

EASTERN REGION EARTHQUAKE RESPONSE PLAN AFGHANISTAN

IMMEDIATE HUMANITARIAN
RESPONSE NEEDS
SEPTEMBER 2025 - DECEMBER 2025



About

This Emergency Response Plan is consolidated by OCHA on behalf of the Humanitarian Country Team and partners to address immediate humanitarian needs following the earthquake which struck Afghanistan's Eastern Region (Kunar and Nangarhar provinces) on 31 August 2025. As all targeted population groups and activities have already been accounted for in the 2025 Humanitarian Needs & Response Plan (HNRP), the activities and requirements outlined in this emergency appeal are a subset of the existing 2025 HNRP. Needs, activities and funding requirements extending beyond this year will be incorporated into the 2026 HNRP. This Emergency Response Plan covers the period from September to December 2025.

PHOTO ON COVER

Sawkai September 2025

Photo: Ahmad Khalid Khaliqi (For OCHA)

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Table of contents

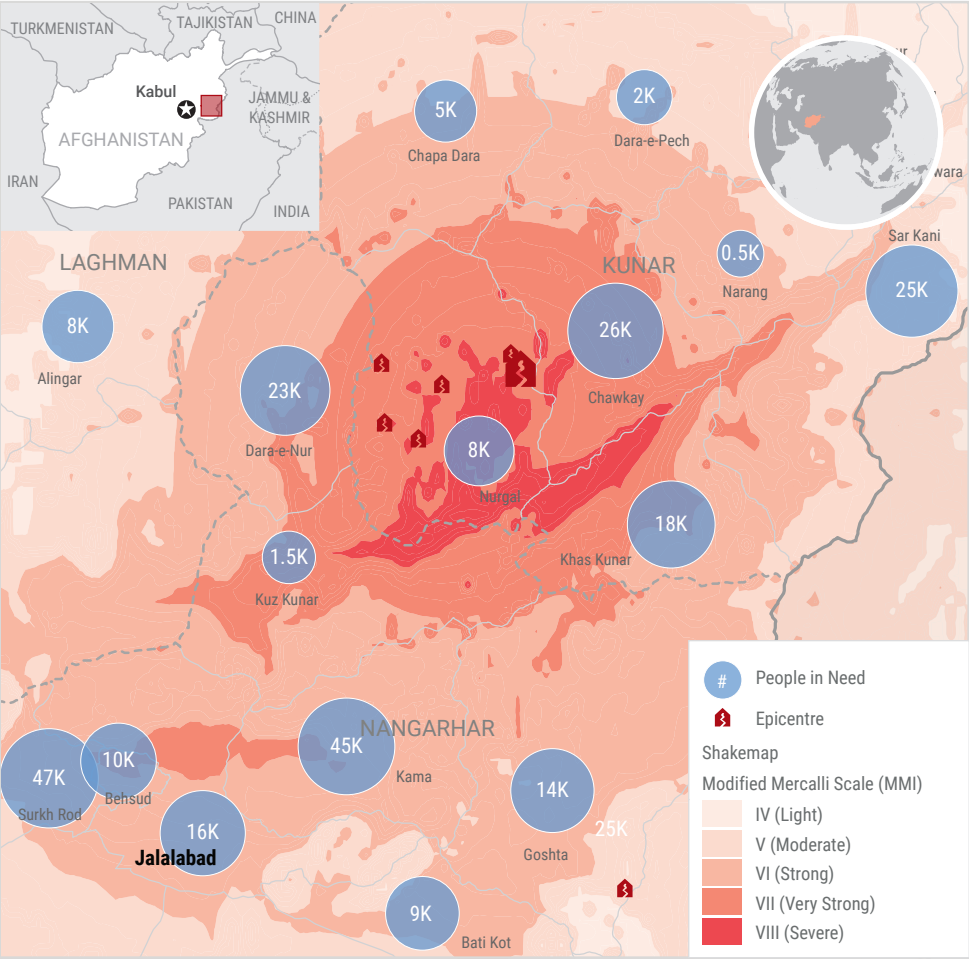
5	Context and Needs Overview
6	Methodology
7	Response by Sector
7	Education
7	Emergency Shelter and NFI
9	Food Security and Agriculture
9	Health
11	Nutrition
12	Protection
14	Water, Sanitation and Hygiene
15	Coordination and Common Services
15	Cross-cutting issues

