighting protection concerns in these areas. Monitoring is urgently required to further understand these concerns, to document cases and to determine persistent protection concerns. Responses to promote and protect the physical integrity of FATA residents may include providing vulnerable groups access to safe spaces to share concerns and access assistance, provision of legal/administrative assistance, training and support to security officials including in relation to human rights and public safety, and advocacy with government and other sectors.

2. Barriers to access assistance, restitution and compensation
According to IAERNA, a large number of persons in FATA lack the necessary documentation and knowledge to be able to access early recovery assistance and compensation when these become available. Access to compensation schemes and early recovery assistance depends on having valid civil documentation. According to IAERNA, 28 percent of men and 72 percent of women above the age of 18 do not |

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	have a valid CNIC; with ten percent of respondents stating that a CNIC card was lost in their household during displacement. Only 16 percent of children have birth certificates. Worryingly in relation to government compensation schemes, over 78 per cent of respondents reported that no one person within their household has a bank account. In terms of housing reconstruction, 4.8 percent of respondents reported that they need assistance accessing property documents and 3.6 percent stated they needed assistance to re-gain their land. Monitoring is required to determine what barriers FATA residents face to accessing these services. Actions are also required to ensure that vulnerable groups in particular are aware of what assistance is available, how to access it, and to ensure they are able to enjoy equitable access. **3. Barriers to participation in decision-making** Despite being included as a question in the FGDs, the IAERNA report does not include any analysis of the barriers FATA residents face in being able to determine and communicate their own protection concerns to relevant stakeholders, to expressing their opinions and participating in decision making at a local or wider level. However, sector partners working in FATA consider that these barriers include lack of knowledge of rights that do exist and government and NGO services available to support the realisation of rights. It also includes lack of documentation, as citizens cannot realize their civil rights without documentation. Training and mobilisation of communities to form protection committees and to know about their rights will be important to support the long-term sustainability of any protection interventions under FATA ER framework, to ensure that protection concerns are identified and either solved locally or referred appropriately.
3.2 Expected results	1. Protection sector and sub-groups and other stakeholders aware of key protection concerns relating to safety and security of FATA residents and their access to ER assistance, restitution and compensation in these four agencies including concerns faced by women and children; 2. Protection sector empowered to coordinate solutions and advocate on key concerns with government, security services and the humanitarian community; 3. FATA residents able to access civil documentation, access service providers, and gain legal and social remedies; 4. Stakeholders who have a role to play in the safety and security or in the provision of assistance or compensation to FATA residents aware of resident's rights, protection needs and solutions; 5. FATA communities aware of their rights and mobilized locally to find local solutions to their concerns and have their voices heard in early recovery related decisions.
3.3 Indicators	• Briefings of protection related concerns are provided to the protection sector working group on issues identified during

monitoring and programming work – briefings relate to safety and security of FATA residents and their access to ER assistance, restitution and compensation including concerns faced by women and children; monthly meeting of protection sector working group to discuss these concerns, find solutions and develop and implement advocacy strategies

- Concerns raised by sector partners related to barriers to access to assistance (e.g. education, WASH, government compensation schemes etc.) are solved; FATA residents (male and female) supported to access civil documentation increases; FATA residents (male and female) accessing legal and administrative support increases; cases supported and referred to government or NGO service providers; stakeholders who have a role to play in the safety and security or in the provision of assistance or compensation to FATA residents trained in rights, protection needs and solutions (numbers of each will depend on number/type of projects funded)

- FATA communities access messages and made aware of key protection concerns (e.g. mine risks, GBV, trafficking etc.), representatives trained in human rights and protection principles and solutions; local protection groupings formed including women and youths to deliberate concerns, communicate on behalf of their communities and find solutions (again, number of each will depend on number/type of projects funded)

3.4 Sector strategy	The Protection Sector will support the mobilization and coordination of skilled and trained UN, NGO and Government staff to identify and respond to the protection needs of the most vulnerable.
	The Protection Sector will use the IDP Guiding Principles and the HCT/Protection Sector Beneficiary Selection and Targeting Guidelines to identify beneficiaries and ensure that those with specific needs are being actively facilitated to obtain assistance.
	The strategy targets affected persons to provide life dignity through a focus on their physical and psycho-social well-being and legal security in order to increase their independence and resilience for full and safe recovery.
	The Protection Sector will prioritise monitoring as currently there is limited independent information held by the humanitarian community on protection concerns in these FATA agencies, and will work closely with other sectors to ensure an integrated approach to early recovery assistance and will continue to mainstream protection activities and responses within other sector responses.
	Responses to identified protection issues, and steps to prevent future risks, will be planned and implemented in partnership with Government

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	authorities at the provincial and agency level. Capacity building of the relevant Government staff and civil society organizations, including on protection related monitoring, coordination, case management, referrals, information dissemination, and information management will be carried out concurrently with project implementation to ensure sustainability and strengthening of Government systems. All protection activities need to be prioritized during the early recovery period, especially to support children, women and other vulnerable groups at risk of abuse, violence, neglect and subsequent death or injury. Latter phases also require increased emphasis on Government and community protection
3.5 Risks, mitigations and assumptions	**1. Access** It is assumed that access will be granted on a continuous basis to organizations working in these four organizations under the FATA ER framework. This assumption is based on the fact that almost all of the organizations submitting proposals have experience working in FATA and success in gaining NOCs in the past. For example, the following protection organizations are currently implementing programs in FATA and have NOCs: KhwendoKhor (all four agencies), NRC (Bajaur and Mohmand), IRC (Mohmand), DTCA (Bajaur) and CERD (Orakzai and Kurram with a 'provisional letter'). Several organisations submitting child protection or GBV proposals have also current projects in FATA and have been granted NOCs. The protection sector will support member's access to NOCs through OCHA and follow-up in any instances in which NOCs are delayed or denied. Furthermore, the protection sector will be making efforts to reach out to relevant political authorities to provide trainings/workshops and improve dialogue to explain what exactly protection is, and to highlight its enabling function. At the same time, sector partners appreciate that NOC may be revoked at any time and have or will be developing contingency measures in order to be able to adapt should their NOCs be delayed, suspended or denied. These include identifying local partners/IPs/government line departments to be able to undertake the groundwork for the projects or supervise implementation if required, and contingency funds to be able to continue to pay staff a (reduced) continued contingency salary should projects be suspended for short periods of time. **2. Safety and security of project staff and working environment** It is assumed the projects set out in these proposals will be accepted by the communities in which they are implemented. Sector partners will be taking active steps to ensure this. Measures will include working in communities in which there are returnees who already have positive

experience of their programming work while in displacement and community mobilization and consultation prior to the roll-out of the project. Sector partners carefully consider their HR policies e.g. to ensure there is sufficient and appropriate local hiring, to balance the needs to have female staff members and equitable HR policies with community acceptance etc.

3. Renewed instability or deterioration of the security situation
There is a risk that the security situation may deteriorate during the duration of the project either temporarily or for longer periods of time. Sector partners with the support of the sector and coordination partners of the ERAF will closely monitor the security situation in implementation areas. They have or will also be developing contingency plans appropriate to their organization and project in order to mitigate the impact of such a situation if it arises. These plans include identifying and being prepared to switch to work through national IPs, local organizations or government line departments; identifying and being ready to transfer project headquarters to a neighbouring safer area; and having contingency funds available for the short-term continued payment of (reduced) salaries to enable the temporary suspension of projects in an emergency to avoid creating animosity among staff.

