

# EMERGENCY EARTHQUAKE RESPONSE PLAN AFGHANISTAN

IMMEDIATE HUMANITARIAN  
RESPONSE NEEDS  
JULY - SEPTEMBER 2022



# About

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This Emergency Response Plan is consolidated by OCHA on behalf of the Humanitarian Country Team and partners to address immediate humanitarian needs due to the earthquake. It covers the period from July to September 2022. All targeted population groups and activities have already been planned for in 2022 HRP projections. The activities and requirements presented in the emergency appeal therefore remain a sub-set of the 2022 HRP.

## PHOTO ON COVER

Kandahar, October 2021

An elder reacts to the devastation after a magnitude 5.9 earthquake

Photo: Anadolu Agency/Sardar Shafaq (via AFP)

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# AFGHANISTAN EMERGENCY EARTHQUAKE RESPONSE PLAN

## SUMMARY OF EMERGENCY NEEDS, PLANNED REACH AND FUNDING REQUIREMENTS

JULY – SEPTEMBER 2022  
ISSUED 27 JUNE 2022

On 22 June, a 5.9 magnitude earthquake struck south eastern Afghanistan, leading to wide-scale destruction across already vulnerable districts in Paktika and Khost provinces. In addition to loss of life and devastating injury, the earthquake has resulted in the destruction of critical infrastructure – including homes, health facilities, schools and water networks – leaving thousands vulnerable to further harm. The multi-sectoral Emergency Earthquake Appeal targets approximately 362,000 people living in high intensity impact areas (MMI 5+)\*. A total of \$110.3 million\*\* is urgently required to frontload life-saving response activities over the course of the next three months (July-September).

### Key figures

PEOPLE IN NEED

**362K**

PLANNED REACH

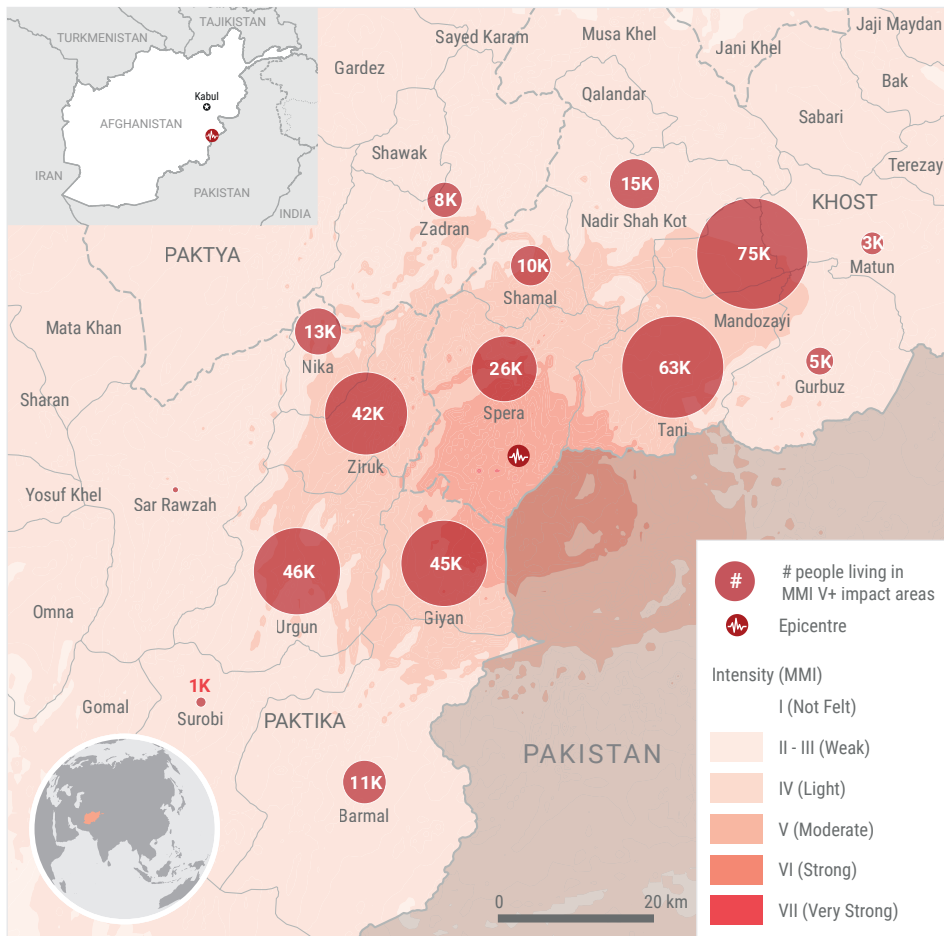
**362K**

FUNDING REQUIRED

**\$110.3M**

### Planned reach and requirements by sector

SECTOR	PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS US\$
Education in Emergencies	126K	50K	2.7M
Emergency Shelter and NFI	362K	362K	55.6M
Food Security and Agriculture	362K	362K	18M
Health	362K	362K	6M
Nutrition	50K	45K	2.9M
Protection	362K	252K	3.9M
Water, Sanitation and Hygiene	362K	362K	17.7M
Coord. and Common Services	-	-	3.5M
<b>Total</b>	<b>362K</b>	<b>362K</b>	<b>110.3M</b>



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\* The MMI measures the shaking intensity from an earthquake by considering its effects on people, objects, and buildings.

\*\* All targeted population groups and activities have already been planned for in 2022 HRP projections. The activities and requirements presented in the emergency appeal therefore remain a sub-set of the 2022 HRP.

## Overview

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The multi-sectoral Emergency Earthquake Appeal targets approximately 362,000 earthquake affected people across provinces in south eastern Afghanistan. A total of \$110.3 million is urgently required to frontload life-saving response activities over the course of three months (July-September).

All earthquake affected areas had been previously identified as having acute humanitarian needs in the 2022 HNO.

As such, all activities and population groups within the appeal are already encapsulated in the 2022 Humanitarian Response Plan (HRP) projections – which projected needs and response for some 500,000 new conflict and disaster driven IDPs. Financial requirements to respond to this caseload are also already included in the 2022 HRP.

This appeal therefore articulates the activities which are urgently required to be frontloaded over the course of the next three months in earthquake affected areas. It must be noted that due to the overarching operating environment in Afghanistan, earthquake response is not being delivered utilising existing development programme footprint or robust infrastructure networks. Therefore the activities outlined represent the some of the costliest activities within the HRP, driving the per capita costs higher.

## Context and Needs Overview

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A 5.9 magnitude earthquake that struck on 22 June, 2022 has affected Paktika and Khost provinces. Preliminary analysis indicates Barmal, Ziruk, Nika and Gayan districts in Paktika Province as well as Spera and Shamal districts in Khost province are the most impacted, though further assessment data is incoming. As of 24 June – less than 72 hours after the incident – some 770 people are estimated to have been killed, while an additional 1,500 people wounded.

At least 1,500 homes are reported to have been damaged in one district alone. It is estimated that at least 70% of the houses in the high impact areas (MMI V+) have been damaged or destroyed, leaving many without shelter and sleeping in the open and prone to weather, health, protection and other hazards.

Even prior to the earthquake, affected provinces were characterized by intense needs. A rapid spread of Acute Watery Diarrhoea (AWD) had already been reported

across most of the earthquake affected districts. As cholera outbreaks in the aftermath of earthquakes are of particular and serious concern, immediate investment in preparedness activities to prevent a cholera outbreak and curtail the spread and worsening AWD outbreak will be critical. Additionally, with large parts of the country being contaminated with explosives (particularly after the surge of conflict experienced in mid-2021), earthquake shocks bring a concerning degree of exposure to explosive remnants of war.

Earthquake impacted provinces were already “hotspots” for crisis levels of food insecurity and acute malnutrition. Additionally, the earthquake comes right before an Afghanistan’s imminent harsh winter and an early-onset lean season, when households’ food resources are most constrained or depleted.

In response to the earthquake, de facto authorities have deployed defence assets (military helicopters) and ambulances to support search and rescue operations. While authorities have notified partners about a near-completion of the search and rescue operations, more assessments are needed to cross-check additional efforts are not needed. Both regional governments and UN resources (UNDAC and INSARAG) are on standby. After-shocks have also been reported and will require close, ongoing monitoring.

While the situation remains dynamic, less than 24 hours after the initial impact, UN and NGO partners have started mobilising relief items to affected areas. Joint multi-sectoral assessment teams have already been deployed comprising in excess of 10 humanitarian partners. Initial response – premised on a no regrets approach – has also been deployed or dispatched. This includes mobile health teams, medicines and other supplies; emergency shelter and basic household items; water treatment kits, soaps and other

hygiene packages; replenishment of stocks of therapeutic and supplementary feeding for those acutely malnourished; as well as food commodities and cash packages.

Despite challenges in setting up a physical base at the heart of the impacted areas, humanitarian partners are assessing logistics, air, road and other capacity to expand footprint

as close to affected areas as possible. A joint high-level mission comprising senior leadership among humanitarian partners was also deployed on 25 June 2022.

