

Situation Report #2

Country	AFGHANISTAN
Crisis	Earthquake
Covering period	09-10 October 2023
Crisis Location	Herat Province, Afghanistan
Date issued	10 October 2023
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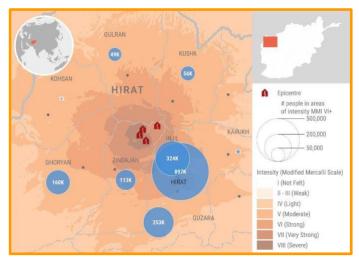


Affected women and girls in temporary shelter in Gazergah Transit Centre in the DoRR compound receive UNFPA winter blankets and Dignity Kits as they prepare to live in tents in the coming weeks. [Picture: Arlene Alano/UNFPA Afghanistan]



1. Situation Overview

- A 6.3 magnitude earthquake struck Herat province in western Afghanistan on 7 October 2023, followed by aftershocks until 9 October. The earthquake epicenter was located 30 kilometers northeast of Zindajan district, the worst-affected area with 1,294 deaths, 1,688 injuries and 100 per cent of homes destroyed. Another 485 people (191 men and 294 women) are reported missing.
- According to the latest Flash Update #3 of the Humanitarian Country Team issued by OCHA, approximately 12,110 people from 1,730 families



have been affected across five districts of Herat: Gulran (95 families), Injil (150 families), Khosan (60 families), Kushk (Robat-e-Sangai - 30 families), and Zindajan (1,395 families). The number of affected households is expected to increase as assessments continue in Gulran, Injil, Khosan, and Kushk districts.

Based on the MISP calculation of 12,100 affected population as of 10 October 2023, it is estimated that there are 3,028 affected women of reproductive age, including 183 who are currently pregnant; 1,414 adolescent girls are also affected.

2. Humanitarian Needs

- Priority needs identified include emergency health care, including maternal and reproductive health, mental health and psychosocial support, emergency shelter, non-food items (tarpaulins, blankets, clothes, and kitchen sets), WASH (latrines, potable water and storage containers), food assistance and protection.
- Search and rescue operations need to continue to help people who might still be trapped under the
 debris. While search and rescue operations remain ongoing, the exact number of casualties and
 houses/property destroyed are still not fully confirmed. The geographic challenges in remote areas
 have hindered the operations. Continued rapid assessments are needed to identify casualties and
 capacity in coordination with the authorities and stakeholders for response actions.

3. Government, UN and other stakeholder response

 In collaboration with local authorities, humanitarian organizations have swiftly initiated relief efforts aimed at addressing the immediate needs of the affected population. Emergency healthcare services, particularly focusing on maternal and reproductive health, are being deployed to ensure



timely medical assistance. Protection measures, including psychosocial support services, are being provided to help individuals cope with the emotional and psychological impact of the disaster. The distribution of emergency shelter and non-food items, along with food assistance, is underway to provide affected families with essential relief. Water, sanitation and hygiene (WASH) support, including the provision of hygiene and dignity kits, is being prioritized to maintain sanitation standards and uphold the dignity of the affected communities. As the situation continues to evolve and more assessments are conducted in the affected districts, these coordinated relief efforts are critical in assisting the affected populations on their path to recovery.

 UNFPA Country Representative (a.i.) Jaime Nadal Roig visited earthquake-affected people in Herat Provincial Hospital, the Gazergah Transit Centre in Herat City, and several affected villages in Zindajan district to gain first-hand information and a deeper understanding of the impact of the disaster.

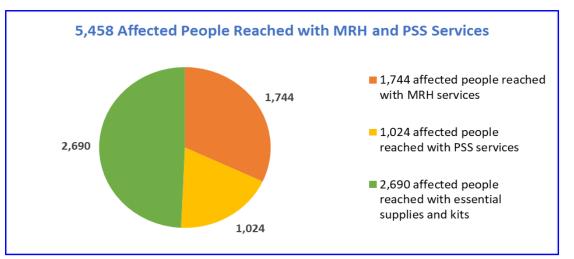


UNFPA supported the distribution of Dignity Kits and winter blankets to affected women and girls in one of the affected villages in Zindajan District. The Dignity Kits help women maintain their hygiene needs amid displacement [Pictures: Arlene Alano/UNFPA Afghanistan]

4. UNFPA Country Office Role

- As the lead agency of the Regional Humanitarian Team (HRT) for the Western Region, UNFPA takes on a pivotal role in coordinating response and is actively involved in the initial inter-agency needs assessment. The HRT aims to have a better picture of the impacts of the earthquake, the immediate needs of the affected population, and how the humanitarian communities can better assist them.
- UNFPA and its NGO partners have been providing maternal and reproductive health and psychosocial support on the ground.



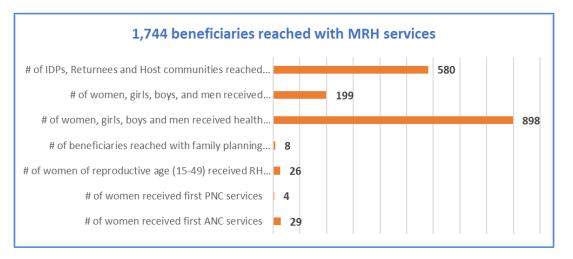


To date, UNFPA and its NGO partners have reached a total of 5,458 affected people through maternal reproductive health and psychosocial support services, as well as distribution of essential supplies and kits

I. Provision of lifesaving services

Maternal and reproductive health services

• Seven Mobile Health Teams (MHTs) through UNFPA implementing partners AADA and HNTPO have been deployed and are providing lifesaving reproductive health services to the earthquake-affected population in Zindajan district. A total of 1,744 beneficiaries have been reached with services.