4. Risks to participants in any protection sector activities, especially protection monitoring and community mobilization
There is an assumption that beneficiaries will not face any harm for engaging in protection sector activities, such as raising protection concerns with protection monitors. Projects with a monitoring/mobilisation component have only been forwarded for consideration where the organisation concerned has a background in implementing similar projects in FATA and clearly understands the 'Do No Harm' principles. Organizations with relevant proposals included under the sector submissions understand the need to keep the safety needs of their beneficiaries paramount and to keep data confidential. The protection sector will only encourage partners to share less sensitive information in the working group meetings and the sector leads will work with individual organizations to provide support on specific sensitive cases or concerns as appropriate. The protection sector will also seek to provide a training in the first six months of 2012 on protection monitoring and documentation, with a clear focus on refreshing sector partners' understanding of 'Do No Harm' principles.

5. Potential sensitivity of protection messaging in FATA
As highlighted in the sector strategy, all such messaging will go through the protection sector at which point potential sensitivities and risks will be discussed and addressed.

Sector Projects Overview	
3.6 Sector coordination plan	1. The existing Strategic Advisory Group (SAG) (please visit http://complex.pakresponse.info/Sectors/Protection.aspx for terms of reference and composition of SAG) of the Protection sector will continue to coordinate the day-to-day work of sector partners including partners from relevant sub-groups involved in ER protection work , find solutions and refer concerns to the protection sector for follow-up. Specific sessions on Early Recovery will be held on a monthly basis to ensure coordination and standardisation (where relevant) of all protection, child protection and GBV interventions under the framework. 2. In order to effectively mainstream protection issues across other sectors, protection focal points will be identified within the protection sector to liaise with them and the ERWG.
3.7 Sector monitoring plan	1. In their monthly FATA specific meetings, the protection sector (including CP and GBV) will collect updates regarding the different projects 2. The protection sector (including CP and GBV) will organize protection sector assessment missions, where possible, safe and appropriate, to these FATA agencies to visit the protection projects funded under the FATA ER framework and to independently monitor key protection concerns and indicators and feedback to the protection sector.

4.7 Shelter

Sector Projects Overview	
1. Sector	SHELTER
1.2 Sector lead agency	UNHCR
1.3 Contact information (email and phone number)	Werner Schellenberg: schellen@unhcr.org, 03018550527 M. Abbas Khan: khamuham@unhcr.org, 03008153699
1.4 Sector strategic objectives	Provide security and protection to vulnerable groups through provision of emergency, transitional and permanent Shelters. Build foundation for longer-term housing and infrastructure development projects.
2. Summary	
2.1 Sector objectives	• Provide shelter support to the returnees and stayees, so that they can focus on repair and reconstruction of their damaged houses and start livelihood. • Involve the community in reconstruction process through Cash for

Sector Projects Overview	
	Work. To change the challenge into opportunity by including disaster risk reduction component and Build back better in the reconstruction process.
	• Respond to any unforeseen natural and manmade disasters.
2.2 Number of projects	12
2.3 Locations of projects	Four Agencies of FATA. Mohmand, Bajaur, Orakzai and South Waziristan Agency
2.4 Total number of beneficiaries	245,000 persons
2.5 Status and details of beneficiaries	Males:80,850 Females: 78,400 Children: 85,750
2.6 TOTAL funds requested for the sector in US$	60,280,514
2.7 Overall budget breakdown	Activities costs (US$): 51,238,436 Support costs (US$): 9,042,077
2.8Sector activities	• Provision of One Room Permanent shelters • Provision of Early recovery shelter kits • Trainings and capacity building of local community and civil society • Coordination with line departments, Humanitarian Agencies for effective delivery • Active response in case of disaster.
3. Additional details	
3.1 Situation and needs analysis	Whilst return has been possible in many areas including Mohmand, Bajaur, Orakzai and South Waziristan Agencies in FATA, some 92,000 families remain displaced from all Agencies in FATA. However, FDMA estimates that in 2012, a total of 31,000 families will return to areas of South Waziristan (20,000), Orakzai (10,000) and Bajaur (1075). Most of the returning families are currently scattered amongst the host population in DI Khan, Tank, Kohat and Hangu whilst the remaining families expected to return to Loisam area of Bajaur Agency are accommodated in Jalozai IDP Camp. Return to South Waziristan Agency is managed by the authorities in phases as new areas are declared safe for return. Few if any returnee families have their own means of transport. Convoys arranged over 3 -5 day period are provided with security. Return to Orakzai is facilitated by the authorities on a weekly basis, whilst about 50% of returnees chose to find their own means of transport. Having suffered displacement either amongst host communities or in camps in KP, returnees have few household items with which to re-establish their lives in their places of origin. The Needs Assessment (IAERNA) highlights that the vast majority (58.4%) of the houses were damaged or destroyed due to the use of heavy weapons in the region;

Sector Projects Overview	
	in addition to that damages caused were a result of lack of maintenance while the occupants were away and that figure goes up to almost 76 %. These statistics are supported by opinions expressed during the focus group discussions, which state that the villagers are not satisfied with the state of their houses after the operation while 20%of the people have lost their homes entirely. Residents also concluded that in case of any future earthquakes, even a fraction of what they experienced in 2005, 'nothing would be left'. Additional IAERNA findings indicate 44% men and 18% women in need of financial assistance to restart their work in the next three to six months. 13% of both men and women said that they need repair and rehabilitation to restart their work. There is, therefore, a great need for expenditures on reconstruction and maintenance of the existing houses and shelters.
3.2 Expected results	245,000 returnees and stayees supported 15,600 families live in permanent shelters (ORS) 15,600 families have access to latrines 19,398 people receive Early recovery shelter kits (Type B and Type C). Capacity building of FDMA and line departments.
3.3 Indicators	15,600 numbers of permanent shelters (ORS) with latrines constructed for vulnerable people. 16,500 early recovery shelter kits provided and installed. 34,998 most vulnerable families report their shelter condition improved by means of receiving a securely enclosed, safe and durable, habitable structure to live in with dignity
3.4 Sector strategy	Shelter has been identified as a key strategic objective in FATA Early Recovery Response Plan. The objective is to: Support durable solutions through the provision of shelter assistance, prioritizing shelter solutions that can span Tents/NFI, ER Shelter Repair kit and longer-term housing needs (ORS). Due to the scale of the disaster in FATA and the resulting time and resources (financial and capacity) constraints, it will be difficult to address the overwhelming immediate shelter needs using traditional relief, recovery and reconstruction paradigms. The focus should therefore be on flexible and cost effective solutions supporting those whose homes have been destroyed or heavily damaged, to the extent possible using traditional building materials locally available, enhanced with appropriate technical assistance and support for revitalizing the supply chain of key materials. Different scenarios require different implementation strategies for Shelter Response: 1. Stayees – Affected population of FATA whose shelters have been

completely or partially destroyed and who stayed during operation.

