SITUATION UPDATE

Highlights

Series of earthquakes hit Herat Province in western Afghanistan between 7 and 15 October 2023.

As of 19 October:
- **1482** deaths
- **2100** injuries
- **3,330** homes destroyed
- **43,400** people directly affected
- **40** health facilities damaged

An estimated **114,000** people are in need of humanitarian assistance.

Around **43,400** people are directly affected across six districts: Injil, Kushk/Rabat-e-Sangai, Zindajan, Gulran, Herat and Kohsan of Herat Province.

Health Cluster reached **32,511** affected people in highly affected districts.

Health Cluster appeals for **US$7.9 million** to cover life-saving health services in the next six months.

Overview:
Between 7 and 15 October, series of 6.3 magnitude earthquakes hit Herat Province in western Afghanistan resulting in wide-scale destruction. These earthquakes and aftershocks have left thousands of already-vulnerable populations living in underserved (white areas) in urgent need of humanitarian and health assistance.

To date, nearly 43,400 people across six districts are directly impacted, with almost 23% being children under the age of five. Significant damage was reported in six districts: Injil, Kushk/Rabat-e-Sangai, Zindajan, Gulran, Herat and Kohsan.

The reported casualties include at least 1,482 deaths and more than 2,100 injuries. As of October 19, aftershocks are continuing, leaving communities in a state of fear and unease.

Based on initial assessment, at least 40 health facilities have been damaged.

Furthermore, over 3,330 homes have been completely destroyed, and extensive damage to infrastructure, including the water network, has been reported. This has left many people living in tents, open areas and other temporary shelters.

The harsh winter is approaching, and prolonged displacement will increase health risks for already vulnerable communities. The poor, overcrowded environment with limited access to water and winter essentials like warm blankets and clothes will likely lead to an increase in the incidence and severity of infectious diseases.

In coordination with local authorities, WHO and Health Cluster partners reached 32,511 individuals affected by the earthquake across multiple districts, including Zindajan (24,798), Herat City (3,543), Injil (2,334), Kohsan (968), Kushk (693), and Gulran (175) through various health services.

The multi-sectoral Herat Earthquake Response Plan targets approximately 114,000 people living in high-intensity impact areas (MMI 6+): 48% children, including 27.2% under the age of five. WHO and Health Cluster launched an appeal for US$7.9 million in funding to cover life-saving health services in the next six months.
Health Cluster Coordination

- Since the onset of the crisis, 10 coordination meetings were held among health partners to effectively coordinate the health response in earthquake-affected communities.
- The Health Cluster Coordinator visited the earthquake-affected areas and participated in meetings with the health partners. Furthermore, the Regional Health Cluster Coordination Team participated in Inter Cluster Coordination Group (ICCG), Operational Coordination Team (OCT), and Emergency Preparedness and Response (EPR) committee meetings.
- By 17 October, WHO and Health Cluster partners had reached 32,511 individuals across multiple districts: Zindajan (24,798), Herat City (3,543), Injil (2,334), Kohsan (968), Kushk (693), and Gulran (175). These efforts have resulted in the following assistance:
  - 26,669 people provided with primary health care (PHC) and mental health and psychosocial support services (MHPSS)
  - 2,367 individuals received trauma care and rehabilitation services
  - 3,410 people received different kits, including mama and baby kits, dignity kits, and individual clean delivery kits
  - 65 individuals were reached by communicable disease outbreak response activities

Health Facility Situation

- Based on assessments being conducted, 40 healthcare facilities have been damaged in Herat City and 13 surrounding districts (Injil, Guzara, Herat city, Zindajan, Gulran, Kushk/Rabat-e-Sangai, Ghoryan, Karokh, Kohsan, Obe, Pashtun Zarghun, Kushk-e-Kohna, and Farsi). The damage encompasses 35 primary health care (PHC) facilities and five hospitals: Herat Regional Hospital, Herat Maternity Hospital, Sakina Yacobi Hospital, and Ghoryan and Golran District Hospitals.
- WHO’s engineer completed comprehensive assessments of building structures of Herat Regional Hospital, Maternity Hospital, Sakina Yacobi Hospital, Karnil Basic Health Center (BHC) and Kushk/Rubat-e-Sangi Comprehensive Health Center (CHC) for rehabilitation and re-construction plans.
**Trauma and Hospital Care**

- From 17 to 18 October, no new trauma case referred to Herat Regional Hospital and the total number of admitted cases increased to 876 since 7 October 2023. Currently, 38 patients are hospitalized in the regional hospital.
- WHO has provided 11,000 liters of fuel, which functionalized 18 ambulances for an entire month to support the Herat pre-hospital referral and ambulatory service.

