Afghanistan is located in a seismically active region, and earthquakes pose a significant threat to many parts of the country, including a number of densely populated urban areas. In the last 10 years, more than 7,000 people have lost their lives because of earthquakes in Afghanistan, with an average of 560 fatalities per year. Of the potentially active faults, it is projected that the Chaman fault, the Hari Rud fault, the Central Badakhshan fault and the Darvaz fault present the greatest seismic risk. Each of these faults is capable of producing 7 or 8 Magnitude earthquakes. However, in seismic regions it is also possible that there are other undiscovered faults that may pose additional risk, as was the case with the Christchurch Earthquake in New Zealand.

Hazard maps show that the likelihood of strong shaking is highest in north-eastern Afghanistan and along the corridor adjacent to the Chaman fault system, where there is a 20 per cent chance or higher that within the next 50 years there will be an earthquake which produces shaking reaching intensity VIII (destructive) on the Modified Mercalli Scale.

Of the major cities in Afghanistan, Kabul faces by far the greatest seismic hazard, primarily due to its proximity to the Chaman fault, but also because in recent years Kabul has experienced rapid urbanisation and population growth, leading to unsafe and non-standard construction practices, leaving the city at a high risk of severe impacts from an earthquake.
Jalalabad is in an area of similar seismic risk to Kabul and has historically experienced more large-scale earthquakes than Kabul. The hazard in Mazar-e-Sharif is about half that in Kabul, largely because it is further removed from concentrated sources of seismicity. Hirat lies close to the Hari Rud fault, but because of this fault’s low slip rate, large earthquakes are infrequent. Kandahar, being located in south-eastern Afghanistan, is farther removed from tectonic movements in the northeast and is located well away from the Chaman fault, further decreasing its seismic hazard.

In the planning scenario, a 7.6M earthquake impacts Kabul and 14 other provinces, killing some 4,400 people. The intensity of shaking ranges from VIII (severe) on the Modified Mercalli Intensity Scale in parts of Kabul, Kapisa and Laghman, to VII (very strong) in Nangarhar, and VI (strong) in Nuristan, Panjsher, Parwan, Logar, Paktya and Maidan Wardak.

In this scenario, 7 million people are impacted by the earthquake in the worst affected areas (areas that experience VI shaking and above). Of these 7 million people, an estimated 3 million people are the most vulnerable and in need of humanitarian assistance. This includes 1.8 million people living in urban areas, and 1.2 million in rural areas.

The earthquake causes extensive infrastructure damage in Kabul as well as in Jalalabad. The vast majority of buildings in Kabul, and other Afghan cities, are adobe and masonry; approximately 30 per cent of these could be expected to collapse if exposed to severe shaking, and 60 per cent would suffer damage. In the cities there are also a smaller number of engineered or semi-engineered buildings constructed from reinforced concrete, but these are not considered to be seismically sound. The fatality rates associated with the collapse of these concrete buildings are also more significant than with the collapse of adobe or masonry buildings. According to the building field surveys undertaken, an estimated 780,000 houses would be destroyed or badly damaged, leading to substantial displacement and need for the establishment of collective centres, the creation of spontaneous settlements across the country.

With an estimated 60 per cent of Afghanistan prone to landslides, and 7 per cent of housing in urban areas being spontaneous hillside dwellings, it is highly probable that a 7.6M earthquake would cause multiple landslides that would result in significant loss of life.

As well as damage to poorly constructed housing, hospitals and other health facilities, schools and government buildings can expect to experience significant damage, as can other infrastructure, including roads, bridges and water systems within and outside of Kabul. Massive quantities of debris would need to be removed to enable access to affected areas. Landslides would also compound access challenges by blocking transport routes to affected communities, including the main access road between Kabul and Jalalabad. Road blockages will also significantly impact availability of imported staple goods and relief items arriving through the Torkham border crossing. This will have knock on effects in regards to the market availability of foodstuffs in affected areas and increase food prices.

Significant damage and destruction of houses would result in large numbers of people being displaced. For the first few weeks after the earthquake, it can be expected that people will be sleeping in the open due to aftershocks, with families gathering wherever they can, but in particular close to government services or military premises to obtain basic assistance and security.
Top 6 affected locations

KABUL
- 13.3M people living in Affected Areas
- 4,370,856
- 4,364,243
- 1,496,935

PARWAN
- 753,950
- 595,761
- 335,413

KAPISA
- 485,554
- 484,855
- 219,154

LAGHMAN
- 486,969
- 483,894
- 370,179

PAKTYA
- 587,552
- 264,017
- 194,581

NANGARHAR
- 1,625,200
- 231,330
- 117,284
Planning Assumptions

Response targeting

- Initially, most of the population living in affected areas will be impacted, with many people sleeping outdoors (unless it is winter) due to damage to houses and fear of aftershocks. However, availability of humanitarian assistance will be 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 HC. ability to move back to their home villages/unaffected communities. etc.)

Staff and capacity

- government leadership remains intact, however, capacity is depleted with a large number of civil servants directly affected by the disaster and many ministries sustaining damage to infrastructure
- A high percentage of ANSF and police may leave their posts due to the impact of the earthquake on their families
- HCT leadership and constituents are not directly affected by the disaster, however their operational functions are hampered by disruptions to general services and injuries sustained by staff members, as well as the constraints outlined above
- A large number of international staff (UN and NGOs) are evacuated from the country by their organisations

Logistics and access

- Electricity is cut off and telecommunications networks (both landline and mobile) are down but will recover within two weeks
- Hamid Karzai International Airport (building and runway) sustains damage and it will be necessary to evaluate the condition and make repairs before it becomes operational. Once operational, the Airport would likely become a major coordination hub for the initial phase with establishment of a Reception Departure Centre

Urban Search and Rescue

- A high number of collapsed buildings, including high rise buildings, would likely trigger the mobilisation of international Urban Search and Rescue (USAR) teams
- Following disaster notification from the Global Disaster Alert and Coordination System (GDACS) and confirmation of the need of USAR support from the government to the INSARAG Secretariat, international USAR teams would mobilise
- The international USAR operation would be coordinated through the OCHA-managed Virtual On-Site Operations Coordination Centre (V-OSDCC) prior to teams’ arrival, while the coordination on the ground would be supported by United Nations Disaster Assessment and Coordination (UNDAC) deployments.
- OCHA would update the government and the HCT on the deployments of international teams for the USAR operation. It is anticipated that the international USAR Operation would terminate by day 14
• USAR teams that are not associated with countries that have active military forces in Afghanistan may be able to operate in NSAG areas, but access will be heavily dependent on wider geopolitical considerations for many teams, particularly those from neighboring countries (India, Pakistan, China, etc.)

COVID-19 Operating Assumptions and overall mitigation

• COVID-19 lockdown measures/restrictions potentially further slow the response

• Regardless of their sectors of intervention, all partners including frontline staff and volunteers, should be provided with the necessary stocks of hygiene and protective materials (face masks, hand sanitisers, etc.). The implementation of preventive measures remains as outlined by MoPH and WHO

• It will be crucial to provide clear and unequivocal messages focusing on what people can do to reduce risk of contracting COVID-19 and what actions to take if they think they may have COVID-19. Specific protection measures for at-risk groups such as older persons, persons living with HIV/AIDS, persons with cardiovascular disease or weak immune systems etc should be identified
Response Phasing

In the planning scenario, some 7 million people are affected by the earthquake (those living in the most severely affected areas.) However, analysis of pre-disaster poverty figures in the disaster impact model (DIM) shows that 3 million people in the worst affected areas have pre-existing vulnerabilities and will therefore be in most urgent need of humanitarian assistance.

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).

Response Objectives

- Alleviate human suffering by providing immediate life-saving and protection assistance to communities affected by the disaster
- Facilitate early recovery of the most vulnerable through emergency livelihood support and the provision of basic services
- Minimise the impact on other humanitarian responses to conflict, natural disaster and displacement through rapid restoration of logistics and operational capacity

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

Phase 1 (0 days – 2 weeks)

- Period of confusion and lack of access to affected people
- High levels of insecurity and possible criminality, especially in Kabul
- 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 on high reliance on in-kind pre-positioned or airlifted support
- High levels of displacement, with large numbers of people without adequate shelter
- Due to damage to HKIA, much of the response will be managed through in-country resources and capacity
- Limited international resources, likely including urban search and rescue (USAR) and surge teams, arrive but no significant quantities of aid will arrive at this point

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
# Standard Operating Procedures