2. Returnees - Affected population of FATA whose shelters have been completely or partially destroyed and who returned after areas were declared safe by GoP.

3. Potential Returnees– Affected population of FATA whose shelters have been completely or partially destroyed and who will be returning after their areas of return are declared clear and safe by the Government of Pakistan.

Main components of Shelter intervention for FATA ER response:
One room shelter is a more durable solution built at place of origin with indigenous materials and techniques. The envisaged lifespan of the One Room Shelter is 3 to 5 years, which can be extended upon upgrading of the shelter.

ER Shelter kit is composed of construction material with Cash for Work component, provided in areas of origin where Permanent ORS construction is not feasible due lack of construction material and skills.

Tents/NFI Emergency shelters provided to returnees as immediate intervention. Communal infrastructure development, capacity building, trainings will be part of longer-term ER interventions.

Vulnerability Criteria for Shelter Support
As stated in the Early Recovery Shelter Strategy the priority for shelter assistance should be the most vulnerable. In accordance with Protection Sector's vulnerability criteria, the Shelter Sector specifies the most vulnerable as those households that:

- Have completely or partially destroyed house
- Have no salvaged materials and no means to provide construction materials and/or labour
- May not return to their place of origin and face extended displacement for at least 6 months
- Lives are endangered by weather conditions

Combined with at least one of the below:
- Female headed households
- Child headed households
- Older person headed households
- Households headed by person with disabilities (physical, intellectual, sensory)
- Households headed by person with a chronic disease

Technical Guidelines
The Technical Guidelines have been drafted by the Shelter Sector's Technical Working Group UNHCR, FDMA, UNOPS, IOM and FRD, with

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the collaboration of several experienced National and International agencies active in the shelter sector in FATA and KP in Pakistan. The Technical Guidelines are in line with the strategies recommended by the national Shelter sector. They take account of the actual experiences of shelter agencies and build on actual designs of shelters tested in the field. These Technical Guidelines shall contribute to ensure technical coherency, social and cultural adequacy, which respond efficiently to the requirements of humanitarian standards, the beneficiaries, the climate, the hazards etc. They consist of five parts: a) Design Principles: The Design Principles define an overarching framework that should be considered by agencies when programming shelter support. They include principles on climate suitability, the social / economic situation, the resources, the hazards risks and location. When designing a specific shelter project in a determined location, the following aspects shall be considered: -Location: climate, soil, access, hazards, etc. -Availability of materials: locally available or not, transport costs, skilled labour, etc. -Beneficiaries: community mobilization, degree of expected participation according to vulnerability, etc. b) Technical Recommendations: Recommendations which should be applied in the design and construction of all shelters responding to the Pakistan floods, in the Early Recovery phase. c) Disaster Risk Reduction (DRR) Recommendations: With little impact on cost, these recommendations may maximize the lifespan of the shelters by ensuring a better resistance to hazards, such as heavy rains and floods, earthquakes, fire hazards, strong winds. d) General Recommendations: Aspects to be considered to ensure a coherent programme taking account of the aspects going along with a shelter project. e) Scenarios for implementation of Shelter strategy: These scenarios include a number of factors which combined will determine the implementation strategy of the Shelter Response.

3.5 Risks, mitigations and assumptions	**Risks:** Political Instability, environmental conditions, problems in accessibility, Human resource shortage. **Mitigations & Assumptions:** good relations with government authorities (e.g. FDMA), tribal leaders- Maliks/Ulemas etc. Government support for livelihood generation in FATA and project ownership by the people. Training of locals in masonry and DRR through incentives/cash for work.

5.8 Water, Sanitation and Hygiene (WASH)

Sector Projects Overview	
1. Sector	WASH
1.2 Sector lead agency	UNICEF
1.3 Contact information (email and phone number)	Mr. Jamal Shah;(jshah@unicef.org);0322-9916261
1.4 Sector strategic objectives	To provide safe drinking water, sanitation facilities and hygiene support to affected populations, and support community and institutional capacity building and resilience to disasters.
2. Summary	
2.1 Sector objectives	1. Ensure access and provision of safe drinking water, appropriate sanitation, and promotion of safe hygiene practices to IDPs in area of return through 2012; 2. To ensure effective support to post crisis resilience, with due attention to disaster risk reduction, including the capacity building of government line agencies; 3. Ensure effective coordination of the humanitarian response programme in the WASH sector in close collaboration with other sectors and Government, including ensuring complementarities of interventions through information management.
2.2 Number of projects	12
2.3 Locations of projects	**Bajaur** (Khar , Barang, Mamund, Nawagai, Utmankhel Tehsils): **Orakzai** (UtmanKehl, StoriKhel and Bezoti Tehsils, Lower Tehsil); **South Waziristan** (Sarwakai&Sararogha, Wana); **Mohmand** (Ambar&Pandyali (Tehsil Safi).
2.4 Total number of beneficiaries	207,788 (families) Total number of beneficiaries (Individuals)= 1,427,841 Total number of beneficiaries (Families)= 207,788
2.5 Status and details of beneficiaries	Male/Boys(290,542);Female/girls(296,753); Children (755,960);school enrolment (107,00); Children under15 (11,535);Girls (6,304); Boys (6,117)

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requested for the Sector (US $)	**13,126,697**
2.7 Overall budget breakdown	Activities costs (US$): 10,681,225 Support costs (US$): 2,445,472
2.8 Sector activities	i) Water Supply restoration through various activities including: external / internal electrification including repair & replacement of transformer, repair / replacement of pumping machineries, replacement of damaged pipes, repair of gravity water sources, protection of wells /springs, repair /rehabilitation of dug wells and tube wells, replacement of surface reservoirs, installation of pressure pumps and hand pumps. ii) Support for improved access to sanitation following the Pakistan Approach to Total Sanitation, activities include: social mobilization among affected/returning communities trigger the community demand for sanitation, support for improved hygiene education and practice, etc. iii) Support to restoration of government sanitation schemes and support for solid waste management through: rehabilitation of drains and street pavements, support for solid waste confinement bins in key areas. iv) Rehabilitation of WASH infrastructure in Schools and Health Facilities, including support for operation and maintenance of facilities. Sub-activities include a detailed needs assessment, mobilization of School Management Committees. Repair or installation of permanent water supply to primary schools/health facilities, installation of latrines, and hand washing facilities and solid waste bins, behavioural change communication (training of hygiene promoters, teachers, activists, dissemination of IEC material, hygiene sessions, pre KAP survey will be conducted for baseline date and post KAP survey will be conducted to assess the impacts etc. v) Capacity building of concerned Government offices on various WASH related areas, including technical support, water quality, etc. to promote post crisis resilience, disaster risk reduction, and sustainability of WASH service delivery. Activities include: the development of WASH areas plans of action to support early recovery efforts, key trainings in various technical and management related areas including water quality and PATS and hygiene education. vi) Hygiene Promotion activities at Community level, activities include: pre and post Knowledge, Attitude and Practice (KAP) Surveys, hygiene Promotion Campaigns.

