

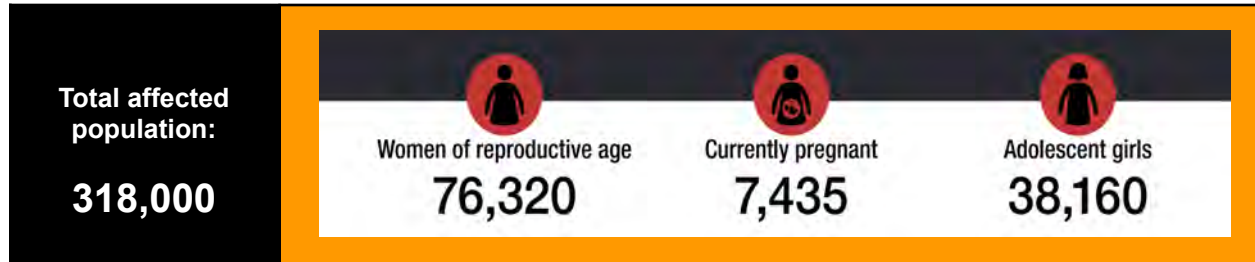
## Situation Report #5

Country	AFGHANISTAN
Crisis	Earthquake
Covering period	17-24 October 2023
Crisis Location	Herat Province, Afghanistan
Date issued	25 October 2023
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### 1. Situation overview

- From 7 to 15 October, Herat province in western Afghanistan experienced the impact of three earthquakes, each registering at magnitude 6.3, resulting in extensive destruction in more than 300 villages. The tremors resulted in the destruction of vital civilian infrastructure, including residences, healthcare facilities, educational institutions, and water systems. This series of seismic events has placed thousands of already vulnerable families in desperate need of humanitarian aid, especially in terms of shelter, sustenance, and water and sanitation requirements. The interagency Herat Earthquake Response Plan, spanning multiple sectors, is directed towards approximately 114,000 individuals residing in high-impact intensity (MMI 6+) areas, with a particular emphasis on those whose homes were severely damaged or completely demolished.
- The Herat Earthquake Response Plan of the Humanitarian Country Team estimates a US\$93.6 million funding requirement to execute life-saving actions and facilitate early recovery initiatives over the next six months (October 2023 – March 2024).
- UNFPA's [Herat Earthquake Response Appeal](#), aligned with the interagency plan, estimates that \$11.6 million will be needed to scale up current interventions, replenish emergency stocks, and continue lifesaving maternal and reproductive health and psychosocial support for the affected population, particularly women and adolescent girls, for the next nine months. This is based on 318,000 total affected population and 114,000 people in need.





## 2. Humanitarian needs

- Two weeks into the disaster, the need for critical life-saving support has increased. The most vital areas that require urgent action include maternal and reproductive health services, mental health and psychosocial support, trauma care and physical rehabilitation.
- As the harsh winter approaches, the cold weather will increase the vulnerability of the affected people, especially those staying in temporary shelters. Poor infrastructure, overcrowded conditions with limited winter clothing and blankets, as well as shortages of water and food, will increase the incidence and severity of infectious diseases, including COVID-19, influenza, measles, and acute watery diarrhoea. Urgent action is required to alleviate the suffering of people who have endured substantial hardships.

## 3. Government, UN and other stakeholders' response

- Local authorities and humanitarian actors persist in their dedicated efforts to deliver essential emergency services to address the immediate needs of those impacted by the disaster. Partners are actively engaged in the provision of critical aid such as food, shelter, medical assistance, and water and sanitation.
- On 18 October, 33 health teams were mobilized by various partners to serve 29 affected villages across Zindajan, Kohsan, Injil and Gulran districts, and Herat City to provide primary health services and mental health/psychosocial support. Furthermore, the WASH Cluster contributed 20 water tanks, latrines and hygiene materials to support health facilities in the affected areas.