## Methodology

The ICCT utilised best available information to identify the number of people likely affected by the earthquake. To do this, an analysis of people living in high-intensity zones (using the Modified Mercalli Intensity (MMI) estimates) and people living in shelters of non-robust materials was conducted. The MMI measures the shaking intensity from an earthquake at a specific location by considering its effects on people, objects, and buildings. Based on this analysis, it is estimated that a total of 361,634 people are in need of humanitarian assistance across 17 districts in Paktika, Khost and Paktya provinces.

### Response targeting

Initial reports indicated that the majority of the population living in affected areas have been impacted, with many people sleeping outdoors due to damage to houses and fear of aftershocks. However, availability of humanitarian assistance is limited and will need to be targeted to the most vulnerable, particularly after the first 72 hours.

Highly vulnerable groups to be prioritised for assistance, include:

- People living in poor shelter conditions
- People with limited or no access to services
- Female-headed HHS
- Children
- Persons with Disabilities (PWD)
- Newly displaced and prolonged/protracted IDPs, including those residing in informal settlements (ISETs)
- People working in vulnerable employment (day wages/casual labour), with limited savings, high debt, and/or no or limited support (in terms of living with family or host communities)

## Response Phasing

For planning purposes, the response has been divided into three Phases: Phase 1 (0 days – 2 weeks), Phase 2 (2 – 4 weeks) and Phase 3 (1 – 3 months).

3. Minimise the impact on other humanitarian responses to conflict, natural disaster and displacement through rapid restoration of logistics and operational capacity

on high reliance on in-kind pre-positioned or airlifted support

- High levels of displacement, with large numbers of people without adequate shelter

### Response Objectives

1. Alleviate human suffering by providing immediate life-saving and protection assistance to communities affected by the disaster
2. Facilitate early recovery of the most vulnerable through emergency livelihood support and the provision of basic services

### Phase 1 (0 days – 2 weeks)

- Period of confusion and lack of access to affected people
- Access to services and markets severely disrupted. and people's ability to source daily food intake needs is reduced
- Markets are effectively closed or extremely limited, in part due to curfews and other government-imposed restrictions. Limited capacity of markets resulting

### Phase 2 (2-4 weeks)

- In-country assistance from different parts of the country is able to reach affected areas
- International assistance and programmes will have begun to scale up and to reach more isolated and vulnerable communities
- Risk of secondary crisis from disease or other impacts will grow

- Markets will begin to recover, particularly for locally produced items, but supply lines remain disrupted and prices for key commodities may spike

### Phase 3 (1-3 months)

- Access is largely restored to pre-earthquake levels, but while many people return to damaged homes and areas

to initiate repairs, some areas of mass displacement will remain and require scale-up of services and work towards viable transitional shelter options

- Pre-existing needs in other parts of the country have become more acute due to diversion of resources to the earthquake affected areas, particularly to Kabul

- Basic services are restored but serious gaps remain among vulnerable people and areas
- Recovery planning begins but resources for large-scale reconstruction are not yet mobilised
- Markets are largely functioning at pre-crisis levels, except for disruptions to high-demand commodities such as building materials

## Planning Assumptions

### Staff and capacity

Taliban authorities have deployed several military assets and resources (including personnel) to support search and rescue and initial emergency transport operations. However, longer-term assistance capacity of the de facto authorities is limited.

Within the humanitarian system, capacity is also limited as impacted areas had little to no previous humanitarian footprint. While staff may be able to surge in for limited periods, adequate shelter and logistics for longer-term/sustained support is a limiting factor. Staffing of female humanitarians is particularly difficult given pre-existing limited numbers of women staff and restrictions on women's movements without a Mahram. Staff are further stretched

with pre-existing emergency response priorities in the east, central and south eastern regions, including due to AWD outbreak, measles outbreak, and pervasive acute food insecurity.

### Logistics and access

Telecommunications networks in the area (both landline and mobile) are and had previously been limited but can be supported through emergency telecom support.

Landing zones for emergency air support (including helicopters) have been identified and additional weekly flights initiated by UNHAS.

Initial response (both assessments and distributions of assistance) remain heavily reliant on-air operations to reach remote, earthquake affected areas.

However, main roads are largely passable, enabling quick transport of relief items from warehouses in central and provincial capitals. Access to Pakistan's markets may potentially allow for a scale-up of stocks of emergency aid and staple goods, though this must be assessed further.

## Relationship Between this Plan and HRP 2022

All activities and population groups in this plan are already articulated within the HRP. It is important to note that this plan is only for the initial three months of the response. The evolution of the situation will determine whether a separate appeal is issued or targets are modified.

Donors able to provide new funding are encouraged to be in touch with OCHA and the Inter-Cluster Coordination Team for the latest updates on sector-specific gaps and priorities and consider channelling urgent funds through the Afghanistan Humanitarian Fund (AHF) or bilaterally. Donors are also

encouraged to immediately mobilise global stocks of food and non-food items (especially more durable shelter options), along with new funding.

## Response by Sector

### Education

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS
<b>126K</b>	<b>50K</b>	<b>\$2.7M</b>

#### Phase 1: 1-2 weeks

##### Sectoral Impact and Planning

- Destruction of school infrastructure including buildings, furniture, WASH facilities, and teaching and learning materials.
- Potential loss of life and injury of students and teachers.
- High levels of stress among students and a loss of normalcy.
- School and CBE closures.
- Planning for safe spaces for children to congregate and engage in some life skills and recreational activities.
- Planning for children and their teachers to access psychosocial support and a protective environment.
- Child-friendly messaging on safety and protection.

##### Key Response Activities

- Establishing child friendly/temporary learning spaces for the most affected children to ensure they are in a safe place, can access inclusive, gender-sensitive WASH facilities and protection services and are provided with structure, stability and hope.
- Distributing essential recreational materials, (aimed at helping children relax and deal with the aftershock of the

earthquake) in child-friendly/ temporary learning spaces or community locations, such as mosques.

- Identifying teachers and caregivers who can support children in the child friendly space/ temporary learning spaces.
- Training teachers and facilitators on psychosocial support and life- saving messages relating to disaster preparedness, protection, sanitation and hygiene promotion, nutrition and health.

#### Phase 2: 2-4 weeks

##### Sectoral Impact and Planning

- Mapping of the structural damage to school infrastructure through assessments.
- Identification of schools which are safe for reopening.
- Need for teacher training and support to cope with the new reality.
- Temporary learning spaces will need to be established so that structured learning can occur.
- Debris removal will need to take place and school clearing and cleaning with the support of the community.

##### Key Response Activities

- Conducting structural assessment of school buildings.
- Training teachers in key areas including Psycho-social support and life skills.
- Community mobilization activities to support reopening of schools, including debris removal.
- Back to School messaging, including through age-appropriate means (e.g. animated videos) to ensure return is based on adequate information.

#### Phase 3: 1-2 months

##### Sectoral Impact and Planning

- Students are unable to restart education until school buildings are rehabilitated and teaching and learning materials replaced.
- Lack of DRR and school development plans, particularly in preparing for aftershocks, challenges the willingness of parents to return their children to school.

##### Key Response Activities

- Light rehabilitation or renovation of damaged schools.
- Provision of teaching and learning materials including furniture, textbooks, etc to schools.
- Revision of curriculum to include DRR to help children and communities cope better should another earthquake occur and to deal with ongoing aftershocks.
- Updating of school DRR plans as well as school development plans.

#### Cross-cutting issues

##### Cash or Voucher Programming

If cash is used as a modality to bring children back to school, this will probably be in phase 3, at which point children from the most vulnerable families may struggle to go to school because their families are prioritizing restoring the family livelihoods. Cash assistance would help vulnerable households supplement their livelihoods and allow children to access education.



### Protection, Gender and consideration of persons with specific needs

Child Protection: At the outset of the response, EiE activities will be integrated with the Child Protection response. Attending CFS and TLS offers protection, as children are provided with psychosocial support and lifesaving messages that strengthen critical survival skills and coping mechanisms. Both workstreams will work on developing child safeguarding measures for CFS and TLS, and also plan to transition from CFS into structured learning spaces. Referral mechanisms for children in need of additional protection support will be put in place at CFS, TLS and schools.

### Gender and Inclusion

Education Cluster partners will work to ensure both male and female teachers are trained using materials that are gender sensitive. Partners will also collect gender disaggregated information relating to school-attending children and will aim to monitor the inclusion of particularly disadvantaged groups as well as children with disabilities. This includes setting up separate spaces for boys and girls and encouraging the active participation of children living with disabilities. The Cluster will promote good practice relating to inclusion, sharing examples of inclusive programming and encouraging expansion and scale-up of such initiatives. Opportunities will be sought to capture good practice to inform future emergency planning and response.