AFGHANISTAN EASTERN REGION EARTHQUAKE RESPONSE PLAN

SUMMARY OF EMERGENCY NEEDS, PLANNED REACH AND FUNDING REQUIREMENTS

SEP 2025 – DEC 2025
ISSUED SEP 2025

On 31 August, a 6+ magnitude earthquake struck Nangarhar and Kunar provinces in the eastern region of Afghanistan, killing over 2,150 people and causing widespread destruction of homes along the mountainous slopes and valleys. In addition to loss of life and injury, infrastructure – including health facilities, schools, water networks and power and telecommunication lines – were impacted. The earthquake – which has been followed by several strong aftershocks – has left thousands of affected families in urgent need of humanitarian assistance. In total, an estimated 498,800 people are in need of humanitarian assistance. This multi-sectoral Earthquake Response Plan for the Eastern Region targets approximately 456,000 people living in the high-intensity impact areas (MMI 5+)¹, with a focus on those whose homes were severely damaged or destroyed. A total of US\$139.6 million is required to rapidly deliver life-saving response activities over the next four months (September–December 2025).



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¹ The MMI measures the shaking intensity from an earthquake by considering its effects on people, objects, and buildings.

Key figures

PEOPLE IN NEED	PLANNED REACH	FUNDING REQUIRED
499K	457K	\$139.6M

Planned reach and requirements by sector

SECTOR	PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS US\$
Education in Emergencies	177K	89K	1.9M
Emergency Shelter and NFI	498K	187K	49.8M
Food Security and Agriculture	384K	319K	32.4M
Health	498K	150K	12.8M
Nutrition	91K	91K	3.9M
Protection	462K	361K	16.5M
Water, Sanitation and Hygiene	498K	448K	18.8M
Coord. and Common Services	-	-	3.4M
Total	499K	457K	139.6M

Context and Needs Overview

On 31 August 2025 at 23:47 local time, a 6+ magnitude earthquake struck Nangarhar and Kunar provinces, Afghanistan, near the Pakistan border. The epicentre was in Nurgal district, about 45 km north of Jalalabad and 12 km north of Nurgal city. The quake was particularly destructive due to its shallow depth of 8-10 km, combined with the prevalence of poorly built houses made of dry masonry, stone and timber with minimal seismic resistance. Heavy rainfall in the preceding days had weakened the ground contributing to rock and landslides which compounded the earthquake's impact. The fact that the earthquake struck during the night, when most people were at home, is a major factor in the high casualty toll. Overall, the impact is concentrated in the eastern provinces of Kunar, Nangarhar and Laghman, while surrounding regions felt the quake but sustained relatively little damage. Kunar Province bore the brunt of the impact; in some of its worst-affected districts, villages have been flattened and homes almost entirely destroyed, devastating communities. The disaster's scale, in a remote and impoverished area that has received 370,000 returnees from Pakistan and Iran since January this year, has exacerbated severe humanitarian needs that far exceed local capacities. As of 8 September, assessment data indicates that more than 2,150 people have been killed (1,022 women), 3,360 people have been injured (1,830 women), and more than 6,500 houses destroyed or severely damaged with figures expected to rise. This ranks among the deadliest earthquakes in Afghanistan's recent history.

As of 8 September, joint assessment teams have confirmed over 1,960 deaths in the mountainous province of Kunar alone, where villages and settlements are scattered across remote hamlets along steep river valleys, making them highly vulnerable to earthquakes. Initial reports indicate that most casualties and destruction in Kunar are concentrated in five districts – Chapa Dara, Chawkay, Dara-e-Pech, Nurgal, and Watapur – where the shaking was most intense. In these districts, nearly all homes, mostly mud-brick or stone, have collapsed or been severely damaged, with residents describing entire communities reduced to rubble. Dozens of aftershocks have struck the affected areas, including a 5.6 magnitude quake on 4 September, causing additional damage and heightening people's fear of further injury. The DfA has repeatedly warned residents to avoid weakened structures, which could collapse with each new shock. Localized displacement has been confirmed by assessment teams. People are staying as close as possible to their destroyed homes, often gathering in nearby fields, on roadsides or on higher ground away from landslide risk. In Nurgal district, families have set up makeshift camps on hilltops and riverbanks, reluctant to leave their land but

too afraid to remain under unstable cliffs or rubble. In areas where survivors have not yet received tents, people continue to sleep under the open sky or beneath simple tarps.