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	Mainstreaming
	In order to mainstream the cross-cutting issues, the following key actions will be taken:
	(i) Child-friendly designs of WASH facilities will be promoted under the project;
	(ii) WASH services will be provided in communities with due regard to the gender and keeping in view the local cultural sensitivities. Moreover, involvement of women in all phases of the project will be ensured;
	(iv) Various supplies to address the specific needs of the women will be included in the hygiene kits to be distributed among the affected populations; and
	(v) It would be ensured that WASH interventions do not adversely impact the local environment, specially the water resources.
3. Additional details	
3.1 Situation and needs analysis	As a result of the crises in the Federally Administrated Tribal Areas (FATA) there was large-scale displacement of people from FATA. The Government had established several camps to provide emergency relief assistance to the displaced population. In most areas, the Armed Forces have completed their operations and along with the ceasing of operations, the planned repatriation and return of the IDPs has begun in South Waziristan, Orakzai, Mohmand, and Bajaur Agencies.
	This project will therefore focus on the rehabilitation of water and sanitation services and infrastructure in communities, schools and health facilities. This will include rehabilitation/restoration of water supply schemes, tube well repair, internal water circuits' repair and installation and cleaning/repairing/disinfection of open wells/dug wells. All the water points will be tested for water quality and will be treated as per requirement.
	UNICEF plans to implement this project "Early Recovery Water, Sanitation and Hygiene Interventions in Bajaur, Mohmand, Orakzai and South Waziristan Agencies of FATA". Under this project, immediate WASH needs for early recovery works in areas of return will be addressed and which will vary based on geographical location and existing infrastructure which may include installation / restoration of water supply to supplement existing schemes, technical support and installation of sanitation facilities, intensive social mobilization / hygiene promotion for improved hygiene and sanitation coverage, distribution of WASH related NFIs for safe household water storage and treatment and support for water and sanitation facilities in schools and health centers. These actions are being planned and prioritized, in coordination with government counterparts and other Sectors, including Health, Education and Protection Sectors, for an effective and efficient response aimed at reaching those identified as most vulnerable.

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All activities will be designed and carried out with due regard to gender, children, the vulnerable, cultural sensitivities and practices and environmental considerations UNICEF plans to provide basic WASH services & rehabilitation of water supply schemes with a view to preventing and reducing the incidence of water and sanitation related diseases among males, females and children in their places of origin

UNICEF has already the experience of handling such activities on ground and has been in partnership with Government line agencies and other civil society organization for early recovery interventions both in KP and FATA.

As per available statistics from FDMA and UNOCHA a total of 141,000 families returned to their places of origin till November 2011. Whereas, as per planned figure, a total of 30,000 families will return in these four Agencies. The total planning figure thus is 171,000 families. Assuming a caseload of 60% (for UNICEF) of 1,026,000 population i.e. 615,600 returnees will be the direct target population for WASH. In addition a total of 528,940 stayees will also benefit from the provision of WASH services as early recovery intervention in the selected 4 agencies.

Moreover, Pakistan faced the worst floods in its history in 2010, which affected FATA as well; however, they did not emerge as one of the severely affected regions in the list classified by NDMA, compounding the problem of displacement. The water sources have been severely affected in Bajaur, Mohmand, Orakzai and South Waziristan agencies of FATA. The sanitation facilities are also damaged, leaving the population without access to safe water supply and adequate sanitation facilities and therefore susceptible to water borne diseases, particularly dangerous for children.

As per IAERNA Report, clean and abundant drinking water is a long-standing issue for the residents of FATA and as per survey findings majority were not satisfied with the quality or quantity of water at their disposal. During survey almost 93 % responded that they still get water from unprotected wells. This, unfortunately, increases risks of water, sanitation and hygiene related diseases. Moreover report clearly reveals that the lack of proper sanitation and hygiene, too, is a major contributor to diseases in the area, as a shockingly large number of people (7.4 %of respondents) used neither water nor soap to wash their hands after using latrines.

The latrine-habits of the residents have not seen much change either due to the operation, although, many public latrines in the region have been destroyed. This has resulted in an increase in 'open defecation' according to the focus group discussion data. The existing dismal hygiene and sanitation situation is creating health hazards and increasing diseases associated with it. The project will therefore also

	Sector Projects Overview
	support hygiene promotion activities in terms of hygiene education and hygiene kits distribution in communities.
	WASH interventions are expected to remain a priority area of response through 2012. The prioritization of WASH response intends to meet the most vulnerable of the target caseloads immediately where circumstances may not allow for comprehensive response. The restoration of WASH services and interventions is one of the conditionality for return and forms an integral part of the early recovery for the affected populations.
	Based on the IAERNA reports, an estimated 25% to 30% of Government operated WASH infrastructure has been damaged and requires rehabilitation, this does not include WASH service to the thousands of people served by community water supply schemes, many of which have also been damaged or populations not served with water at all. Communities are often forced by circumstance to resort to the use of alternate sources of water, often unprotected and contaminated, for drinking water purposes.
	Needs identified include the immediate restoration of water supply schemes both Government operated and community owned, clearing of drainage systems, increased access of improved sanitation and community mobilization for improved and sustained hygiene related behaviour.
3.2 Expected results	Result 1: Approximately 1,427,841 crisis affected population are provided with improved access to safe drinking water and improved sanitation; Result 2: Approximately 12,000 school children in 100 primary schools are provided with access to water and sanitation facilities in areas of learning; Result 3: Improved capacity of government line agencies to restore, operate and maintain WASH services; Result 4: Improved access to knowledge of improved hygiene practice among the target population.
3.3 Indicators	**Component 1:** • 1,427,841.number persons (women and men and children) having access to safe drinking water • 402 number of non-functional schemes rehabilitated • 1454 number of household/schools/health facilities latrines rehabilitated/ repaired through PATs Approach (Targeting 15000 Households) • 60,000 numberof WASH NFIs (hygiene kits/buckets/jerry cans/mugs etc.) distributed.

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Component 2:
- Number of students in target schools have access to WASH facilities as per school standards.
- Number of teachers trained in SSHE/Child to Child approach;
- Number. of Parent Teacher Associations established and trained;
- 100 % target students are practicing safe hygienic practices by end of the project.

Component 3:
- 200 PHED/LGRDD and Education staff in FATA is trained on institutional reforms to facilitate reconstruction and institution building effort to support post-crisis recovery

Component 4:
- Number. of persons reached with appropriate hygiene messages;
- Number. of persons practicing safe hygiene practices;
- Percentage locations where key hygiene/public health risks have been assessed and identified in target population;
- Number of Households who received hygiene and household kits (buckets or similar) (10-20 litres) for collection/storage of water distributed in the affected areas;
- Number of diarrheal/AWD outbreaks in the areas of intervention.

