

AFGHANISTAN

Earthquake in Herat Province

Health Situation Report No. 4

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World Health Organization
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HEALTH CLUSTER
Afghanistan

SITUATION UPDATE

Highlights

6.3 magnitude earthquake hit the western region in Afghanistan on 7 October 2023

At **least 12,110 people (1,730 families)** have been affected across Zindajan, Injil, Gulran, Kohsan and Kushk districts.

Health Cluster partners reached **2,893** affected people in three highly affected districts (Zindajan, Injil and Herat) of Herat Province.

A total of **2,132 people received primary health care** including mental health and psychosocial support services (MHPSS); **600 individuals** were assisted with trauma and rehabilitation services; and **161 people** were reached through provision of mama and baby kits and dignity kits.



Mass displacement of people from Naieb Rafi Village, Zindajan District of Herat where 100% of homes were destroyed.

Overview:

Three days have passed since the devastating 6.3 magnitude earthquake hit Herat Province, western Afghanistan. As of 10 October, OCHA Afghanistan reported 1,294 deaths and 1,688 were injured. There are 485 people (191 men and 294 women) missing in Zindajan district. The number of casualties is expected to rise as search and rescue efforts are ongoing.

An estimated 12,110 people (1,730 families) in five districts (Zindajan, Injil, Gulran, Injil and Khosan) in Herat Province have been impacted by the earthquake. The hardest hit villages are Naieb Rafi, Mahal Wardakah, Kushk, Sia Aab, Kajkal and Nawabad in Zindajan district, where 100% houses have been completely destroyed.

Due to the devastation, thousands of survivors have been displaced. The Gazarga transit center in Herat City is hosting at least 380 survivors from Zindajan district (122 women, 14 men and 244 children) as well as those from affected villages. The survivors reside in temporary shelters, with limited amounts of food and water being provided by volunteers and partners. The coming winter season will worsen the vulnerability of the displaced people, creating additional physical and mental burdens. While dedicated healthcare workers continue serving the population, the majority of healthcare workers are from the affected communities and also need stress management care.

A total of 20 Health Cluster partners, including WHO, are on the ground serving the survivors from five affected districts. As of 9 October, the Health Cluster partners reached 2,893 earthquake-affected people in Zindajan (2,041) and Injil (393) districts, and Herat City (459).

A joint mission conducted by the EU delegation, UN Humanitarian Coordinator, OCHA, WHO, and IOM visited the Sia Ab village in Zindajan district. WHO and its Health Cluster partners are working in close coordination with the health authorities and ramping up its response to meet the urgent short- and long-term needs of the survivors.

EMERGENCY RESPONSE

Health Cluster Coordination

- Since the onset of the earthquake, six ad-hoc Health Cluster partner meetings have been conducted in Herat, with one in the morning and one in the afternoon. The Regional Health Cluster coordination team also attended Inter Cluster Coordination Group (ICCG) Operational Coordination Team (OCT) and Emergency Preparedness and Response (EPR) and Disaster Response Committee meetings.
- There are a total of 20 Health Cluster partners who have supported health response that include UN agencies (IOM, UNFPA, UNICEF, WHO), INGOs (CARE, HealthNet TPO, HI, IRC, ICRC, IRW, MSF, World Vision), NNGOs (AADA, AFGA, JACK, MMRCA, YHDO, OCCD, OHPM), and Red Crescent Societies (ICRC/ARCS).
- The Regional Health Cluster Coordinator for the southeast region has deployed to Herat to support the Regional Health Cluster Coordinator and the Co-Coordinator for the western region in health response coordination.
- Health Cluster initiated 4Ws for the affected areas
- The Health Cluster has received US\$ 1 million through Afghanistan Humanitarian Fund for emergency health response to the affected communities of Herat province.