In addition to widespread destruction of housing, infrastructure and basic services in Kunar have been severely affected. Electricity and communications were knocked out in many areas when the quake struck. Power lines fell, and several cell towers collapsed, leaving communities without electricity and isolating them from outside contact. As of 5 September, power remains intermittent in remote parts of Kunar, and some villages have had no phone service for days. Healthcare facilities in Kunar, already limited before the disaster, have been overwhelmed by the injured. The provincial hospital in Asadabad, Kunar's capital, quickly exceeded its capacity on the first day, forcing critical patients to be airlifted to Jalalabad and Kabul. Local health facilities are operating under strain and running low on supplies while new casualties continue to arrive. Reports of collapsed or contaminated local wells and spring-fed systems raise concerns that communities have to rely on unsafe water sources, increasing the risk of disease outbreaks, particularly acute watery diarrhoea (AWD). With destroyed homes and latrines, open defecation is increasing, posing health risks. Protection support is urgently needed for the most vulnerable, including women, children, the elderly, and persons with disabilities, alongside psychosocial support, especially for children, alongside protection from exploitation and abuse. Female humanitarian staff are critical for ensuring effective aid delivery to women and girls. Humanitarian partners are taking active measures to increase the number of female staff in assessment and response teams, including engaging with the DfA on lifting restrictions. Rainfall in the affected area poses additional risks, including flash floods and new landslides on unstable slopes, which could compound the destruction. Rain may wash away loosely piled rubble, further burying bodies or damaging roads. It will also severely affect displaced families without proper shelter, increasing the risk of cold-related illnesses. With winter approaching, households in the mountainous areas of Kunar and other affected provinces will soon face freezing temperatures, leaving those with damaged or destroyed homes exposed to life-threatening conditions.

Response efforts are hampered by challenging terrain, remote locations and roads blocked by debris. Most local access routes are obstructed by landslides or fallen boulders, delaying the delivery of aid. Mountain roads and passes between district centres were cut off in



the immediate aftermath. As of 5 September, the main road from Jalalabad into Kunar's quake-affected areas has reopened, but feeder roads to remote villages remain blocked by fallen rocks and debris. Aid convoys are forced to stop where landslides persist, with onward distribution carried out by smaller vehicles or on foot. Many communities remain isolated, reachable only by helicopter or 3–5-hour treks by rescuers. Humanitarian partners are seeking additional air assets, with the United Nations Humanitarian Air Service (UNHAS) scheduling extra flights between Kabul and Jalalabad to transport personnel and cargo. Poor communications due to damaged mobile towers further complicate rescue and assessment efforts. In addition, contamination by explosive ordnance in some affected districts pose further risks to affected communities and humanitarian partners alike and require strict safety measures to be followed. The Eastern Region recorded the highest number of civilian casualties from explosive ordnance in 2024/2025, with 248 people injured or killed.

Methodology

The impact of the earthquake and the scale of needs were determined by combining population data with an analysis of shelter types/housing vulnerability, estimated levels of building damage and impact of earthquake based on the Modified Mercalli Scale (MMI). The total population was used as the baseline. The housing typology was drawn from the 2025 Whole of Afghanistan Assessment (REACH), focusing on adobe houses, unfinished buildings, temporary shelters, and tents, which are most at risk of collapse, while excluding more durable structures. Building damage was estimated using the Estimation of Losses for Adobe Buildings in Pakistan (Source: M.M. Rafi, S.H. Lodi, H. Varum, N. Alam, 2012), with classifications from Grade 1 (slight) to Grade 5 (destruction). For the People in Need (PiN) calculation, populations living in houses with Grade 3 damage or higher (substantial, very heavy, or destruction) were included. This approach allows for a systematic estimation of people in need based on exposure, housing vulnerability, and modelled damage, with figures subject to update as further assessments and verification become available.

Response by Sector

Education

PEOPLE IN NEED	PLANNED REACH	% CHILDREN / ADULTS / ELDERLY	FEMALE-HEADED HOUSEHOLDS	REQUIREMENTS
177k	89k	100 0 0	-	\$1.9M

An estimated 177,460 individuals are in urgent need of education support, with more than 88,710 targeted for emergency education assistance. In the earthquake-affected areas, most schools remain closed or have been destroyed. In Chawkay and Nurgal districts, educational infrastructure – including 78 community-based education (CBE) classes and 40 formal schools – has collapsed. In Kunar district, 20 CBE classes and associated sanitation facilities have been damaged or destroyed, and one high school has been completely demolished. As of 4 September, nearly half of the children in these areas remain out of school, facing heightened protection risks. Teachers lack safe spaces and essential materials to resume instruction. Assessments are ongoing to determine the extent of infrastructural damage and impact.

Immediate priorities include establishing child-friendly and temporary learning spaces, distributing teaching and learning kits, and integrating psychosocial support and recreational activities to help restore normalcy. Once structural safety assessments are completed, school rehabilitation will be critical to ensure safe and inclusive learning environments.

