

Earthquake in Eastern Afghanistan

WHO Situation report no. 11 | 18 Sept 2025



World Health Organization
Afghanistan

Reporting period: Based on available information as of 15:00 on 18 September 2025

KEY FIGURES



498 130

People in need



2205

Fatalities



3640

Injured



6782

Homes destroyed



21

Health facilities damaged

WHO RESPONSE



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



8545 Consultations
provided at WHO-supported primary healthcare facilities



52 Metric Tonnes
medical supplies provided



US\$ 6 Millions
funding gap for rapid life-saving response



A nutrition counsellor checks child nutrition status at a WHO-supported primary health care facility in Khas Kunar District, Kunar Province. (Photo: WHO Afghanistan)

SITUATION OVERVIEW

The 31 August earthquake displaced hundreds of thousands across eastern Afghanistan, leaving nearly half a million people in need of urgent health assistance. What began as an acute emergency has now evolved into a displacement crisis, where families endure extended stays in temporary settlements amid escalating health risks.

As of 18 September 2025, six IDP settlements have been established in Kunar Province, providing shelters for thousands of families unable to return home due to ongoing aftershocks and unsafe structures.

WHO conducted a rapid health assessment between 8 and 15 September in Kunar, Nangarhar, and Laghman, covering 37 villages, three IDP camps, and 78 health facilities. The assessment confirmed precarious conditions in both communities and settlements. Families reported a lack of safe water, widespread open defecation, and poor access to health services. Women highlighted barriers due to the absence of female staff and the lack of privacy. Communities also stressed urgent needs for maternal and newborn health, immunization, noncommunicable disease case management, and mental health and psychosocial support (MHPSS).

The risk of secondary crises is growing. Overcrowding and unsafe water are already linked to increases in acute respiratory infections and diarrhoeal disease, while malaria and measles remain active threats. Women and girls also face increased protection risks in overcrowded camps, including unsafe movement and lack of safe space. With winter approaching, families in remote and mountainous areas without heating or insulation face rising vulnerability.

Long-term needs are also becoming evident. Survivors with severe injuries require post-traumatic care, while psychosocial distress is widespread. WHO has launched an emergency appeal for the next six months, seeking over US\$ 6.9 million to sustain life-saving health services, expand rehabilitation, and ensure continuity of care for displaced communities.

HEALTH SITUATION

WHO conducted a Rapid Health Assessment across Kunar, Nangarhar, and Laghman provinces from 8–15 September. The assessment covered 37 villages in high-intensity (MMI 7+) earthquake zones, three IDP camps, and 78 health facilities.* Of the facilities assessed, 21 were damaged (including one completely destroyed), while 67 remained fully functional, 20 partially functional, and one non-functional due to structural damage, staff shortages, or supply gaps. The assessment also confirmed that hospitals in Kunar and Nangarhar remain overstretched, with thousands of trauma patients still requiring surgical and rehabilitative care. These findings provide a critical evidence base to guide response priorities and strengthen health service delivery for affected communities.

The most common health risks identified were acute respiratory infections, acute watery diarrhea, malaria, measles, and skin infections. Communities and IDPs highlighted urgent needs for emergency

care, essential medicines, reproductive health services, immunization, MHPSS, noncommunicable diseases (NCD) care, and safe water and sanitation. Vulnerable groups include children under five, pregnant and breastfeeding women, older persons, and people with disabilities, particularly in overcrowded camps where referral capacity is limited, medicine stockouts persist, and disease surveillance remains weak.

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. A total of 343 surgeries were performed, 360 patients received blood transfusions, and 14 deaths were reported. The majority of admitted cases have been discharged. Between 15 and 18 September, no new cases were reported in 11 hospitals.

WHO RESPONSE

WHO, together with Health Cluster partners and health authorities, continues to ensure that essential health services and life-saving support reach the most affected communities across Afghanistan.

Primary Healthcare Services

WHO has deployed six Mobile Health Teams (MHTs) in IDP camps in Kunar Province, including Andarlachak and Dewa Gal village of Chawkey District, Patan, Khas Kunar, and Wadir Satwal in Mazar valley of Nurgal District.

Those MHTs have been 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 8545 consultations, reaching women and girls in particular (31% women, 14% girls). Healthcare provided included 1289 trauma cases, with 249 patients referred for advanced treatment, ensuring that those with severe injuries received timely and specialized care.

