

Earthquake in Eastern Afghanistan

WHO Situation report no. 10 | 15 Sept 2025



World Health Organization
Afghanistan

Reporting period: Based on available information as of 15:00 on 15 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



4 Mobile Health Teams

supported by WHO, deployed to the affected areas



5828 Consultations

provided at WHO-supported primary healthcare facilities



43 Metric Tonnes

medical supplies provided



US\$ 6 Millions

funding gap for rapid life-saving response



Estimated 200 families reside in the IDP camp in Khas Kunar District of Kunar Province. (Photo: WHO Afghanistan)

SITUATION OVERVIEW

Two weeks after the earthquake struck eastern Afghanistan, thousands of survivors remain displaced, with the majority now concentrated in temporary settlements across Kunar Province. WHO has intensified its emergency response, with a mission led by the WHE Team Lead visiting key displacement sites in Khas Kunar and Nurgal districts to assess needs and coordinate support.

There are at least five principal IDP camps been established in Kunar Province hosting thousands of survivors: Underlachak in Dewa Gal valley in Chawkey District, Patan in Nurgal District, Khas Kunar District, Zeri Baba in Nurgal District, and Wadir Satarwal in Mazar valley in Nurgal District. Conditions across these sites are precarious, marked by inadequate sanitation, poor waste management, and severe shortages of latrines. Open defecation is widespread, heightening the risk of outbreaks. Between 2–14 September, 925 cases of acute diarrheal diseases were already reported among the survivors in Kunar Province. WHO has deployed Surveillance Support Teams (SSTs) from the second day of the earthquake to strengthen early detection and rapid response; however, urgent investment is required to expand hygiene promotion, waste management, and disease surveillance.

Beyond the organized camps, families in remote, mountainous, and hard-to-reach villages such as Ghazibab, Arit, and Shumash in Nurgal District remain in makeshift shelters with minimal access to essential services. With the onset of winter, their vulnerability is expected to deepen, and the risks of preventable illness and mortality are likely to rise.

Looking ahead, a substantial scale-up of the health response is imperative. Urgent partner support is required to reinforce surveillance, expand access to life-saving services, and accelerate winterization measures to safeguard vulnerable communities from escalating health risks.

HEALTH SITUATION

WHO assessments of health facilities are ongoing, with interim reports confirming damage to 21 facilities—19 in Kunar and two in Nangarhar. Of these, 20 are partially damaged while one was completely destroyed (Arit Basic Health Centre, Nurgal District in Kunar Province). 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, 3304 trauma patients have received care including 1089 (33%) women and 241 (7%) children under five. This reflects the disproportionate impact on women and young children in crisis settings.

WHO RESPONSE

Coordination

Between 11 and 14 September, Team Lead of WHO Health Emergencies Programme conducted a mission to earthquake-affected areas of Kunar Province to strengthen coordination and assess urgent health needs. On 13 September, the mission visited Khas Kunar and Patan IDP camps, engaging directly with displaced families to assess their priority needs, and holding a focus group discussion with community members and health workers to capture service gaps and inform targeted interventions.

On 14 September, the team participated in the Kunar Provincial Emergency Response Commission meeting with the Provincial Public Health Directorate (PPHD), enhancing coordination with local authorities. Later the same day, WHO team joined an inter-agency mission to Nurgal District—the earthquake's epicenter—led by the Special Representative of the Secretary-General (SRSG) and the Acting Humanitarian Coordinator, to conduct a joint assessment and align response actions across partners.

Primary Healthcare Services

WHO has deployed four Mobile Health Teams (MHTs) in Kunar Province: Patan IDP camp, Khas Kunar IDP camp, Underlachak IDP camp in Dawa Gal village in Chawkey District, and Wadir Satwal IDP camp in Mazar valley of Nurgal District. The MHTs have been

Four hospitals have been admitting earthquake-related cases: Nangarhar Regional Hospital, Nangarhar University Teaching Hospital, Fatima Zahar Provincial Hospital, and Asadabad Provincial Hospital. A total of 870 patients remain hospitalized, of whom 377 are female (43%) and 159 are children of under five (18%). Many of these cases involve severe trauma injuries requiring sustained follow-up, rehabilitation, and long-term post-trauma care. In these four hospitals, a total of 1886 injury cases were received. Among them, multiple trauma accounted for 39% (741 cases), head injuries for 11% (207 cases), and limb fractures for 9% (162 cases). 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.

providing the full Basic Package of Health Services (BPHS) to earthquake-affected families. These services include trauma care, mental health and psychosocial support, maternal and newborn care, child health, immunization, and nutrition, ensuring essential healthcare reaches the most vulnerable populations.