### Community Engagement and Accountability to Affected People

Communities will participate in the assessment of school for damages. They will be consulted in identifying safe learning spaces for the children. The Education partners are good in forming centre management committees from the communities 'Shuras' who help to oversee as well as

provide management oversight on the activities implemented by the partners. Where possible, age-appropriate feedback opportunities to be provided for children, parents and school staff

### AWD and Measles Modifications

Disease outbreaks (such as the already ongoing AWD outbreak) and measles pose a serious risk. Education cluster partners will ensure that at every TLS/ CFS, children have access to clean drinking water and water and soap for handwashing. To avoid a concentration of too many children at the aforementioned spaces, partners will run double or triple shifts as this helps with crowd control which helps to reduce the likelihood of transmitting diseases.

## Emergency Shelter and NFI

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS
<b>362K</b>	<b>362K</b>	<b>\$55.6M</b>

### Phase 1: 1-2 weeks

#### Sectoral Impact and Planning

- Based on the scenario, secondary data analysis and earthquake intensity mapping suggest that 70 per cent of houses in the high-intensity shock affected areas are damaged and around 250,000 people (36,000 households) people are estimated to have been affected.
- According to field surveys of buildings undertaken so far, the capacity of the existing buildings to withstand expected lateral seismic loads is likely to be insufficient with an estimated 36,000 houses destroyed or badly

damaged. This is expected to lead to substantial displacement and need for the establishment of collective centres, with the creation of spontaneous settlements across affected parts of the country.

- In hilly and mountainous areas, key access roads may be structurally unsafe for days or weeks blocking access to affected areas and rendering rapid deployment of relief materials challenging.
- There is an additional risk to people sheltering close to surrounding buildings or people sheltering close to hazardous buildings at risk of collapse and from aftershocks.
- Those who rented in collapsed or damaged houses are also at risk of finding alternative solutions.
- Safe demolition will critical to mitigate further risk and clear the way for recovery.
- There might also be competition over safe buildings and what uses to prioritise (e.g. to use for emergency health facilities, collective shelter, or emergency coordination command centres, etc.)
- While breakdown of communications and information networks may also complicate humanitarian operations, the affected areas were already poor challenging exchange of information, rapid assessments, identification of shelter needs and transportation of core relief items.
- Lack of adequate land to support emergency settlement of displaced populations
- Affected people might be scattered in different rural locations, which makes urgent identification of beneficiaries and supply of emergency shelter assistance to all affected people in a uniform manner more challenging.
- Access to potentially impacted areas might be slow due to the low quality of pavement and narrow networks

making it highly difficult to perform rescue and relief operations, particularly for after-shock impacts, in time

- Lack of housing and operational facilities for partners, other relief providers and authorities.
- Critical support for seasonal adaptation (i.e. winter kits) particularly in high altitude provinces.
- In close coordination with other clusters, ES-NFI Cluster will define a list of life- saving core relief items to be provided to most vulnerable households as part of an initial response package.
- Deaths could be likely due to secondary effects such as exposure to diseases, exposure to rains and other weather, overcrowding, etc.
- There will be a substantial need for shelter in collective centres, spontaneous settlements, and within host community locations.

#### **Key Response Activities**

- Site selection, settlement planning for safe sites, identification and setting up of collective centres, rub halls, Refugee Housing Units (RHUs) to accommodate displaced communities in close coordination with local authorities.
- Provision of emergency shelter kits, shelter reconstruction toolkits for affected people, taking into consideration gender, local context, and other diversities.
- Provision of household items (for affected people with consideration to gender, local context, and other diversities including cooking stove and cooking fuel).
- Provision of warm clothing, blankets, heaters, and fuel to address seasonal needs, as required.
- Provision of safe shelter messages.
- Rubble removal and disposal.
- Management of collective centres.

## **Phase 2: 2-4 weeks**

### **Sectoral Impact and Planning**

- Houses are inaccessible for several weeks.
- Increase in health, protection risks and negative coping mechanisms due to lack of safe shelter options.
- People's ability to recover is delayed as families have to invest their limited resources in basic survival and shelter options.
- Restoration of water and sanitation facilities should be included in any shelter support. Close coordination with WASH actors will take place especially for populations residing in collective centres, planned and spontaneous settlement etc.

### **Key Response Activities**

- Provision of shelter repair/reconstruction support for category A (destroyed houses), B (severely damaged houses) and C (partially/moderately damaged houses)
- Provision of technical support on shelter repair and reconstruction.

## **Phase 3: 1-2 months**

### **Sectoral Impact and Key Immediate needs**

- Permanent destruction of housing and land resulting in affected families/communities needing and willing to relocate to safer grounds i.e. challenge to find land and resolve housing, land and property issues.
- Lack of key partners and institutions that can continue recovery programming and coordination beyond the emergency phase
- High cost of reconstruction, resulting in a very small number of most vulnerable families being supported.

- Rushed site selection and settlement planning during emergency phase, may result in development of spontaneous informal settlements that lack centralised access to basic services. Caution will be taken in this regard.

### **Key Response Activities**

- Repair and retrofitting of damaged buildings.
- Transitional shelter construction.
- Provision of technical support on build back better earthquake mitigation measures.
- To facilitate connections between emergency and recovery programming, support to institutional arrangements for post- disaster recovery.

## **Cross-Cutting Issues**

### **Winter response**

Early winter is imminent in the affected areas. Cases of acute respiratory infection, hypothermia, and death directly due to cold are likely to increase because of insufficient physical shelter and lack of warm clothing. Additional and continued support will be required to prevent further mortality.

Where existing heating systems are non-functional, supplementary heating may be provided through the provision of bottled gas units subject to being certified as safe for indoor use and (in kind or in cash fuel assistance) for coal, firewood, and LPG. Where possible very poor- quality tents that are the primary residence of displaced people should be replaced. Partners will hold awareness campaigns at the point of distribution to explain the risks of fire from of cooking and heating. The response should consider the availability of heating options, associated fuel supply and the safety of the shelter occupants. Appropriate winter clothing

(particularly blankets/quilts and clothes) will be provided – at the latter phase – particularly for persons with specific needs, children, the elderly and chronically sick to keep the immediate space around bodies warm.

**Cash or Voucher Programming**

The response outlined in this plan will be delivered via a combination of in-kind, cash and voucher assistance (CVA) for shelter repair /reconstruction as it provides affected populations with choice and flexibility to repair their homes in line with specific damage incurred and in locally accepted means.

**Gender and Diversity**

ES-NFI Cluster acknowledges structural causes of injustice and that disadvantaged groups can experience multiple forms of exclusion and thus, will aim to be inclusive and enable the full and equitable participation of women and men, people with disabilities, indigenous and minority communities in all programs and decision-making processes.

**Protection, Safety and Security**

ES-NFI Cluster will take a ‘do no harm’ approach to ensure that the distribution of relief and recovery does not exacerbate gender-based violence and other protection risks

**Disability**

ES-NFI Cluster will aim to promote socially inclusive shelter programming that ensures the participation of people living with disabilities in all aspects of relief and recovery planning, design, implementation, and monitoring. Disability-accessible housing solutions are a priority for the Cluster.

**Community Engagement and Accountability to Affected People**

Ensuring the shelter design is informed by the community views and preferences. This includes a process driven and inclusive approach, including involvement in assessments, procurement, design, construction, monitoring and evaluation.

Security of land tenure is also essential to promote early and longer- term recovery. Where possible, ES-NFI will work with HLP partners to ensure housing, and property obstacles to recovery are addressed so that people whose houses have been lost can begin to rebuild with certainty.

**AWD and Measles Modifications**

Where possible, the Cluster will work with WASH Cluster to mitigate and reduce the risks of AWD spread through appropriate access to waste management and water. Appropriate site management, in close collaboration with CCCM partners, will also be prioritised. Where possible, attempts to reduce density by providing extended, partitioned, or upgraded living conditions for people live in high occupancy per shelter will be considered.

**Food Security and Agriculture**

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS
<b>362K</b>	<b>362K</b>	<b>\$18M</b>

**Phase 1: 1-2 weeks**

**Sectoral Impact and Planning**

- Inability to access to food and livelihoods.

**Key Response Activities**

- Immediate access to lifesaving food baskets, primarily in-kind based from readily available food stocks in Kabul.
- An initial response package of in-kind food standard across both affected provinces will be prioritised, complemented by considerations of cash for food (\$80 per household/month) where appropriate and feasible.
- Depending on levels of available stocks, distributions could be repeated on a two-month basis.

**Phase 2: 2-4 weeks**

**Sectoral Impact and Planning**

- Continued access to in-kind food baskets and potential cash for food interventions where markets are performing and market linkages are robust.
- Initial planning for livelihood re-establishment through emergency cash for work/food for assets intervention.

**Key Response Activities**

- Possible shift to cash for food packages, where possible, and start of planning for cash for work options for

reestablishment of communal infrastructure (i.e. clearing of debris from irrigation/drainage)

### Phase 3: 1-2 months

#### Sectoral Impact and Planning

- Re-establishment of livelihoods through cash for work assistance, under the assumption that markets bounce back shortly after shock.