**Primary Healthcare Service Provision**

- On 18 October, a total of 33 health teams were mobilized to serve 29 affected villages across Zindajan, Kohsan, Injil, Gulran districts and Herat City for provision of PHC service and MHPSS. Of these teams, 7 are supported by World Vision, 5 by IRW, 4 by AADA, 4 by CARE, 3 by AFGA, 2 by IOM, 2 by IRC, 2 by WHO/OCCD, 2 by UNICEF/OHPM, 1 by OHW and 1 by WASSA.
  - In Zindajan district: 19 health teams were deployed to Koshkak, Mahal Wardakha (Karnal), Sia Aab, Kajilal, Chahak Mirandaziha, Cheshmah, Sar Baland, Chesma Ghor, Sanjab, Lakasang, Qala-e-Turk, Asyabadk, Butan, Naye Rafi, Ghar Mooshak, Qasr-e-Shirin, Ahamadabad, and Zghzalak villages
  - In Khosan district, one health team was established in Ahmadabad village
  - In Gulran district, one health team was established in Butan village
  - In Herat City, 12 health teams were deployed
- Additionally, 29 Mobile Health and Nutrition Teams (MHNTs) from various organizations (6 supported by IRW, 5 by IAM, 5 by IRC, 5 by Jhpiego, 4 by WV, 2 by AADA, and 2 by CARE) are on standby, ready for deployment as needed. This coordinated effort ensures that affected communities receive critical medical care and support promptly.

*A Mobile Health and Nutrition Team providing reproductive, maternal, newborn, child and adolescent health, and psychosocial support services in an affected community of Siaab village, Zindajan District. Photo Credit UNFPA*
Mental Health and Psychosocial Support (MHPSS)

- Action Against Hunger (AAH) delivers MHPSS services to the affected communities via a toll-free hotline (753).
- WHO has deployed MHPSS experts to engage in capacity-building activities, provide technical assistance including technical supervision, and coordinate the MHPSS Technical Working Group (TWG) to leverage the efforts of the partners providing MHPSS services.
- WHO experts, in collaboration with the Regional MHPSS TWG and IAM, has begun conducting training sessions for first-line service providers. During the reporting period, the second training, a one-day Psychological First Aid (PFA) session, took place at the Public Health Directorate in Herat, resulting in the training of 30 psychosocial counselors (28 female) representing various organizations, including WV, ARCS, RH, IAM, and WASSA.

Reproductive Maternal and Child Health

- In collaboration with the Afghanistan Society of Obstetrics and Gynecology (AFSOG), WHO has deployed a dedicated team of 21 female healthcare workers from Kabul to Herat. The team comprised 11 midwives and 10 medical doctors, including one OB/GYN.
- The team has been deployed to the affected villages of Kashkak, Cheshmah Ghor, Sia Aab, and Sar Baland, extending reproductive maternal and child healthcare services at health facilities operated by the health partners, including IOM, OCCD, OHPM, AADA, IRW, and WV. Eight doctors and 10 midwives will complete their mission on 20 October.
Disease Surveillance/Potential Diseases Outbreak Prevention & Response

- WHO is working with the National Disease Surveillance Response (NDSR) team to enhance preparedness for potential communicable disease outbreaks such as measles, acute respiratory infections (ARI), tetanus, and acute watery diarrhea (AWD).
- A total of five WHO-supported surveillance support teams (SST) have been deployed in Zindajan district for active surveillance in affected villages since 9 October.
- By 18 October, 838 ARI cases and 243 AWD cases had been reported (Table below). All the cases received required treatment and health education through MHNTs. A total of 70 rapid diagnostic tests (RDTs) were performed for suspected COVID-19 suspected cases and six RDTs for AWD cases. The results indicated that all of these tests yielded negative.
- A total of 16 samples of suspected COVID-19 were referred to the Herat Regional Reference Laboratory for PCR, while four influenza-like illness (ILI) samples have been collected and sent to the National Influenza Center (NIC) for testing. The results are pending.
- To prevent measles outbreaks among the earthquake-affected areas, vaccinators in MHNTs are assigned to administer one dose of measles vaccine to all children under 10 years of age.

Table: Detection and reporting of infectious disease cases in Zindajan district, Herat province (as of 18 October 2023)

<table>
<thead>
<tr>
<th>Districts</th>
<th>Diseases</th>
<th>Number of reported cases During 9-18th Oct 2023</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<td>&lt;5 Years</td>
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<tr>
<td>Zinda Jan</td>
<td>ARI</td>
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<td>210</td>
<td>201</td>
<td>147</td>
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<tr>
<td></td>
<td>Measles</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td></td>
<td>AWD</td>
<td></td>
<td>65</td>
<td>60</td>
<td>62</td>
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<td></td>
<td>Tetanus</td>
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As communities affected by Herat earthquakes continue to live in temporary shelters with limited access to clean water and sanitation facilities, the risk of outbreak-prone diseases increases, especially in the coming winter season.
**Risk Communication and Community Engagement (RCCE)**

- WHO is working with a Ministry of Public Health (MOPH) team on assessing the RCCE needs in earthquake affected communities in Herat and will be implementing interventions to reach people with life-saving health information to protect themselves from outbreak-prone diseases.
- The team has so far visited six villages in Zindajan and Injil districts in addition to having consultation meetings with Herat Provincial Public Health Directorate as well as health partners and communities.
- Awareness campaigns by WHO, MOPH and health partners will be conducted as soon as the information needs assessment is completed.