The Education Cluster, in coordination with provincial education departments, is actively mobilizing partners and resources, with a strong focus on community engagement. The Cluster aims to reach 88,700 children, for which \$1.9 million in funding is urgently required to support the emergency education response

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Establish CFS and TLS with gender-sensitive WASH facilities and protection services	1,479	\$550	\$812,900
Distribute essential recreational/TLM materials aimed at helping children as part of the PSS interventions immediately after the shock	88,718	\$10	\$887,180
Distribute recreational materials to CFS or community locations, as part of PSS interventions	1,479	\$15	\$22,185
Winterization of temporary learning spaces	1,479	\$100	\$147,800
Train teachers on PSS and life-saving messages related to preparedness, protection, WASH, health and nutrition.	1,479	\$15	\$22,170
Total:			\$1,892,235

Emergency Shelter and NFI

PEOPLE IN NEED	PLANNED REACH	% CHILDREN / ADULTS / ELDERLY	FEMALE-HEADED HOUSEHOLDS	REQUIREMENTS
498k	187k	48 49 3	2,671	\$49.8M

Overall, 498,130 people are in need for emergency shelter and non-food items assistance. In the wake of the earthquake, thousands of families have been left without safe housing, with an estimated 6,500 houses damaged or destroyed (according to latest assessments). Many households are currently sheltering outdoors, some in makeshift shelters and informal settlements and exposed to the elements. With winter approaching, families face freezing

temperatures and potentially life-threatening conditions, and damaged homes will be prone to further damage during the coming winter.

Affected households are in urgent need of emergency shelter assistance (tents, tarpaulins, repair kits), as well as household non-food items, and winter supplies support (blankets, winter clothing, and heating materials) through both cash and in-kind assistance. Rubble removal coordinated with the Logistics Working Group, is urgent to enable timely humanitarian access. Shelter repairs, transitional and long-term shelter support that is earthquake resistant will be needed for houses that are destroyed, aiming at reducing the impact of temporary living conditions. Simultaneously, reconstruction and technical support are also needed so families can repair damaged homes safely.

The Cluster, with support from Camp Coordination and Camp Management (CCCM) partners, is scaling up multi-purpose cash assistance to provide households with flexibility in meeting their shelter needs. While stockpiles of tents and NFI kits are confirmed, they remain insufficient to meet projected requirements, and with high risks of breakage in stock that need to be replenished. The Cluster plans to reach 186,940 people, for which \$49.8 million in funding is urgently required.

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Households (HHs) with shelters assessed through technical damage assessment	20,863	\$12	\$ 239,925
HHs provided with debris removal kits	20,863	\$184	\$ 3,838,792
HHs provided with NFIs, winter clothing, and blankets	20,863	\$151	\$ 3,143,011
HHs provided with emergency shelter repair toolkits	19,761	\$58	\$ 1,136,200
HHs provided with emergency shelters (tents, tarpaulins, and graveling)	15,863	\$575	\$ 9,121,225

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
HHs provided with tent winterization kits	15,863	\$152	\$2,411,176
HHs provided with winter fuel/heating supplies	20,863	\$200	\$4,172,600
Displaced HHs with fully or severely damaged homes provided with temporary rental/housing assistance (3 months)	5,022	\$165	\$828,630
HHs with PSNs and fully or severely damaged homes provided with transitional shelter solutions incorporating seismic-resistant measures	5,000	\$3,272	\$16,360,000
HHs with PSNs provided with minor shelter repair assistance (cash or in-kind), incorporating seismic-resistant measures	3,173	\$330	\$1,046,760
HHs with PSNs provided with major shelter repair assistance (cash or in-kind), incorporating seismic-resistant measures	12,690	\$550	\$6,979,500
Support to responders (partners, local authorities, and communities) through meaningful coordination and building technical capacities (owner-driven construction and built back better and safe)	1	\$100,000	\$100,000
Emergency Service Hubs (2)	20,000	\$70,000	\$140,000
Mobile CCCM Teams (6)	40,000	\$35,000	\$210,000
Site Management Teams (3)	15,000	\$25,000	\$75,000
Total:			\$49,802,818

Food Security and Agriculture

PEOPLE IN NEED	PLANNED REACH	% CHILDREN / ADULTS / ELDERLY	FEMALE-HEADED HOUSEHOLDS	REQUIREMENTS
384k	319k	59 40 1	4,554	\$32.4m