## First 24 hours

<table>
<thead>
<tr>
<th>Phase</th>
<th>Procedure</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ 3 hours</td>
<td>Conduct staff safety checks and reporting to UNDSS</td>
<td>DSS, UNAMA</td>
</tr>
<tr>
<td></td>
<td>Check available inventory of existing data and maps (3W, Maps, Contact and mailing lists) and consult this plan</td>
<td>OCHA</td>
</tr>
<tr>
<td>+ 12 hours</td>
<td>First meeting with the government. understand if national emergency has/will be declared and if there is/will be a request for international assistance</td>
<td>HC</td>
</tr>
<tr>
<td></td>
<td>Brief Govt on possible assistance that international community can provide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Flash Update released</td>
<td>OCHA</td>
</tr>
<tr>
<td></td>
<td>Activate Contingency Plan and Business Continuity Plan(s)</td>
<td>HCT</td>
</tr>
<tr>
<td>+ 24 hours</td>
<td>Develop Disaster Impact Model (DIM) using available impact data to identify scale, potential population affected, priority population for targeting</td>
<td>OCHA/WFP/PDC</td>
</tr>
<tr>
<td></td>
<td>Convene an immediate HCT meeting and provide information on:</td>
<td>HC</td>
</tr>
<tr>
<td></td>
<td>• Coordination with government (including domestic and foreign military)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Needs assessments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Need for response plan (Flash Appeal) and/or CERF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Need for surge support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Regular HCT meeting schedule</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Update UNDAC on possible need for deployment</td>
<td>OCHA</td>
</tr>
<tr>
<td></td>
<td>Clarify visa and customs regulations for incoming aid worker and relief items. advocate for simplified system if required</td>
<td>Logistics cluster</td>
</tr>
</tbody>
</table>
# First 24 hours onwards

<table>
<thead>
<tr>
<th>Phase</th>
<th>Procedure</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1-2</td>
<td>Update provided to ERC</td>
<td>HC</td>
</tr>
<tr>
<td></td>
<td>Draft and disseminate situation report, and agree on reporting schedule</td>
<td>OCHA</td>
</tr>
<tr>
<td></td>
<td>Statement by HC. approve spokespeople</td>
<td>HC</td>
</tr>
<tr>
<td></td>
<td>ICCT meeting: • Review of DIM • Contingency plan review and plan for development of Response Plan/Flash Appeal • Priorities for response • Confirm capacity to respond (in-country and global) based on likely caseload derived from DIM, and likely gaps • Ongoing coordination arrangements • Working groups, including community engagement, information management/assessments/ cash/ humanitarian communications, civil-military coordination to meet</td>
<td>Cluster Leads</td>
</tr>
<tr>
<td></td>
<td>JADE is issued with initial disaster impact estimates initial plan for follow-up assessments is agreed</td>
<td>OCHA/WFP/PDC</td>
</tr>
<tr>
<td>Day 2-5</td>
<td>Mobilise emergency funds (CERF etc...)</td>
<td>OCHA</td>
</tr>
<tr>
<td></td>
<td>Develop HCT key messages</td>
<td>OCHA</td>
</tr>
<tr>
<td></td>
<td>Release Response Plan, Revised HRP, Flash Appeal or similar (within 4 days)</td>
<td>OCHA, HCT</td>
</tr>
</tbody>
</table>

## Relationship between this plan and the HRP

Some of the response activities outlined in this plan are existing activities within the HRP that would be scaled-up or extended to new areas affected by the earthquake, others are entirely new activities that are necessary specifically because of the earthquake. 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 Flash Appeal is issued or the existing HRP is updated to reflect earthquake needs. It is likely that both will happen at different stages of the response.
Response by Sector

Food Security and Agriculture

<table>
<thead>
<tr>
<th>CO-LEADS</th>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>FUNDING REQ. (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAO/WFP/WHH</td>
<td>3M</td>
<td>2.8M</td>
<td>$114M</td>
</tr>
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</table>

**Phase 1: 1-2 weeks**

Sectoral Impact and Key Immediate needs

- Immediate access to lifesaving food baskets, primarily in-kind based from readily available food stocks from Kabul, Mazar-e-Sharif and Kandahar warehouses

Key Response Activities

- In the larger urban centres of Kabul and Jalalabad, an initial response package of in-kind food standard across all affected regions should be prioritised, complemented by an early consideration of cash for food (US$90 per HH/month) where appropriate and feasible
- Depending on levels of available stocks, distributions could be repeated on a 2-3-month basis

**Phase 2: 2-4 weeks**

Sectoral Impact and Key Immediate needs

- Continued access to in-kind food baskets plus 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 interventions

Key Response Activities

- Changeover to cash for food packages, where possible, and start of planning for cash for work (CFW) options for reestablishment of communal infrastructure (i.e. clearing of debris from irrigation/drainage)

**Phase 3: 1-2 months**

Sectoral Impact and Key Immediate needs

- Need to re-establish livelihoods through asset creation activities and continued CFW interventions

Key Response Activities

- Completion of emergency CFW activities

**Cross-cutting issues**

**Winter Response**

Difficult access to HTR areas due in part to snow slowing commercial and humanitarian transport but also the need to negotiate access with individual district level NSAG commanders. To adapt, flexibility will be built into the respective workplans to allow for temporary interruptions due to NSAG and winter storms, considering that eastern region has mostly mild winters and this area would have little to no impacts due to inclement weather.

**Cash or voucher programming**

Cash packages for food will be used where feasible.

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

Consider, together with Protection cluster, what are the key needs/vulnerabilities per province for vulnerable groups and ensure that measures are in place to ensure that PWD are able to access aid.

**Accountability to Affected People and Community Engagement**

Continued use of existing national feedback mechanisms in addition to community level engagement through KIs.

**COVID-19 Modifications**

Should multiple months of assistance be considered it would be advisable to conduct double ration distributions and phased distributions 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.
Phase 1: 1-2 weeks

Sectoral Impact and Key Immediate needs

Impact
- Destruction of school infrastructure including buildings, furniture, WASH facilities, 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 closures

Needs
- Safe spaces for children to congregate and engage in some life skills and recreational activities
- Children and their teachers require psychosocial support and a protective environment
- Child-friendly key messages on safety and protection

Key Response Activities
- Establish child friendly/temporary learning centres (at this stage these will be the same spaces built for both standards) 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
- Distribute essential recreational materials, aimed at helping children relax and deal with the aftershock of the earthquake, to child-friendly spaces or community locations, such as mosques
- Identify teachers and caregivers who can support children in the child friendly space/ temporary learning spaces
- Train teachers and facilitators on psychosocial support and lifesaving messages relating to disaster preparedness, protection, sanitation and hygiene promotion, nutrition and health

Phase 2: 2-4 weeks

Sectoral Impact and Key Immediate needs

- Mapping of the structural damage to school infrastructure through assessments
- Need to identify schools which are safe and unsafe 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.

Phase 3: 1-2 months

Sectoral Impact and Key Immediate needs

- 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, inhibits 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

Winter response
- EiE partners will need to ensure that whatever spaces are identified for Child Friendly Spaces (CFS), Learning Spaces (TLS) or schools are safe and offer protection from the harsh winter.
- Equip spaces with heaters and where possible partners are also encouraged to support children with warm winter uniforms to enable them to access the safe learning spaces established.

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 prioritising 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
EiE WG 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-going children and will aim to monitor the inclusion of particularly disadvantaged groups. This includes setting up separate spaces for boys and girls. The EiE WG 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 EiE 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.

COVID-19 Modifications
19 complicates operationalising CFS and TLS. Already following an earthquake all empty spaces available will be utilised for shelter and the Education Working Group will have to scramble for space allocations. Social distancing will be difficult without additional spaces. This will need to be negotiated at the very onset of the response. Additionally, most of the recreational activities that children normally engage in following a disaster are very group oriented and again these may be difficult to implement due to COVID-19. In response to these challenges the working group will introduce a double or triple shift to enable social distancing and will advocate for open space learning should the weather permit.
Emergency Shelter and NFI

<table>
<thead>
<tr>
<th>CO-LEADS</th>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>FUNDING REQ. (USS)</th>
<th>FUNDING REQ. (USS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNHCR, IOM</td>
<td>6.4M</td>
<td>1.3M</td>
<td>$93.3M</td>
<td>$146.4M</td>
</tr>
</tbody>
</table>

**Phase 1: 1-2 weeks**

**Sectoral Impact and Key Immediate needs**

- Based on the scenario, secondary data analysis and earthquake intensity mapping suggest that 80-90% of the houses in urban areas would be damaged and around 4.9 million people would be affected.
- According to the building field surveys undertaken, the capacity of the existing buildings to withstand expected lateral seismic loads is likely to be insufficient with an estimated 780,000 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, bridges and many airfields may be structurally unsafe for days or weeks blocking access to affected areas and rendering distribution of relief materials very challenging.
- Families returning to or sheltering in buildings that are structurally damaged and unsafe.
- High risk also to surrounding buildings or people sheltering close to hazardous buildings at risk of collapse and from aftershocks.
- High number of affected renters from collapsed or damaged multi-storey buildings complicating the shelter response.
- Safe demolition is critical to mitigate further risk and clear the way for recovery.
- Possible 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).
- Breakdown of communications and information networks complicates exchange of information, rapid assessments, hindering identification of shelter needs and transportation of core relief items.
- Large amounts of rubble from collapsed buildings and infrastructure will have a major impact on partners access and distribution of relief items.
- Lack of adequate land to support emergency settlement of displaced populations.
- The affected populations might be scattered in different locations, which makes identification of beneficiaries and supply of emergency shelter assistance more challenging.
- Lack of adequate supply of pre-positioned shelter and NFI stock in country – resulting in only a very small number of most vulnerable families in need of shelter being supported.
- Access to potentially impacted areas might be slow due to the low quality of pavement and narrow networks making it highly difficult to perform in time rescue and relief operations.
- Lack of housing and operational facilities for partners, other relief providers and government.
- Critical support for seasonal adaptation (i.e. winter kits) particularly in high altitude provinces.
- In close coordination with other clusters, define a list of life-saving core relief items to be provided to most vulnerable households as part of an initial response package.
- Fatalities anticipated due to building collapse and other secondary effects such as exposure to disease, low temperature, 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, 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 including cooking stove and cooking fuel.
- Provision of winter clothing, blankets, heaters, and fuel to address seasonal needs.
- Provision of safe shelter messages.
- Management of collective centres.