3.4 Sector strategy	The needs of women, children and particularly vulnerable populations will be catered for throughout project implementation, notably through the dissemination of gender-specific hygiene messages and materials. The inclusion of women and other vulnerable groups in Community Organizations will help empower those marginalized community partners through their increased participation in community-level decision making mechanisms. The needs of elderly and disabled populations, who are particularly vulnerable to disease due to limited access to hygienic practices, will also be taken into account. Elderly and disabled people will be specifically targeted for the provision of hygiene items through the criteria established for vulnerability. The sector will support the reduction in the instances of disease, and potential mortality in target areas, as a result of improved access of beneficiaries to safe drinking water, adequate sanitation and improved hygiene practices. The sector will work in close coordination with government WASH technical line agencies, national NGOs. Where appropriate, activities will be implemented through government counterparts or NGOs. UNICEF is

	working as WASH sector lead both for KP and FATA and coordinating closely with partners. UNICEF will coordinate with other actors working with IDPs, returnees by sharing information, ensuring a coherent geographical divide, harmonizing program norms and ensuring, whenever possible, that the activities undertaken complement each other.
	Continued coordination with relevant stakeholders, including sector partners and authorities will help ensure that activities are adapted to the shifting needs and priorities on the ground. UNICEF will also continue to liaise with the relevant authorities, including the Political Agents of Bajaur, Mohmand, SWA, Orakzai and the FATA Disaster Management Agency (FDMA) for the duration of the project, and notably in the subsequent planning of its exit strategy in order to ensure the sustainability of the various project activities.
3.5 Risks, mitigations and assumptions	1 - Fragile security situation 2 - Lack of access to some areas of agencies. This risk can be overcome by ensuring third party monitoring. Hiring of local people and involvement of government will be encouraged in implementation in one way or other, which will help to continue activities even during fragile security situation. This strategy will also help to overcome access issue as well. 3 - NOC issuance process. A number UN agencies and NGOs/INGOs have been doing advocacy to encourage departments involved in issuing NOC to NGOs so that they may work in FATA, FDMA is trying to bring flexibility in NOC issuance process in collaboration with 11th Corps, hence this risk will no more be there to hinder the implementation of the set activities and interventions. 4 – Based on needs, there is the assumption of adequate funding contribution to carry out projects in the sector. 5 – FATA originated NGOs mitigate access challenges. There are very few NGOs in FATA with adequate capacity, therefore the implementation of certain activities will depend on the NGOs based outside of FATA. These NGOs and other partners will be engaged in building capacity of the local NGOs and hiring local people so that in future they should be able to implement such projects. 6 – Coordination gaps among stakeholders. Through regular advocacy with FATA political representative, the political will may be created and strengthened. For this, regular contact with the FATA political representative is required to keep them updated about the situation of children and women in FATA. Also coordination between government and non-government organizations may be increased and

Sector Projects Overview

	strengthened through developing information sharing mechanisms between government and non-government organizations.
	7- Delayed Staff Hiring. FATA is a hard and risky area to work in, therefore very few people (Not from FATA) show interest to work in FATA, therefore, sometimes recruitment gets delayed, so by encouraging hiring from local communities, this risk may be overcome. This aspect also makes the hiring of women particularly difficult.
3.6 Sector coordination plan	Biweekly FATA WASH Sector meetings and support from the sector-to-sector partners with information sharing and consolidation. The sector will also manage gap analysis to ensure maximum efficiency in the use of resources.
3.7 Sector monitoring plan	In view of the current security restrictions and the need to pursue alternative programming modalities, WASH Sector shall pursue remote programming throughout the course of project execution. This shall be carried out through appointment of consultants, facilitators, monitors, etc. that shall carry out specific assignments as requested by WASH Sector. Among these shall be certification and verification of work in place, monitoring and reporting against a prescribed list of indicators, coordination of project relevant institutions, facilitation of various project related matters and so forth. Nonetheless, as the security situation permits, WASH Sector team shall carry out random spot checks for verification purposes. Additionally, WASH Sector shall also resort to government monitoring and reporting for triangulation purposes where no conflict of interest is involved. The WASH Sector will ensure monitoring in collaboration with Government structures and NGO partners. The specific means to be adopted for monitoring of the project interventions are as follows: i. Third party independent consultants, facilitators, monitors, etc. shall carry out regular field visits and regular reporting shall be provided. Feedback shall be provided to the implementing partners on immediate basis as the situation deems necessary. These visits would, inter-alia, involve inspection of the physical works (status, coverage utility, quality, quantity etc.), meetings with the government officials and meetings/interviews with the target beneficiaries; ii. Monitors shall also report regarding a prescribed list of indicators for reflecting on the impact and effectiveness of the interventions; iii. Line government agencies shall also carry out regular monitoring of the work where no conflict of interest is envisaged. Line agencies shall also report regularly. WASH Sector shall coordinate

the respective roles and inputs by consultants, facilitators, monitors. and line agencies;

iv. Weekly internal reports will be provided on the status of interventions including utilization of supplies by the consultants;

v. Monthly progress reports shall be prepared by the implementing partners;

vi. Monthly review meetings will be held to assess the progress of the project and identify constraints and measures to respond;

vii. A final report on the project will be submitted by the implementing partner (s) upon completion of the project interventions; and

ix. To ensure accountability of funds, relevant UNICEF guidelines will be followed by the implementing partners.

5 | Annexes

Annex i. List of projects by Sector

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/CR/1	Community Restoration	Early recovery assistance for the restoration of vulnerable crisis-affected communities in FATA	ACTED	US$ 491,532
ERAF/FATA/CR/2	Community Restoration	Livelihood Support Programme	AHO	US$ 482,874
ERAF/FATA/CR/3	Community Restoration	Rehabilitation of Community Based Infrastructure and Livelihoods for the Crisis Affected Areas of Bajaur and Mohmand	FRD	US$ 429,600
ERAF/FATA/CR/4	Community Restoration	Strengthening the community by restoration by CBI and providing opportunities to boost livelihood through learning of various skills and initiation of their own trade	HDO	US$ 213,635
ERAF/FATA/CR/5	Community Restoration	Ensuring Access to Aid through Information Provision to crisis-Affected Population of FATA	IOM	US$ 928,687
ERAF/FATA/CR/6	Community Restoration	Community Restoration and Social Reintegration	IOM	US$ 4,856,145
ERAF/FATA/CR/7	Community Restoration	Rehabilitation of Community Based Infrastructure and Enhancement of Livelihood Opportunitiesfor the Affected People of Bajaur	Literate Masses	US$ 286,433

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/CR/8	Community Restoration	Community Restoration and Restoration Programme for SWA Agency	PRDS	US$ 553,300
ERAF/FATA/CR/9	Community Restoration	Rehabilitating Community Infrastructure and Livelihood to Facilitate Peace Development and Re-establishment of Returnees and Stayees of Bajaur Agencies	SHED	US$ 198,000
ERAF/FATA/CR/10	Community Restoration	Community Restoration through Community Infrastructure Improvement and Livelihood support in the crisis and flood affected areas of Mohmand Agency	SHID	US$ 659,400
ERAF/FATA/CR/11	Community Restoration	Rehabilitation of CBIs and Livelihood in Tehsil Wana, SWA (FATA)	SSD	US$ 649,772
ERAF/FATA/CR/12	Community Restoration	Strengthening the Foundation for Recovery Peace and Development in FATA	UNDP	US$ 16,500,000
ERAF/FATA/CR/13	Community Restoration	Empowering Women in FATA through capacity building and providing livelihoods opportunities in cultural and creative industries.	UNESCO (Livelihood)	US$ 400,000
ERAF/FATA/CR/14	Community Restoration	Strengthening social cohesion in community by strengthening communication mechanisms for peace building and trigger development	UNESCO (Media)	US$ 411,950
ERAF/FATA/CR/15	Community Restoration	Supporting Community Restoration through Economic Revitalization, Income Generation and Employment Creation	UNIDO	US$ 4,913,950

