AFGHANISTAN

Earthquake in Herat Province Health Situation Report No. 5 11 October 2023 Based on available information as of 17:00 on 11 October 2023





SITUATION UPDATE

Highlights

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

Another **6.3 magnitude** earthquake struck Herat at 5:11 am on 11 October, followed by at least three aftershocks.

At least, **11,066 people** (**1,835 families**) have been affected across Zindajan, Gulran, Kohsan and Kushk d/Rabat-e-Sangai Districts.

Health Cluster reached **5,625** affected people through **15 Health Cluster Partners** in three highly affected districts (Zindajan, Injil and Herat) of Herat Province. (The number of partners reduced from initial 20 as it included surge support from other provinces.)

A total of **4,116 people received primary health care** including mental health and psychosocial support services (MHPSS); **1,013 individuals** were assisted with trauma and rehabilitation services; and **494 people** received different kits



Around 141 people were referred to Herat Reginal Hospital after a 6.3 magnitude earthquake occurred in the morning of 11 October

Overview:

At 5:11 on the early morning of October 11, another 6.3 magnitude earthquake struck Herat Province, with its epicenter in Injil district. This was followed by at least three significant aftershockst, including a 5.0 magnitude at 5:22 AM and 4.1 magnitude at 5:43 AM.

The earthquake and aftershocks on the same day primarily affected villages in Injil, Gulran, and Koshuk/Rabat-e-Sangai districts. Chahak village in Injil district, with 1,250 residents, has been completely destroyed along with is five neighboring villages. There were 14 people reported injured in this nomadic community.

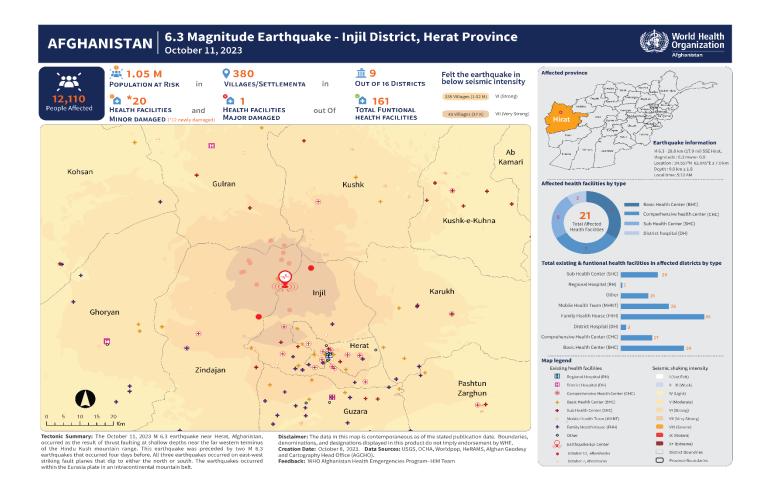
The 650-bed Herat Regional Hospital received injured residents from Injil district. As of the latest report, WHO documented 141 patients that were transferred to the hospital, including two critical cases. Of these, 130 cases were from Herat city and 10 cases were referred from Injil district. Currently, 70 individuals are hospitalized.

As of 10 October, OCHA Afghanistan reported 1,294 deaths and 1,688 injuries. The number of injuries and death is expected to increase as rescue operations continue and as more aftershocks happen.

As of 11 October, WHO reported damage to a total of 21 health facilities across 10 affected districts. Among these, the damage of 12 facilities were newly reported due to 11 October earthquake and aftershocks. The WHO assessment of health facilities is still ongoing.

WHO and 15 Health Cluster partners (reduced from initial 20 partners that included surge support from other provinces) have reached 5,625 individuals across affected districts: Zindajan (3,704), Injil (836), and Herat city (1,085). The health assistance includes provision of healthcare services, medicine and medical supplies.

