



Executive summary

On 31 August 2025, a magnitude 6.0 earthquake struck Nangarhar province in the eastern region of Afghanistan. The epicenter was located approximately 17 miles northeast of the city of Jalalabad. Several aftershocks (reportedly 13) have occurred, with the initial quake felt at other provinces in the eastern region (Kunar, Laghman and Nuristan) in addition to the capital Kabul. The shallow depth of the tremor (8 km) resulted in severe ground shaking, causing catastrophic damage.

Initial reports have indicated that around 800 individuals have been killed and around 2000 have been injured across the four provinces.

Around 12 000 individuals have been directly affected, with Chawkay and Nurgal, Chapa Dara, Dara-e-Pech and Watapur districts in Kunar Province and Dara-e-Nur Jalalabad city, Behsud and Kuz Kunar districts in Nangarhar Province Alingar, Mehtarlam and Qarghayi districts in Laghman Province; and in Nangarhar Province have been impacted.

Patients were received at the Nangarhar Regional, Kunar Provincial and Dare Noor District hospitals.

WHO was among the first responders on the ground delivering trauma and emergency surgical kits (TESK), interagency emergency health kits (IEHK) and Ringer Lactate to Nangarhar regional and Kunar Provincial hospitals; leading the coordination among other health partners; delivery of tents to mobilized three outreach teams to provide MHPSS services at Nangarhar Regional Hospital; re-deployment of surveillance support teams (SSTs) to the affected districts.

Event description

- **Date & Time:** 31 August 2025, 23:47 AFT (19:17 UTC)
- **Epicenter:** 34.572 °N, 70.873°E, approximately 30 km (17 miles) northeast of the city of Jalalabad and 25 km (16 mi) west of the border with Khyber Pakhtunkhwa province in Pakistan.
- **Magnitude:** 6.0 Mw (USGS)
- **Depth:** 8 km (5.0 mi) beneath the surface amplifying destructive potential.
- **Affected area:** Significant impact across the provinces of Kunar, Nangarhar, and Laghman.
- **Aftershocks:** Ongoing sequence, including at least 13 aftershocks were reportedly felt.



Over 800
Confirmed fatalities



Over 2000
Reported injuries



12 000
Estimated affected population

Current humanitarian situation

Casualties (As of 1 September, 11:00 Local Time):

- **Confirmed fatalities:** Over 800 fatalities have been reported and numbers are expected to rise.
- **Reported injuries:** Over 2000. A high number involve crush syndrome, complex fractures, and traumatic wounds requiring specialized surgical intervention.
- **Estimated affected population:** an estimate of 12000 individuals have been directly affected.

Infrastructure damage

- **Health:** Initial assessment has indicated that health facilities in the affected districts are functional.
- **Access:** Key highways, including sections of the Jalalabad to Kunar and roads to affected districts to Nurgal and Sawkay, are damaged or blocked, which may hinder the movement of humanitarian convoys from major hubs.

Vulnerabilities of the affected population

The public health risks are multifaceted and severe, driven by the original epi profile of the region, population displacement, inadequate shelter, and the collapse of basic services.

A. Traumatic injuries: Initial report indicated that around 800 cases have been received at the three hospitals (regional, provincial and district) with around 240 in critical condition.

B. Mental Health and Psychosocial Support (MHPSS): The population is experiencing acute psychological distress, grief, and trauma, necessitating immediate psychological first aid and longer-term support structures.

C. Communicable diseases: there is a high risk of occurrence of outbreaks of communicable diseases particularly: Waterborne diseases, Vector-Borne Diseases, Vaccine-Preventable Disease (VPDs),



Priority public health interventions

A multi-sectoral response is urgently required to prevent a secondary disaster.

1. **Trauma and emergency care:**

- Train health care workers on the management of crush syndrome and wound care.
- Ensure adequate supplies of emergency medical kits, analgesics, antibiotics, and blood products.

2. **Essential Health Service Delivery**

- Re-establish primary health care, including nutrition, through mobile health and nutrition teams (MHNTs) and support partially damaged health facilities.
- Ensure the availability of essential medicines for PHC, NCDs and maternal health supplies.

3. **Water, Sanitation, and Hygiene (WASH):**

- Emergency water trucking and distribution of water purification tablets.
- Distribution of comprehensive hygiene kits and community-led hygiene promotion campaigns.

4. **Communicable disease surveillance and outbreak control**

- Deploy surveillance support teams (SSTs) across all affected districts and displacement sites.
- Pre-position outbreak investigation kits and case management supplies.

5. **Mental Health and Psychosocial Support (MHPSS):**

- Integrate MHPSS into all levels of the health response and in collective shelters.
- Train frontline workers and community volunteers in psychological first aid (PFA).
- Establish clear referral pathways for severe mental health conditions.

6. **Risk Communication and community engagement:**

- Deploy social mobilizers to educate the community about the risks of communicable diseases (water and vector-borne).
- Develop and distribute information, education and communication (IEC) materials.

WHO response

- The Incident Management System (IMS) has been activated at the WHO Country Office in Kabul and the Field Office in Jalalabad, Nangarhar Province, to coordinate and streamline health emergency operations and ensure the timely delivery of life-saving assistance.
- WHO is leading the coordination efforts, assessing the overall health situation.
- Surge deployment of two WHO experts from the Country Office to the East Region (one Trauma and Hospital Care officer, and another communicable disease and outbreak response officer).
- WHO has mobilized three outreach mobile teams to provide MHPSS services at Nangarhar Regional Hospital.
- Delivery of medical supplies: more than 23 metric tons of medicines and medical supplies including TESK, IEHK and Ringer Lactate have been dispatched as urgent response. Half of these supplies have been distributed to patients received to Nangarhar Regional, Kunar Provincial and Dare Noor District hospitals. These medicines and supplies are sufficient to treat more than 2000 cases.
- Delivery of five tents and chairs for establishment of field clinics, and more than 24000 units of Ringers Lactate have been distributed to the Nangarhar Regional Hospital and Kunar Provincial Hospital.
- Re-deployment of the surveillance support teams (SSTs) in the Eastern Region to start active case finding, ensuring early detection and rapid response to any potential outbreaks.



Needs and gaps

- Provision of life-saving trauma emergency care kits to manage wounds, fractures, crush syndrome, hemorrhage control, and airway management.
- Provision of basic mental health services, through deployment of psychosocial counselors to reduce initial distress and promote coping skills.
- Support WASH interventions.
- Need for shelters for the displaced population.



Challenges and constraints

Logistic and access constraints: Damaged roads, ongoing aftershocks, and remote locations of many villages severely impede the delivery of aid.

Systemic vulnerabilities: The pre-earthquake fragility of the health system means local capacity is overwhelmed, creating total dependence on external actors.

Resource mobilization: Significant and immediate funding is required to scale the response to the level of need.

Key recommendations

- Rapid health needs assessment, convening for resource mapping, and response prioritization (Assessing causalities, facility damage and service disruption), identifying population s – pregnant women, elderly displaced
- Strengthen coordination through the Health Cluster to ensure a coherent, efficient, and comprehensive response that leaves no one behind.
- Strengthen disease surveillance to enable rapid detection and response to outbreaks.
- Advocate for flexible funding to address critical gaps in the health response, including MHPSS.





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