So far, the teams have provided 5828 consultations, reaching women and girls in particular (33% women, 12% girls). Healthcare provided included 1142 trauma cases, with 249 patients referred for advanced treatment, ensuring that those with severe injuries received timely and specialized care.

Building on this achievement, WHO, together with health authorities and partners, is preparing to deploy additional MHTs to meet the growing health needs of affected communities.

Mental Health and Psychosocial Support

WHO continues to deploy two Mental Health and Psychosocial Support (MHPSS) outreach teams to reach earthquake-affected communities including one based at Nangarhar Regional Hospital and one visiting seven villages including Dewa Gal village in Chawkey District, Kunar Province. Each team include trained medical doctors, nurses and psychologists. To date, these teams have provided 1177 consultations, with significant support reaching women (42%),

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

men (14%) girls (7%), boys (10%) and older people aged 65+ (27%). In addition, 1434 individuals, predominantly men (83%), benefited from MHPSS awareness and educational sessions, advocating healthcare-seeking behaviour for loss and grief, PTSD, self-care and insomnia to earthquake affected communities and health facilities serving survivors.

To further strengthen local capacity, WHO MHPSS team delivered on-the-job training in Psychological First Aid (PFA) for eight MHPSS outreach health workers, enabling them to better support survivors in crisis.

Disease Surveillance/Potential Diseases Outbreak Prevention and Response

WHO has deployed 17 Surveillance Support Teams (SSTs) across Nangarhar, Kunar, Nuristan, and Laghman provinces to strengthen active disease surveillance. Between 2 and 14 September, these efforts enabled the detection and reporting of 3439 infectious disease cases in Kunar Province, including:

- 2156 acute respiratory infections
- 925 cases of acute diarrheal diseases of which 653 acute watery diarrhoea and 272 acute bloody diarrhoea
- 181 cases of confirmed malaria
- 177 suspected COVID-19 cases.

A total of 146 rapid diagnostic tests (RDTs) were conducted for COVID-19, of which nine positive. These early detection measures support health authorities in responding promptly and prevent further transmission.

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. 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 (PRSEAH)

Protecting frontline health workers and affected communities remains a top priority for WHO, as the risks of exposure are high in the aftermath of the earthquake. 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 exploitation, abuse, and harassment.

Following a rapid safeguarding risk assessment of the earthquake response, WHO engaged 61 Health Cluster and PSEA network members to address safeguarding risks identified during the assessment. Awareness activities have reached 2801 (1317 women, 1223 men) affected individuals and 494 healthcare workers (152 women, 342 men). Restrictions on women's travel continue to hinder outreach; WHO and partners are advocating for deployment of female health workers and equitable access to services.



WHO PRSEAH team interviews implementing partner's facility head to assess risks and provide support in Nurgal District, Kunar Province. (Photo: WHO Afghanistan)

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

As Health Cluster lead, WHO ensured regular follow-up of reported cases through the "Awaaz" Afghanistan humanitarian call centre. A total of 22 new cases were addressed and 24 successfully closed via the inter-agency reporting system. In close collaboration with NGO partners and Regional Health Cluster Coordinators, WHO ensured timely response, consistent follow-up, and direct communication with affected individuals.

NEEDS AND GAPS

Thousands of displaced families continue to live in temporary shelters, where the disruption and loss have created a sharp rise in mental health and psychosocial needs. Expanded MHPSS services, including counselling, are urgently needed, with priority to women and children.