Mental Health and Psychosocial Support

WHO has deployed two Mental Health and Psychosocial Support (MHPSS) outreach teams to the earthquake-affected areas: one in Mazar village, Nurgal District, in Kunar Province, and another at Nangarhar Regional Hospital. Comprising doctors, nurses, and psychologists. To date, 1568 consultations have been provided, reaching women (26%), men (27%), girls (7%), boys (9%), and people aged 65+ (31%). In addition, 1628 people, predominantly men (63%), participated in MHPSS awareness sessions. IEC materials on grief, PTSD, self-care, and insomnia were distributed to communities and facilities serving survivors.

On 16 September, the WHO MHPSS team visited Nangarhar Regional Hospital's mental health ward and Jalalabad Substance Abuse Treatment Center, which highlighted urgent needs for psychotropic medicines, service gaps, and the importance of staff self-care. At Torkham Trauma Treatment Center, WHO oriented staff on Psychological First Aid (PFA) techniques and provided technical guidance. Coordination with the partner is ongoing to deliver PFA training for 105 community healthcare workers in Kunar Province.

* The assessment was conducted in 37 villages, including nine in Chawkey, four in Nurgal, four in Chapa Dera, and two in Khas Kunar (Kunar Province), seven in Kuz Kunar and three in Dara-e-Nur (Nangarhar Province), and eight in Alingar (Laghman Province)

** 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.

Trauma Care

WHO conducted a follow-up visit on 16 September and confirmed that Nangarhar Regional Hospital effectively managed a surge of earthquake-related trauma cases with WHO-prepositioned medical supplies; most patients have been discharged with high satisfaction.

On 17 September, WHO visited Torkham Emergency Response and Trauma Care Centre, which WHO has established and supported in operation. The facility is fully functional, with well-stocked pharmacies and adequate medical supplies providing uninterrupted 24/7 services for returnees.



WHO conducted supportive supervision at Torkham Emergency Response and Trauma Center, which serves returnees and supported earthquake response. (Photo: WHO Afghanistan)

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 17 September, these efforts enabled the detection and reporting of 4757 infectious disease cases in Kunar Province, including:

- 2916 acute respiratory infections
- 1339 cases of acute diarrheal diseases of which 913 acute watery diarrhoea and 426 acute bloody diarrhoea
- 258 cases of confirmed malaria
- 244 suspected COVID-19 cases.

A total of 244 rapid diagnostic tests (RDTs) were conducted for COVID-19, of which 31 positive. These early detection measures support health authorities in responding promptly and prevent further transmission.

Operations Support and Logistics

On 17 September, 23 non-communicable disease (NCD) kits (approximately nine metric tonnes) were provided to five health facilities in Kunar, Nangarhar, and Laghman provinces, including Nangarhar Regional Hospital, Jalalabad Diabetes Center, and Asadabad Provincial Hospital. These NCD kits will support the treatment of chronic conditions such as hypertension, diabetes, and chronic respiratory diseases, will benefit an estimated 230 000 cases for three months. To date, WHO has delivered a total of 52 metric tonnes of medical supplies to the affected areas since the first hours after the earthquake.

Cross-Cutting Areas

Risk Communications and Community Engagement

WHO conducted a rapid Risk Communications and Community Engagement (RCCE) needs assessment in Nangarhar and Kunar (13–17 September), engaging over 30 community members and health workers. The assessment found limited RCCE activities, with communities depending mainly on elders, mosque announcements, and health staff for information. High illiteracy and restrictive gender norms remain major barriers, particularly for women's access to health messages.

To strengthen health messaging, WHO distributed 10 000 IEC materials on AWD and 2000 on cholera to support awareness and outbreak prevention.

Prevention of and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

WHO continues to support implementing partners in mitigating safeguarding risks during the earthquake response. Three partners have been provided with PSEA awareness materials to engage affected communities, reaching 2951 individuals (1387 women and 1303 men) and 530 healthcare workers (152 women and 378 men).

Sustained awareness efforts and accessible reporting mechanisms remain essential to reducing risks of sexual exploitation, abuse, and harassment. However, the travel ban on women has severely limited outreach to female health workers and affected women. WHO and partners are advocating for deployment of female health workers and equitable access to services.