## 4. UNFPA Country Office role

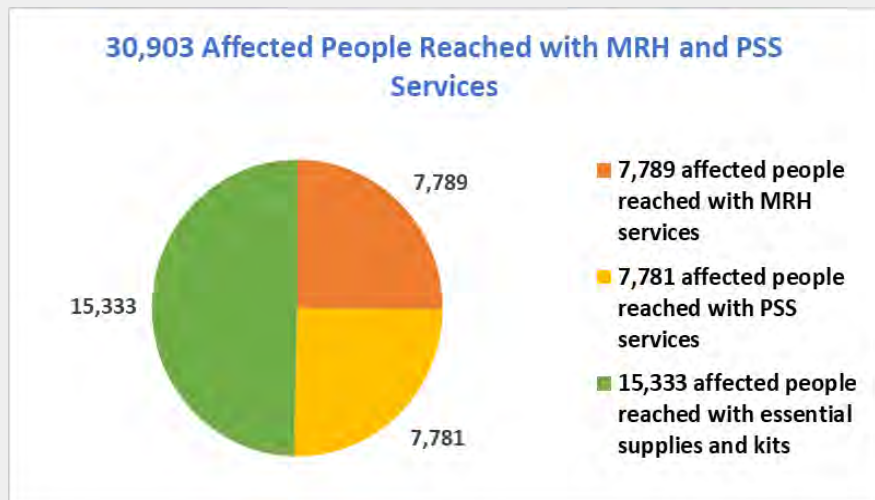
- The Accountability to Affected Populations (AAP) Working Group chaired by UNFPA is training frontline teams from various implementing partners operating on the ground to enhance their capacity in AAP, Prevention of Sexual Exploitation and Abuse (PSEA), and Gender and Inclusion. The trainings are instrumental in ensuring that women, girls, men, boys, and persons with disabilities are placed at the very core of the response efforts. UNFPA also supports the Inter-Cluster Coordination Group in the establishment of real-time mechanisms to collect, analyze and respond to community feedback to ensure that affected communities guide the decision-making process in the humanitarian response.
- The Afghanistan PSEA Network launched a nationwide PSEA Focal Point Helpline (call/text/WhatsApp) operated by Awaaz.



Photo: Ahmad Jamshid Qazizadah/  
 UNFPA Afghanistan

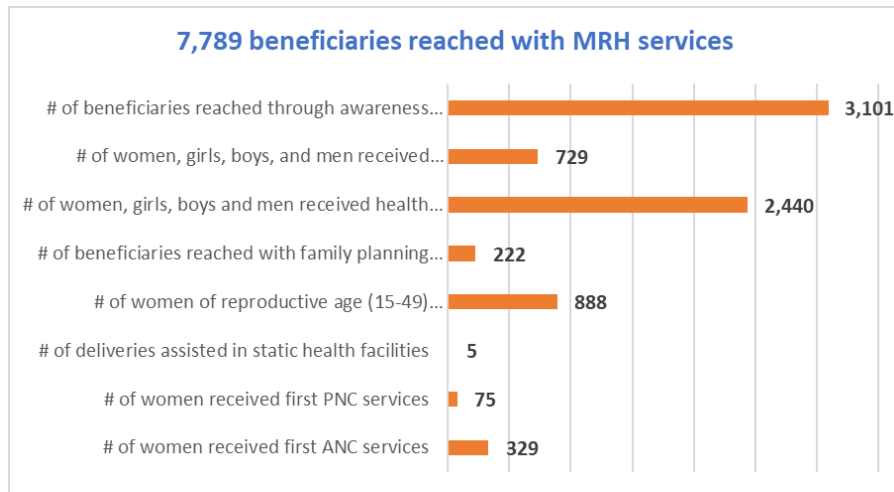
### Summary of service provision and population reached

To date, UNFPA and its NGO partners have reached 30,903 people affected by the earthquake with maternal and reproductive health, psychosocial support services, and distribution of essential supplies and kits.