#### Key Response Activities

- Completion of food assistance cycles
- Completion of emergency cash for work activities, if any.
- Distribution of poultry packages.

### Cross-cutting issues

#### Cash or Voucher programming

Cash packages for food will be used where feasible.

#### Protection, Gender and consideration of persons with specific needs

FSAC, together with Protection cluster, will consider key needs/vulnerabilities per district for vulnerable groups, and ensure that measures are in place to ensure that people with disability are able to access aid.

#### Accountability to Affected People and Community Engagement

Continued use of AWAAZ and partner feedback mechanisms in addition to community level engagement through Key Informants.

#### AWD and Measles prevention

Should multiple months of assistance be considered FSAC will continue with single rations. Double ration distributions will be considered in case of access restrictions. To mitigate against AWD and measles infections phased distributions will be considered due to the need to limit beneficiary numbers at Food Distribution Points (FDPs). Also need to find alternate FDPs as schools or other common spaces could have been repurposed for emergency shelter

### Health

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS
<b>362K</b>	<b>362K</b>	<b>\$6M</b>

### Phase 1: 1-2 weeks

#### Sectoral Impact and Planning

- So far, it has been confirmed that nearly 800 people have been killed and more than 1,400 people injured and in need of emergency health assistance.
- In Paktika, one health facility was fully damaged, and two are partially damaged. In Khost, one health facility is partially damaged. People’s access to functioning health facilities is also compromised due to roads and transportation challenges.
- The Health facilities and Emergency Room Departments are overwhelmed with patients while operating with limited capacity.

- There are limited stocks for medicines and a healthy supply of medicines, medical supplies and equipment is required.
- Need for activation of mass casualty management plans
- Urgent disposal of dead bodies is required in the first week of the emergency. This is being done under the leadership of authorities and communities.
- The earthquake affected areas were already experiencing an AWD outbreak. There is a risk of a further and more serious spread of communicable diseases, particularly in camp-like settings and communities and where WASH facilities have been damaged.
- Prevention work – particularly regarding the transmission of diseases (AWD/ measles) in communities through information and hygiene campaigns will be done in coordination with the WASH Cluster.
- There is a need for a well-equipped and well-staffed provision of essential health services and referrals, including for the treatment of communicable and chronic diseases. There is an additional need for reproductive health and child care including immunization.
- Trauma care and rehabilitation services are required.
- There is an additional need for mental health services as disaster and emergency situations affect people’s mental health and aggravate underlying psychosocial issues.

#### Key Response Activities

- Mass casualty management
- Emergency health assistance – including trauma care – to treat injured people.
- Essential health services including referrals.
- Treatment of communicable and non-communicable diseases.
- Emergency sexual and reproductive health services,



- Delivery of medicines and other medical supplies/equipment.
- Support to MHPSS services.
- Provision of health information and advice to affected communities.

## Phase 2: 2-4 weeks

### Sectoral Impact and Planning

- Continuing needs from phase one.
- Continuing need to prevent transmission of diseases in camps and communities through information campaigns and hygiene Increased risk of maternal mortality due destroyed/damaged/inaccessible health facilities, which will delay and limit access to basic emergency maternal and neonatal care for pregnant and lactating women.
- There will be a need to re-establish sexual and reproductive health services for pregnant women and lactating mothers and setting up referral mechanisms.
- Continued prevention and enhanced surveillance of communicable diseases will be critical.
- There will be a need to operationalise the national Integrated Health and WASH Acute Watery Diarrhoea Response Plan across these two provinces.
- Continued need for mental health and psychosocial support.

### Key Response Activities

- Emergency health assistance and extension of essential health services including referrals.
- Treatment of communicable and non-communicable diseases.
- Emergency sexual and reproductive health services,

- Delivery of medicines and other medical supplies/equipment.
- Support to MHPSS services.
- Basic and comprehensive emergency obstetric and new-born care, and other reproductive and maternal health services.
- Measles vaccination.
- Provision of health information and advice to affected communities.

## Phase 3: 2-3 months

### Sectoral Impact and Planning

- Continuing needs from phase two.
- There will be a need to restore functionality of damaged health facilities in the affected areas.
- Support to secondary/referral health care services will be required.
- Continuing need to prevent transmission of diseases in camp-like settings / collective centres and communities through information campaigns and hygiene campaigns in coordination with WASH Cluster.
- Continuing need to maintain SRH services and referral mechanisms
- Continuing need to provide mental health and psychosocial support

### Key Response Activities

- Continuity of the phase two response activities
- Restoring functionality of damaged health facilities
- Support delivery of secondary/referral health care services

## Cross-Cutting Issues

### Protection, Gender and consideration of persons with specific needs

- Use of female healthcare workers who are trained in GBV case management.
- Ensuring health facilities are accessible for people with disabilities.
- Incorporation of rehabilitation (secondary and tertiary trauma care) services early in the response to support those who have sustained injuries in the disaster.
- Including mental health assessments in immediate response.

### Community Engagement and Accountability to Affected People

- Ensure proper health messages are disseminated in accurate and timely manner, particularly on infectious disease control – this includes addressing misconceptions, rumours, myths, beliefs about diseases and ensures the corrective actions are made.
- Engage with women, girls, men and boys using various modes of communication including local system/community structures and other preferred and trusted channels by the communities.
- Assessed people will be asked what their disease prevention information needs (and of loss of medicine stocks during the earthquake) are by MHTs and health partners and feedback will be taken back to inform response.

### AWD and measles Modifications

In coordination with WASH Cluster, the Health Cluster will operationalise the national Integrated Health and WASH AWD

Response Plan, specifically for the two earthquake affected provinces.

Health partners will conduct a measles vaccination campaign in all earthquake affected districts.

## Nutrition

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS
<b>50k</b>	<b>45k</b>	<b>\$2.9M</b>

### Phase 1: 1-2 weeks

#### Sectoral Impact and Planning

While the impact on the nutrition situation is not visible at the initial phase, disruptions to health services as well as disrupted access to markets and lack of food or separation from parents, will have a detrimental impact particularly on children under 5, if not rapidly addressed. Furthermore, psychosocial risks and risks of unsolicited distribution of Breastmilk Substitute (BMS) may affect appropriate infant and young child feeding (IYCF) practices, i.e., breastfeeding, and complementary feeding.

Past admission data shows that the nutrition situation in the earthquake affected areas was already concerning.

#### Key Response Activities

- Moving pre-positioned supplies for Outpatient Paediatric Department – for Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) (OPD-MAM/SAM) to earthquake affected areas, and provision of supplies for Inpatient Department to referral hospitals.
- Delivery of Blanket Supplementary Feeding (BSFP) for children aged 6-59 months old and Pregnant and Lactating Women (PLW) among the affected population.
- Screening of children aged under-five and PLW for acute malnutrition and immediate treatment of cases, with IYCF counselling embedded.
- Awareness raising, prevention and control of unsolicited donations of BMS.
- Establishment of or linkages to referral pathways for medically complicated SAM cases and those with psychosocial needs.
- Linkages with FSAC for integrated nutrition messaging alongside food distribution.
- Linkages with ES-NFI to ensure provision of PLW found with acute malnutrition with warm clothing, blankets, heaters, and fuel to address seasonal needs.
- Linkages with WASH to ensure distribution of hygiene kits to children under five with SAM.

### Phase 2: 2-4 weeks

#### Sectoral Impact and Planning

- Increasing food insecurity, reduced intake of quality and diverse types of food, limited access to safe water and poor hygiene practices, as well as limited coverage of health services, increase the risk for malnutrition cases, and micronutrient deficiencies among pregnant and lactating mothers, as well as children under five years.

- There will be a need to restore functionality of nutrition services where possible

#### Key Response Activities

- Delivery of Blanket Supplementary Feeding (BSFP) for children aged 6-59 months old and PLW of the affected population
- Screening of children aged under-five and PLW for acute malnutrition and immediate treatment of cases, with IYCF counselling embedded.
- Awareness raising, prevention and control of unsolicited donations of BMS.
- Review and update referral pathways for community and specialist services including MHPSS.

### Phase 3: 1-2 months

#### Sectoral Impact and Planning

- Continuing need to restore functionality of nutrition services where possible
- There will be a need to provide preventive services or ensure that preventive services can take place.

#### Key Response Activities

- Screening of children aged under-five and PLW for acute malnutrition and immediate treatment of cases, with IYCF counselling embedded.
- Community IYCF counselling including strict implementation and monitoring of BMS code of conduct.
- Home fortification of complementary foods with micronutrient powders (MNP).
- Link with existing community support for women and child friendly spaces for IYCF-E.

- Link with FSAC for referral of cured cases to the general food distribution and cash programme.
- Rapid SMART survey as needed.
- Ensure psychosocial supports and referral pathways are active and cases referred.