EMERGENCY RESPONSE



Health Cluster Coordination

- Since the onset of the earthquake, seven 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), Emergency Preparedness and Response (EPR) and Disaster Response Committee meetings.
- In addition, the Regional Health Cluster Coordination Team also coordinated with IOM, UNHCR, CARE, WFP, and UNICEF on provision of tents, portable toilets, medical supplies, and WASH assistance for the affected communities.
- The National Health Cluster Coordination meeting was conducted on 10 October 2023 where health coordination and response for the Herat earthquake was discussed.
- The multisectoral joint need assessment is ongoing from the affected areas to identify the gaps and needs. The assessment result will be concluded in the next two or three days.
- The Health Cluster has received US\$ 1 million through Afghanistan Humanitarian Fund for emergency health response to the affected communities of Herat province.
- Health Cluster reached 5,625 earthquake affected people in Zindajan (3,704), Injil (836), and Herat city (1,085). Among the beneficiaries, 4,116 people received primary health care and MHPSS services, 1,013 trauma care and rehabilitation services, and 496 received different kits (Mama and Baby kit, dignity kit, individual clean delivery kits and tarpaulin sheets).

Health Facility Situation

- In the earthquake-affected districts, 21 facilities have been reported damaged, which include 12 facilities that have been damaged due to today's earthquake and aftershocks. The damaged health facilities are two district hospitals (DHs), seven basic health centers (BHCs), seven comprehensive health centers (CHCs) and five sub-health centers (SHCs) that affected the service delivery for an estimated 580,025 people.
- Karnil BHC in Zindajan district was completely destroyed where a child was killed and two staff members were injured
- Twenty health facilities have been partially damaged that would require light rehabilitation to fix the cracks.
- WHO deploys an engineer for further detailed assessment of health facilities and development of rehabilitation plan.

Trauma/Hospital Care

• Following the 11 October earthquake, 141 new injured case were referred to Herat Regional Hospital, and a total number of admitted cases has increased to 698. Currently, 70 patients are hospitalized in the regional hospital.

Primary Healthcare Service Provision

- As of 11 October, 19 mobile health and nutrition teams (MHNTs) (reduced from previous numbers as they included surge support from other provinces) have been deployed to 20 affected villages of Zindajan, Khosan, and Gulran in Zindajan district, to provide primary health care and MHPSS services in the shelters as static sites.
 - Zindajan district: 17 MHNTs deployed to Koshkak, Mahal Wardaka (Karnal), Sia Aab, Kajlal, Chahak Mirandaziha, Cheshmah, Sar Baland, Ghori, Sanjab, Lakasang, Siha, Asyabadk, Nayeb Rafi, Ghar Mooshak and Qasr e Shirin (WHO/OCCD, UNICEF/OHPM, WVI, IRW,IOM, ADAA)
 - Khosan district: 1 MHNT deployed to Ahmadabad village (CARE).
 - Gulran district: 1 MHNT deployed to Butan village (IOM).
- Additional 30 MHNTs from World Vision (6), CARE (2), IRC (6), IRW (6), IOM (2), AADA (3), and Jhpiego (5) are on standby for provision of emergency health response to affected communities, when needed.



Provision of primary health care services for the affected people of Zindajan district – Credit: AADA



WHO health emergencies team conducting community consultations as part of needs assessment.

Mental Health and Psychosocial Support (MHPSS)

WHO prioritizes mental health services for 12 affected communities in Zindajan district, as well as for displaced persons in Herat City. WHO deployed an expert for coordination of MHPSS working group and capacity building activities.

The planned activities include:

- Deployment of trained mental health professionals through MHPSS Mobile Teams and provision of resources to support the affected communities. Those MHPSS Mobile Teams will focus on assisting survivors in dealing with trauma, loss, anxiety, depression, and post-traumatic stress disorders.
- Training of Community Health Workers and some volunteers in the affected communities on Psychological First Aid and Stress Management. This will also include a refresher training on MHPSS for the Psychosocial Counselors being deployed for MHNTs in the affected communities.

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 (AWD).
- A total of 150 cholera rapid diagnostic test (RDT) kits are available at field level.
- WHO has coordinated with the National Disease Surveillance Response (NDSR) team to enhance surveillance activities. NDSR and two WHO-supported surveillance support teams (SST) has been deployed Zindajan district for active surveillance at 35 MHTs since 9 October.
- By 10 October, 86 ARI cases and 23 AWD cases were reported. All the cases received required treatment and health education through MHTs. AWD cases will be tested for cholera by RDTs, if positive, culture tests will also be conducted. ARI suspected cases will be tested for influenza.