**Phase 2: 2-4 weeks**

**Sectoral Impact and Key Immediate needs**

- Houses are inaccessible for several weeks.
- Increase in health, protection risks and negative coping mechanisms due to lack of safe shelter options.
- Recovery efforts delayed as families have to invest their limited resources in securing basic shelter.
- Occupation of safe public buildings (e.g. schools, etc.) for collective centres impedes their use for the normal functions and can have adverse effects on recovery.
Emergency Shelter and NFI s

- Bottleneck in the supply chain of relief items and basic commodities that are needed for continuity of relief operations (e.g. tents, NFI, blankets, cooking fuel, etc)
- A lack of restoration of water and sanitation facilities that should be included in any shelter support. Close coordination with WASH actors is needed especially for populations residing in collective centres, planned and spontaneous settlement etc.
- Limited capacity of partners to adequately address the substantial shelter needs particularly in hard to reach areas

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 HLP 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
- Limited technical assistance for recovery
- Poor site selection and settlement planning during emergency phase, may result in development of spontaneous informal settlements that lack centralised access to basic services

Key Response Activities

- Repair and retrofitting of damaged buildings
- Provision of technical support on build back better earthquake mitigation measures
- Develop key advocacy messages on the response highlighting needs and funding gaps
- To facilitate connections between emergency and recovery programming, support institutional arrangements for post-disaster recovery. The Shelter Cluster may convene a Recovery Working Group for longer-term interventions

Cross-Cutting Issues

Winter response

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

Non displaced

For people who are residing in their own damaged houses, providing shelter materials, toolkits and supporting non-food items (blankets, heaters/ bukari stoves) remains the best way to help people survive the winter. At the same time, the provision of shelter material will support early recovery and support shelter for livestock. It is assumed that people have salvageable construction materials including timber/wood. Wood will be the primary heating/cooking fuel. While in some cases, tents will act as an interim shelter, it is expected that many people will be able to construct more solid shelters than tents if materials are readily available

Displaced people

People who may have been displaced or relocated, living in tents or collective centres may be especially vulnerable to cold as poor-quality tents and/or damaged houses may be their primary or only choice of shelter. Shelter winterisation kits will provide appropriate support. They will consist of the basic materials to render the house/tent waterproof, to block draughts and to provide basic insulation for the floor. Appropriate winter clothing (particularly blankets/quilts and clothes) should also be provided particularly for persons with specific needs, children, the elderly and chronically sick to keep the immediate space around bodies warm. 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

In both cases, 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. Consideration of the risk of fire should be made with appropriate safety information campaigns, maintained safe occupancy levels, adequate and maintained means of escape and provision of safety equipment (e.g. fire extinguishers) where appropriate

There is likelihood of interruption to supplies due to limited pre-positioning of critical winter relief items

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
Emergency Shelter and NFIs

Protection, Gender and consideration of persons with specific needs

- Gender and Diversity: ES-NFI 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 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.

- Vulnerability: The cluster will prioritise the most vulnerable members of the affected population and support the identification of appropriate solutions that are suitable to their specific contexts.

- Disability: ES-NFI 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 essential to promote early and longer-term recovery. Where possible, ES-NFI will work with 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.

COVID-19 Modifications

- Mitigate and reduce transmission risks through appropriate management of physical space, e.g. in locations where people live in high occupancy per shelter, attempts to reduce density by providing extended, partitioned, or upgraded living conditions thus, increasing the covered living space.

- It is recommended to establish a rapid response team (including shelter staff) that can handle suspected cases and activate protection and isolation measures, as well as coordinate with local authorities.

- In cases where self-isolation cannot be achieved in the household’s current housing arrangement, specific facilities will be set-up for this purpose - working with health and protection colleagues to ensure that isolation does not deprive people of family support and coping mechanisms or exacerbate stigmatisation.
Health

CO-LEADS
Ministry of Health, WHO

PEOPLE IN NEED
2M

PEOPLE TARGETED
1.4M

FUNDING REQ. (US$)
$17.8M

Phase 1: 1-2 weeks

Sectoral Impact and Key Immediate needs

- 4,400 people killed in initial event and some 50,000 people injured and in need of emergency health assistance
- Damaged or destroyed health facilities, particularly in urban areas. Limited access to health facilities in rural areas due to damaged roads
- Health facilities and Emergency Room Departments will be overwhelmed with patients while operating with limited capacity. Patients will have to be accommodated outside the hospitals, because buildings are damaged and/or have become structurally unsound
- Drastic lack of healthcare workers, because personnel is unable to reach healthcare facilities or injured themselves
- Limited stocks for medicines
- Need for medicines, and equipment to set up emergency triage, medical tents, and beds outside health facilities
- Urgent need to dispose dead bodies in the first weeks of the emergency. This will be challenging as many areas do not have a functional morgue and/or enough room
- Possible outbreak of communicable diseases, particularly in camps and where WASH facilities have been damaged
- Need to prevent transmission of diseases in camps and communities through information and hygiene campaigns in coordination with WASH cluster

Key Response Activities

- Mass casualty management
- Emergency health assistance to treat injured people and set-up mobile clinics, ambulances
- Treatment for water-borne diseases, skin infection
- Cadaver disposal
- Deliver medicines and other related equipment
- Provision of information and advice to affected communities

Phase 2: 2-4 weeks

Sectoral Impact and Key Immediate needs

- Continuing need for medicines and health equipment
- Continuing need to dispose dead bodies in the first weeks of the emergency
- Continuing need to prevent transmission of diseases in camps and communities through information campaigns and hygiene campaigns in coordination with WASH cluster
- 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
- Need to re-establish SRH services for pregnant women and lactating mothers, and setting up referral mechanisms
- The disaster and emergency situation will impact mental health and raise psychosocial issues
- Need to provide mental health and psychosocial support

Key Response Activities

- Emergency health assistance to treat injured people and set-up mobile clinics, ambulances
- Deliver medicines and other related equipment
- Re-establishing health services
- Treatment for water-borne diseases, skin infection
- Ongoing treatment of malnutrition, Supplementary food for children under five and pregnant/lactating women
- Provision of information and advice to affected communities
- Services for psychological support

Phase 3: 1-2 months

Sectoral Impact and Key Immediate needs

- Continuing need for medicines
- Continuing need to prevent transmission of diseases in camps 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

- Re-establishing health services
- Deliver medicines and other related equipment
- Ongoing treatment of malnutrition, Supplementary food for children under five and pregnant/lactating women
- Treatment for water-borne diseases, skin infection
- Provision of information and advice to affected communities
- Services for psychological support
Cross-Cutting Issues

Winter response

- Supplies are propositioned according to winterization plan
- Increased risk of respiratory diseases, thus additional surveillance activities will be required

Protection, Gender and consideration of persons with specific needs

- Use of female healthcare workers with sufficient training in GBV case management
- Ensure health facilities are accessible for people with disabilities
- Incorporate rehabilitation services early in the response to support those who have sustained injuries in the disaster
- Include mental health assessment 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

COVID-19 Modifications

- PPE provided to healthcare workers
- Increase use of mobile health team
Nutrition

Phase 1: 1-2 weeks

Sectoral Impact and Key Immediate needs

No impact on nutrition in initial phase, however, disruption to markets and lack of food or separation from parents, will have a detrimental effect particularly on under 5 year olds if not rapidly addressed.

Key Response Activities

• Screening of children aged under-five and women of reproductive age for acute malnutrition
• Link with FSAC and ES-NFI actors to identify at risk/vulnerable Pregnant and Lactating Women (PLW) and children under five years old (CU5), vulnerable households (HH), unaccompanied children for active case
• Delivery of Blanket Supplementary Feeding (BSFP) for children aged 6-59 months old and PLW of the affected population
• Moving of pre-positioned supplies for Outpatient Paediatric Department – for Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) (OPD-MAM/SAM) to earthquake affected areas
• Establish or link to referral pathways for medically complicated cases and those with psychosocial needs

Phase 2: 2-4 weeks

Sectoral Impact and Key Immediate needs

• 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.
• Need to restore functionality of nutrition services where possible

Key Response Activities

• Rapid nutrition MUAC screening (children and PLW), identification and referral of MAM/SAM case
• Provision of SAM nutrition services for CU5
• Delivery of ODP-SAM services for treatment of SAM children
• Delivery of ODP-MAM services for treatment of MAM children and PLW
• Review and update referral pathways for community and specialist services including MHPSS

Phase 3: 1-2 months

Sectoral Impact and Key Immediate needs

• Continuing need to restore functionality of nutrition services where possible
• Need to provide preventive services or ensure that preventive services can take place

Key Response Activities

• IYCF counselling including strict implementation and monitoring of BMS code of conduct
• Link with existing community support for women and child friendly spaces for IYCF-E

Cross-Cutting Issues

Ensure psychosocial supports and referral pathways are active and cases referred.

