

# Earthquake in Eastern Afghanistan

WHO situation report no. 2 | 2 September 2025



*Suraya and Ayesha, two young sisters, weep as their family suffers the aftermath of a midnight earthquake in Noorgal district of Kunar. Part of their mud-brick home has collapsed, turning the shelter of many years into a heap of dust and rubble. Photo: WHO*



**1411**  
Confirmed  
fatalities



**3124**  
Reported  
injuries



**5412**  
Homes  
destroyed

## Situation overview

Near midnight on 31 August 2025, a 6.0-magnitude earthquake struck eastern Afghanistan, followed by several aftershocks. The epicenter was located 27 km northeast of Jalalabad, the capital of Nangarhar Province, at a depth of 8 km. Jalalabad, lies approximately 150 km east of Kabul and about 75 km west of the Pakistan border.

Initial reports indicate that four provinces in the eastern region—Kunar, Laghman, Nangarhar, and Nuristan have been directly affected. The most severe impact has been reported in Kunar Province, particularly in Chawkay (89 602 population), Nurgal (62 049), Chapa Dara (78 922), Dara-e-Pech (133 212), and Watapur (78 789) and Asadabad (85 889) districts in Kunar Province. At least 5412 households have been destroyed, and several villages have been reportedly completely destroyed.

As of 2 September, reportedly 1411 deaths and 3124 injuries across four provinces –many of whom were

reported to be in critical condition. Search and rescue operations are ongoing, and the number of casualties is expected to rise as many remain trapped in destroyed buildings. Thousands of volunteers are supporting operations in those remote areas.

The affected areas, particularly Kunar, are mountainous and extremely remote, making access very difficult. The shallow epicenter caused significant surface damage, while road blockages from rubble, landslides, and rocks—exacerbated by recent rainfall and floods—have further restricted access.

In addition, health system in the affected areas remains fragile, further strained by the ongoing influx of returnees from Pakistan, chronic poverty, and limited infrastructure, all of which heighten vulnerability and constrain the capacity to respond effectively. Settlements in Chawkay and Nurgal host the highest numbers of returnees.

## Health situation

A total of 911 health facilities exist in Nuristan, Nangarhar, Laghman and Kunar Provinces, including six specialized hospitals, two regional hospitals, six provincial hospitals and 25 district hospitals. Some facilities are reportedly partially damaged but remain functional, continuing to provide healthcare services to affected populations. The exact number will be confirmed as assessments continue.

There are four hospitals currently serving as referral facilities for patients injured in the earthquake: Chowkay District Hospital in Kunar (25 beds), Asadabad Provincial Hospital in Kunar (150 beds), Kama District Hospital in Nangarhar (75 beds), and Nangarhar Regional Hospital in Jalalabad (623 beds). Nangarhar Regional Hospital is providing specialized care for critical cases. Since the onset of the event, these hospitals have received more than 3000 injured patients.; Currently 669 are admitted, and 136 have undergone major surgery at Nangarhar Regional Hospital. Many discharged patients have no home to go and remain at hospital's premises.



*Abbas Khan, a resident of Deh Wogul village in Chawkay district of Kunar, was injured in the earthquake, sustaining moderate wounds. His father and brother brought him to the Chawkay district hospital to receive medical treatment. Photo: WHO*

## WHO response



**5**  
WHO-supported Mobile Health Teams assigned to the earthquake-affected areas



**468**  
OPD consultations



**236**  
Under 5 children vaccinated for OPV



**8**  
Under 5 children vaccinated for IPV



**53**  
Patients referred to the next level health facility



**153**  
PFA/MHPSS consultation



**23 MT**  
Medical supplies provided

WHO, with its strong presence across Afghanistan, has ensured timely coordination and rapid delivery of life-saving assistance to affected communities.

WHO Afghanistan has activated an Incident Management System (IMS) in Kabul and in the field office in Jalalabad, Nangarhar, to streamline rapid response and lifesaving operations at both national and field levels. Emergency operations were initiated immediately after the earthquake.

WHO has been closely coordinating with health authorities, partners, and communities to ensure assistance reaches those most in need. Within hours WHO delivered medicines and medical supplies to health facilities in affected areas, repurposed two specialists (Trauma and Hospital Care, and Communicable Disease and Outbreak Response) for surge support in the Eastern Regional Office. Additionally, the Deputy Country Representative and the Health Emergencies Programme Team Lead of WHO Afghanistan have been on the ground in the

affected areas. The mission visited health facilities in Kunar Province, including Asadabad Provincial Hospital, Chawkay District Hospital, and Nurgal Comprehensive Health Centre (CHC), and held a meeting with the Provincial Public Health Director (PPHD) of Kunar to coordinate and support the response.

