

Earthquake in Eastern Afghanistan

WHO Situation report no. 9 | 11 Sept 2025



World Health Organization
Afghanistan

Reporting period: Based on available information as of 15:00 on 11 September 2025

KEY FIGURES



498 130
People in need of urgent health assistance



2205
Fatalities



3640
Injured



6782
Homes destroyed



21
Health facilities damaged

WHO RESPONSE



2 Mobile Health Teams*
supported by WHO, deployed to the affected areas



4584 Consultations
provided at WHO-supported primary healthcare facilities



43 metric tonnes
medical supplies provided



US\$ 4Millions
funding gap for rapid life-saving response



WHO hold a focus group discussion with female frontline health workers, Wadar Village in Nurgal District, Kunar Province. (Photo: WHO Afghanistan)

SITUATION OVERVIEW

Thousands of families in eastern Afghanistan remain displaced after the 31 August earthquake, with nearly 6800 homes destroyed. More than 498 000 people urgently need health assistance, among them over 11 600 pregnant women now facing heightened risks in overcrowded temporary shelters with poor sanitation.

The impact has been especially harsh on women and girls, who face persistent barriers in accessing essential services and the absence of gender-sensitive spaces in both health facilities and camps. WHO's analysis of health information from 15 health facilities shows that women accounted for 35% of trauma patients.

A joint mission by WHO and Health Cluster was conducted to assess safeguarding, gender, and protection risks among survivors in Kunar and Nangarhar provinces. Findings revealed congested camps lacking lighting, safe water, and sanitation, which increase susceptibility to diseases, gender-based violence, and exploitation. The absence of gender-segregated toilets and private spaces in facilities left many without privacy or adequate protection, particularly for women and girls.

The crisis also weighs heavily on female health workers, who are critical for ensuring access to care for women and children. With no safe accommodation at field sites, many must commute over four hours with mahrams to reach remote mountain communities, sometimes bringing their children due to lack of childcare. Currently, healthcare service provision depends on their dedication to serve people in need; however, without a safe and enabling environment, sustaining and scaling up services to meet surging needs will remain extremely challenging.

While Health Sector, led by WHO, plans to reach 150 000 people with life-saving services, the gap between overwhelming needs and limited capacity remains stark. Urgent donor support is required to expand gender-responsive health services, ensure safe working conditions for female staff, and guarantee that women and girls are not left behind.

* Initially WHO supported the deployment of six MHTs to affected areas in Nurgal District, Kunar Province. On 7 September, four of these MHTs returned to their original locations. WHO is preparing additional MHT deployments to reach the most affected and hard-to-reach areas.

HEALTH SITUATION

WHO continues assessments of health facilities, with initial reports confirming damage to 21 facilities—19 in Kunar and two in Nangarhar. Of these, 20 are partially damaged while one was completely destroyed. The affected facilities comprise 10 sub-health centres, six basic health centres, three comprehensive health centres, along with one district hospital and one provincial hospital.

In parallel, WHO and partners are monitoring patient flows and service delivery in 15 health facilities (10 public and five private) in Kunar, Nangarhar, and Laghman provinces. To date, 3177 trauma patients have received care—1331 (35%) women and 224 (7%) children under five. This reflects the disproportionate impact on women

and young children in crisis settings. A total of 491 surgeries and 372 blood transfusions have been performed. The overall mortality rate remains low at 0.4% (14 deaths), indicating effective early trauma management despite resource constraints. Among reported injuries, multiple trauma accounted for 42% (800 cases), head injuries 13% (255 cases), and limb fractures 9% (286 cases). Three facilities—Nangarhar Regional Hospital, Nangarhar University Teaching Hospital, and Asadabad Provincial Hospital—functioned as the main referral hubs, providing over 90% of trauma care and nearly 89% of all surgeries. As of reporting, 206 patients remain admitted, including 80 at Nangarhar Regional Hospital, underscoring its central role in the response.

WHO RESPONSE

Coordination

On 10 September, WHO strengthened joint earthquake response efforts by contributing to the emergency coordination meeting in Jalalabad with UN OCHA, UN agencies, and partners. This led to a coordinated plan for IDP camp assessments, winter preparedness, and service mapping—ensuring that critical needs are identified and addressed in a unified manner. WHO also facilitated a focused dialogue with the Kunar Provincial Health Directorate and implementing partners, resulting in a clear mapping of priority health needs for earthquake-affected communities. This provides a concrete basis for targeted interventions and resource mobilization.

