

## EARTHQUAKE RESPONSE PLAN (July – September 2022)



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### SITUATION ANALYSIS & NEEDS<sup>1</sup>

On 22 June, a 5.9 magnitude earthquake struck south-eastern Afghanistan in Paktika and Khost Provinces, leading to wide-scale destruction across these already vulnerable districts. While causality and injury figures are in flux, the current information as of June 26<sup>th</sup>, indicates that 1,036 people have been killed and 3,669 injured.<sup>2</sup> Latest reports indicate that at least 155 children were killed and nearly 250 children were injured.<sup>3</sup> Since the initial earthquake, there have been several aftershocks which resulted in further destruction, leaving many locations unstable. Prior to the earthquake, these locations, which are scattered across mountainous geography, already had minimal access to basic services, with logistical challenges such as poor road conditions and significant gaps in mobile networks. The earthquake has therefore only exacerbated their needs. Initial reports indicate that almost 1,900 homes were destroyed with many more reportedly damaged. In addition to loss of life and devastating injury, the earthquake has resulted in the destruction of critical infrastructure -- including health facilities, schools, and water networks -- leaving thousands vulnerable to further harm.



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Mobile health and nutrition teams will be key to addressing gaps from damaged health facilities, providing services to those displaced within communities, and to those living in tents. As with any natural disaster, child protection is a significant concern, with immediate needs for unaccompanied and separate children, case management services, and mental health and psychosocial support. The crisis has hit areas already affected by acute watery diarrhoea (AWD), with new cases being confirmed daily. An early and robust intervention to prevent further spread of AWD must be prioritized. With markets functional and supply chains robust, UNICEF is prioritizing the use of multi-purpose cash to aid in the immediate response as well as early recovery efforts.



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<sup>1</sup> Needs are updated on a rolling basis as information becomes available. Injured and death toll figures are in flux

<sup>2</sup> [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg\\_earthquake\\_health\\_cluster\\_who\\_sitrep\\_7\\_28june2022.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg_earthquake_health_cluster_who_sitrep_7_28june2022.pdf)

<sup>3</sup> <https://reliefweb.int/report/afghanistan/afghanistan-flash-update-4-earthquake-paktika-and-khost-provinces-afghanistan-26-june-2022>

## RESPONSE<sup>4</sup>

The UNICEF Earthquake Response Plan targets the immediate needs of approximately 362,000 people, including an estimated 190,800 children people living in the Modified Mercalli Intensity (MMI 5+) areas across 17 districts.<sup>5</sup> However, the earthquake has impacted districts beyond those living in the MMI 5+ areas which require support, particularly in WASH. Due to the AWD outbreak and the need to both contain the spread and prevent further outbreaks, up to two million are targeted for a blanket WASH response at the district level. Response will be for an initial 3-month period (July-September 2022), and is aligned with the interagency Earthquake Emergency Appeal launched by OCHA.

PROGRAMME	TARGET (# individuals)	BUDGET (US \$)
Health	125,000	1,465,000
WASH	2,000,000	16,218,000
Child Protection	362,000	2,415,000
Nutrition	10,206	780,000
Education	40,000	1,059,000
Social Behaviour Change & AAP	500,000	554,000
Gender and PSEA	5000 HH (36,500 individuals)	315,000
Humanitarian Cash Transfers	5,500HH (40,150 individuals)	3,694,000
<b>TOTAL (US \$)</b>		<b>26,500,000</b>

### HEALTH

- Ensuring affected populations, especially newborns, children, adolescents, and women, have access to first aid, and emergency and trauma care, including referrals.
- Providing first aid and emergency care to remote villages through mobile health teams. This includes referrals and psychosocial first aid.
- Scaling up prevention of communicable disease outbreaks, including vaccine preventable diseases.
- Specifically responding to the ongoing outbreak of acute watery diarrhoea by establishing oral rehydration points at health facilities and in communities, providing treatment supplies and facilities.
- Preparing for preventive vaccination campaigns, particularly against measles.
- Preventing collapse of the health care delivery system and uninterrupted availability of essential health and nutrition services through static and mobile health and nutrition teams.