A total of 384,400 people will require food security and agriculture assistance as the earthquake disrupted food access and destroyed household stocks, compounding already fragile food security. Families in affected districts urgently require emergency food assistance, with partners already distributing high-energy biscuits, hot meals and dry rations. Food provision remains essential until livelihoods can be restored. Findings from ongoing assessments indicate that an estimated 756,000 livestock in Nangarhar Province and 633,000 livestock in Kunar Province have been affected. Rural households dependent on agriculture and livestock are particularly vulnerable, facing both immediate food insecurity and longer-term livelihood collapse. Initial responses include cooked meals in hospitals, biscuit distributions and planning for broader in-kind and cash-based food support. FSAC is conducting rapid agricultural assessments and preparing to bridge emergency relief with recovery-oriented activities such as feed distribution and restoration of cropland. Prioritization will be given to highly impacted rural and pastoral communities. The Cluster plans to reach 318,800 people, for which \$32.4 million in funding is urgently required.

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Food Assistance1: Ready-to-eat meals (HEBs, Hot Meal)	45,000	\$5.10	\$ 229,500
Food Assistance 2: Two Month Dry Ration	200,000	\$64.00	\$ 12,800,000
Emergency Agriculture 1: Burial of carcasses.	10,980	\$14.00	\$ 153,720
Emergency Agriculture 2: Emergency Veterinary services	23,000	\$20.00	\$ 460,000

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Emergency Agriculture 3: Emergency livestock water access.	8,000	\$90.00	\$720,000
Emergency Agriculture 4: Emergency livestock protection package.	45,540	\$340.00	\$15,483,600
Emergency Agriculture 5: Urgent repairs to critical irrigation systems.	17,825	\$120.00	\$2,139,000
Emergency Agriculture 6: Cash-for-Food shifts where feasible, with plans for Cash-for-Work (CFW) on communal infrastructure (e.g., debris clearance, urgent repairs to livestock sheds).	12,075	\$35.00	\$422,625
Total:			\$32,408,445

Health

PEOPLE IN NEED	PLANNED REACH	% CHILDREN / ADULTS / ELDERLY	FEMALE-HEADED HOUSEHOLDS	REQUIREMENTS
498k	150k	59 40 1	2,143	\$12.8m

An estimated 498,130 people need urgent health assistance since the earthquake has caused mass casualties, overwhelming district-level health facilities and provincial and regional hospitals, with referral systems under severe strain. An estimated 11,600 women are currently pregnant, and 15 per cent of these pregnancies could face obstetric complications due to the disruption of vital services. Without robust implementation of the Minimum Initial Service Package for sexual and reproductive health (SRH) in Crisis, preventable morbidity and mortality for women and infants and other vulnerable groups will escalate.

Immediate needs include trauma care, reproductive health, primary healthcare, mental health and psychosocial support (MHPSS), and rehabilitation services. Referral hospitals in Kunar

and Nangarhar provinces are facing shortages of trauma supplies, essential medicines and staff. The risk of disease outbreaks – including acute watery diarrhoea (AWD) and measles – is rising due to poor shelter and WASH conditions. Mobile Health and Nutrition Teams have been deployed to hard-hit districts to extend urgent care to remote communities, complemented by ambulances and emergency medicine kits. The Health Cluster is coordinating integrated response efforts, ensuring alignment with WASH and shelter activities to reduce public health risks. Rehabilitation of damaged health facilities is required to restore services for the medium term. Additional support will focus on referral systems, physical rehabilitation and disease surveillance. The Cluster plans to reach 150,000 people, for which \$12.8 million in funding is urgently required.

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Support the delivery of primary health care services in highly earthquake affected areas, through training of health care workers, provision of medicines and equipment, and allocation of human resources.	150,000	\$12	\$1,800,000
Support the delivery of primary health care services in hard-to-reach earthquake affected areas through Mobile Health and Nutrition Teams e.g. (provision of medicines and equipment, human resources, vehicles, and etc.)	80	\$34,000	\$2,720,000
Support treatment of injuries in the most affected earthquake areas through management of trauma at secondary and tertiary level, provision of trauma kits, training, triage and referral.	2,000	\$161	\$322,000
Distribution of IARH and IEH kits to affected health facilities at regional and provincial level, including Basic Health Centers (including BeMONC and CeMONC level facilities)	20,400	\$11	\$224,400