In line with WHO's Emergency Response Framework, the Afghanistan Country Office, together with the Regional Office and Headquarters, successfully completed a grading call that classified the earthquake as an Acute Emergency Grade 2. This classification unlocked enhanced regional-level support, expanding technical and operational capacity to strengthen the ongoing response.

Primary Healthcare Services

WHO has deployed two Mobile Health Teams (MHTs) to Ghaziabad camp and Dewa Gal village in Nurgal District, bringing the full Basic Package of Health Services (BPHS) directly to earthquake-affected families. These services include trauma care, mental health and psychosocial support, maternal and newborn care, child health, immunization, and nutrition.

So far, the teams have provided 4584 consultations,

reaching women and girls in particular (22% women, 10% girls). Care included 918 trauma cases, and 243 patients referred for advanced treatment ensuring that those with serious needs receive timely, specialized care.

Mental Health and Psychosocial Support

WHO continues to deploy three Mental Health and Psychosocial Support (MHPSS) outreach teams to reach earthquake-affected communities including one based at Nangarhar Regional Hospital and two in IDP settlements in Mazar Dara and Dewa Gal, Kunar Province. To date, these teams have provided 997 consultations, with significant support reaching women (41.2%), girls (5%), and older people aged 65+ (36%). In addition, 1,045 individuals, predominantly men (95%), benefited from MHPSS awareness and educational sessions, helping reduce stigma and improve community coping.

Disease Surveillance/Potential Diseases Outbreak Prevention and Response

WHO has deployed 17 Surveillance Support Teams (SSTs) across Nangarhar, Kunar, Nuristan, and Laghman provinces. Between 2 and 11 September, these efforts enabled the detection and reporting of 2142 infectious disease cases in Kunar Province, including: 1355 acute respiratory infections, 571 cases of acute diarrheal diseases of which 392 acute watery diarrhoea and 179 acute bloody diarrhoea, 114 cases of confirmed malaria, 102 suspected COVID-19 cases. WHO also supported 113 rapid diagnostic tests (RDTs): 24 for AWD (one positive) and 89 for COVID-19 (nine positive).

** The 15 health facilities include Nangarhar Regional Hospital, Nangarhar University Teaching Hospital, Fatima Zahra Provincial Hospital, Kama District Hospital, Khywa Comprehensive Health Centre, Nishtar Kidney Centre, Asadabad Provincial Hospital, Chawkay District Hospital, Alingar District Hospital, Nang Hospital, Police Hospital, Gamberi Hospital, Mach Gandol Basic Health Centre, Shifaa Azim Hospital, and Laghman Provincial Hospital.

Operations Support and Logistics

To date, WHO has delivered 43 metric tonnes of medical supplies to the affected areas. WHO secured additional 35.9 metric tonnes of emergency medical supplies from the WHO Hub for Global Health Emergencies logistics Centre in Dubai. The items include 183 noncommunicable disease kits, 98 Trauma and Emergency Surgery Kits (TESK), and 20 Interagency Emergency Health Kits (IEHK). These supplies will be prepositioned and distributed to health facilities based on the needs assessment.

Cross-Cutting Areas

Prevention of and Response to Sexual Exploitation, Abuse and Harassment

Protecting frontline health workers and affected communities remains a top priority for WHO. To date, safeguarding awareness has reached 2744 affected individuals and 452 healthcare workers (152 women, 300 men). Continued awareness and reporting mechanisms remain critical to reduce risks of sexual exploitation, abuse, and harassment.

NEEDS AND GAPS

Primary health care capacity remains overstretched, and 21 health facilities have been damaged. Immediate rehabilitation of facilities, provision of medicines and equipment, and deployment and training of additional staff are required — with priority to female personnel and the creation of safe, separate spaces to ensure women's access to services.

Displacement into temporary shelters has intensified health risks, as cramped living conditions, unsafe water, and poor sanitation drive a rise in acute diarrhoeal disease, malaria, and respiratory infections, while endemic measles and dengue fever remain threats. Strengthened disease surveillance, rapid outbreak response, and expanded WASH services are urgently required.