• 16 youth in Last Mile Assurance volunteers (eight female, and eight male) are assisting in the distribution of non-medical commodities and collection of data at distribution points. They also support provincial and central office staff to place inventory in records on



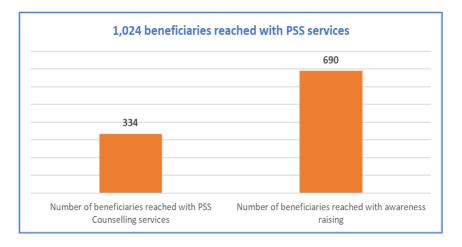
supplies and distribution, data entry and reporting, and availability of repository stocks.

Frontline health workers, including midwives, provide lifesaving maternal and reproductive health services via one of the MHTs in the Zindajan district. [Pictures: HNTPO]

Psychosocial support services

- UNFPA's implementing partner CARE has deployed five teams of health workers in Zindajan district; each team consists of one female psychosocial counsellor, a community mobilizer, and one female youth educator. These teams are involved in assessments with other actors in coordination with the UNFPA Herat area office.
- UNFPA's implementing partner HealthNet TPO has deployed **psychosocial counsellors** from to provide psychosocial support and psychological first aid in Ansare camp, which was established for the humanitarian response. The psychosocial counsellors are also involved in the assessment of the psychosocial support needs of affected communities.
- 1,024 beneficiaries have been reached with lifesaving psychosocial support.









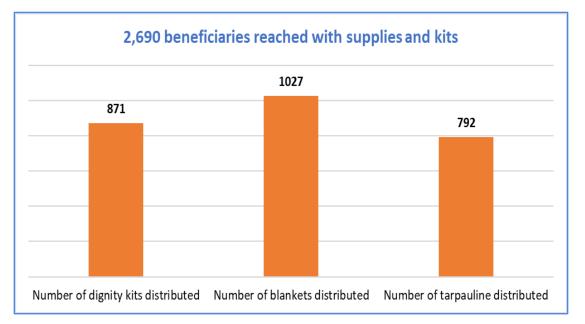
UNFPA Dignity Kits have arrived in the earthquake-affected areas. UNFPA partner HNTPO provides psychosocial support and distributes Dignity Kits to the affected women who are currently sheltered in temporary camps, such as the Gazergah Transit Centre in the DoRR compound. Affected communities are helping to distribute the kits. [Pictures: Elisa Cappelletti@UNFPA]

II. Prepositioned stocks and distribution:



- **4,190 Dignity Kits:** 1,650 kits available in Herat; 1,000 dignity kits are in transit and expected to reach the region within the week.
- 1,400 Mama & Baby Kits: All prepositioned in Herat.
- **2,000 Individual Clean Delivery Kits**: All available in Kabul and ready to be dispatched, as necessary.
- 24,025 blankets: All available in Herat regional warehouse
- 27,617 tarpaulin sheets: All available in Herat regional warehouse
- **1,500 Adolescent Girl Kits (Menstrual Hygiene Management Kits):** In transit and expected to reach the region within the week.

Distribution of saving supplies and kits



- **871 Dignity Kits** distributed to affected women and girls in Zindajan and Jibhrail districts.
- 1,027 blankets distributed to affected people from Jibhrail district.
- 792 tarpaulin sheets distributed to affected people in Jibhrail district.

III. Coordination:

- **Regional Humanitarian Team:** UNFPA leads the RHT for the Western Region, which operates as a part of the broader Humanitarian Country Team. The UNFPA Head of Area Office based in Herat takes the lead in coordinating humanitarian efforts for the earthquake emergency response in the entire regional area.
- **GBV Sub Cluster:** A joint assessment revealed widespread devastation. The needs on the ground are substantial, particularly in addressing women's emotional distress. The GBVSC in the Western Region urges humanitarian partners to create an earthquake response plan with particular attention to women and girls.



- Adolescents and Youth Working Group: AYWG co-chairs are coordinating to provide a better understanding of the effect of the earthquake on the service delivery points, the ability to deliver services for adolescents and youth, and overall response efforts by the partners in Herat. AYWG partners are mobilizing youth educators and volunteers to support humanitarian aid distribution for the affected populations, including 16 youth volunteers working on UNFPA's Last Mile Assurance.
- Reproductive, Maternal, Newborn, Child and Adolescent Health in Emergency Working Group: The RMNCAHiE WG is supporting the coordination efforts of the health cluster by reaching partners for the mapping of operational presence and capacity for health services, including for the provision of maternal and reproductive services.
- Accountability to Affected Populations Working Group: The AAP WG co-chaired by UNFPA is coordinating with members in Herat to identify the needs for assistance. A collective key messages document has been created and shared with OCHA to gather inputs from various clusters and working groups. AAP WG members are prepared to support disseminating these key messages to communities through local media, outreach workers, help desks, and other communication channels to ensure effective communication with the affected communities.
- PSEA Network: As co-chair of the Afghanistan PSEA Network and as host of the interagency PSEAH Coordinator, UNFPA has joined forces with OCHA Herat Head of Area Office and ICCT partners on the ground to conduct risk assessment and capacity building activities, based on lessons learned from similar emergencies. Moreover, to ensure that PSEA Network response activities are outward-focused, coordination with the AAP Working Group on accountability activities such as community engagement, information sharing, and community feedback mechanisms will be finalized.