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Conduct minor repairs/rehabilitation, provision of equipment, including establishment of temporal health facilities in areas where the health facilities have been damaged.	25	\$50,000	\$1,250,000
Support provision of referral services (ambulance and human resources) including strengthening of referral points (human resources, medicines and medical equipment).	25,504	\$120	\$3,060,480
Strengthen disease outbreak preparedness and response, including coordination, surveillance, case management, infection prevention and control (IPC), and laboratory services	60	\$25,000	\$1,500,000
Scale up mental health and psychosocial support (MHPSS) through mobile outreach teams, distribution of WHO emergency mental health kits, training of community volunteers and specialist doctors.	15,000	\$26	\$390,000
Ensure continuity of care for patients with noncommunicable diseases (NCDs) through provision of emergency kits, training of physicians, midwives and CHWs with a focus on diabetes and hypertension in pregnancy.	30,000	\$10	\$300,000
Support Risk Communication and Community Engagement (RCCE) activities to promote health-seeking behaviors through training, provision of Information, Education, and Communication (IEC) materials, and utilizing television, radio, and other media platform	250,000	\$3	\$675,000

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Support communication, information sharing, and coordination among Health Cluster partners to improve the delivery of health care services to affected populations	4	\$150,000	\$600,000
Total:			\$12,841,880

Nutrition

PEOPLE IN NEED	PLANNED REACH	% CHILDREN / ADULTS / ELDERLY	FEMALE-HEADED HOUSEHOLDS	REQUIREMENTS
91.2K	91.2K	41 59 0	-	\$3.9M

In the wake of the earthquake, more than 91,220 people are in need of nutrition services. The crisis has exacerbated already concerning malnutrition levels across the affected provinces, where pre-crisis data indicated high food insecurity and Global Acute Malnutrition (GAM) rates at critical levels: Kunar 12.6 per cent, Laghman 10.3 per cent, and Nangarhar 9.6 per cent. Children under five and pregnant and breastfeeding women are particularly at risk, with disrupted access to nutrition services and likelihood of unsolicited distributions of breastmilk substitutes that could threaten infant and young child feeding practices. Overall, approximately 37,400 children (6–23 months) and over 53,700 pregnant and breastfeeding women (PBW) and girls are estimated to be in need of nutrition interventions. Immediate priorities focus on treating severe and moderate acute malnutrition for children 6–59 months and PBW through health and nutrition sites, deploying mobile teams, providing Infant and Young Child Feeding in Emergencies (IYCF-E) messaging via female nutrition counsellors, procurement and provision of Ready to Use Infant formula to infant <6 months orphaned or not breastfed, delivering life-saving micronutrient supplements, expanding blanket supplementary feeding for children 6–23 months and PBWs, and pre-positioning essential supplies. Integrated nutrition messaging will be delivered alongside food distributions, with strong emphasis on breastfeeding protection and maternal nutrition. The Cluster plans to reach about 91,220 people, for which \$3.9 million in funding is urgently required.

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Number of girls and boys aged 0-59 months with SAM who are admitted for treatment in IPD	585	\$148	\$86,580
Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in OPD	5,269	\$79	\$416,251
Number of girls and boys aged 6-59 months with MAM who are admitted for treatment	31,538	\$41	\$1,308,470
Number of Pregnant and lactating women with AM who are admitted for treatment	10,487	\$52	\$549,519
Number of girls and boys aged 6-59 months who received vitamin A supplement	80,697	\$1	\$80,697
Number of girls and boys aged 6-59 months who received MNP supplements	80,697	\$2	\$161,394
Number of girls and boys aged 0 - 6 months infants receiving Ready to Use Infant Formula	605	\$188	\$113,740
Number of PBWs provided with MMS supplements	53,798	\$2	\$107,596
Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition counselling	53,798	\$2	\$107,596
Number of 6 to 23 months girls and boys provided with specialized nutritious foods (BSFP)	8,936	\$38	\$343,679
Number of PBW provided with specialized nutritious foods (BSFP)	17,753	\$37	\$651,890
Total:			\$3,927,412

Protection

PEOPLE IN NEED	PLANNED REACH	% CHILDREN / ADULTS / ELDERLY	FEMALE-HEADED HOUSEHOLDS	REQUIREMENTS
462k	361k	59 40 1	40	\$16.5M

SUB-SECTOR	PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
General Protection	462,265	361,436	\$6,216,635
Mine Action	462,265	361,436	\$1,879,454
Child Protection	227,836	153,220	\$ 4,575,945
Housing, Land and Property	261,128	104,500	\$3,499,574
Gender-Based Violence	462,265	83,208	\$ 303,600