## Cross-Cutting Issues

### Cash or Voucher programming

Explore cash/voucher for transport and accommodation to access inpatient services from remote/hard to reach locations affected.

### Protection, Gender considerations and persons with specific needs

Nutrition Cluster takes into consideration the prioritization of vulnerable women and children, as well as other vulnerable groups such as those who have disabilities, underlying health conditions or are elderly. These are exempted from the long queues waiting for assistance. Where possible, assistance may be provided and delivered to them through delegated secondary recipients. Nutrition Cluster further ensures its partner staff engage female staff and female volunteers both at facilities but also through the mobile health teams to ensure adequate reach to women and girls, and cultural and operational sensitivity of the programmes.

The MAM treatment programme will target boys and girls under the age of five equally by using anthropometry indicators to determine eligibility. Girls and boys who are undernourished will receive the same entitlement and will be followed up in the same manner until their recovery. Sex-disaggregated data is collected from the implementing partners and incorporated into reporting systems in order

to monitor the gender features of nutritional insecurity and risks of malnutrition. and enable Nutrition Cluster to monitor the gender-ratio of children receiving Specialized Nutritious Foods (SNFs).

### Community Engagement and Accountability to Affected People

The Nutrition Cluster will ensure all beneficiaries are made aware of their entitlements and put in place measures to ensure assistance is received in a safe and dignified manner.

### AWD and Measles Modifications

Efforts will be made to perform screening for malnutrition on all cases of AWD in children under five, and to observe the specific rehydration protocol for those with concurrent SAM and dehydration.

## Protection

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS
<b>362K</b>	<b>252K</b>	<b>\$3.9M</b>

### Phase 1: 1-2 weeks

### Sectoral Impact and Planning

#### Protection

- Information needs about available services and how to access them.
- Need for psychosocial support (PSS) for all population groups of all ages and gender.

- Support and guidance for taking safety measures to protect oneself and family.

### Child Protection

- Immediate shock for the affected community, including children who will be struggling to comprehend what is happening.
- Increased number of people with trauma, including children.
- Separation of children from their families.

### Gender-Based Violence

- Sudden onset disasters affect women, girls and other vulnerable groups in terms of vulnerabilities and exposure to violence including physical injury and through compromised dignity. Decreased access to lifesaving protection and GBV services for women and girls is also expected. Exacerbated/ increased risk of GBV, and exacerbated risk of negative coping strategies are also high amidst such shocks.

### Housing, Land and Property

- People need immediate access to housing, land and/or property with many people displaced on disputed land or land owned by others.

### Mine Action

- Movement of explosive hazards due to the earthquake and subsequent landslides increasing the chances of a mine action incidents and increasing the chances of an ERW incident, potentially causing further casualties.

## Key Response Activities

### Protection

- Information dissemination and awareness raising on available services, how to access services and other important topics such as safety, protection of children and elderly.
- Strengthening sub-national coordination for focused response and referrals, including AORs
- Rapid protection assessment to identify immediate protection needs, with sectoral questions on general protection, GBV, CP, MA and HLP. Identification of factors that increase women's and children's' vulnerability to violence, gaps in services, barriers in accessing services, etc. Methods may include safety audits, service mapping, focus group discussions and key informant interviews.
- Provision of immediate PSS.
- Emergency protection situation monitoring including safe identification and referrals.

### Child Protection

- Registration of and individual assessments in all affected geographical areas of children with immediate protection needs, including children who are without parental care.
- Conducting emergency family tracing to place children with relatives and family members.
- Provision of emergency shelter and interim community care for children without parental care and who are at-risk of other forms of violence and abuse.
- Establishment of emergency spaces for PSS including psychological first aid (PFA) for children and provision of recreational activities. In coordination with the Education Cluster, education will be provided through the same child friendly spaces.

### Gender-Based Violence

- Ensuring ongoing and scaled up GBV service provision, including multi-sectoral response services, clinical services, GBV prevention activities and mainstreamed risk reduction through all sectors.
- Distribution of dignity kits, as an entry point to lifesaving GBV services
- Ensuring availability of life saving information channels accessible for women and girls, including those with limited literacy, adapted to the emergency situation. Where appropriate, safe spaces for women and adolescent girls will be considered.

### Housing, Land and Property

- Support to Shelter actors and responsible government authorities to ensure HLP rights are respected during rubble clearance and disposal

### Mine Action

- Risk education to affected people, especially to those relocating.
- Clearance of identified explosive ordnance by Quick Response Teams and other units.

## Phase 2: 2-4 weeks

### Sectoral Impact and Planning

#### Protection

- Information about available services, compensation schemes available for people affected by earthquake.
- Enhanced violence targeting women, girls and other vulnerable groups and more communities need psychosocial support. Increased PSS outreach teams.

### Child Protection

- Increased number of children requiring psychosocial support. Need for organized recreation activities to bring normalcy for children.
- Increased number of children separated from families or left without families due to death of family members. Organizing temporary placement or shelters for children.
- Increased number of children who require individual support through Case Management, including family tracing and reunification (FTR), referrals and interim care solutions for the most vulnerable children.

### Gender-Based Violence

- Violence increases towards women and girls while their dignity is compromised in absence of proper housing and community protection mechanisms.
- Women and adolescent girl friendly health spaces and shelters will be needed to ensure security and PSS services, and increased need for psychosocial support.
- Safe referrals for women and adolescent girls to lifesaving services, including health, legal, safety and shelter and cash-based modalities.

### Housing, Land and Property

- Awareness raising on HLP rights and legal identity will be required while land identification/ verification and, where possible, allocation will be required.

### Mine Action

- Movement of people from affected areas to other parts of the country, with limited knowledge or the resettlement areas, increasing the chances of mine action incidents
- Explosive ordnance risk education (EORE) sessions need to be delivered to prevent further incidents.



- Movement of explosive hazards due to the earthquake and subsequent landslides increases the chances of mine action incidents and causing further casualties - such areas will need to be surveyed, marked and cleared.

### Key response activities

#### Protection

- Identification of Persons with Specific Needs (PSN) through rapid assessments, and provision of direct assistance and/or referral to available services (case management).
- Cash for protection and/or Multi-Purpose Cash Assistance as appropriate.
- Information dissemination on services, risk reduction and safe reporting channels (including SEA) across all AORs.

#### Child Protection

- Continued provision of PSS, PFA as well as recreation and other group activities.
- Continued Child Protection monitoring and provision individual case management services, interim alternative care and development of multi-sectoral referral pathways.
- Continued awareness raising on prevention of family separation, and on illegal adoption messages to ensure that children are not taken out of the country illegally as well as messages on Positive parenting in the context of an emergency.
- Capacity building of CP workforces.

#### Gender-Based Violence

- Scale up of GBV response services (health, psychosocial, and case management)
- GBV risk reduction activities in place across sectors.

- Consider intersectional needs of women and adolescent girls including. women and girls living with disabilities, older women, unaccompanied girls and others.
- Capacity building of GBV workforces and other humanitarian frontline workers.
- Continued provision of dignity kits

#### Housing, Land and Property

- Awareness raising on HLP rights and legal identity documents

#### Mine Action

- Risk education to affected people, especially to those relocating.
- Clearance of identified explosive ordnance by Quick Response Teams and other units.

### Phase 3: 1-2 months

#### Sectoral Impact and Planning

##### Protection

- There will be a need to access identifying documents and other civil documentation (birth and certificates, etc)

##### Child Protection

- Registration and case management needs among the most vulnerable children, including family tracing and reunification of separated and unaccompanied children and interim care solutions.
- There will be a need for long-term placement of children who lost parents and have no parental care.
- Continued need for PSS for children in makeshift accommodation areas and in tents.

#### Gender-Based Violence

- Need for continuation of life-saving GBV services and scale up as needed.
- Continued need for and provision of dignity kits, as an entry point to lifesaving GBV services.
- Community mobilisation and engagement on GBV awareness will be required.
- Placement of PEP kits and PSS counsellors in health facilities, and other relevant spaces as determined by women and girls will be essential.

#### Housing, Land and Property

- Recovering lost HLP documentation and understanding of HLP rights.
- Identification of land for livelihoods activities (where these depended on land that is no longer useable due to the earthquake), in close collaboration with FSAC.
- Identification of land for (more durable) shelter solutions.
- Consideration around compensation mechanisms for lost land/property.

##### Mine Action

- Need for identification of potential newly contaminated areas
- Clearance of identified explosive hazards (especially next to roads, health centres areas of used for temporary shelter and other critical infrastructure)
- Provision of explosive ordnance risk education.

#### Key response activities

##### Protection

- General case management covering various protection sectors.

- Awareness raising, counselling and legal assistance to obtain legal identity documents
- Regular Protection monitoring and community-based protection activities.
- Data Protection and Information Sharing Protocols covering all AORs.
- Referral pathways and service mappings are made functional and client centred across all AORs.