Gender, Equity, Rights, and Disability Inclusion

Gender inequalities continue to restrict women's access to health services and decision-making, while female healthcare workers remain underrepresented. WHO and the Health Cluster have called for the deployment of more female staff, provision of childcare support, and installation of lockable gender-segregated toilets. Disability-friendly facilities are also being prioritized to ensure inclusive access.

Accountability to Affected Populations

WHO deployed the Accountability to Affected Populations (AAP) team to Kunar Province to strengthen partner capacity, assess safeguarding and health service risks, and gather community feedback through *Awaaz* Afghanistan humanitarian call centre. The mission outlined priority actions to expand the female health workforce, improve feedback systems, and ensure safe, inclusive, and timely service delivery.

Many survivors are suffering from severe trauma injuries that require long-term follow-up. Post-trauma care, assistive devices, and sustained rehabilitation services are urgently needed to support recovery. With winter approaching, displaced households in remote areas remain vulnerable due to inadequate shelter and heating. Urgent provision of insulation, heating, and winterized medical supplies is required to protect health during the cold season.

Over the next six months, WHO is planning to expand primary health care, MHPSS, referral care, and critical medical supplies, with a strong focus on ensuring gender-sensitive and equitable access for women and girls. More than US\$ 5 million is urgently required, yet only US\$ 1 million has been secured, leaving a major funding gap to sustain and scale up essential services.

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WHO's initial response to the earthquake has been possible with the generous support of the following donors:

EARTHQUAKE IMPACT

84,000
Affected people

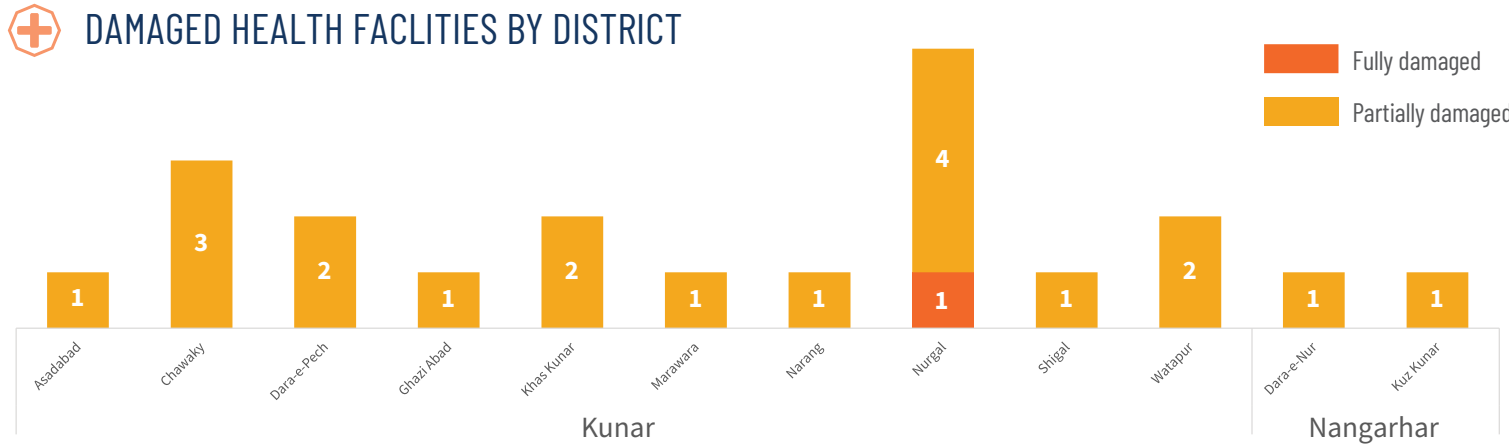
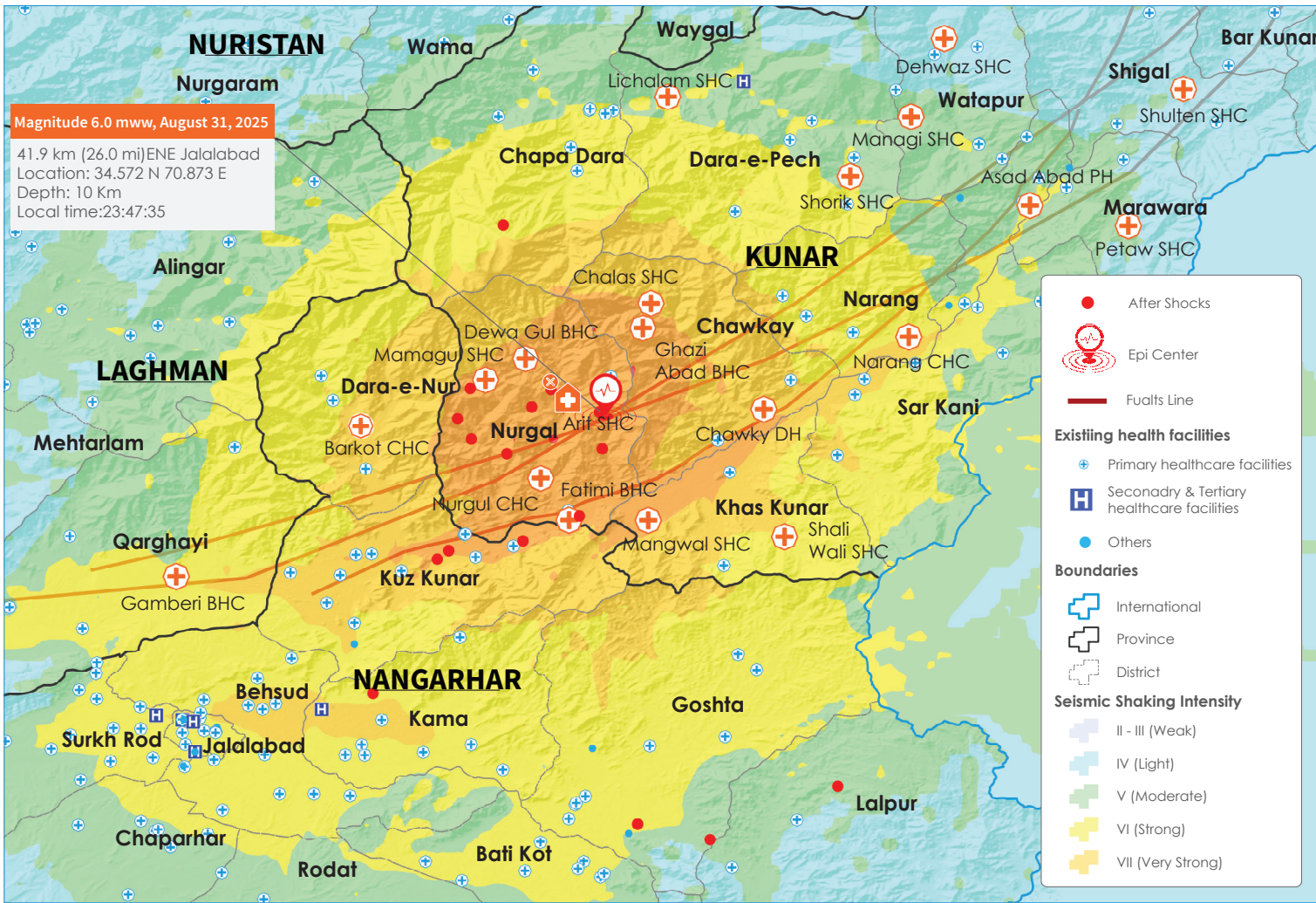
2,205
Fatalities

1 Health facilities
fully damaged

6,782
Houses damaged

3,640
People injured

20 Health facilities
partially damaged



WHO HEALTH EMERGENCY RESPONSE



2 Mobile Health
Teams Deployed for
Earthquake Response

4,584 primary health
consultations

243 trauma cases
referred to next level of
healthcare

918 people received
trauma care services

1,149 people received
MHPSS consultations

133 children received
vaccination services

96 women received
MNCH services

2,690 people received
health awareness /education

1,114 people received
essential medicine

DETECTED INFECTIOUS DISEASES CASES

1,355 acute respiratory
infection (ARI) cases

571 total diarrheal
diseases cases

392 acute watery
diarrhea cases

179 Acute Bloody
Diarrhea cases

114 confirmed
Malaria cases

102 suspected
COVID-19 cases