Based on predictive analysis by the Global Protection Cluster (GPC)², more than 462,200 people in earthquake-affected areas urgently require protection assistance, as the disaster has heightened risks for women, children, people with disabilities, and other vulnerable groups. Families sheltering outdoors face increased risks of violence, separation, explosive ordnance and exploitation due to overcrowding, lack of privacy, and breakdown of community protection mechanisms. Identified unaccompanied and separated children require urgent case management and family tracing services. Risks of gender-based violence are expected to rise, with partners preparing to distribute dignity kits, provide wellbeing support, and expand psychosocial support and strengthen referral pathways. Protection partners are conducting rapid assessments to map vulnerabilities and service gaps, including in returnee and displaced populations. Community outreach volunteers are being deployed to strengthen community protection mechanisms, counter misinformation and deliver psychosocial services, with emphasis on recruiting female volunteers to ensure access for women and girls. Long-term activities include establishing community-based structures such as Child Protection Action Network (CPAN) and adolescent and youth centres for skills training, including vocational skills, as well as strengthening formal systems through capacity building for social workforces

to enhance community resilience and support the prevention and response to violence against children and women. The Cluster plans to reach approximately 361,400 people, for which \$16.5 million in funding is urgently required.

General Protection

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Disseminate information on available services, access modalities, safety measures and protection risks, including for children, the elderly and persons with specific needs	253,004	\$2	\$506,008
Establish 125 community based protection mechanisms per district, led by community members including volunteers groups.	144,574	\$7	\$1,012,018
Conduct rapid protection assessments, including sector-specific components (GP, GBV, CP, MA, HLP), to identify urgent needs, service barriers and factors increasing vulnerability	36,143	\$3	\$108,429
Provide psychosocial support (PSS) to community members using various modalities.	108,430	\$5	\$542,150
Deliver legal aid, counselling and assistance.	25,300	\$10	\$253,000
Support access and emission of civil documentation.	18,071	\$30	\$542,130
Provide cash for protection to persons facing risks including violence, torture, exploitation, abuse, trafficking, discrimination, persecution	21,686	\$150	\$3,252,900
Total:			\$6,216,635

² <https://globalprotectioncluster.org/publications/2320/reports/report/afghanistan-earthquake-predictive-analysis-people-exposed>

Mine Action

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Conduct EORE for affected populations and humanitarian staff.	253,004	\$3	\$759,012
Deploy Quick Response Teams for identification, survey, marking and clearance of explosive hazards.	253,004	\$3	\$759,012
Conduct non-technical and technical surveys and clearance of contaminated areas (land release). And collect victim data and provide risk education and support services as part of an integrated mine action response.	36,143	\$10	\$361,430
Total:			\$ 1,879,454

Child Protection

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Identify, register, refer children to access to services and follow up of case management services in line with the Afghanistan SOP for Case Management (child labour, child marriage	7,661	\$99	\$758,439
Provide Case management services (Family Tracing and Reunification (FTR), Interim and alternative care and Cash-Plus services to Unaccompanied and Separated Children (UASC)	766	\$616	\$471,856

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Provide structured PSS in 50 child friendly spaces, adolescent friendly centers, adolescent social hubs & girls friendly facilities as well as homes and communities.	76,610	\$33	\$2,544,984
Referral to specialized services – Mental Health	1,685	\$28	\$47,180
Provide information to parents and caregivers on wellbeing through messaging to support their children's psychosocial wellbeing	4,749	\$4	\$18,996
Provide children with warm winter clothing kits to 3064 children and heating facilities to 50 CFSs benefitting 91,932 children	91,932	\$8	\$689,490
Orientation and deployment of 30 emergency social case workers.	30	\$1,500	\$45,000
Total:			\$4,575,945

Housing, Land and Property

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Provision of information, counselling and legal assistance services in affected areas, including support to recover HLP documentation, conduct due diligence, negotiate to prevent or delay evictions in temporary safe locations and issue tenancy agreements for those rendered homeless and forced to rent.	25,300	\$12	\$303,600

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Total:			\$303,600

Gender-Based Violence

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Provision of multi-sectoral life-saving activities (health, safety, legal, MHPSS and Case management) and facilitate access to basic services through referrals for 10032 women and girls with intersecting vulnerabilities (e.g., with disabilities, unaccompanied minors, returnees, IDPs)	31,978	\$30	\$959,340
Support women and girls' wellbeing.	31,350	\$25	\$783,750
Distribution of dignity kits women and girls	10,033	\$48	\$481,584
Awareness activities	104,500	\$5	\$522,500
Cash assistance targeting women facing trauma, female-headed households, persons with disabilities, Pregnant and lactating women, and those at risk of exploitation	5,016	\$150	\$752,400
Total:			\$3,499,574

Water, Sanitation and Hygiene

PEOPLE IN NEED	PLANNED REACH	% CHILDREN / ADULTS / ELDERLY	FEMALE-HEADED HOUSEHOLDS	REQUIREMENTS
498k	448k	59 40 1	50	\$18.8M

An estimated 498,130 people are in need of life-saving WASH services, as the earthquake damaged or destroyed at least 76 water sources (based on preliminary findings) and numerous sanitation facilities. This has forced families to rely on unsafe water and practice open defecation, creating acute risks of disease outbreaks in a cholera/AWD hotspot area.