### Child Protection

- Carrying out and streamlining a full case management system across agencies to support and follow up children with protection needs, including UASC
- Deployment and capacity building of CP workforces to monitor the situation of children in order to prevent violence and abuse.
- Support long term placement for children who lost parent in earthquake.
- Work with the Education Group to start full learning activities in facilities used for the provision of psychosocial and recreation activities.
- Updating of multi-sectoral field service mapping and modification of CP referral pathways.

### Gender-Based Violence

- GBV multi-sectoral response services including health, legal, psychosocial, case management and safety and security services must be fully operational, and scaled up as need (without the requirement of prevalence data)
- Clinical services are available to adult and child GBV survivors, including service providers trained on the GBV treatment protocol for all survivors (and provision of PEP kit)

- Advocacy based on non-identifiable feedback from women and girls, and reported needs
- Referral pathways and service mappings are functional and survivor-centred. Coordination will take place with Child Protection AOR on needs of child survivors of gender-based violence

### Housing, Land and Property

- Awareness raising, counselling and legal assistance to obtain HLP rights.
- Negotiations with landowners (whether government or private).
- Eviction monitoring and advocacy to suspend evictions.
- Support to Shelter and WASH actors in their rehabilitation/ construction activities through HLP due diligence (i.e. verification of rights/entitlements over property/land prior to construction).
- Advocacy with authorities regarding land allocation.

### Mine Action

- Land release (non-technical survey, technical survey and clearance of contaminated areas)
- Explosive ordnance risk education.
- Victim data collection and assistance
- Provision of Quick Response Teams (which provide Explosive Ordnance Disposal, survey, explosive ordnance risk education and victim data collection services).

### Cross-Cutting Issues

#### Cash or Voucher Programming

Cash would notably be used for legal and administrative fees to access both civil and HLP documentation. With regards to the GBV response, CVA will only be provided

after a risk assessment with the communities to ensure that the provision of assistance is a) not conducted in a silo without access to specialised GBV services, and b) does not exacerbate the risk of GBV. All individuals and agencies providing CVA must be trained in psychological first aid, safe GBV referral and GBV core-concepts. In general, all cash disbursement will be made with strict respect of the do-no-harm principle.

#### Protection, Gender and consideration of persons with specific needs

Staff engaging with communities at risk must have gender parity wherever possible, with additional support as needed for female staff to travel to the field, and report feelings of concern or lack of safety. Women and girls living with disabilities must not only be considered as recipients of GBV services, but also involved in the co-design of interventions, review and evaluation of the success of implemented projects. The Protection Cluster will ensure that services are accessible for male and child survivors and returnees/ migrants. Gender considerations will be mainstreamed in all interventions. In particular, women's HLP-related rights should be prioritised as they are more at risk of becoming homeless if they are unable to show rights over land/property. The Quick Response Teams (QRTs) and EORE Teams, as well as other units, will ensure that consultations are held with vulnerable groups, such as women or people with disabilities.

Most teams have women risk educators to allow direct contact with women, if that is not possible, information will be gathered indirectly through community elders and other humanitarian actors who are in contact with women directly. Whenever feasible, during rapid assessments, women should be interviewed by female enumerators.

### Community Engagement and Accountability to Affected People

Systems for enhancing the protection of victims, including legal services, physical safety and psychosocial support are in place to support victims and child survivors of abuse.

With regards to the response targeting children, a child safeguarding framework which applies to all programmatic, administrative and operational aspects, will be implemented in all geographical areas of the response. The framework will require that every humanitarian staff member, regardless of role, has a child safeguarding and PSEA responsibility in line with the agreed inter-agency SOPs. The framework will apply to all partner organisations’ staffs, including volunteers who will be engaged to respond to the emergency. It includes the support of communities in the non-technical survey of potentially contaminated areas with QRTs and survey teams, in order for the front-liners to benefit from the communities’ first-hand knowledge and historical information on the concerned areas.

## Water, Sanitation and Hygiene

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS
<b>362K</b>	<b>362K</b>	<b>\$17.7M</b>

### Phase 1: 1-2 weeks

#### Sectoral Impact and Planning

- Limited access to water and sanitation facilities.
- Water-borne disease outbreaks e.g. exacerbation of the already ongoing AWD or even Cholera.

#### Key Response Activities

- Rapid assessment of WASH facilities in affected areas to determine extent of damage and need for safe water requirements and sanitation services.
- Provision of immediate safe water (via shock chlorination of water points, water trucking, mobile water treatment, storage and distribution where surface water is easily accessible and near affected population, as well as distribution of water purification tablets for household water treatment).
- Water quality monitoring-maintaining Free Residual Chlorine (FRC) -0.5mg/l at water collection points. monitoring FRC at household level-0.2mg/l, turbidity monitoring and treatment.
- In coordination with the Health Cluster, provide safe drinking water, chlorine, soaps, handwashing devices, sprayers, and protective equipment in health facilities.
- Provision of emergency safe and private segregated sanitation facilities (latrines as well as bathing shelters).
- Distribution of hygiene kits to affected families.
- AWD prevention and hygiene awareness messaging including menstrual hygiene management.

### Phase 2: 2-4 weeks

#### Sectoral Impact and Planning

- Limited access to water and sanitation facilities.
- Water-borne disease outbreaks e.g. AWD, with a cholera outbreak under a worst-case scenario.

#### Key Response Activities

- Specific WASH needs assessments regarding services for people with disabilities, elders, women and children.

Consultations with communities and vulnerable groups for the set-up of feedback mechanisms.

- Complete cleaning and rehabilitation of damaged water points (re-development, handpumps and small water systems repairs).
- Rehabilitation of damaged households/shared family latrines.
- Provision of sanitation facilities (latrines and bathing shelters).
- Phase 3: 1-2 months
- Sectoral Impact and Planning
- Need for restoration of piped water and additional water points as well as establish/provide safe and dignified sanitation facilities at community and institution level, including public spaces, markets, schools, and health facilities.

#### Key Response Activities

- Rehabilitation of damaged water sources.
- Rehabilitation of damaged households/shared family latrines.
- Provision of new sanitation facilities (latrines + bathing shelters)
- In consultation with Health Cluster, rehabilitation and improvement for AWD case management of the drinking water, sanitation and hygiene infrastructures in health facilities.
- Awareness creation on the use, operation and maintenance of provided WASH facilities.

## Cross-Cutting Issues

### Cash and Voucher Programming

The WASH Cluster will potentially explore the use of vouchers for commercial water trucking and for hygiene items such as soap if markets recover.

### Protection, Gender and Consideration of Persons with Specific Needs

The Cluster will ensure protection mainstreaming in WASH intervention, ensuring WASH facilities are safe to use, easily

accessible, and designed by taking gender segregation and access by people with disability into consideration.

Together with the GBV Sub Cluster, the WASH Cluster has enhanced the WASH for GBV mitigation checklist.

### Community Engagement and Accountability to Affected People

- Women, girls, men, boys and people with disability are consulted separately on the appropriateness, siting and use of WASH facilities.
- Establishing a two-way communication channel for community engagement and to provide opportunities to

raise concerns and issues relating to ongoing assistance / projects and provide feedback on changes/issues related to the provided assistance.

- WASH Cluster and AAP WG have jointly produced specific AAP indicators, and a checklist on WASH for people with disability.

### AWD and Measles Modifications

The Cluster will scale-up the integrated multisectoral AWD/Cholera response based on epidemiological findings from the anonymized line lists shared by the Health Cluster. Active Risk Communication and Community Engagement (RCCE), establishment of an AWD/Cholera taskforce and deployment of Integrated Emergency Response Teams (IERTs).

## Operational Working Groups

### Cash and Voucher Working Group

Due to the nature of the disaster, immediate response activities will be provided largely in-kind owing to the limited information on access to markets, severe movement restrictions and availability of goods. Where markets can provide items in sufficient quality and quantity multi-purpose cash (MPC) and/or vouchers will be utilized to support local procurement and local trade. MPC is the preferred grant type rather than sectoral cash as there will likely be a number of competing needs in the early phase of the emergency.

Active emergency actors have opted to provide a transfer amount equal to the entire MEB as a first grant, this will be re-evaluated for ongoing CVA activities as we reach recovery phase.

With regard to the sectoral responses, the Education Working Group will consider the feasibility of CVA in the third phase to promote the access of children to schools and prevent negative coping mechanisms. The Health and Nutrition clusters may consider CVA to help cover travel costs that reduce access to services when affordability is a determining factor. CVA utilization for FSAC and ES/NFI is likely to be challenging at this early stage considering market dysfunctionality and price increase. Markets in urban areas could restore relatively quickly considering Afghanistan's resilient markets however use of CVA assessments will consider the ability of people to move around (road blockages) as well as potential issues with transfers/distributions

Cash and Humanitarian aid in general can sometimes be targeted by local authorities demanding illegal levies post-

distribution which can be difficult to monitor. Ongoing work with the HAG in contact with regional DFA is considered a viable solution as DFA previously acknowledged the issue and claim to be taking corrective action. Additionally, cash distributions may potentially cause a pull factor that may draw in beneficiaries who were not directly impacted by the event. The dominant cash distribution mechanism is direct cash (notes handed directly to beneficiaries). For rural areas, responders would need to transport cash in or rely on Hawala networks that have associated capacity/transparency gaps however these networks have proven to be the most employed FSP due to deep integration into economy and decades of use by Afghans.