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/CR/16	Community Restoration	Community Restoration: Human Settlements Early Recovery program for Returnees in FATA	UNHABITAT	US$ 2,688,000
ERAF/FATA/CR/17	Community Restoration	Rehabilitation of Community Access Roads by Labour Based Technology through CfW in FATA	UNOPS	US$ 6,639,180
TOTAL	**COMMUNITY RESTORATION**			**US$ 41,302,458**
ERAF/FATA/ED/1	Education	Rise Again	AHO	US$ 517,632
ERAF/FATA/ED/2	Education	Infrastructure Support and Professional Improvement for Revitalization of Education (INSPIRE)	IDEA	US$ 608,802
ERAF/FATA/ED/3	Education	Support for provision of quality education for crisis-affected children living in Bajaur Agency, FATA	IRC	US$ 708,975
ERAF/FATA/ED/4	Education	Accelerated Learning Program for out of school children in FATA	NRC	US$ 534,000
ERAF/FATA/ED/5	Education	Welcome to School Activities	Philithrope	US$ 276,481
ERAF/FATA/ED/6	Education	Provision of Safe Learning Environment to Children Crisis Affected Areas of Mohmand and Bajaur Agencies of FATA, Pakistan	Save the Children	US$ 1,811,096
ERAF/FATA/ED/7	Education	Early Recovery in Education Infrastructure, Socio-Economic and Peace conditions in FATA	UN Joint Program	US$ 10,635,795
ERAF/FATA/ED/8	Education	EVOLVE (Early recovery through Vocational, Literacy and Emotional Skills	HDP	US$ 389,000
ERAF/FATA/ED/9	Education	Back to school initiative	Fatma Welfare	US$ 160,512

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/ED/10	Education	Teachers Training on Peace Education	KADO	US$ 120,724
ERAF/FATA/ED/11	Education	Education a tool for community development, Empowerments and Peace.	KK	US$ 372,347
ERAF/FATA/ED/12	Education	Eradication of Illiteracy from FATA through establishment of Adult literacy centres	NCHD	US$ 410,000
ERAF/FATA/ED/13	Education	Strengthening Government Education facilities in 3 crisis affected tehsils of Mohmand	Bright Future	US$ 359,550
TOTAL	**EDUCATION**			**US$ 16,904,915**
ERAF/FATA/FS/1	Food Security	Supporting livelihoods through restoration/improvement in agriculture sector and support in replenishing poultry stock.	FRD	US$ 1,278,356
ERAF/FATA/FS/2	Food Security	Provision of agriculture and livestock assistance to farming households of the crisis affected areas of Mohmand Agency for crop management to enable them for the revival and resumption of productive agriculture activities, contributing to livelihood recovery, food security and self-reliance.	SHID	US$ 831,960
ERAF/FATA/FS/3	Food Security	Agriculture Based Livelihood Improvement Program (ABLIP)	AHO	US$ 631,534

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/FS/4	Food Security	Revitalisation of Agro based Livelihoods of crisis affected vulnerable subsistence farmers through provision of critical agriculture inputs and restoration of irrigation channels	IDEA	US$ 643,601
ERAF/FATA/FS/5	Food Security	Increasing the efficiency and productivity of agriculture for improved livelihood, income generation and employment creation in FATA.	UNIDO	US$ 4,145,750
ERAF/FATA/FS/6	Food Security	Agriculture Rehabilitation Initiative FATA (ARI FATA)	JERGA	US$ 252,379
ERAF/FATA/FS/7	Food Security	Livelihoods assistance and community restoration in South Waziristan Agency through livelihoods assistance.	SDO	US$ 1,207,116
ERAF/FATA/FS/8	Food Security	Application of integrated rangeland management approach and integration of Disaster Risk Management for sustainable land rehabilitation in crisis affected areas of Bajaur, Mohmand, Orakzai and South Waziristan Agencies of FATA	FAO	US$ 3,755,418
ERAF/FATA/FS/9	Food Security	Restoration of livestock based livelihoods through critical livestock support to the food insecure and vulnerable livestock rearing farmers of Bajaur, Mohmand, Orakzai and South Waziristan Agencies of FATA.	FAO	US$ 3,200,000

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/FS/10	Food Security	Restoration of agricultural based livelihoods of crisis affected small and subsistence level farmers (men, women, landless and tenants) of Bajaur, Mohmand, Orakzai and South Waziristan (SWA) agencies of FATA, through distribution of critical agricultural inputs/vegetable seed distribution, restoring irrigation channels and provision of portable household seed storage bins.	FAO	US$ 5,942,536
ERAF/FATA/FS/11	Food Security	Restoration of On Form Livelihood Through Development of Forestry Nurseries	IDI	US$ 357,558
ERAF/FATA/FS/12	Food Security	Coordination of Early Recovery Agriculture and Food Security Assistance and enhancement of food security analysis capacity	FAO	US$ 588,000
ERAF/FATA/FS/13	Food Security	Early recovery livelihood, through livestock, support for the women returnees to Chaghmalai, Sarwakai, SWA.	Edifiers	US$ 253,952
ERAF/FATA/FS/14	Food Security	Assistance to food insecure HHs in FATA	WFP	US$ 21,637,000
ERAF/FATA/FS/15	Food Security	Enhancing livelihoods of flood unsecure families in crisis affected communities of Mohmand agency	PEACE	US$ 430,000
ERAF/FATA/FS/16	Food Security	To Up Lift Food Security through FFW Approach	CRDO	US$ 420,650

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/FS/17	Food Security	Assist crisis affected returnees and stayees through food for assets and food for livelihoods to strengthen the foundation for recovery, peace and development in Bajaur Agency	BEST	US$ 524,000
ERAF/FATA/FS/18	Food Security	Assisting the crisis affected households of Salarzai / Utmankheil tehsils of Bajaur agency to reduce their food insecurity	HEDO	US$ 399,613
ERAF/FATA/FS/19	Food Security	Addressing foodinsecurity and promotion of early recovery of livelihoods through application of food for work, and food for training modalities	ROAD	US$ 408,000
ERAF/FATA/FS/20	Food Security	Post crisis early recovery support for food security through food for work and food for training activities,	AHD	US$ 521,000
ERAF/FATA/FS/21	Food Security	Food security and livelihood early recovery assistance through FFW/FFT programmes in crisis tehsil Khar of Bajaur agency	LHO	US$ 745,000
TOTAL	FOOD SECURITY			US$ 48,173,424
ERAF/FATA/HEALTH/1	Health	Maternal & Newborn Health with special focus on Family Planning & Reproductive Health	NATPOW	US$ 722,000
ERAF/FATA/HEALTH/2	Health	Strengthening of Primary Health Care Services in FATA	KWH	US$ 154,905