Immediate priorities include water trucking, household water treatment, emergency environmental sanitation including latrine installation, and distribution of hygiene kits with soap, buckets and jerrycans.

Partners have so far deployed hygiene promotion teams, monitoring water quality, constructing emergency latrines and promoting safe water use through water trucking and the purification tablets (aquatabs). Medium-term priorities focus on rehabilitating water supply networks and repairing household latrines. The Cluster plans to reach more than 448,300 people, for which \$18.8 million in funding is urgently required.

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Provide immediate access to safe water through emergency trucking, mobile treatment units, chlorination and household-level treatment. Rehabilitate damaged water infrastructure -such as hand pumps, boreholes, piped networks, communal latrines and bathing shelters.	448,317	\$28	\$12,552,876
Install emergency/construction/ rehabilitation, gender-segregated sanitation facilities, including latrines, bathing shelters and waste disposal systems, prioritizing displacement sites.	237,608	\$12	\$2,851,296

ACTIVITY	TARGET	UNIT COST (US\$)	REQUIREMENTS (US\$)
Hygiene promotion messages, improved practices and essential WASH supplies.	282,440	\$4	\$1,129,756
Prepositioning and distribution of essential WASH NFIs	138,978	\$14	\$1,945,692
Ensure access to safe water in health and nutrition facilities in coordination with relevant clusters	29,020	\$12	\$348,228
Total:			\$18,827,848

Coordination and Common Services

The **United Nations Humanitarian Air Service (UNHAS)** is operating daily flights to Jalalabad to transport humanitarian personnel and cargo. In addition, an Mi-8 helicopter has been activated to provide critical access to hard-to-reach areas in mountainous locations.

The **Logistics Working Group (LWG)** is providing support with emergency telecommunications, logistics and warehousing and stands ready to establish a humanitarian hub near the affected areas to serve as a staging and coordination ground for humanitarian operations.

To assess market functionality, price and availability of essential items in affected locations, the **Cash Working Group (CWG)**, in collaboration with REACH, will conduct an inter-agency rapid market assessment to determine the feasibility of scaling CVA. Standard guidance and tools have been re-circulated, and an online tracker has been established to ensure complementarity of assistance and minimise duplication.

Field-level coordination structures have been activated in Jalalabad City and are being established in Khas Kunar and Nurgal districts to support the earthquake response and ensure a coherent, needs-driven approach. Adequate funding enables **OCHA** to coordinate with provincial de facto authorities, UN agencies, and NGOs to ensure timely situation reports,

regular response monitoring, and evidence-based advocacy with partners and donors. Resources will also support information management, mapping of response activities, and the facilitation of inter-cluster coordination to address gaps and avoid duplication. In addition, funding will strengthen engagement with communities, ensuring the response remains accountable and inclusive.

Cross-cutting issues

The **Accountability to Affected People (AAP)** Working Group has established an Earthquake Response Taskforce to coordinate collective community engagement and strengthen system-wide accountability. AAP/Community Engagement Guidance has been developed and shared with partners, along with a Community Engagement Tracker mapping ongoing activities. Key messages on available services are planned for dissemination through local community channels, while feedback is being collected from affected people to inform the humanitarian response.

The **Gender in Humanitarian Action (GiHA)** Working Group is working to ensure that women are engaged in the response and are effectively reached, including through gender alerts and analyses highlighting key gender trends relevant to the earthquake response, as well as key messages for engagement with authorities to support women staff's participation in the current response. Building on previous engagement and trainings in the Eastern Region, the GiHA WG will also continue to build capacity of frontline workers to ensure they can safely reach women and girls.

The **Disability Inclusion Working Group (DIWG)** has developed a Standard Operating Procedures (SOP) for Inclusion of People with Disabilities in the Earthquake response to help humanitarian organizations implement disability-inclusive programming. A dedicated chapter in this note also addresses preparedness for future emergencies.

Finally, the **Protection from of Sexual Exploitation and Abuse (PSEA)** Network has set up an emergency task team. Information, Education and Communication (IEC) materials, including pre-deployment information, SOP guidance and outreach messages, have been re-shared with all members for use with affected communities and staff. Based on partner feedback, the network is also highlighting safeguarding risks related to the earthquake response.

**EASTERN REGION EARTHQUAKE
RESPONSE PLAN**
AFGHANISTAN

ISSUED SEPTEMBER 2025