Overcrowded camps with unsafe water and poor sanitation are driving higher risks of communicable diseases. Safe water, adequate sanitation facilities, hygiene supplies, and health promotion activities are essential to prevent further spread of diarrhoeal disease, respiratory infections, and measles.

The health system is overstretched, with 21 facilities reported damaged and others struggling to cope with patient loads. Immediate rehabilitation of facilities, supply of medicines and equipment, and deployment of additional staff are required, including female personnel and the creation of safe spaces to guarantee access for women and girls.

With winter approaching, families in remote and mountainous areas face extreme vulnerability. Insulated shelter, heating, and winterized medical supplies are urgently required to reduce health risks and prevent excess mortality during the cold season.

The Health Sector aims to reach 150 000 people, nearly 59% of whom are children, with essential health services. To deliver on priority interventions including the expansion of PHC services, rehabilitation of damaged facilities, scaling up of MHPSS support, winterization, and sustained disease surveillance—WHO estimates a revised funding requirement of over US\$ 6.9 million. Current resources cover only a fraction of these needs, leaving a shortfall of almost US\$ 6 million that must be bridged to keep essential health operations running.



WHO Health Emergencies Programme Team Lead Dr Jamshed Tanoli and the team visit an IDP camp in Patan village, Kunar District, Kunar Province. (Photo: WHO Afghanistan)

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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