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/HEALTH/3	Health	Provision of life saving and emergency health services to the crisisaffected population in FATA (South Waziristan and Orakzai Agencies)	MERLIN	US$ 1,480,920
ERAF/FATA/HEALTH/4	Health	Provision of (MCH) Mother, Child Health (PHC) Primary Health Care and Psycho Social counselling with paraplegic provision, Services in South Waziristan Agency of FATA.	EHSAR Foundation	US$ 125,600
ERAF/FATA/HEALTH/5	Health	Strengthening of MCH services for Early Recovery of the crisis affected agencies of FATA	UNICEF	US$ 1,305,000
ERAF/FATA/HEALTH/6	Health	Provision of comprehensive Immunization, nutrition and health education services to the IDPs and Returnees in 4 districts of FATA	HHRD	US$ 660,000
ERAF/FATA/HEALTH/7	Health	Primary and Reproduction Health Program For Returnees of SWA	HDO	US$ 146,394
ERAF/FATA/HEALTH/8	Health	Provision of primary health care service and hygiene education promotion to the crisis affected people of Bajaur agency.	UWOCD	US$ 141,578
ERAF/FATA/HEALTH/9	Health	IOM Enhanced Primary Health Care and Assisted Referral Services Program for crisis Affected Populations in Bajaur, Mohmand and Orakzai Agencies of Federally Administered Tribal Area (FATA)	IOM	US$ 1,578,652

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/HEALTH/10	Health	Build upon the services & infrastructure through the Comprehensive Primary Health Services in Mohmand Agency .	Relief International Pakistan	US$ 500,000
ERAF/FATA/HEALTH/11	Health	Community mental health care program for returnees in selected villages of Tehsil Sararogha, South Waziristan	Friends of the MIND	US$ 267,410
ERAF/FATA/HEALTH/12	Health	Provision and Strengthening of 24/7 RH services in areas of return in FATA to reduce Maternal/ Child mortality and improve quality of life	UNFPA	US$ 1,000,000
ERAF/FATA/HEALTH/13	Health	Support the reactivation of the health care system in areas affected by the crisis with emphasis on maximizing access to a package of essential health services for the returning and resident population of the four affected agencies	WHO	US$ 17,943,511
TOTAL	HEALTH			US$ 26,025,971
ERAF/FATA/NUT/1	Nutrition	Establishment of nutrition services for vulnerable children and women during the Early Recovery period in the crisis affected agencies of FATA	UNICEF	US$ 2,809,167
ERAF/FATA/NUT/2	Nutrition	Establishment of Nutrition services for Early Recovery of the crisis affected agencies of FATA	WFP	US$ 2,800,000

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/NUT/3	Nutrition	Provision of emergency nutrition services for the treatment of acutely malnourished children (6-59months) and pregnant & lactating women to the crisis affected population of South Waziristan (SWA) and Orakzai Agencies through 19 static health facilities	MERLIN	US$ 575,437
ERAF/FATA/NUT/4	Nutrition	Provision of Emergency Nutrition Services for the crisis affected communities in Bajaur Agency of Khyber Pakhtunkhwa Province-Pakistan	CDO Swabi	US$ 327,778
ERAF/FATA/NUT/5	Nutrition	Complete growth and improvement of Children, (aged 6 to 59 months) Lactating and Pregnant Women (PLW) through Community Base Management of Acute Malnutrition (CMAM) approach	NIDA-Pakistan	US$ 300,000
TOTAL	NUTRITION			US$ 6,812,383
ERAF/FATA/PROTECTION/1	Protection	To promote and facilitate durable solutions for crisis affected returnees in Bajaur and Mohmand agencies	NRC	US$ 252,645
ERAF/FATA/PROTECTION/2	Protection	Support to crisis-affected populations in Bajaur and Mohmand agencies of FATA through protection activities and facilitated access to early recovery assistance and services	IRC	US$ 828,246
ERAF/FATA/PROTECTION/3	Protection	Mitigating Vulnerability through Protective environment for the FATA returnees/stayees	KhwendoKor	US$ 259,138

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/PROTECTION/4	Protection	Improved access to assistance and protection for crisis-affected communities in targeted areas of FATA (Orakzai Agency)	CERD	US$ 133,301
ERAF/FATA/PROTECTION/5	Protection	Public Safety and Protection in FATA	DTCE	US$ 258,794
ERAF/FATA/PROTECTION/6	Child Protection	Recovery programmes and interventions to protect vulnerable children and women affected by the crisis and ensure access to appropriate social benefits and services in FATA	UNICEF	US$ 2,043,399
ERAF/FATA/PROTECTION/7	Child Protection	Enhancing protection for the vulnerable Children through the participation of local community in South Waziristan and Orakzai agencies of FATA.	FIDA	US$ 423,589
ERAF/FATA/PROTECTION/8	Child Protection	Child Protection & Development through Learning	HDO	US$ 170,896
ERAF/FATA/PROTECTION/9	Child Protection	STOP-for child protection in FATA	SEWERA	US$ 37,972
ERAF/FATA/PROTECTION/10	Child Protection	Protection of Children from consequences of crisis through Psycho-Social Support and strengthened Referrals.	JPI	US$ 166,092
ERAF/FATA/PROTECTION/11	Child Protection	Rehabilitation and protection of children affected by armed crisis at Bajaur Agency/ Mohmand Agency	SPRING	US$ 223,500
ERAF/FATA/PROTECTION/12	Child Protection	Building a protective environment for crisisaffected children and communities through Child Protection and Mine Risk Education in South Waziristan Agency	SPADO	US$ 658,894

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/PROTECTION/13	Child Protection	Protection of vulnerable girls and boys from the consequences of armed crisis in ten selected villages of Tehsil Lower Orakzai (Orakzai Agency) FATA	PADO	US$ 129,463
ERAF/FATA/PROTECTION/14	Child Protection	Crises effected Children and their families are protected against violence, abuse, exploitation, discrimination and other violations of their rights	EHSAR & KADO	US$ 350,658
ERAF/FATA/PROTECTION/15	Child Protection	Breaking the Silence towards Protection Issues & Community Orientation about CRC and Women Rights	STEP	US$ 810,700
ERAF/FATA/PROTECTION/16	Child Protection	Crises effected Children and their families are protected against violence, abuse, exploitation, discrimination and other violations of their rights	EHSAR	US$ 291,900
ERAF/FATA/PROTECTION/17	GBV	Recovery programmes and interventions to protect and respond to the needs of vulnerable women and adolescent girls affected by the crisis and ensure access to appropriate social benefits and services in FATA	UNFPA	US$ 1,192,878
ERAF/FATA/PROTECTION/18	GBV	Establish and strengthen Multi-sectoral GBV response service in Bajaur Agency.	JPI	US$ 267,816
ERAF/FATA/PROTECTION/19	GBV	Humanitarian Response to Gender Based Violence (GBV)	KWO	US$ 386,000