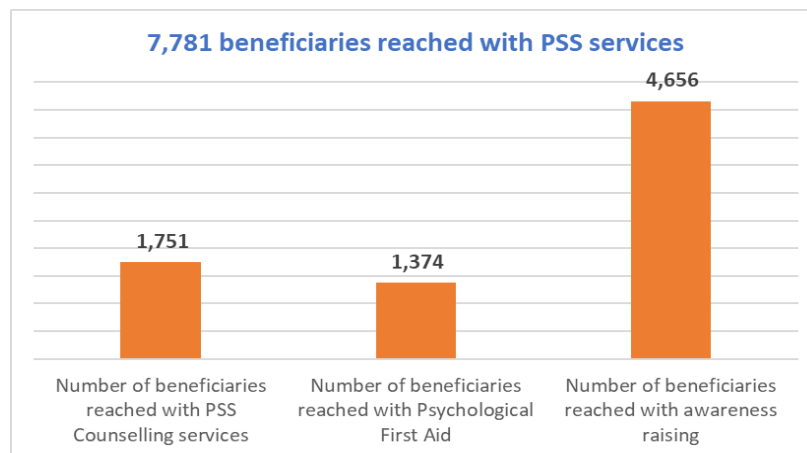
## A. Lifesaving services provided through UNFPA implementing partners

### Maternal and reproductive health



- Eight Mobile Health Teams (MHT) deployed by UNFPA NGO partners AADA, MOVE and HNTPO to provide reproductive health services to women and girls in Zindajan District and Herat City.
- 7,789 people accessed lifesaving maternal and reproductive health services provided by UNFPA NGO partners.
- 16 youth volunteers for the Last Mile Assurance program are supporting the supply chain process as part of the earthquake response. The volunteers assist in the distribution of non-medical commodities and the collection of data at distribution points. Three volunteers are assigned to AFGA-supported MHTs in Herat City and Injil District.

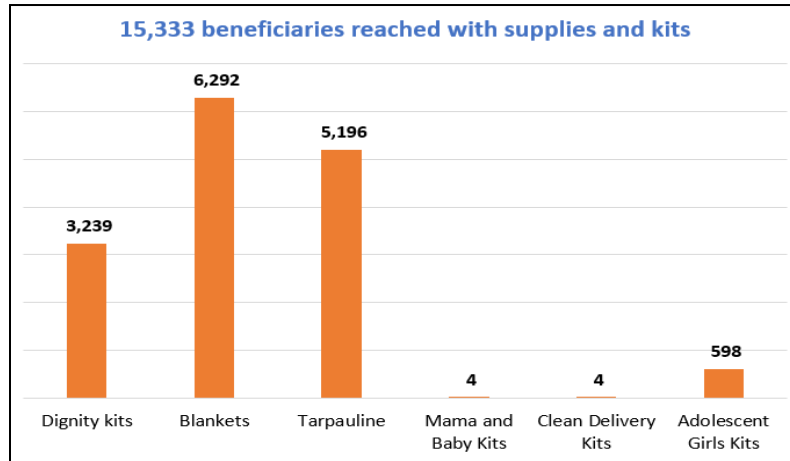
### Psychosocial support services



- CARE International deployed to Zindajan District eight teams to support psychological first aid, psychosocial counselling and awareness-raising on available services to affected people in Zindajan, Kohsan and Herat City. The teams also supported assessments in Khosan and Robot Sangi districts.
- HealthNetTPO deployed three teams to provide psychosocial support and psychological first aid

to women and girls in the Ansari camp. They are also involved in assessments to identify the psychosocial needs of affected communities.