Winter response

In a winter response setting, partners would have to consider increased calorie content for Blanket Supplementary Feeding Programme (BFSP), ensure the safe functioning of spaces for women (e.g. breastfeeding corner, counselling spaces, play area) as part of shelter arrangements, and ensure psychosocial counselling support and referral are also available. For Wardak province, winter pre-positioning of supplies is required.

Cash or Voucher programming

Explore cash/voucher for transport to access services if remote/hard to reach locations affected.

Protection, Gender considerations and persons with specific needs

Nutrition Cluster also takes into consideration the prioritisation 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, their entitlements may be provided and delivered to them through delegated secondary recipients. Nutrition Cluster further ensures its cooperating partner staff engage female staff and female volunteers both at facilities but also through the mobile health teams to ensure cultural and operational sensitivity of the programmes.

CO-LEADS
UNICEF, ACF (Co-Lead)

PEOPLE IN NEED
3M

PEOPLE TARGETED
349.4K

FUNDING REQ. (US$)
$18.9M
Nutrition

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.

COVID-19 Modifications

• Screening pre-entrance to temporary nutrition sites
• MUAC tapes per family once trained to allow for self-assessment.
• Additional staff and increased space required for social distancing measures and beneficiary flow at nutrition sites
Phase 1: 1-2 weeks

Sectoral Impact and Key Immediate needs

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

CPiE
- 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
- Children in cold areas might suffer if the earthquake occurs during winter. Distribution of appropriate winter kits for children will be required

GBV
- Sudden onset of disaster affects women, girls and other vulnerable groups in terms of vulnerabilities/exposure to violence including physical injury and compromised dignity
- Decreased access to lifesaving protection and GBV services for women and girls
- Exacerbated/ increased risk of GBV during sudden onset disaster, and exacerbated risk of negative coping strategies

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

MA
- 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.

- 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.

- PSS activities.

CPiE
- Registration of and conduct individual assessments in all affected geographical areas of children with immediate protection needs, including children who are without parental care.
- Conduct emergency family tracing to place children with relatives and family members.
- Provide emergency shelter and interim community care for children without parental care and who are at-risk of other forms of violence and abuse.
- Establish emergency spaces for psychosocial support for children and recreation activities. In coordination with the Education working group, the same facilities can be set up as Child Friendly Spaces (CFS) to provide education.

GBV
- Ensure ongoing and scaled up GBV service provision, including multi-sectoral response services, clinical services, GBV prevention activities and mainstreamed risk reduction through all sectors
- Ensure service mappings and referral pathways in place and adapted as needed
- Ensure coordination mechanisms are in place, and accessible for women and girls, including those with limited literacy, adapted for the emergency
- Develop and put in place safety plans for women and girls at risk, as well as staff, partners & volunteers
- Where appropriate, ensure emergency spaces for women and adolescent girls for psychosocial support, GBV case management and recreational activities
- Establish a policy to reinforce the importance of staff self-care and provide concrete options for staff support, including regular debriefing for staff providing services to survivors

HLP
- Support to Shelter actors and responsible government authorities to ensure HLP rights are respected during rubble clearance and disposal
- Rapid assessment of HLP needs
Protection

MA
- Risk education to affected people, especially to those relocating through face-to-face sessions and mass media
- Clearance of identified explosive ordnance by Quick Response Teams and other units

Phase 2: 2-4 weeks

Sectoral Impact and Key Immediate needs

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

CPIE
- 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 requires individual support through Case Management, including FTR, referrals and interim care solutions for the most vulnerable children

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

HLP
- Rubble clearance and disposal

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 (Cash management)
- Cash for protection outcome and/or Multi-Purpose Cash Assistance as appropriate

CPIE
- Continue to provide Psychosocial Support to children through Psychological First Aid (PFA) and recreation and other group activities
- Continue Child Protection monitoring and providing individual case management services, interim alternative care and development of multi sectoral referral pathways
- Continue to carry out awareness raising on prevention of family separation, and on illegal adoption messages to ensure that children are not taken out of the country illegally and messages on Positive parenting in the context of an emergency
- Recruit and train Social Workers and CP facilitators ahead of phase 3

GBV
- GBV response services scaled up (health, psychosocial, case management)
- Information dissemination on services, risk reduction and safe reporting channels (including SEA)
- GBV risk reduction activities in place across sectors.
- Track ongoing feedback from women and girls on risks, and providing feedback to women and girls through co-owned feedback mechanism
- Consider intersectional needs of women and adolescent girls including. women and girls living with disabilities, older women, unaccompanied girls and IDP/ Returnee women and girls
- Track ongoing feedback from women and girls on risks, and providing feedback to women and girls through co-owned feedback mechanism
- Consider intersectional needs of women and adolescent girls including. women and girls living with disabilities, older women, unaccompanied girls and IDP/ Returnee women and girls

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

MA
- Risk education to affected people, especially to those relocating through face-to-face sessions and mass media
- Clearance of identified explosive ordnance by Quick Response Teams and other units
Protection

Phase 3: 1-2 months

Sectoral Impact and Key Immediate needs

Protection
- Need to obtain identifying documents and other civil documentation (birth, death certificates, etc)

CPiE
- Registration and case management for the most vulnerable children, including family tracing and reunification of separated and unaccompanied children and interim care solutions
- Work with the Ministry of Labour and Social Affairs for the long-term placement of children who lost parents and have no parental care
- Continue to provide PSS for children in makeshift accommodation areas and in tents

GBV
- Continuation of life-saving GBV services and scale up as needed
- Distribution of dignity kits, as an entry point to lifesaving GBV services
- Community mobilisation and engagement on GBV awareness
- Placement of PEP kits and PSS counsellors in health facilities, and other relevant spaces as determined by women and girls

HLP
- 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)
- Identification of land for (durable) shelter solutions
- Compensation mechanisms for lost land/property

MA
- Need to identify 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.
- Legal counselling and assistance to obtain civil documentation
- Resumption of regular Protection Monitoring

CPiE
- Carry out and streamline a full case management system across agencies to support and follow up children with protection needs, including UASC
- Full deployment capacity building of social workers to monitor the situation of children in order to prevent violence and abuse
- Support the Ministry of Labour and Social Affairs to organize long term placement for children who lost parent in earthquake
- Work with the Education Working Group to start learning activities in facilities used for the provision of psychosocial and recreation activities
- Undertake multi-sectoral field service mapping and develop CP referral pathways

GBV
- 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 feedback from women and girls, and reported needs through group PSS and recreational sessions
- Referral pathways and service mappings are functional and survivor centred
- Regular engagement with both MoWA, MoRR and MoPH on trends and situation of women and girls in Afghanistan, without identifying information
- Coordinate with Child Protection SC on needs of child survivors of gender based violence

HLP
- Legal information, counselling and assistance to persons so that people may recover lost HLP documentation and understanding of HLP rights
- Mapping/identification of land for livelihoods activities and for (durable) shelter solutions
- 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)
- Support to government in establishing and rolling out compensation mechanisms for lost land/property

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

Cross-Cutting Issues

Winter response

Emergency shelter will be required to avoid having people sleeping outside in the open. The survey and clearance of these areas of unexploded ordnance or mines will be necessary.

Winter may also increase the barriers to accessing services, which will trigger the needs for increase consultations with women and girls to determine their priorities, and have co-ownership of service provision in line with AAP work.

The Cluster anticipates that cash-based modalities may be needed to provide additional support during winter, in order for families to meet their basic needs in dignity and prevent them resorting to negative coping strategies, including coerced sexual exploitation, to make ends meet following the immediate shock after the earthquake.

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, Cash and Voucher Assistance (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. 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 EGRE 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 IP 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 CP AoR 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.

COVID-19 Modifications

Psycho-social support (PSS) would only be delivered one-on-one, or in small groups to avoid the gathering of large crowds. Similarly the delivery of risk education sessions on Mine Action and all sessions on legal information, counselling etc, would be conducted by mobile teams ensuring their adherence to all safety protocols.

Outreach services and integration of GBV in other clusters/sectors will become essential. As reduced services may be operating, an increased need for awareness raising and adaptation of services will be prioritised including the scale-up of prevention, risk education and GBV response services, especially as the Cluster anticipates an increase in Intimate Partner Violence (IPV), sexual violence and trafficking threats.

The inability of women and girls to leave their houses will potentially exacerbate PSS, safety and security needs and their need for dignity-related items. Supply of these items may need to be increased and provided to women and girls at risk (not only survivors) with considerations for older women, unaccompanied adolescent girls and women and girls living with disabilities to accommodate mobility concerns.

If quarantine or isolation centres are affected by the disaster, ensure continuity of services or risk mitigation in evacuation/re-location measures.

Protection Rapid Assessments and eviction monitoring will be conducted through alternative modalities (e.g. phone) or through mobile teams. The distribution of risk education material will include integrated COVID-19 awareness raising messages (e.g. posters).