**Prevention of Sexual Exploitation and Abuse (PSEA)**

- This week, the Afghanistan PSEA Network launched a nation-wide PSEA Focal Point Helpline (Call/Text/WhatsApp) operated by Awaaz. The helpline is an entry point for all PSEA network focal points to access information about intake and referral of SEA cases.
- The helpline is for PSEA Network members only, and affected community members are still asked to use the toll-free Awaaz hotline number “410”.
- To strengthen PSEA in the delivery of emergency health services in Herat, the Health Cluster (supported by WHO and UNFPA) is working closely with the Afghanistan PSEA Network to ensure that all Health Cluster members are briefed on their PSEA roles and responsibilities, ensuring that people receiving humanitarian aid and health services remain safe from sexual exploitation and abuse. WHO deployed a PSEA Technical Officer to work with PSEA Network on mission to Herat.
- PSEA remains a priority in the Health Cluster emergency preparedness and response plan, and priority activities include PSEA partner assessments and refresher trainings of health care providers.
Operational Support and Logistics

- Jhpiego-led Urban Health Initiative (UHI) project provided medical equipment and supplies to support healthcare facilities. Herat Regional Hospital received 80 patient beds, 30 wheelchairs and essential medicines and medical kits containing 37 items. Additionally, the Maternity Hospital received three baby warmers, three monitors, three surgical tables, three tents and 16 other essential medical equipment items.
- CARE International supplied 400 cartons of medicines to the Provincial Public Health Directorate (PPHD) of Herat to support the emergency unit of Herat Regional Hospital.
- WASH Cluster contributed 20 water tanks, some emergency latrines and hygiene materials to support health facilities in the affected areas.

Funding Needs

- WHO's immediate response to the Herat earthquakes has been made possible through the support of the Afghanistan Humanitarian Fund and ECHO. Subsequent efforts have been made feasible by the Asian Development Bank, the World Bank, the German Federal Government, USAID and the Bill & Melinda Gates Foundation.
- As WHO and the Health Cluster partners scale up response, an appeal for 7.9 million USD was launched to ensure directly affected communities are provided with urgent and essential health services in the next six months.
- The link to the appeal is here: [WHO EMRO | WHO-led Health Cluster appeals for $7.9 million to provide health services to 114,000 people most affected by earthquakes in western Afghanistan | Afghanistan-news | Afghanistan](#)

GAPS and URGENT NEEDS

The need for critical life-saving support has increased. The following are the most vital areas that require urgent action.

- The anticipated prolonged displacement demands a sharp increase in healthcare services. Also, health problems and intervention needs are expected to be intensify, including for trauma care, physical rehabilitation, and mental health and psychosocial support services. It is critical that more resources be provided, including enhancing healthcare worker capacity and providing medicines, medical supplies, and equipment.
- As harsh winter approaches, the cold weather will intensify the vulnerability of the affected people, especially those staying in temporary shelters. Poor infrastructure, overcrowded conditions with limited winter clothing and blankets, as well as shortages of water and food, will increase the incidence and severity of infectious diseases, including COVID-19, influenza, measles, and acute watery diarrhea. Urgent action is required to alleviate the suffering of people who have already endured substantial hardships.
- At least 40 healthcare facilities have been damaged, with healthcare services being provided in tents and temporary settings lacking proper structures. Mobile Health and Nutrition Teams (MHNTs) also face significant infrastructure challenges. The urgent need to establish and repair the health facilities with adequate infrastructure, Water, Sanitation, and Hygiene (WASH) facilities, and waste management is clearly evident.
- There is a lack of safe and suitable accommodation for volunteers and staff from humanitarian partners, hindering the ability to maintain and expand response efforts. Securing appropriate accommodations for our volunteers and staff to facilitate the continued growth of our response is vital.
**Story from the Field: The great loss of Yaqub’s family**

Nine-year-old Yaqub, from Koshkak village in Zindajan district, was at school when a 6.3-magnitude earthquake struck western Afghanistan’s Herat province on October 7. Zindajan was the epicenter of the earthquake and it damaged entire villages, turning houses into rubble in a matter of seconds.

Yaqub, a first-grade student, said he only remembers a large piece of cement falling on his left leg and the next thing he knew he was in the hospital. He broke his leg while his female teacher and his six classmates died when the classroom ceiling collapsed.

One of the residents of Koshak village immediately took Yaqub to Herat Regional Hospital, where the injured boy was hospitalized for four days.

Yaqub and his 10-year-old brother survived the quake but his 26-year-old mother and three siblings died. Yaqub is severely affected by the loss of his mother and other family members. Most of the time, he takes refuge in a tent that was provided to his family by an aid organization.

"I miss my mother. Whenever I miss her, I cry," Yaqub said while wrapping his arms around his father’s lap trying to wipe his tears. "I miss my brother and sisters too."

Their father was away from home at the time of the earthquake. Yaqub and his brother are lucky to have him by their side, but in the absence of their mother, they will face many difficulties in life. “I wish their mother was alive,” Yaqub’s father said with tears in his eyes.

Yaqub and his brother have to go through a cold winter without shelter, proper food and water, and sanitary facilities. If they do not have permanent shelter soon, they may experience various winter diseases in addition to hunger and a lack of safe drinking water.