This second gender update has been developed by the Gender in Humanitarian Action (GiHA) Working Group and the Women Advisory Group (WAG) to the Humanitarian Country Team (HCT). The gender updates are based on reports, information and recommendations from women civil society, and humanitarian actors in provinces affected by the earthquake.

Findings and gender trends

A week ago, a 5.9 magnitude earthquake struck the Central Region of Afghanistan impacting Paktika and Khost provinces. Humanitarian assistance is being delivered in the most affected districts. Information gathered in the two provinces has highlighted the following gender trends:

Women and girls are the most affected and their needs are dire: Women and girls are the most affected by the earthquake according to an assessment carried out by the International Rescue Committee (IRC) in Khost. Most of the population surveyed (in total 584 affected households) thought that women (mentioned by 80% of the population surveyed) and girls (mentioned by 74% of the population surveyed) had been the most impacted by the consequences of the earthquake such as destroyed shelter, loss of household assets, and injury or death of family members. Out of the population surveyed in Khost, women-headed households (WHH) and households where individuals with disabilities live were present respectively at 4% and 2%. In both provinces, civil society reports show that women and girls are still in desperate need of food and shelter and access to water. Women have also mentioned

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1 The first update was published on 23 June and is available at the following link: https://reliefweb.int/report/afghanistan/gender-update-earthquake-paktika-and-khost-provinces-giha-working-group-and-women-advisory-group-wag-afghanistan-humanitarian-country-team-hct-23-june-2022
2 IRC House Assessment, Khost Province, Spera District, 24-26 June 2022, random survey of 584 affected households
the need for mental health support and counselling as many have lost their relatives and members of their families.

For women with immediate healthcare needs, access to assistance remains limited. Reports received reveal pregnant women not being able to access medical facilities due to the lack of transportation and damages in roads. Reports from the ground matched with local media information, show that even women who manage to get to the hospitals experience difficulties in receiving treatment due to lack of women medical workers.1

Various partners on the ground reported that women and girls are not leaving their houses or temporary accommodation and have not been seen at distribution points. The absence of women from the distributions sites raises concerns over women’s ability to access life-saving services and information on the humanitarian response.

**Women are at risk of being left out of the humanitarian response:** In a context where women are absent from the public space, ensuring their voices and concerns feed into the humanitarian response has proven challenging. This is particularly due to the lack of women humanitarian workers in both provinces, which has compounded challenges in accessing women and girls, with the following potential consequences:

- Women and girls may not have a say on the location and safety of shelters and WASH facilities. This is happening in a context where 81% of the affected population in Khost (Spera District) is suffering from a lack of latrines and 96% had their accommodation destroyed.4 Cases have also been reported of women staying inside damaged shelters, which may be at risk of collapsing, due to their inability to go outside.

- Women and girls may not have access to food and Non-Food Items (NFIs) being provided at distribution points. While men might be able to bring these items back to their families, the risks for women-headed households and widows not accessing humanitarian aid are high.

- There is a high risk of women and girls not being able to receive humanitarian information or to give feedback through existing channels: according to partner reports, women who had been consulted said they are missing information about the response and do not always understand entitlements to receive humanitarian aid. Existing hotlines may also not be accessible to women as many do not have independent access to phones and prefer face to face interaction.3 Moreover, information is circulating through men family members and men leaders, and this communication pathway risks excluding widows and women-headed households who miss out information about humanitarian aid and eligibility assessments. It also means that women are not able to be part of decision-making about assistance including regarding the locations of WASH and shelter facilities that are vital to mitigate protection risks and ensure appropriate programs.

- Women and girls also risk being left out of protection and Gender-Based-Violence (GBV) interventions due to the difficulties to consult with and map out women and girls in need, as well as the inability for women to reach out to services. Due to the need to minimize the visibility of GBV interventions, and the current restrictions on freedom of movement for women and girls (including in a context where women health workers may not be available and able to refer GBV survivors), it has been challenging to ensure that women have access to information and services. GBV partners have however been engaged in multi-sectoral approach, awareness raising, and response services.

**Recommendations for all clusters and humanitarian actors:**

- **Ensure the adequate deployment and participation of women humanitarian workers to the affected regions,** to maximize chances of reaching women and girls. Ensure that all UN-led humanitarian missions include women members and hold direct consultations with women, ensuring all safety protocols and do-no-harm approaches are in place. To support women staff participation, provide required support, including by negotiating their access with the de facto authorities and by building gender-segregated accommodation on site. GiHA Working Group and OCHA are working towards putting together a list of organizations with women staff operating in the affected provinces to support assessments and other engagements in a multi-sectoral response.

- **Joint assessment teams and humanitarian actors on the ground to regularly and rapidly** monitor and report on the number of women reached through assessments, distributions, and programming, to enable tracking women’s and other groups’ inclusion in the response. These efforts should be complemented with better understanding of how women’s mobility constraints are affecting their access to aid. From initial reports, women, and girls in Paktika and Khost are not accessing public spaces and critical services, such as health centers and distribution sites. This situation should be monitored, with impacts and underlying causes better understood to inform the response.

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1 See for instance Tolo News, Women Earthquake Victims Neglected for Lack of Female Physicians, available at: https://tolonews.com/health-178630
2 IRC House Assessment, Khost Province, Spera District, 24–26 June 2022, random survey of 584 affected households
3 Whole of Afghanistan Assessment (WoAA) 2022, REACH
• **Explore alternative solutions to ensure that women, girls, and other at-risks groups with limited mobility, are able to access humanitarian assistance without raising additional protection risks.** Such measures should build on knowledge developed through rapid monitoring, and might include:
  
  • Dedicating specific staff capacity, including women staff, to ensure vulnerable women (such as women-headed households and widows), who cannot safely rely on men to access assistance, or who do not wish men to access assistance for them, are identified and reached by distribution teams.
  
  • Where possible, setting up door-to-door delivery of food and NFIs to reach vulnerable populations directly. These efforts should be led by women staff where possible.
  
  • Diversifying distribution points and bringing them closer to where women are living as well as setting up specific distribution days/half days dedicated to women only. The suitability of these measures should be established through consultations with women, to determine if it would in fact improve their access to assistance, as it is currently unclear if women are willing or safely able to access distribution sites.
  
  • Setting-up mobile clinics and mobile aid delivery, led by women staff.
  
  • Setting-up house-to-house feedback channels to ensure women can voice their concerns.
  
  • Raising awareness about the dangers of staying in accommodation and shelters which have been hit by the earthquake and are at risk of collapsing. Information sharing should be done in formats accessible for those with lower literacy and individuals with disability.

• Where the participation of women humanitarian workers cannot be guaranteed, **work with the following actors to reach women and girls:**
  
  • Local women civil society actors who have the knowledge of communities and their dynamics
  
  • Local elders who might be able to identify vulnerable and at-risk households, women-headed households, and widows
  
  • Men shuras or former Community Development Councils members, including former women shuras who could lead the delivery of aid to most vulnerable households

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