22
EARTHQUAKE CONTINGENCY PLAN

WASH

<table>
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<tr>
<th>CO-LEADS</th>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>FUNDING REQ. (US$)</th>
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**Phase 1: 1-2 weeks**

Sectoral Impact and Key Immediate needs
- Limited access to water and sanitation facilities
- Potential water-borne disease outbreaks e.g. Cholera, AWD

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 (water trucking, mobile water treatment where surface water is easily accessible and near affected population, distribution of water purification tablets for house hold water treatment) to the affected population in locations/areas identified following rapid assessment and in agreement with other clusters and WASH cluster members
- Water quality monitoring-maintaining FRC-0.5mg/l at water collection points. monitoring FRCs at household level-0.2mg/l
- In coordination with health cluster, provide safe drinking water in health facilities
- Provision of emergency safe and private segregated sanitation facilities (latrines+bathing shelter)
- Distribution of hygiene kits to affected families
- Hygiene awareness messaging including menstrual hygiene management
- Collection and disposal of solid waste in the affected communities in consultation with local authority

**Phase 2: 2-4 weeks**

Sectoral Impact and Key Immediate needs
- Limited access to water and sanitation facilities
- Potential water-borne disease outbreaks e.g Cholera, AWD

Key Response Activities
- Rehabilitation of damaged households/shared family latrines
- Provision of sanitation facilities (Latrines+bathing shelters)

**Phase 3: 1-2 months**

Sectoral Impact and Key Immediate needs
Need for restoration of piped water and additional water points as well as establish/provide safe and dignified sanitation facilities at new mid to long-term displacement sites.

Key Response Activities
- Rehabilitation of damaged water sources
- Rehabilitation of damaged households/shared family latrines
- Provision of new sanitation facilities (latrines+bathing shelters)
- With consultation with Health Cluster, provide improved sanitation facilities in health facilities
- Awareness creation on the use, operation and maintenance of provided WASH facilities

**Cross-Cutting Issues**

**Winter response**
- Roads are impassable and areas cut off due to heavy snow and/or avalanches
- Funding and capacity constraints with simultaneous emergencies such as winterisation and earthquake response
- Limited partner’s response capacity due to lack of presence in some of the affected areas.

**Cash or Voucher Programming**
- Potentially explore the use of vouchers for commercial water trucking services and hygiene kits especially in major cities such as Kabul, Jalalabad etc where practical feasible (efficient and time saving)

**Protection, Gender and consideration of persons with specific needs**
- 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
- WASH Cluster has and adheres to the WASH GBV mitigation checklist

**Community Engagement and Accountability to Affected People**
- Women, girls, men, boys and Persons Living with Disability (PLWD) 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 with regard to the projects, and provide feedback on changes/issues related to the provided assistance

**COVID-19 Modifications**
- Establishing a two-way communication channel for community engagement and to provide opportunities to raise concerns and issues with regard to the projects, and provide feedback on changes/issues related to the provided assistance
Cash and Voucher Working Group

- Due to the nature of the disaster, it is anticipated that immediate response activities will be provided largely in-kind owing to the limited 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 utilised to support local procurement and local trade. MPC is the preferred modality rather than cash for specific sectors as there will likely be a number of competing needs in the early phase of the emergency.

- 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 utilisation for FSAC and ES/NFI is likely to be challenging considering market dysfunctionality and price increase. Markets in urban areas could restore relatively quickly considering Afghanistan’s resilient markets however use of CVA needs to consider the ability of people to move around (road blockages) as well as potential issues with transfers/distributions.

- Cash can sometimes be targeted by NSAGs demanding illegal levies post-distribution which can be difficult to monitor. Also, cash distributions may becomes a pull factor that will draw in beneficiaries who were not directly impacted by the event. For rural areas, responders would need to transport cash in or rely on Hawala networks that have associated capacity/transparency gaps.

- 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.

Accountability to Affected People (AAP) Working Group

- All Clusters will 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.

- 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.

- Mechanisms are 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 be set up which will allow to provide complainants with requested information, provide updates on raised issues and complaints, trends, and other feedback. Such as information-sharing mechanisms and data analysis are to be implemented as quickly as possible to use input by affected communities to adjust emergency programming.

- 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 affective 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 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.
• 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.

• 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 measures put in place to ensure inclusion and exclusion errors or incidents are addressed in a timely manner.

• Gender equity, age, disability, 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 would 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. Beyond that, the LWG would assist with coordination between partners.

The Humanitarian Access Group (HAG)

• The HAG would 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).

• Would engage with government and armed groups at the operational and strategic level to ensure that direct communication structures are in place to clarify humanitarian priorities and programs; and ensure transparent information sharing can occur within the confines of political limitations and the do no harm principle.

• Would support the ICCT and clusters in analyzing 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 would provide humanitarian partners with in-person support to resolve operational access challenges in the field.

• Would ensure that messages received from relevant regional HAGs is passed on to the HCT re: location specific issues and key priorities.

• Using the Afghanistan Joint Operating Principles (JOPs), the HAG would develop basic set of key messages to inform an appropriate advocacy strategy, highlighting humanitarian principles, legal obligations, relevant agreements and commitments regarding access and accountability of all actors, to support communication and outreach strategies of the humanitarian community.

• Would conduct a rapid Civil-Military Coordination Assessment to ensure that proper communication structures are in place at the strategic and operational level; and ascertain the availability and relevance of military assets with unique capabilities as well as the appropriateness of mobilizing them. If mobilized, the HAG would support the development of AFG specific guidelines to ensure their use is consistent with humanitarian principles and does not put the independence, neutrality or safety of the humanitarian community at risk.

• Would monitor and report on POC issues as they relate to threats to the humanitarian community and access.

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 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 all individuals 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.
• To avoid exacerbating the risk of GBV, healthcare workers and all individuals 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

According to the National Disaster Management Law, enacted in 2012, the regulation and coordination of disaster response activities and enforcement of the Disaster Management Law are the responsibility of ANDMA. Given that ANDMA is the primary authority to implement the Disaster Management Law, it has the duty to coordinate all disaster activities.

In addition, the law establishes a National Disaster Management Commission (NDMC) at the national level and designates ANDMA as the secretariat. Provincial and District Disaster Management Commissions are also established. The NDMC is chaired by the Vice President. The role of the NDMC includes: defining a disaster response strategy, approving operational and reconstruction plans, declaring emergency situations (a governor will declare an emergency at the provincial level but if the disaster is beyond the capacity of the province to manage, the NDMC will declare an emergency at the national level); requesting international assistance (typically MoFA will deliver a request for assistance to embassies and international organisations.)

ANDMA implements decisions made by the NDMC and manages all aspects related to emergency response in Afghanistan. The responsibilities of ANDMA include, convening NDMC and PDMC meetings, mobilising rapid assessments, coordinating stakeholders at provincial level, coordinating disaster response activities with all partners, and mobilising assistance to affected communities.

The National Emergency Operation Centre (NEOC) is established under ANDMA. The NEOC manages emergency operations, issues warnings and disaster-related information, coordinates international support.

AFGHANISTAN HUMANITARIAN COORDINATION ARCHITECTURE

Note: This coordination architecture does not include Government’s coordination of humanitarian response.
## Contact Details

<table>
<thead>
<tr>
<th>Sector/cluster</th>
<th>Role</th>
<th>Name</th>
<th>Organisation</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICCCT</td>
<td>Inter-Cluster</td>
<td>Danielle Parry</td>
<td>OCHA</td>
<td><a href="mailto:parryd@un.org">parryd@un.org</a></td>
</tr>
<tr>
<td></td>
<td>Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FSAC</td>
<td>Cluster Coordinator</td>
<td>Jean-Noel Melotte</td>
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</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Protection</td>
<td>Cluster Coordinator</td>
<td>Elise Verron</td>
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<tr>
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<tr>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Nutrition</td>
<td>Cluster Coordinator</td>
<td>Aye Aye Khaine</td>
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<td><a href="mailto:akhaine@unicef.org">akhaine@unicef.org</a></td>
</tr>
<tr>
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<td>Co-lead</td>
<td>Bekha Teshome</td>
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<td><a href="mailto:nuteth@af-actionagainsthunger.org">nuteth@af-actionagainsthunger.org</a></td>
</tr>
<tr>
<td>WASH</td>
<td>Cluster Coordinator</td>
<td>Francois Bellet</td>
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</tr>
<tr>
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<td>Co-lead</td>
<td>Joseph Waithaka</td>
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<tr>
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<tr>
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<tr>
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</tr>
<tr>
<td>Access Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanitarian</td>
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<tr>
<td>Access Group</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LGW</td>
<td>WG Coordinator</td>
<td>Ben Collard</td>
<td>WFP</td>
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<tr>
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<td>WG Coordinator</td>
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<td>PU-AMI</td>
<td><a href="mailto:asf.logco@pu-ami.org">asf.logco@pu-ami.org</a></td>
</tr>
</tbody>
</table>
## Detailed Sectoral Funding Requirements