Pending in-depth market assessments, CVA risk analysis with mitigation plans and assessments to gauge safe access of beneficiaries to both markets and FSPs cash-based



modalities will be increased as the response progresses to provide vulnerable individuals and households with the possibility to meet their urgent basic needs with dignity, on the assumption that markets are functioning, and basic commodities are available

Finally, the CVWG is coordinating MPC provision at national level to avoid duplication and ensure consistency of approach. Ad-hoc meetings will continue to be convened to connect all active cash actors in Paktika and Khost. Furthermore, several actors will share plans for planned assessments. Updates will be fed to ICCT as they become available. Standard market assessment, risk assessment tools and other inter-agency tools have been disseminated to partners and technical advice is being provided as needed. The CVWG will assign a focal point to the coordination hub in Khost in order to assess any CVA coordination and capacity building needs for quick action.

### **Accountability to Affected People (AAP) Working Group**

All Clusters commit to strong engagement with the AAP WG, community-based referral mechanisms and by adhering to the principles of AAP at all stages of the project cycle

A communication landscape rapid assessment will be resourced and conducted immediately to assess what communication channels are operating and available for information provision to communities and feedback-complaint-response channels.

All Cluster members should be able to demonstrate they follow a Code of Conduct which prohibits sexual exploitation, abuse and harassment, and have completed training in this

area. All partner staff will be required to undergo training on PSEA. This includes being familiar with the mandatory reporting mechanisms in place in Afghanistan and being strictly committed to the duty to report in a timely manner any allegation of sexual exploitation and abuse of persons of concern, including children, by humanitarian staff or staff contracted to work on projects, including program support staff and sub-contractors.

Accessible and sustainable mechanisms will need to be put in place to allow for reporting of complaints and any other issues related to response activities. A two-way communication mechanism for all clusters will need to be set up that allows people, including those with limited mobility or who are forced to stay in their shelters, with requested information, provide updates on raised issues and complaints, trends, and other feedback. Such information-sharing mechanisms and data analysis are to be implemented as quickly as possible to use input by affected communities to adjust emergency programming.

Face-to-face and other two-way communication systems need to be in place to allow for engagement between all cluster partners and the community on the needs, gaps, prioritisation and response ensuring effective aid/service is provided in modalities that are appropriate for different regions and different groups of people, particularly for marginalised groups. This will include designating or utilising existing AAP focal points in affected areas and training them in emergency communication response, including receiving SEA and GBV complaints, and referral pathways so they act as a strong feedback and complaint channel that will be especially important if telephone services are down.

If phone services are functioning after an earthquake, Awaaz can be an important accountability tool, providing a free way

for beneficiaries with access to phones to give feedback or make complaints about the assistance they have received and their interaction with humanitarian organisations. This platform will compliment individual agency feedback mechanisms. The Humanitarian staff and emergency responders will be equipped with information material that will include the Awaaz toll-free number to provide the affected population with a communication channel for reporting or enquiring on the humanitarian response.

Top-up phone credit cards will be considered part of a feedback channel and provided as humanitarian assistance.

Community engagement in emergency settings will be dependent, in part, on key informants, who may introduce a local bias in beneficiary selection. Conversations with multiple key informants may be necessary to triangulate suggested beneficiaries and mitigate undue bias. This channel will be complemented by other methods of communication for instance community outreach, community radio, social media, and others to ensure the inclusion of more marginalised and hard-to-reach communities.

Clusters will have a common process for monitoring assistance distribution to better ensure that aid goes to those authorized to get it.

In the implementation of both community-based treatment and preventative services, partners will ensure that beneficiaries are involved in the planning and determination of activity scheduling, site management and follow up. Programme eligibility criteria and entitlements will be clarified and publicized to communities for transparency, and measures put in place to ensure inclusion and exclusion errors or incidents are addressed in a timely manner.

Gender equity, age, disability, migration and minority status, and environment are taken into consideration during the planning, response, and recovery phases.

Communities will be supported in forming community management committees or 'Shuras' that can help oversee and provide oversight on the implementation of activities. They also can be involved in ensuring that the feedback loop – giving information back to communities to answer questions and tell them how their input was used in programming – is closed in a timely manner. This requires harmonising data collection, analysis and response to community feedback (complementing AWAAZ) to influence change in response operations.

### **Logistics Working Group**

The Logistics Working Group will primarily be engaged in information gathering and sharing, assessing existing in-country resources as well as what has been pre-positioned, the types of items that need to be imported, and assist with administrative requirements for fast-tracking goods into the country. Additionally, the LWG will conduct rapid assessments of road infrastructure and physical access constraints; telecommunications challenges; and strategic locations for the establishment of interagency logistics hubs.

### **The Humanitarian Access Group (HAG)**

The HAG will collect reports via the Access Monitoring and Reporting Framework (AMRF) in order to track, document and address access constraints; both physical - as caused by the earthquake - as well as security and/or bureaucratic constraints imposed by either the government or non-state actor groups. This information would be used to advocate -

directly and through the HC - for timely and principled access to all affected populations in line with the humanitarian principles and the Afghanistan Joint Operating Principles (JOPs).

The HAG will further support the ICCT and clusters in analysing specific access impediments to reach populations in need and provide access to assistance and services, adopting a structured approach to developing strategies to secure and sustain humanitarian access. As required, the HAG will provide humanitarian partners with in-person support to resolve operational access challenges in the field.

### **Protection Mainstreaming, Gender and Consideration of Person with Disabilities**

The do-no-harm principle is applied throughout the response to ensure that the distribution of relief and recovery efforts does not exacerbate gender-based violence and other protection risks.

Systems for enhancing the protection of victims, including legal services, physical safety and psychosocial support are in place and will be further resourced to support victims and child survivors of abuse.

With regard to the response to the needs of children, a child safeguarding framework which applies to all programmatic, administrative and operational aspects will be implemented in all geographical areas of the response. The framework will require that every IP staff member, regardless of role, has a child safeguarding responsibility. The framework will apply to all CP AoR partner organisations' staff, including volunteers who will be engaged to respond to the emergency. To avoid exacerbating the risk of GBV, healthcare workers

and agencies providing CVA will be trained in psychological first aid, safe GBV referral and GBV core-concepts. It is further recommended that CVA is preceded by risk assessments with participation by communities.

The most vulnerable members of the affected population, women and children, PWD, and elderly, will be prioritised and solutions will be adapted to meet specific needs and ensure access to services. In particular, women's HLP-related rights will be prioritised as they are more at risk of becoming homeless if they are unable to provide proof of their rights over land/property.

Sex-disaggregated data is collected from the implementing partners and incorporated into reporting systems in order to monitor the gender features of the emergency. Implementing partners are encouraged to aim for parity in male and female staff engaging with affected population to ensure cultural and operational sensitivity of the programmes.

### **Coordination**

In addition to existing national, regional and provincial structures, the humanitarian community plans to establish a humanitarian hub in Khost, with a dedicated area coordinator and necessary air and logistics support to boost boots on the ground. Authorities have also announced plans for the formation of a Joint Ministerial Committee (at national (Kabul) and provincial levels (Paktika and Khost)), and noted they are working on a two-phased plan firstly focusing on food and cash, and then on shelter repair and recovery. This Joint Committee is expected to be the main entry point for coordination with authorities.