### NUTRITION

- Ensuring adequate supplies are prepositioned to treat children with severe acute malnutrition (SAM).
- Screening and treating children under five years with SAM through health facilities and mobile health and nutrition teams in the affected areas.
- Establishing referral pathways for medically complicated SAM cases and children with psychosocial needs, plus linking children with relevant services.
- Providing maternal, infant, and young child nutrition counselling for all mothers and caregivers in the affected districts through health facilities and mobile health teams.
- Providing Vitamin A supplements for all children aged 6-59 months in the affected areas through mobile health and nutrition teams.

### WASH

- Implementing a district-wide WASH response for an initial three months, including provision of soap and water treatment products, to mitigate the increased risk of an AWD outbreak.
- In areas of MMI V+, providing emergency water trucking as an interim measure, simultaneously repairing damaged water systems.
- Constructing emergency latrines for the affected population, including latrines safely accessible by women and girls and persons with disabilities.

<sup>4</sup> Response targets and budget remain flexible based on evolving needs and gaps on the ground

<sup>5</sup> MMI represents the shake intensity from an earthquake at a specific location by considering its effects on people, objects, and buildings using satellite imagery.

- Supporting solid waste management and rehabilitation of WASH facilities in schools and healthcare facilities and providing emergency WASH facilities and disinfectants in temporary learning spaces.
- Promoting menstrual hygiene and distributing hygiene kits.

## CHILD PROTECTION

- Leveraging existing child protection mechanisms to support families and establishing temporary facilities where necessary.
- Establishing help desks for registration of vulnerable families and for unaccompanied and separated children who require case management services.
- Tracing separated and unaccompanied children to ensure reunification.
- Establishing temporary child-friendly spaces.
- Increasing the number of social workers to provide case management, crisis counselling, psychosocial first aid, mental health, and psychosocial support.
- Raising awareness on mental health and psychosocial support, explosive ordnance risk education, and gender-based violence, including disseminating informational and education materials.
- Providing information on child protection and gender-based violence response services.
- Making confidential referrals to additional services as needed.

## HUMANITARIAN CASH TRANSFERS

- Providing immediate cash assistance to populations in Spera District, the most affected district in Khost Province, aiming to reach up to 5,500 affected households (approximately 41,040 individuals) with three months of multipurpose cash transfer to meet immediate recovery needs.
- The location has been selected based on coordinated division of responsibilities with other UN and NGO partners for cash response in affected areas, and the transfer value is defined in line with the Afghanistan Cash Working Group (CWG) recommendations on use of multipurpose cash assistance (MPCA) value of US\$ 140.00 per household.

## EDUCATION

- Supporting temporary learning spaces to ensure continuity of learning while conducting assessments damaged school buildings, community-based education (CBE) classes and madrasas.
- Supporting light rehabilitation of schools, CBEs, and madrasas based on assessment findings to ensure they are safe.
- In close collaboration with child protection partners, supporting psychosocial support for teachers and students in child-friendly spaces.
- Providing basic teaching and learning materials in temporary learning places and existing CBEs and public schools as required.

## SOCIAL BEHAVIOUR CHANGE (SBC), GENDER, AAP AND PSEA

- Supporting Community Feedback Centres and social mobilizers to collect and report feedback on services received, and disseminate key life-saving messages, including for the prevention of sexual exploitation and abuse.
- Ensuring joint needs assessments and tailored interventions reach adolescent girls and women, considering the lack of female humanitarian workers, which creates challenges reaching women and girls with relief. A rapid needs assessment will be conducted through local women-led NGOs.
- Disseminating targeted messages for girls and women through women- and girls'- safe spaces.
- Providing dignity kits to affected women and girls.

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