### Food Security and Agriculture

<table>
<thead>
<tr>
<th>Activity</th>
<th>Planned reach (# of people)</th>
<th>Location</th>
<th>Estimated requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food (in-kind or cash)</td>
<td>Half basket in kind food ration - 2.8 million people ~ 400k HHs</td>
<td>All affected areas</td>
<td>18 million (45 USD per HH)</td>
</tr>
<tr>
<td>Emergency Fodder (Livestock)</td>
<td>Emergency livestock pkg</td>
<td>TBD</td>
<td>96 USD per pkg</td>
</tr>
<tr>
<td>Emergency Livelihood (Recuperate Veg, Wheat)</td>
<td>Small garden rehabilitation pkg</td>
<td>TBD</td>
<td>~84 USD per pkg</td>
</tr>
<tr>
<td>Cash for Work</td>
<td>Small community rehabilitation projects such as rubble clearance or clearing drains/irrigation</td>
<td>TBD</td>
<td>350 Afhs per day for unskilled – 650 Afhs per day skilled</td>
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<tr>
<td>Asset Creation – rehab of irrigation canals/drainage/access roads</td>
<td>Dependent on community needs and extent of damage to communal infrastructure</td>
<td>TBD</td>
<td>~ cost of 20USD per beneficiary participating</td>
</tr>
</tbody>
</table>

Total:                                                                                                                   114,000,000
## Education in Emergencies

<table>
<thead>
<tr>
<th>Activity</th>
<th>Planned reach (# of people)</th>
<th>Location</th>
<th>Estimated requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments</td>
<td>3,000</td>
<td>Kabul, Nangarhar, Langhma, Kapisa, Nuristan, Panjshr, Parwan, Logar, Paktya, Maidan Wardak</td>
<td>45,000</td>
</tr>
<tr>
<td>Provision of temporary learning spaces (tents)</td>
<td>2,050</td>
<td>Kabul, Nangarhar, Langhma, Kapisa, Nuristan, Panjshr, Parwan, Logar, Paktya, Maidan Wardak</td>
<td>1,644,255</td>
</tr>
<tr>
<td>Purchase of school in a box kits</td>
<td>1,794</td>
<td>Kabul, Nangarhar, Langhma, Kapisa, Nuristan, Panjshr, Parwan, Logar, Paktya, Maidan Wardak</td>
<td>290,751</td>
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<tr>
<td>Purchase of recreational kits</td>
<td>2,990</td>
<td>Kabul, Nangarhar, Langhma, Kapisa, Nuristan, Panjshr, Parwan, Logar, Paktya, Maidan Wardak</td>
<td>314,585</td>
</tr>
<tr>
<td>Training for volunteers and teachers</td>
<td>1,794</td>
<td>Kabul, Nangarhar, Langhma, Kapisa, Nuristan, Panjshr, Parwan, Logar, Paktya, Maidan Wardak</td>
<td>62,790</td>
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<tr>
<td>Payment of incentives</td>
<td>1,794</td>
<td>Kabul, Nangarhar, Langhma, Kapisa, Nuristan, Panjshr, Parwan, Logar, Paktya, Maidan Wardak</td>
<td>2,152,800</td>
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<tr>
<td>Provision of WASH</td>
<td>1,794</td>
<td>Kabul, Nangarhar, Langhma, Kapisa, Nuristan, Panjshr, Parwan, Logar, Paktya, Maidan Wardak</td>
<td>71,760</td>
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<td><strong>Total:</strong></td>
<td></td>
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<td><strong>4,581,942</strong></td>
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</table>
## Emergency Shelter and NFIs

<table>
<thead>
<tr>
<th>Activity</th>
<th>Planned reach (# of people)</th>
<th>Location</th>
<th>Estimated requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter Kits</td>
<td>470,027</td>
<td>All</td>
<td>33,573,359</td>
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<tr>
<td>Repair and retrofitting of damaged buildings</td>
<td>1,212,973</td>
<td>All</td>
<td>146,423,166</td>
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<tr>
<td>NFI assistance</td>
<td>1,350,888</td>
<td>All</td>
<td>26,342,316</td>
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<tr>
<td>Winter Clothing / Heating and Fuel</td>
<td>894,568</td>
<td>All</td>
<td>33,226,795</td>
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<tr>
<td>Information Management (assessment, technical EIA)</td>
<td>-</td>
<td>All</td>
<td>250,000</td>
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<td><strong>Total:</strong></td>
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<td><strong>239,815,636</strong></td>
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## Health

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<th>Activity</th>
<th>Planned reach (# of people)</th>
<th>Location</th>
<th>Estimated requirements (US$)</th>
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</thead>
<tbody>
<tr>
<td>Emergency health assistance</td>
<td>1.2 million</td>
<td>Kabul, Nangarhar</td>
<td>6,000,000</td>
</tr>
<tr>
<td>Surveillance and treatment of communicable diseases</td>
<td>All affected population.</td>
<td>All affected provinces</td>
<td>1,500,000</td>
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<tr>
<td>Provision of essential medicine</td>
<td>600,00</td>
<td>Kabul and Nangarhar</td>
<td>800,000</td>
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<tr>
<td>Mental Health and Psychosocial Support</td>
<td>200,000</td>
<td>Kabul and Nangarhar</td>
<td>500,000</td>
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<tr>
<td>Re-establishing health services.</td>
<td>800,000</td>
<td>All affected provinces</td>
<td>8,000,000</td>
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<tr>
<td>Risk communication and community engagement.</td>
<td>All affected population</td>
<td>All affected provinces</td>
<td>1,000,000</td>
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<td><strong>Total:</strong></td>
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<td><strong>17,800,000</strong></td>
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## Nutrition

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<th>Activity</th>
<th>Planned reach (# of people)</th>
<th>Location</th>
<th>Estimated requirements (US$)</th>
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<tbody>
<tr>
<td>Target for U5 SAM for three months</td>
<td>82,735</td>
<td>Kabul (including Kabul City and Surobi), Parwan, Kapisa, Laghman, Paktya, Nangahar (including Jalalabad city), Nuristan, Panjsher, Logar, Maidan Wardak</td>
<td>8,356,255</td>
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<tr>
<td>Target for U5 MAM/OPD for three months</td>
<td>30,427</td>
<td>Kabul (including Kabul City and Surobi), Parwan, Kapisa, Laghman, Paktya, Nangahar (including Jalalabad city), Nuristan, Panjsher, Logar, Maidan Wardak</td>
<td>1,064,936</td>
</tr>
<tr>
<td>Target for MAM PLW for three months</td>
<td>69,816</td>
<td>Kabul (including Kabul City and Surobi), Parwan, Kapisa, Laghman, Paktya, Nangahar (including Jalalabad city), Nuristan, Panjsher, Logar, Maidan Wardak</td>
<td>4,817,269</td>
</tr>
<tr>
<td>Target for 6-59 months for BSFP</td>
<td>150,172</td>
<td>Kabul (including Kabul City and Surobi), Parwan, Kapisa, Laghman, Paktya, Nangahar (including Jalalabad city), Nuristan, Panjsher, Logar, Maidan Wardak</td>
<td>4,505,168</td>
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<tr>
<td>IYCF Counselling</td>
<td>16,340</td>
<td>Kabul (including Kabul City and Surobi), Parwan, Kapisa, Laghman, Paktya, Nangahar (including Jalalabad city), Nuristan, Panjsher, Logar, Maidan Wardak</td>
<td>245,095</td>
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<td><strong>Total:</strong></td>
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## Protection

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<th>Planned reach (# of people)</th>
<th>Location</th>
<th>Estimated requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information and awareness raising on access to services</td>
<td>354,704</td>
<td>All affected provinces</td>
<td>605,900</td>
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<tr>
<td>PSS</td>
<td>61,842</td>
<td>All affected provinces</td>
<td>927,625</td>
</tr>
<tr>
<td>PSN identification, assistance and referral (Case management)</td>
<td>6,570</td>
<td>All affected provinces</td>
<td>105,120</td>
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<tr>
<td>Cash for Protection</td>
<td>52,664</td>
<td>All affected provinces</td>
<td>1,314,457</td>
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<tr>
<td>Counselling &amp; Legal assistance (Civil documentation)</td>
<td>20,000</td>
<td>All affected provinces</td>
<td>400,000</td>
</tr>
<tr>
<td>Protection Monitoring</td>
<td>346,937</td>
<td>All affected provinces</td>
<td>900,000</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
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<td></td>
<td><strong>4,253,102</strong></td>
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</table>

## GBV

<table>
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<tr>
<th>Activity</th>
<th>Planned reach (# of people)</th>
<th>Location</th>
<th>Estimated requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-sectoral GBV response including health, legal response, PSS Outreach teams, case management, WFHSs, PSS counselor’s placement and PEP kits etc Dignity kits distribution</td>
<td>107,000</td>
<td>All affected provinces</td>
<td>856,000</td>
</tr>
<tr>
<td></td>
<td>35,700</td>
<td>All affected provinces</td>
<td>714,000</td>
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<tr>
<td>Community mobilisation and engagement</td>
<td>280,000</td>
<td>All affected provinces</td>
<td>476,000</td>
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<tr>
<td><strong>Total:</strong></td>
<td></td>
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<td><strong>2,046,000</strong></td>
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### HLP