Health Facility Situation

- In the earthquake affected districts, five facilities have been reported damaged: Karnil BHC in Zindajan district was completely destroyed. However, services have continued to be delivered in temporary tents outside of the damaged facility. Four PHC facilities (Shhekiban CHC in Zindajan district, Jibarayel CHC in Injil district, Togchi CHC in Guzara district, Gav Dar SHC in Ghyan district) were partially damaged with cracks on the walls.
- For those who lost homes, the Herat Health Institute has hosted 217 individuals (178 families) in the premises. The institute is located inside the Herat Regional Hospital, and most of those discharged from the hospital were moved to this institute. Food, blankets, carpet, mattress, bottled water and some basic medicine have been provided by the community.

Trauma/Hospital Care

- On 10 October, one new injured case from Zindajan were referred to the Herat Regional Hospital, and a total number of admitted cases has increased to 557. Currently, 153 patients are hospitalized in the regional hospital.
- The WHO experts completed an assessment of the emergency room, triage area and emergency stock of the regional hospital. WHO is working on the Mass Casualty Management (MCM) plan considering the current hospital infrastructure.

Healthcare Service Provision

- Through 14 Health Cluster partners, a total of 2,132 people received primary health care including MHPSS, 600 individuals assisted with trauma and rehabilitation services, and 161 people reached through provision of kits including mama and baby kits and dignity kits.
 - Zindajan district: 2,041 people reached through AADA, AFGA, IRC, HealthNet TPO, JACK and OHPM.
 - Injil district: 393 people reached through IOM.
 - Herat city : 459 people reached through HealthNet TPO and IRC.
- 20 mobile health and nutrition teams (MHNTs) out of 54 have been deployed to 17 affected villages:
 - IOM: 2 teams in Asyab Badak and Butan villages
 - OCCD/WHO: 2 teams in Kashkak
 - OHPM/UNICEF: 2 teams in Wardaka/karnil
 - Islamic Relief: 4 teams in Sarbuland, Chashma-e-Ghor, Sanjab and Laka Sang villages
 - AADA: 2 teams in Nayeb Rafi and Gharmoshak villages
 - CARE: 2 teams in Qasr-e-Sherin and Ahmad Abad villages
 - World Vision: 5 teams in Seya Ab, Gach Kal, Chahak Mirandarzha, and Char Ghori. These MHNTs will provide primary health care and MHPSS services in the shelters as static sites.
- JACK repurposed a team of 20 healthcare workers from Farah to the affected areas of Herat province to provide emergency health response to the affected communities. In addition, five ambulances, three cars, medicine, surgical kits and blankets were also supplied to Herat province.
- AADA, HealthNet TPO, MMRCA, and IRC have provided primary healthcare, reproductive health and MHPSS services in Zindajan district through both static facilities and MHNTs.

Mental Health and Psychosocial Support (MHPSS)

WHO prioritizes mental health services for the affected population, as well as for displaced persons in Herat City. The planned activities include:

- Various capacity building activities, such as training on Psychological First Aid and Stress management for Psychosocial Counsellors and midwives for PHC facilities and the Community Health Workers and some volunteers in the affected communities, "Grief "and "Post Traumatic Stress Disorder" for MHPSS workers.
- Establishment of two MHPSS mobile teams for provision of MHPSS services.
- Development of health promotion materials for the most common mental health illnesses.
- Enhancing the referral mechanism for patients who need immediate specialized mental health interventions.



Provision of primary health care services to the affected people— credit IRC

Disease Surveillance/Potential Diseases

Outbreak Prevention & Response

- Considering the fragile condition among the affected population, WHO is preparing for potential communicable disease outbreaks such as measles, acute respiratory infections (ARI), tetanus, and acute watery diarrhea. WHO has coordinated with the National Disease Surveillance Response (NDSR) team to enhance surveillance activities.
- A WHO-supported surveillance support team (SST) started active surveillance in Zindajan district.



Focus group was conducted by WHO RCCE team in Naieb Rafi village, Zindajan district.