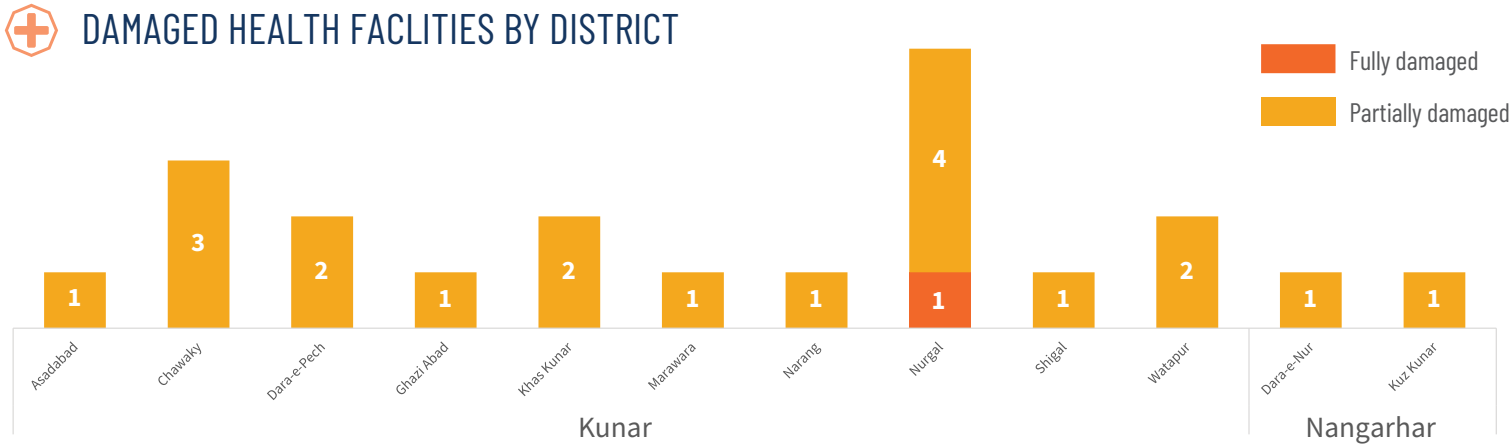
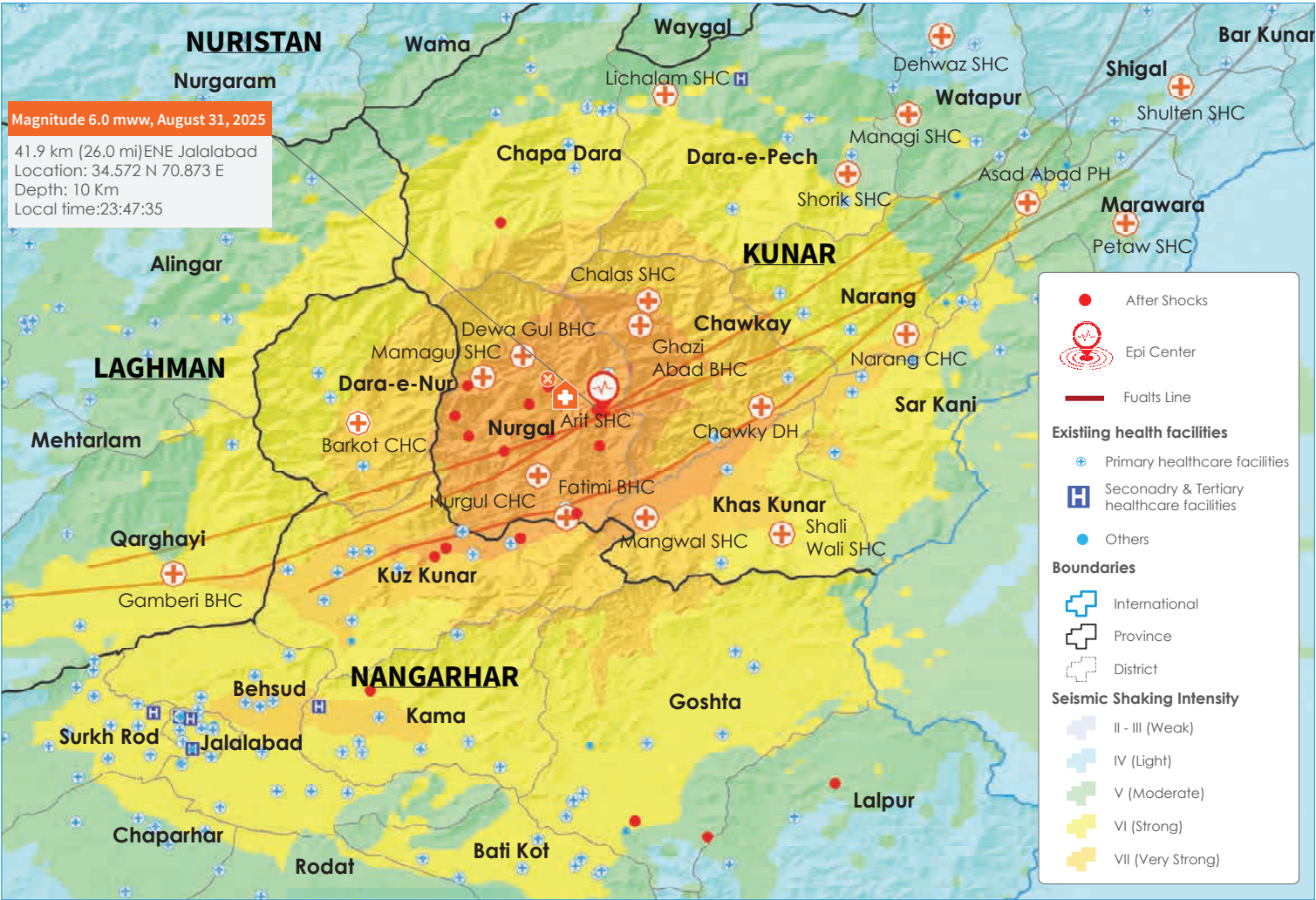
2,205
Fatalities

1 Health facilities
fully damaged

6,782
Houses damaged

3,640
People injured

20 Health facilities
partially damaged



WHO HEALTH EMERGENCY RESPONSE



6 Mobile Health
Teams Deployed for
Earthquake Response

5,828 primary health
consultations

249 trauma cases
referred to next level of
healthcare

1,142 people received
trauma care services

1,732 people received
MHPSS consultations

548 children screened
for nutritional status

211 women received
MNCH services

4,819 people received
health awareness /education

1,740 people received
essential medicine

DETECTED INFECTIOUS DISEASES CASES

2,156 acute respiratory
infection (ARI) cases

925 total diarrheal
diseases cases

653 acute watery
diarrhea cases

272 Acute Bloody
Diarrhea cases

181 confirmed
Malaria cases

177 suspected
COVID-19 cases