<table>
<thead>
<tr>
<th>Activity</th>
<th>Planned reach (# of people)</th>
<th>Location</th>
<th>Estimated requirements (US$)</th>
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</thead>
<tbody>
<tr>
<td>Rapid HLP Assessments (before and during crisis)</td>
<td>-</td>
<td>Kabul, Nangarhar</td>
<td>10,000</td>
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<tr>
<td>Legal information on HLP</td>
<td>22,798</td>
<td>Kabul, Nangarhar</td>
<td>205,182</td>
</tr>
<tr>
<td>Legal counselling on HLP</td>
<td>2,177</td>
<td>Kabul, Nangarhar</td>
<td>28,301</td>
</tr>
<tr>
<td>Legal assistance on HLP (includes legal research/analysis, land mapping, HLP due diligence, and evictions monitoring)</td>
<td>3,615</td>
<td>Kabul, Nangarhar</td>
<td>93,990</td>
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<tr>
<td>Support to government in establishing and rolling out compensation mechanisms for lost land/property</td>
<td>371</td>
<td>Kabul, Nangarhar</td>
<td>14,840</td>
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<tr>
<td><strong>Total:</strong></td>
<td></td>
<td></td>
<td><strong>4,253,102</strong></td>
</tr>
</tbody>
</table>

### MA

No financial requirements, given the short timeframe of the planned response (MA teams take about a month to mobilise due to trainings, which means that any response of 2 months would be handled with existing resources).
## WASH

<table>
<thead>
<tr>
<th>Activity</th>
<th>Planned reach (# of people)</th>
<th>Location</th>
<th>Estimated requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water trucking</td>
<td>366,450</td>
<td>Kabul city, Surobi, Jalalabad city, Laghman, Kapisa, Panjsher, Parwan, Logar</td>
<td>9,161,280</td>
</tr>
<tr>
<td>Provide safe drinking water in health facilities</td>
<td>91,613</td>
<td>Kabul city, Surobi, Jalalabad city, Laghman, Kapisa, Panjsher, Parwan, Logar</td>
<td>2,290,320</td>
</tr>
<tr>
<td>Rehabilitation of damaged Water facilities/points</td>
<td>137,419</td>
<td>Kabul city, Surobi, Jalalabad city, Laghman, Kapisa, Panjsher, Parwan, Logar</td>
<td>4,397,415</td>
</tr>
<tr>
<td>Rehabilitation of damaged sanitation facilities</td>
<td>183,226</td>
<td>Kabul city, Surobi, Jalalabad city, Laghman, Kapisa, Panjsher, Parwan, Logar</td>
<td>2,748,384</td>
</tr>
<tr>
<td>Provision of new sanitation facilities</td>
<td>119,097</td>
<td>Kabul city, Surobi, Jalalabad city, Laghman, Kapisa, Panjsher, Parwan, Logar</td>
<td>2,977,416</td>
</tr>
<tr>
<td>Provide improved sanitation facilities in health facilities</td>
<td>45,806</td>
<td>Kabul city, Surobi, Jalalabad city, Laghman, Kapisa, Panjsher, Parwan, Logar</td>
<td>1,145,160</td>
</tr>
<tr>
<td>Hygiene kits</td>
<td>219,870</td>
<td>Kabul city, Surobi, Jalalabad city, Laghman, Kapisa, Panjsher, Parwan, Logar</td>
<td>1,539,095</td>
</tr>
<tr>
<td>Solid waste management</td>
<td>119,097</td>
<td>Kabul city, Surobi, Jalalabad city, Laghman, Kapisa, Panjsher, Parwan, Logar</td>
<td>952,773</td>
</tr>
<tr>
<td>Hygiene awareness messaging</td>
<td>916,128</td>
<td>Kabul city, Surobi, Jalalabad city, Laghman, Kapisa, Panjsher, Parwan, Logar</td>
<td>9,161,280</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td></td>
<td><strong>34,373,123</strong></td>
</tr>
</tbody>
</table>
Preparedness Plan

Food Security and Agriculture

<table>
<thead>
<tr>
<th>Minimum Preparedness Actions</th>
<th>Status</th>
<th>Yearly review/one - time activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure adequate level of reserve food stocks across the primary humanitarian warehouses to allow for one month of immediate assistance to approximately 200k HHs and capacity to scale-up storage on a temporary basis for an additional 200k HH.</td>
<td>Implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Ensure that LTA’s with established regional providers and supply routes through the primary Pak crossings have the capacity to scale-up within a month</td>
<td>Partially implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Explore the potential for alternate crossings with Pakistan other than the two primary crossings with assessments on Ghulam Khan, Angor Adda, Kharlachi and potential for new agreements with vendors from the northern crossings/central Asian markets</td>
<td>Not implemented</td>
<td>One-time</td>
</tr>
<tr>
<td>Conduct stakeholder mapping of the new areas through which the alternate land routes would have to pass should the establish routes be offline</td>
<td>Not implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Consider what airlift options could potentially be brought online to support movement of humanitarian foodstuff</td>
<td>Not implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Consider what would be the response of ANSF and other government groups with ready access to limited food stocks and independent logistics and distribution and ANDMA and HAG focal points who could provide liaison</td>
<td>Partially implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Build shortlist per province of response priorities as identified through yearly SFSAs</td>
<td>Not implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Conduct mapping for FSPs per province to determine ability to scale up/reliability</td>
<td>Not implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Explore how to include/advocate for first responder training and creation of community emergency response groups within CDCs or other community groups</td>
<td>Not implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Create better understanding of the key livelihood activities in Afghanistan’s active seismic zones and what key infrastructure would be affected by major quake</td>
<td>Not implemented</td>
<td>Regular</td>
</tr>
</tbody>
</table>

Education in Emergencies

<table>
<thead>
<tr>
<th>Minimum Preparedness Actions</th>
<th>Status</th>
<th>Yearly review/one - time activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting the development of DRR plans at MoE level and at school and CBE level</td>
<td>Not implemented</td>
<td>One-time</td>
</tr>
<tr>
<td>Develop school/ CBE based protocols on what to do should an earthquake occurs while children are at school (this includes drills)</td>
<td>Not implemented</td>
<td>One-time</td>
</tr>
</tbody>
</table>
## Emergency Shelter and NFIs

<table>
<thead>
<tr>
<th>Minimum Preparedness Actions</th>
<th>Status</th>
<th>Yearly review/one-time activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map in country stockpiles of emergency shelter and core-relief items.</td>
<td>Implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Replenish and maintain agreed minimum levels of emergency and NFI stocks, especially in high risk provinces.</td>
<td>Partially implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Agree on standardized technical approaches to emergency and recovery shelter packages based on the hazard scenarios.</td>
<td>Partially implemented</td>
<td>One-time</td>
</tr>
<tr>
<td>Develop an agreed template for tracking who, what, where information to manage, and monitor response and recovery needs, gaps, and relief distribution.</td>
<td>Implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Review of hazard mapping collected by ANDMA / UN HABITAT and other sources and compare with current pre-positioned stocks, to identify potential needs for prepositioning additional stock and equipment</td>
<td>Partially implemented</td>
<td>Yearly</td>
</tr>
<tr>
<td>Identify the warehouse sites including regional with accessibility provision.</td>
<td>Implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Develop IEC for pre- and post-disaster.</td>
<td>Partially implemented</td>
<td>One-time</td>
</tr>
<tr>
<td>Pre-identify experts to undertake technical assessments of key infrastructures if needed.</td>
<td>Partially implemented</td>
<td>Yearly</td>
</tr>
<tr>
<td>Develop shelter response plan for the identified hazards (earthquake).</td>
<td>Partially implemented</td>
<td>Yearly</td>
</tr>
</tbody>
</table>

## Health

<table>
<thead>
<tr>
<th>Minimum Preparedness Actions</th>
<th>Status</th>
<th>Yearly review/one-time activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update and share regularly contact list of sector participants..</td>
<td>Implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Update mapping of NGOs engaged in health response during emergencies.</td>
<td>Implemented</td>
<td>Regular</td>
</tr>
<tr>
<td>Identify focal points for joint assessments with health expertise.</td>
<td>Partially implemented</td>
<td>One-time</td>
</tr>
<tr>
<td>Conduct (preparedness) gap analysis, review disease surveillance mechanism and outbreak investigation mechanism, monitor diseases trends, review stockpile levels.</td>
<td>Partially implemented</td>
<td>Yearly</td>
</tr>
<tr>
<td>Quantify resources available for emergency response (financial resources, human resources, medicines and equipment).</td>
<td>Partially implemented</td>
<td>Yearly</td>
</tr>
</tbody>
</table>
## Nutrition