Operational Support and Logistics

- UNFPA, and its implementing partners (AFGA, HealthNet, and CARE) provided blankets, dignity kits, tarpaulin sheets, mama and baby kits, and Individual Clean Delivery Kits to the affected communities
- WHO delivered 25 metric tonnes of medicines and medical supplies to Herat from its warehouse in Kabul. These included medicines for trauma care, pneumonia and for treatment of severe malnutrition; orthopedic and surgery equipment; basic hygiene supplies and personal protective equipment (PPE) for health workers. This includes 11 interagency emergency health kits (IEHK) and 65 trauma and emergency surgery kits (TESK) which are sufficient to treat 650 injured patients.
- Herat Medicines Markets Association provided medical supplies to Herat Regional Hospital, and private hospitals in Herat City is contributing to the treatment of injuries free of cost.

Risk Communication and Community Engagement

- WHO is working with the Ministry of Public Health (MOPH) on assessing the RCCE needs in affected communities and will be implementing interventions to reach people with life-saving health information to protect themselves from outbreak-prone diseases.
- Awareness campaigns by WHO, MOPH and health partners will be conducted as soon as the information needs assessment is completed.

- Displaced survivors remain in temporary shelters, including tents in Herat City and the affected villages. These conditions, characterized by poor sanitation and insufficient access to food and water, heighten the vulnerability of these individuals, increasing the risk of communicable diseases and mental stress.
- The assessment of health facilities reveals that five PHC have suffered damage, with one facility completely inoperable and four partially affected. The ongoing aftershocks pose a continuous threat to these structures and are contributing to the overall anxiety of the affected population. Urgent rehabilitation of these premises is imperative.
- In response to escalating needs, the capacity of healthcare workers must be bolstered, along with the provision of medicine, medical supplies, and equipment.
- Psychosocial support for those who have not only lost loved ones and possessions also continue to operate in challenging conditions.
- While the mobile health and nutrition teams are tirelessly providing healthcare services, it is crucial to establish proper infrastructure, including reliable electricity through solar power systems and access to clean water. The provision of WASH (Water, Sanitation, and Hygiene) facilities such as toilets and washing basins is essential to ensure the dignity and safety of healthcare workers and patients alike.
- While the affected communities are accessible with only a few kilometers of unpaved roads leading to the earthquake epicenter, humanitarian responders supporting the affected communities must return to Herat the same day as there are no recommended accommodation on-site.

Story from the Field: A Father's Strength Amidst Painful Loss

In the heart of Sar Baland village, nestled in the Zindajan district of Herat province, a scene unfolds that captures both heartache and resilience. A father clings to his two children under the warm sun amidst the muddy remnants of their house. The 26-year-old Ruhollah has experienced a loss no one should ever endure – the earthquake claimed the lives of his mother, his wife and their seven-month-old baby girl.

Ruhollah's four-year-old daughter Fatema and seven-year-old son Qudratullah, look hopefully at every visitor in the area, perhaps waiting for their mother or grandmother to return.

Despite the crushing burden of losing everything, Ruhollah tries to be strong for his children and shield them from the harsh reality of growing up without their mother. However, this a reality that a heavy-hearted Ruhollah must confront. His voice trembles with emotion as he speaks of their uncertain future, "Life will be exceedingly challenging for my children without their mother. I'm unsure how I'll provide for them. I've lost my home, my family—everything."

In the wake of this devastating earthquake, Ruhollah and his two young children, like countless other survivors, now call a simple tent home. With limited access to food and clean water, they are facing a harsh Afghan winter with nothing but temporary shelter, exposing them to the threat of serious health issues.

Recognizing the urgent need for intervention, WHO is extending its support aiming to address the devastating psychological toll faced by individuals like Ruhollah, who not only lost their homes but also their loved ones. The trauma endured by these communities has given rise to overwhelming emotions. The provision of enhanced mental health and psychosocial support is now more critical than ever, demanding a collective response to heal the hearts and minds of those in need.





Dr Alaa AbouZeid, WHO Health Emergency Team Lead and Dr Sayed Abo Bakar Rasooli, Health Emergency Program Lead for Herat checking out operation of WHO-supported mobile health team in earthquake-affected Seye Aab Village in Sarboland District of Herat.

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