Operational Support and Logistics

 WHO delivered 25 metric tonnes of medicines and medical supplies to Herat from its warehouse in Kabul, including 20 pneumonia kits for treatment of 2000 patients; 15 different module of PED severe acute malnutrition (SAM) kits and 15 different module of measles kits. Those are delivered to the Herat Regional Hospital and prepositioned in WHO warehouse in Herat as buffer stock.



WHO's donation of additional 25 metric tonnes of medical supplies reached Herat on 11 October.



WHO trauma team supporting the mass casualty management at Herat Regional Hospital. in early morning on 11 October.

GAPS

- The escalating crisis demands an increase in healthcare worker capacity, along with medicine, medical supplies, and equipment. Due to ongoing concerns linked to aftershocks, a shortage of healthcare workers has been reported.
- Displaced survivors in Herat City and affected villages are residing in temporary shelters, such as tents. These conditions, marked by inadequate sanitation, limited access to food and water, and the impending harsh winter, increase their vulnerability to communicable diseases and mental stress. Consideration should be given to sustainable solutions like containers instead of tents.
- Assessments reveal damage to 21 primary healthcare centers (PHCs), with one completely non-functional and 20 partially damaged. Ongoing aftershocks pose a continuous threat to these structures, necessitating immediate rehabilitation.
- Displaced individuals, suffering from trauma, loss, depression, and post-traumatic stress, require critical mental health and psychosocial support.
- Food for survivors depends on donations, creating concerns regarding inadequate nutrition in tented environments. The need for support is crucial, including nutrition screening and health promotion.
- The mobile health and nutrition teams are providing healthcare services, but proper infrastructure, including reliable electricity via solar power systems and access to clean water, is lacking. Water, Sanitation, and Hygiene (WASH) facilities, such as toilets and washing basins, is crucial for the well-being of healthcare workers and patients.
- In severely affected villages, there is a shortage of drinking water, with displaced people relying on limited supplies of bottled water. Sustainable water supply is urgently needed.
- Food and water distribution has been vital, particularly for those who left their homes in haste. However, the
 absence of waste management equipment (e.g., trash bins) has led to indiscriminate dumping of waste, including
 plastic and food leftovers. Given the prolonged displacement, addressing waste management is essential to
 maintaining public health.



Photo by IRC



Photo by IOM

Story from the Field: Towards Healing of Physical and Emotional Wounds

When the 6.3-magnitude earthquake struck Herat Province on 7 October, three members of Naseer's family were seriously injured. The Naib Rafi village that they called home was one of the most severely affected areas in Zindajan district -- 100% of the houses were completely destroyed in an instant. Like many others, Naseer's wife and son were in their house when the earthquake struck. Naseer, a 27-year-old laborer, was digging a local canal at that time.

Naseer immediately rushed back home and found that the roof of their earthen house had completely collapsed. Fortunately, he located his wife amidst the ruins. With severe injuries to her legs, back and hand, she was promptly transferred to Herat Regional Hospital by a Herat Ambulance where she, along with other survivors from Zindajan district, received treatment.

While his heart ached for his ailing wife, Naseer remained in the village, now nothing more than a mountain of rubble, in a desperate search for his 10-year-old son. The distraught father desperately hopes for a miracle, yearning to embrace his son.

In a state of shock due to the devastation, the grieving father spent two days and nights in the open, searching for any sign of his beloved son. His new "home" is now a tent hastily assembled for survivors, where he lacks adequate bedding, food and drinking water, compounding his tragedy. His wife who was admitted to Herat Regional Hospital, is still unaware that her son is missing.

WHO and Health Partners have delivered medicine and medical supplies to the hospital and will provide additional support for the treatment of the injured.

WHO is committed to assisting families like Naseer's through these challenging moments. Together with Health Partners, WHO will provide the support and care needed to help heal both the physical and emotional wounds.



For more information on the response to #HeratEarthquake, contact:

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