<table>
<thead>
<tr>
<th>Minimum Preparedness Actions</th>
<th>Status</th>
<th>Yearly review/one-time activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify nutrition partners in geographically prioritised districts: contact details for key</td>
<td>Partially implemented</td>
<td>Minimum quarterly review of partners as part of 3W/4W as well as nutrition cluster contact list</td>
</tr>
<tr>
<td>partner focal points, determine emergency response/surge capacity for curative services and</td>
<td></td>
<td>update</td>
</tr>
<tr>
<td>community mobilisation activities</td>
<td></td>
<td>Surge capacity would be one time activity</td>
</tr>
<tr>
<td>Prepare contingency contract with humanitarian partners in the earthquake high prone areas</td>
<td>Not implemented</td>
<td>One time activity, but with regular review and revision of contingency contract as situation</td>
</tr>
<tr>
<td>for rapid deployment of supplies and services</td>
<td></td>
<td>evolves</td>
</tr>
<tr>
<td>Identify supply prepositioning sites, storage capacity and management and supply chain to</td>
<td>Partially implemented</td>
<td>This should be done on a regular basis, but minimum on a quarterly basis. In general, the</td>
</tr>
<tr>
<td>re-supply</td>
<td></td>
<td>prepositioning sites should be checked, maintained properly to ensure the quality of the supplies</td>
</tr>
<tr>
<td>Preposition nutrition supplies</td>
<td></td>
<td>at all times.</td>
</tr>
<tr>
<td>Train additional community volunteers, NEWS to enable rapid upscale of community screening</td>
<td>Partially implemented</td>
<td>This should be done as needs and opportunity arise. But, volunteer recruitments should be</td>
</tr>
<tr>
<td>and response – family MUAC, IYCF-E</td>
<td></td>
<td>on-going – identifying key influencer and youth in the community</td>
</tr>
<tr>
<td>Identify local partners and existing community support structures/women centre/child friendly</td>
<td>Partially implemented</td>
<td>Quarterly review of community support structures/women centre/child friendly spaces</td>
</tr>
<tr>
<td>spaces in geographical locations for mobilisation in emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and/or confirm for referral pathway and system existence for other psychosocial</td>
<td>Not implemented</td>
<td>Bi-monthly basis to check with partners that are engaged in psychosocial activities. Once</td>
</tr>
<tr>
<td>elements of affected communities.</td>
<td></td>
<td>referral pathway is established and nutrition partners can refer, this activity will become</td>
</tr>
<tr>
<td></td>
<td></td>
<td>on a quarterly basis review the referral pathway and structures.</td>
</tr>
<tr>
<td>Identify nutrition partners in geographically prioritised districts: contact details for key</td>
<td>Partially implemented</td>
<td>Minimum quarterly review of partners as part of 3W/4W as well as nutrition cluster contact list</td>
</tr>
<tr>
<td>partner focal points, determine emergency response/surge capacity for curative services and</td>
<td></td>
<td>update</td>
</tr>
<tr>
<td>community mobilisation activities</td>
<td></td>
<td>Surge capacity would be one time activity</td>
</tr>
</tbody>
</table>
### Protection

<table>
<thead>
<tr>
<th>Minimum Preparedness Actions</th>
<th>Status</th>
<th>Yearly review/one-time activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a rapid Protection Assessment with integrated questions relating to all AoRs</td>
<td>Not implemented</td>
<td>One-time activity</td>
</tr>
<tr>
<td>Map the location of partners able to provide Psychological First Aid (PFA) and the areas where there is no PSS partner so fast deployments from other regions can be identified</td>
<td>Partially implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Map the FSPs that could be used for the delivery of urgent cash assistance.</td>
<td>Not implemented</td>
<td>Yearly review</td>
</tr>
</tbody>
</table>

### CPIE

<table>
<thead>
<tr>
<th>Minimum Preparedness Actions</th>
<th>Status</th>
<th>Yearly review/one-time activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct CP Facility Assessments to identify facilities that could potentially be used to provide immediate CP Support.</td>
<td>Not implemented</td>
<td>One time</td>
</tr>
<tr>
<td>Conduct assessment of Social Workforce in all geographical areas and ensure that Social Workers received training on Earthquake preparedness and immediate CP actions after earthquake.</td>
<td>Partially implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Procure and preposition CP supplies such as tents, Recreation kits, adolescent kits etc.</td>
<td>Not implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Prepare CP message including messages on what to do with children when they are found to be separated. Conduct field level service mapping and develop inter/ cross sectoral referral pathways.</td>
<td>Implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Provide training for border security on the need to be vigilant to prevent the illegal adoption of children during the aftermath of an earthquake.</td>
<td>Partially implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Identify and train Community Volunteers on prevention of family separation, rapid family tracing, and provision of interim care for UASC</td>
<td>Implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Identify with other cluster areas of integration between CP and the respective sector &amp; agree on working modality.</td>
<td>Partially implemented</td>
<td>Yearly review</td>
</tr>
</tbody>
</table>
**GBV**

<table>
<thead>
<tr>
<th>Minimum Preparedness Actions</th>
<th>Status</th>
<th>Yearly review/one-time activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create mapping and data tracking of number and location of critical lifesaving GBV supplies, including items for dignity kits and post-rape kits. Procurement and storage of dignity and PEP kits through UNFPA’s implementing partners. UNFPA contingency plans are in place for procurement and supply from onset of emergency through national and international channels.</td>
<td>Partially implemented</td>
<td>Monthly review</td>
</tr>
<tr>
<td>Create mapping and plans for critical pre-positioned GBV response staff (i.e. # and/or location of trained female health providers in CMR/IPV and # and/or location of trained GBV case workers);</td>
<td>Not implemented</td>
<td>Yearly</td>
</tr>
<tr>
<td>Create procedures/templates for immediate revision and distribution of information on referral pathways for affected areas and pre-positioning of education/communication materials.</td>
<td>Not implemented</td>
<td>One-time</td>
</tr>
<tr>
<td>Draft and have translated the key GBV &quot;life-saving&quot; messages to integrate into the inter-agency RCCE messages for early warning and immediate 72-hour response.</td>
<td>Partially implemented</td>
<td>One-time</td>
</tr>
<tr>
<td>Conduct trainings for GBV response staff on GBV basics, case management/PSS and dignity kits.</td>
<td>Partially implemented</td>
<td>Yearly</td>
</tr>
<tr>
<td>Coordinate with general protection for the field assessment package agreed and translated in local languages with clear GBV aspects reflected, with roster of trained enumerators equipped for immediate deployment.</td>
<td>Not implemented</td>
<td>One-time</td>
</tr>
<tr>
<td>Promote efforts to integrate GBV in disaster legislation, policies and plans to prevent, mitigate and respond to it in emergencies.</td>
<td>Partially implemented</td>
<td>Yearly</td>
</tr>
<tr>
<td>Build the capacity of disaster and GBV actors to integrate GBV issues in disaster preparedness, response and recovery.</td>
<td>Partially implemented</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ensure the deployment of expertise on GBV across Afghanistan when needed, in line with the emergency response strategy, and that this is properly resourced.</td>
<td>Partially implemented</td>
<td>Yearly</td>
</tr>
</tbody>
</table>

**HLP**

<table>
<thead>
<tr>
<th>Minimum Preparedness Actions</th>
<th>Status</th>
<th>Yearly review/one-time activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct HLP assessments of areas most at risk to gain a better understand of HLP rights and needs of target group.</td>
<td>Not implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Work with Shelter and WASH Cluster to ensure building and infrastructures are compliant with Building Code standards.</td>
<td>Not implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Support beneficiaries understand HLP rights and secure HLP documentation.</td>
<td>Partially implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Conduct legal research and analysis of key laws, including Building Code, rubble/debris clearance and disposal regulations, etc.</td>
<td>Partially implemented</td>
<td>One-time activity (but to be updated if the laws/regulations change)</td>
</tr>
<tr>
<td>Identify and liaise with relevant authority and stakeholders to gain a better understanding of procedures and mandates as it relates to rubble/debris clearance and disposal.</td>
<td>Not implemented</td>
<td>One-time activity</td>
</tr>
</tbody>
</table>
### MA

<table>
<thead>
<tr>
<th>Minimum Preparedness Actions</th>
<th>Status</th>
<th>Yearly review/one-time activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint planning exercise with the Directorate of Mine Action Coordination, and potentially ANDMA, and Mine Action partners to map out all resources that could be used to support the emergency response.</td>
<td>Implemented</td>
<td>Updated on quarterly basis</td>
</tr>
<tr>
<td>Trainings by ANDMA on emergency response to MA partners.</td>
<td>Implemented</td>
<td>One-time activity</td>
</tr>
</tbody>
</table>

**WASH**

<table>
<thead>
<tr>
<th>Minimum Preparedness Actions</th>
<th>Status</th>
<th>Yearly review/one-time activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid needs assessment team identified with WASH emergency experts assembled from WASH cluster partners.</td>
<td>Partially implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Mapping out of available WASH supplies in or near the potentially risky identified provinces.</td>
<td>Partially implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Procurement and prepositioning of key WASH supplies-Hygiene kits, water kits, portable water tanks, water treatment and purification tablets (Aquatabs + PUR), HTH-Chlorine powder/granules, hand washing stations, soap etc based on mapping gap identified above.</td>
<td>Partially implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Mapping out WASH partners (3/4W) presence, response capacity and WASH supplies in key prioritised provinces.</td>
<td>Implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Plan and liaise with logistics working group in the event of road cut off to affected provinces-alternative access routes and support from logistics working group in delivering supplies and or WASH response personnel.</td>
<td>Partially implemented</td>
<td>Yearly review</td>
</tr>
<tr>
<td>Share WASH cluster key focal point persons and contact lists at districts and provincial level up to national level with communication tree.</td>
<td>Implemented</td>
<td>Yearly review</td>
</tr>
</tbody>
</table>