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/PROTECTION/20	GBV	Strengthening an Integrated Response and Prevention for GBV Survivors of post crisis area.	ICDI	US$ 207,787
ERAF/FATA/PROTECTION/21	GBV	Eradication and response to Gender Based Violence through vocational skills development and awareness in the violence affected area of FATA	DEWAH	US$ 389,227
ERAF/FATA/PROTECTION/22	GBV	GBV- Multi-sectoral response in FATA South Waziristan agency	EHSAR	US$ 365,098
TOTAL	**PROTECTION**			**US$ 9,847,994**
ERAF/FATA/SHELTER/1	Shelter	One Room Permanent Shelter Project for the crisis affected population of South Waziristan and Bajaur Agency	FRD	US$ 6,585,148
ERAF/FATA/SHELTER/2	Shelter	Shelter Assistance for the Returnees of South Waziristan Agency (SWA)Shelter Assistance for the Returnees of South Waziristan Agency (SWA)	HDO	US$ 229,252
ERAF/FATA/SHELTER/3	Shelter	Providing shelter to 1000 crisis affected families in Bajaur	IDRAK	US$ 2,212,506
ERAF/FATA/SHELTER/4	Shelter	Construction of Shelters, Community Engagement and Capacity building in FATA	UNOPS	US$ 23,321,580
ERAF/FATA/SHELTER/5	Shelter	INTEGRATED Human Settlements Early Recovery program for Returnees in FATA	UNHABITAT	US$ 3,680,000
ERAF/FATA/SHELTER/6	Shelter	To enhance the living standards of vulnerable community of FATA through provision of	NRC	US$ 1,080,000

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
		Shelter.		
ERAF/FATA/SHELTER/7	Shelter	Provision of adequate living space (SPHERE standards) in areas of displacement and return, taking into account cultural norms and practices, specific gender needs and needs of vulnerable groups.	BFO	US$ 192,400
ERAF/FATA/SHELTER/8	Shelter	Shelter Repair kits	AHO	US$ 1,846,437
ERAF/FATA/SHELTER/9	Shelter	Enabling Sustainable Returns through Provision of Shelter Recovery Kits in FATA	IOM	US$ 12,772,570
ERAF/FATA/SHELTER/10	Shelter	Shelter units project in Orakzai	CAP	US$ 1,490,620
ERAF/FATA/SHELTER/11	Shelter	Provision of transitional shelter assistance to the returnees and stayees of villages Saghodi, Gulchirri, Kronzko, Wari Bar and Teeri of Tehsil Ghaljo- Orakzai Agency.	SNS	US$ 270,000
ERAF/FATA/SHELTER/12	Shelter	Provision of Shelter Repair kits in FATA return Agencies	UNHCR	US$ 6,600,000
TOTAL	**SHELTER**			**US$ 60,280,514**
ERAF/FATA/WASH/1	WASH	Early recovery WASH assistance for vulnerable crisis-affected populations in FATA.	ACTED	US$ 1,054,408
ERAF/FATA/WASH/2	WASH	Restoration of Drinking Water, Sanitation and Promotion of Hygiene	FRDP	US$ 503,340
ERAF/FATA/WASH/3	WASH	Water, Sanitation and Hygiene Program for SWA	HDO	US$ 363,718
ERAF/FATA/WASH/4	WASH	"Rehabilitating WASH Services at FATA"	SARHAD	US$ 420,623

Project number	Sector	Project title	Owner Organization	Funding Requested (US$)
ERAF/FATA/WASH/5	WASH	Drinking Water and Sanitation for the crisis and flood affected Communities of Tehsil Safi Mohmand Agency	TRDO	US$344,399
ERAF/FATA/WASH/6	WASH	Early Recovery Water, Sanitation and Hygiene interventions in Bajaur, Mohmand, Orakzai and South Waziristan Agencies of FATA.	UNICEF	US$5,562,745
ERAF/FATA/WASH/7	WASH	Provision of Sanitation facilities for crisis Affected Population of South Waziristan Agency	STEP	US$275,938
ERAF/FATA/WASH/8	WASH	Water, Sanitation and Hygiene in crisis affected Communities of Bajaur and Mohmand Agencies of FATA	BEST	US$783,552
ERAF/FATA/WASH/9	WASH	Construction & repairs of wash facilities in Loisam&rashaki Bajaur Agency	KDWO	US$296,360
ERAF/FATA/WASH/10	WASH	Rehabilitation of WASH facilities in SWA (FATA)	SSD	US$649,532
ERAF/FATA/WASH/11	WASH	Restoration of WatSan facilities for Returnees/IDPs of SWA	AHD	US$173,978
ERAF/FATA/WASH/12	WASH	Provision of water supply connections to primary schools and Hygiene Education in schools of Bajaur	Children First	US$1,602,770
ERAF/FATA/WASH/13	WASH	Integrated Human Settlements Early Recovery program for Returnees in FATA	UN-HABITAT	US$ 1,095,334
TOTAL	**WASH**			**US$ 13,126,697**

Phase 1 of the ERAF was approved by the government in early 2013with the funding of approximately US$ 75 million. Under the first phase, 11 UN agencies together with their counterpart NGOs are working in the 8 clusters for recovery and restoration. The assessment of Phase 1 against the complete framework can be summarised in the tables below:

	Complete ERAF	1st Phase
Cost	US$ 222 M	US$ 75 M
Duration of framework	18 months	18 months
Agencies of intervention	Bajaur, Mohmand, Orakzai, South Waziristan	Bajaur, Mohmand, Orakzai, South Waziristan
Number of partners	72 (12 UN + 60 NGOs)	48 (11 UN + 37 I/NGOs)
Number of Sectors	8	8
Number of projects	116	67

Cluster	Lead Agency	No. of Projects		Requested Funding (US$)	
		Old Framework	New Framework	Old Framework	New Framework
Community Restoration	UNDP	17	5	$41,302,458	$16,658,317
Education	UNICEF and Save The Children	13	12	$16,904,915	$5,584,853
Food Security	FAO and WFP	21	6	$48,173,424	$16,277,602
Health	WHO	14	8	$26,025,971	$8,595,042
Nutrition	UNICEF	5	3	$6,812,383	$2,270,589
Protection	UNHCR and IRC	22	17	$9,847,994	$2,849,117
Shelter	UNHCR	12	5	$60,280,514	$20,000,000
WASH	UNICEF	12	11	$13,126,697	$2,616,137
Total	-	**116**	**67**	**$222,474,356**	**$74,851,657**

List of UN Agencies involved in Phase 1:

1. UNDP
2. IOM
3. UNESCO
4. UNHABITAT
5. UNOPS
6. UNICEF
7. WFP
8. FAO
9. WHO
10. UNFPA
11. UNHCR

List of i/NGOsinvolved in Phase 1:

1.	ACTED	20.	JERGA
2.	AHD	21.	JPI
3.	AHO	22.	KADO
4.	BEST	23.	KDWO
5.	Bright Future	24.	KK
6.	CERD	25.	Merlin
7.	Dewah	26.	NATPOW
8.	DTCE	27.	NCHD
9.	EHSAR	28.	NRC
10.	FATMA WELFARE	29.	PADO
11.	FIDA	30.	Philanthrope
12.	FRD	31.	Relief Int'l
13.	FRDP	32.	SARHAD
14.	HDO	33.	Save the Children
15.	HDP	34.	SHID
16.	HHRD	35.	SSD
17.	ICDI	36.	STEP
18.	IDEA	37.	TRDO
19.	IRC		