## Contact Details

SECTOR	ROLE	NAME	ORG.	EMAIL	SECTOR	ROLE	NAME	ORG.	EMAIL
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## Detailed Sectoral Funding Requirements

### Education

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Assessments	N/A	- Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, and Tani districts) - Paktika province (Barmal, Giyan Nika, Urgun, and Ziruk districts). - Paktya province (Gardez, Zadrans, and Zurmat). - Nangahar province (Dor Baba, Ghani Khil)	20,000
Provision of temporary learning spaces (tents)	50,000 children 300 tents	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, and Tani districts) - Paktika province (Barmal, Giyan Nika, Urgun, and Ziruk districts). - Paktya province (Gardez, Zadrans, and Zurmat). - Nangahar province (Dor Baba, Ghani Khil)	720,000
Purchase of teaching and learning materials/ kits (i.e., teacher kits, students' kits, classroom kits, hygiene kits, textbooks, recreational kits and cooling/heating supplies)	All teachers, classes and students	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, and Tani districts) - Paktika province (Barmal, Giyan Nika, Urgun, and Ziruk districts). - Paktya province (Gardez, Zadrans, and Zurmat). - Nangahar province (Dor Baba, Ghani Khil)	1,456,540

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Training of teachers	1,000	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, and Tani districts) - Paktika province (Barmal, Giyan Nika, Urgun, and Ziruk districts). - Paktya province (Gardez, Zadrans, and Zurmat). - Nangahar province (Dor Baba, Ghani Khil)	50,000
Payment of incentives	1,000	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, and Tani districts) - Paktika province (Barmal, Giyan Nika, Urgun, and Ziruk districts). - Paktya province (Gardez, Zadrans, and Zurmat). - Nangahar province (Dor Baba, Ghani Khil)	330,000
Provision of WASH-handwashing buckets and soap including TLSs renovation	333	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, and Tani districts) - Paktika province (Barmal, Giyan Nika, Urgun, and Ziruk districts). - Paktya province (Gardez, Zadrans, and Zurmat). - Nangahar province (Dor Baba, Ghani Khil)	123,4600
<b>Total:</b>			<b>2,700,000</b>



## Emergency Shelter and NFI

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Emergency Shelter Kits(tents+ tarps)	21,000	All affected provinces	1,650,000
NFI assistance	252,000	All affected provinces	6,366,600
Repair toolkit	63,000	All affected provinces	607,500
Minor Repair	153,216	All affected provinces	4,875,552
Major Repair	38,304	All affected provinces	2,031,480
Transitional Shelter	60,480	All affected provinces	27,112,968
Winter Clothing / Heating and Fuel	252,000	All affected provinces	12,879,000
Information Management (assessment, technical EIA)		All affected provinces	50,000
<b>Total:</b>			<b>\$ 55,573,100</b>

## Food Security and Agriculture

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Food (in-kind or cash)	Full basket in kind food -rations for 361k people (52k households)	All affected areas	12.3 million (17 US\$ per person per month)
Poultry support	Poultry package targeting 7K people	All affected areas	2.8 million

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Cash for Work	Small community rehabilitation projects targeting 7k people – activities would include as rubble clearance or clearing drains/irrigation canals	TBD	2.9 million (\$4 per day for unskilled labour – \$7 per day for skilled labour)
<b>Total:</b>			<b>18,000,000</b>

## Health

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Primary health services including reproductive health and MHPSS	361,000	Paktika, Khost	1,265,719
Communicable diseases outbreak response activities	270,750	Paktika, Khost	3,249,000
Trauma and rehabilitation services	10,000	Paktika, Khost, Paktya	325,000
Support delivery of secondary/ referral health care services	72,200	Paktika, Khost, Paktya	992,750
Rehabilitation of health facilities	2	Paktika, Khost	150,000
<b>Total:</b>			<b>5,982,469</b>

## Nutrition

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Target for U5 SAM for three months	7,517	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, Tani) Paktika province (Barmal, Giyan, Nika, Sar Rawzah, Surobi, Urgan, Ziruk)	460,872
Target for U5 MAM/ OPD for three months	7,611	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, Tani) Paktika province (Barmal, Giyan, Nika, Sar Rawzah, Surobi, Urgan, Ziruk)	161,843
Target for MAM PLW for three months	3,381	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, Tani) Paktika province (Barmal, Giyan, Nika, Sar Rawzah, Surobi, Urgan, Ziruk)	137,798
Target for 6-59 months for BSFP	16,173	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, Tani) Paktika province (Barmal, Giyan, Nika, Sar Rawzah, Surobi, Urgan, Ziruk)	539,051
Target for PLW for BSFP	8,087	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, Tani) Paktika province (Barmal, Giyan, Nika, Sar Rawzah, Surobi, Urgan, Ziruk)	258,784
IYCF Counselling	13,731	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, Tani) Paktika province (Barmal, Giyan, Nika, Sar Rawzah, Surobi, Urgan, Ziruk)	24,302
MNP for home fortification of complementary foods	11,586	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, Tani) Paktika province (Barmal, Giyan, Nika, Sar Rawzah, Surobi, Urgan, Ziruk)	59,089

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Deployment of mobile teams	15	Khost province (Mandozayi, Matun, Nadir Shah Kot, Shamal, Spera, Tani) Paktika province (Barmal, Giyan, Nika, Sar Rawzah, Surobi, Urgan, Ziruk)	487,073
Rapid SMART	10	10 prioritised districts across Khost and Paktika	200,000
<b>Total:</b>			<b>2,944,951</b>

## Protection

### General Protection

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Information and awareness raising on access to services	252,000	All affected provinces	378,000
PSS	30,326	All affected provinces	227,445
PSN identification, assistance and referral (Case management)	1,010	All affected provinces	151,500
Cash for Protection	800	All affected provinces	160,000
Counselling & Legal assistance (Civil documentation)	3,000	All affected provinces	90,000
Protection Monitoring	40,432	All affected provinces	202,160
<b>Total:</b>			<b>1,209,105</b>

### Child Protection

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Provision of structured PSS for girls and boys at Child Friendly Spaces (CFS)	26,400	All affected provinces	660,000
Provision of awareness and positive parenting sessions to parents and caregivers to support their children's psychosocial wellbeing	600	All affected provinces	18,000
Community-based awareness raising on child protection issues and wellbeing messaging and support community capacity building on these topics (parents/community members)	80,000		240,000
Case management and other CP specialized services	660	All affected provinces	29,700
Provision of cash as a component of the Case Management services including FTR	200	All affected provinces	14,000
<b>Total:</b>			<b>961,700</b>

### Gender-Based Violence

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Comprehensive, inclusive and specialized GBV prevention and response services including case management, psychosocial support, legal services, as well as mental health and reproductive health and rights services (incl. CMR).	20,000	All affected provinces	580,000

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Dignity kits distribution	25,000	All affected provinces	700,000
Provision of lifesaving information on women's protection and health-related services, updated referral pathways and meaningful inclusion of diverse women and girls	25,000	All affected provinces	110,000
<b>Total:</b>			<b>1,390,000</b>

### Housing, Land and Property

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Awareness raising on HLP and legal identity	36,200	All affected provinces	181,000
Legal counselling on HLP	7,240	All affected provinces	108,600
Legal assistance on HLP (includes legal research/analysis, land mapping, HLP due diligence, and evictions monitoring)	1,448	All affected provinces	43,440
<b>Total:</b>			<b>333,040</b>

### Mine Action

MA teams are resourced through pre-existing quick response programmes and would not put together a separate requirement for a 3 month response. This may be revised if large scale ordinance removal activities are deemed necessary.

## Water, Sanitation and Hygiene

ACTIVITY	PLANNED REACH (# OF PEOPLE)	LOCATION	ESTIMATED REQUIREMENTS (US\$)
Water trucking, treatment, storage and distribution	250K	People living in MMI V+ areas in Khost, Paktika and Paktya provinces.	5,580,000
Provide safe drinking water in health facilities	70K	People living in MMI V+ areas in Khost, Paktika and Paktya provinces.	1,365,000
Rehabilitation and construction of water facilities/points	200K	People living in MMI V+ areas in Khost, Paktika and Paktya provinces.	3,900,000
Rehabilitation of damaged sanitation facilities	100K	People living in MMI V+ areas in Khost, Paktika and Paktya provinces.	1,040,000
Provision of new sanitation facilities	75K	People living in MMI V+ areas in Khost, Paktika and Paktya provinces.	1,170,000
Provide improved sanitation facilities in health facilities.	70K	People living in MMI V+ areas in Khost, Paktika and Paktya provinces.	637,000
Provision of hygiene kits	361K	People living in MMI V+ areas in Khost, Paktika and Paktya provinces.	2,346,500
RCCE and hygiene awareness messaging	361K	People living in MMI V+ areas in Khost, Paktika and Paktya provinces.	1,345,750
<b>Total:</b>			<b>17,654,250</b>

## Coordination and Common Services

FUNCTIONAL AREA/ ACTIVITY	BRIEF DESCRIPTION	QTY	UNIT COST	TOTAL UNITS	TRANSPORT COSTS	TOTAL COST
Storage	MSU, 10x32 mt, Alu (Three locations)	6	19,000	114,000	60,480	174,480
Accommodation/ Office	MSU, 10x32 mt, Alu (Three locations)	2	19,000	38,000	20,160	58,160
Accommodation / Office	Prefab, basic unit 5.6x2.2x2.6 mt (Three Locations)	6	15,543	93,258	2,000	95,258
Power Supply	Generator, diesel, 6kva, 3x400V-3000rpm	3	4,000	12,000	1,000	13,000
Fuel	Diesel	3	\$1/ Liter	3 liter/hr	NA	12,960
Field Hospital						
	Additional air assets, humanitarian hubs and quick response clearance					3m
<b>Total Cost</b>		<b>20</b>		<b>257,258</b>	<b>83,640</b>	<b>\$3,483,858</b>

**EMERGENCY  
EARTHQUAKE RESPONSE PLAN**  
AFGHANISTAN

ISSUED JUNE 2022