### **Primary Healthcare Service**

WHO is providing primary health care (PHC) services to affected populations through the deployment of five mobile health teams (MHTs) in remote areas in Nurgal district in Kunar Province; two MHTs in Masoud village, two MHTs in Wazir village, one in Mazar vally. The MHTs are delivering first aid, outpatient consultations, maternal and child health services, vaccinations, and essential medicines, as well as triage and referral of injured patients. To date, the MHTs have provided a total of 468 consultations, and referred more than 53 cases to a higher level.

### **Mental Health and Psychosocial Support (MHPSS)**

WHO is prioritizing Mental Health and Psychosocial Support (MHPSS) by delivering mental health consultations and providing both group and individual counseling for affected populations, particularly those who have lost loved ones and are experiencing severe trauma.

WHO has deployed three MHPSS mobile teams - two in Nurgal district in Kunar Province and one at Nangarhar Regional Hospital. Each team includes a medical doctor, nurse, and psychologist. Those teams have provided 153 MHPSS consultation and PFA sessions to the affected population.

### **Disease Surveillance/Potential Diseases Outbreak Prevention and Response**

WHO has deployed 17 Surveillance Support Teams (SSTs) across four provinces, eight in Nangarhar, four in Kunar, three in Nuristan, two in Laghman, to conduct active surveillance. No alerts of infectious disease outbreaks have been detected or reported in the earthquake-affected districts of the Eastern Region as of 2 September 2025.

A total of Nine vehicles have been assigned to SSTs to access earthquake-affected areas, three in Nangarhar, three in Nuristan, two in Kunar, one in Laghman, for active case finding. Passive surveillance is ongoing through 68 sentinel sites (28 in Nangarhar, 22 in Kunar, 10 in Nuristan, 8 in Laghman), which are reporting weekly on 17 priority infectious diseases.

WHO has prepositioned outbreak case management kits for an estimated 3000 cases to ensure rapid response to potential outbreaks.

### **Operations Support and Logistics (OSL)**

So far, WHO delivered approximately 23 metric tonnes of supplies (TESK, Ringer's Lactate,, covering an estimated 2000 beneficiaries for life saving care. WHO activated the WHO Dubai hub to build buffer stocks and ensure supply pipeline in coordination with national authorities, and provincial health directorates.

### **Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)**

WHO held meeting with Health Cluster partners and implementing agencies on safeguarding and PSEAH, stressing vigilance and organizational obligations.. To date, 115 frontline health workers and 170 affected people have received safeguarding awareness messages.



*Mahnesa, a young girl, is one of only two survivors from her once large family. Everyone else perished in the devastating earthquake that struck Chawkay district of Kunar. Together with her sister, she was brought to the Chawkay district hospital by volunteer aid workers to receive medical treatment. Photo: WHO*

## Needs and gaps

Provision of life-saving trauma care to manage wounds, limb fractures, pain management, crush syndrome, hemorrhage control, and airway management.

Primary healthcare service provision: There is an urgent need to expand primary health care services to guarantee access to outpatient consultations, maternal and child health care, first aid, and referral services for affected populations.

Mental health and psychosocial support: Populations who have lost loved ones are experiencing severe trauma, reinforcing the urgent need for counseling and psychosocial services as part of the health response.

Support WASH interventions and infection prevention and control (IPC) measures in health facilities.

Provide temporary shelters for people whose houses have been destroyed.

Maintaining an uninterrupted flow of medicines, trauma kits, and other essential commodities is critical. Any disruption would compromise service provision as demand continues to rise.

Damaged infrastructure, landslides, and blocked roads restrict access to remote districts. In some locations, assistance requires hours of travel, delaying the delivery of lifesaving support. In many remote areas, the absence of mobile network coverage hinders coordination, complicates information flow, and slows timely response operations.

To implement these interventions, a funding gap of USD 4 million remains. Without urgent resources to close this gap, the ability to deliver life-saving preparedness and response activities in the aftermath of this earthquake will be severely compromised. Underfunding would delay critical actions, thereby heightening the risk of secondary emergencies like large-scale outbreaks of communicable diseases in already vulnerable, displaced populations. Ensuring full financing is therefore essential to safeguard lives, contain potential epidemics, and prevent the humanitarian crisis from deepening further.

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