## B. Prepositioned stocks and distribution



- 1,650 Dignity Kits are available in Herat (850 with AFGA and 800 with HNTPO); an additional 11,500 Dignity Kits reached Herat last week.
- 1,400 Mama & Baby Kits are prepositioned in Herat. Four women received the kits during the reporting period.
- 2,000 Individual Clean Delivery Kits are available in the Herat regional warehouse (AFGA). Four women benefited from the Individual Clean Delivery Kits during the reporting period.
- 24,025 blankets are prepositioned in the Herat regional warehouse. 6,292 have been distributed to women in the earthquake-affected areas.
- 27,617 tarpaulin sheets are prepositioned in the Herat regional warehouse. 5,196 have been distributed in earthquake-affected villages.
- 3,600 Adolescent Girl Kits (menstrual hygiene management kits) are available in Herat City. 597 Adolescent Girl Kits have been distributed in 17 villages.

### Adolescent Girl Kit items description and quantity<sup>2</sup>



Short Description	Qty
Backpack	1
Bath soap	2
Plastic soap holder	1
Bath towel	1
Comb	1
Detergent/washing powder	1
Shampoo	1
Toothbrush	1
Toothpaste	1
Torch/flashlight (self-powered)	1
Whistle	1
Female deodorant	1
Female socks (medium thickness)	2
Head cover/head scarf/hijab	1
Nail clipper	1
Slippers (flip-flop)	1
Disposable sanitary pad, regular, pack of 10	4
Reusable menstrual pad, regular, pack of 6	1
Antiseptic solutions (for bathroom cleaning)	1
Hand sanitizer	1
Face mask (reusable)	2
Notebook - pocket book	1
Pencil	1

<sup>2</sup> Kindly note some kits may not have items from number 24 to 28 due to unavailability.

### Dignity Kit items and quantity



Short Description	Qty
Shampoo	5
Bath soap in plastic holder	1
Bath soap (without plastic holder)	5
Plastic soap holder	1
Towel	2
Comb	1
Washing powder	4
Toothbrush	5
Toothpaste	5
Torch/flashlight (self-powered)	1
Whistle	1
Petroleum jelly	1
Socks	2
Bucket (20 liter), or fabric bag	1
Head cover	1
Nail clipper	1
Slippers	3
Disposable/reusable menstrual pads	9

**Contents**

To identify relevant, appropriate contents for Dignity Kits, organizations should consider the following basic parameters:

- Relevance of the items
- Cultural sensitivity
- Context
- Environment
- Quantity
- Frequency of distribution
- Unit cost of items

Checking the final contents of the kits is also very important. In the experience of organizations working in this context, this has helped prevent problems. The appropriate items should be identified in consultation with affected women and girls.



### C. Coordination

- **GBV Sub-Cluster (GBVSC):** The GBVSC mapped the progress and current gaps in service delivery based on the activities selected for the GBV in Emergency component of the Flash Appeal launched by OCHA. The mapping has been discussed with partners during an ad hoc GBVSC coordination meeting, together with the creation of a 3Ws (who does what where) to ensure non-duplication of services. Partners will be focusing on the provision of integrated services, wellbeing support for women and girls and distribution of Dignity Kits for a total target of 57,242 women and girls.
- **Accountability to Affected Populations Working Group (AAPWG):** Technical support, along with field mission support, continues to be provided to the ICCG. A joint mission of AAP, PSEA and Gender in Humanitarian Action was held to support the strengthening of an integrated approach to quality people-centred response. The collective priorities to strengthen response-wide accountability were agreed upon with ICCG and are currently being undertaken, including conducting rapid accountability updates/analysis, mapping out community engagement mechanisms by partners operating on the ground, developing/implementing a real-time community feedback tracker to support course correction during the response, and capacity strengthening sessions for partners.



UNFPA, UNOPS and ACBAR conducted a focused group discussion with affected men/heads of households on the current response mechanisms. Separate meetings with affected women were held by female staff to identify their specific needs for the response. (Photo courtesy of Husni Husni/UNFPA Afghanistan)

- **Adolescents and Youth Working Group (AYWG):** The AYWG is actively engaged in the national Inter-Cluster Coordination Team (ICCT) discussion and is participating in ongoing assessments to ensure that the data collection process includes age- and sex-disaggregated information to accurately represent the affected population.