Gender, Equity, Rights, and Disability Inclusion

Persistent gender inequalities are limiting women's access to health care and participation in decision-making during the earthquake response. Restrictions on female mobility and the shortage of female health workers continue to leave women and girls without safe, equitable access to essential services. WHO and Health Cluster are advocating for support for frontline workers, and the installation of secure, gender-segregated sanitation facilities. Efforts are also underway to strengthen disability-inclusive services, ensuring health facilities and temporary settlements are accessible to people with disabilities.

NEEDS AND GAPS

The WHO's rapid health assessment in Kunar, Nangarhar, and Laghman provinces confirmed that displacement and loss have sharply increased psychosocial distress. Communities reported grief, anxiety, and fear, while health staff cited urgent shortages of medicines and trained providers. Scaling up outreach, counselling, and community-based MHPSS remains critical, with women, children, and older persons highlighted as priority groups.

Living conditions in villages and IDP settlements remain unsafe, with poor sanitation and limited access to clean water and hygiene facilities. These gaps are contributing to rising cases of diarrhoeal disease, acute respiratory infections, and measles. Immediate action on safe water, sanitation, hygiene supplies, and health promotion is critical to prevent further outbreaks.

A total of 21 health facilities were damaged, while the 67 that remain functional face medicine stockouts, staff shortages, and weak referral pathways. Urgent rehabilitation, provision of essential medicines, and capacity building for health workers are needed to restore and sustain services.

Accountability to Affected Populations

Through regular follow-up with the Health Cluster, the Accountability to Affected Populations (AAP) team addressed 10 new cases and closed five cases via the interagency reporting system, "Awaaz" Afghanistan humanitarian. WHO is preparing a training for 30 frontline health workers on AAP principles, community engagement, and feedback mechanisms. consistent follow-up, and direct communication with affected individuals.

Nearly 498 000 people are estimated to be in need of urgent health assistance following the earthquake. WHO, together with Health Sector, has set a target to reach 150 000 people with life-saving services. WHO and partners are ramping up capacity to expand PHC, rehabilitate damaged facilities, strengthen MHPSS, and ensure winter preparedness. However, over US\$ 6.9 million is required, with more than US\$ 6 million still unfunded, leaving critical gaps to sustain essential operations.



WHO-supported mobile health team provides psychosocial support to the survivors at Anderlachak PHC in Vadeer village, Nurgal 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

498,130
People in need

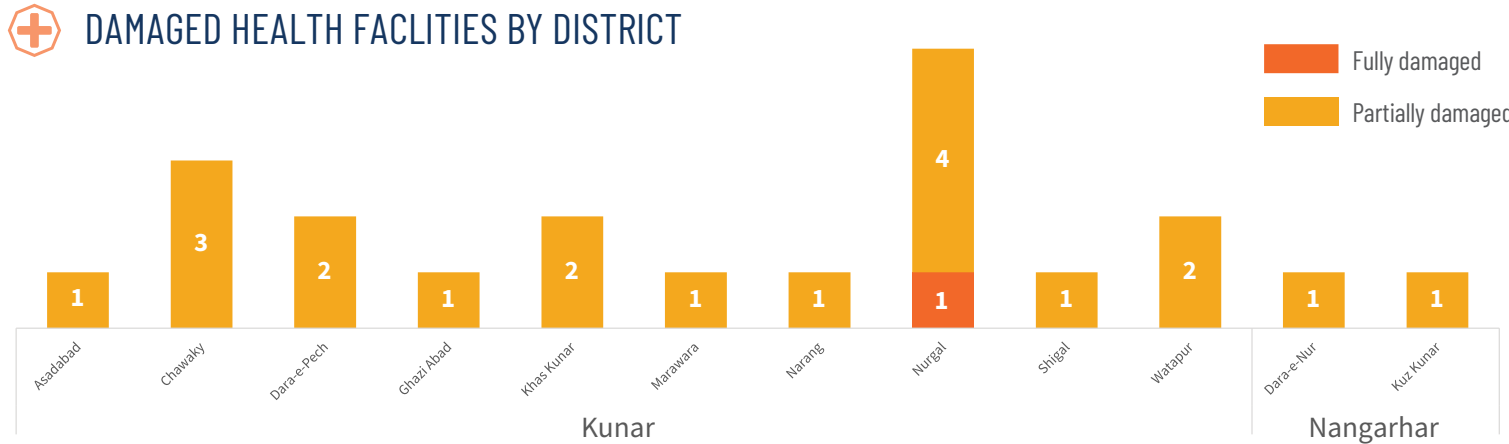
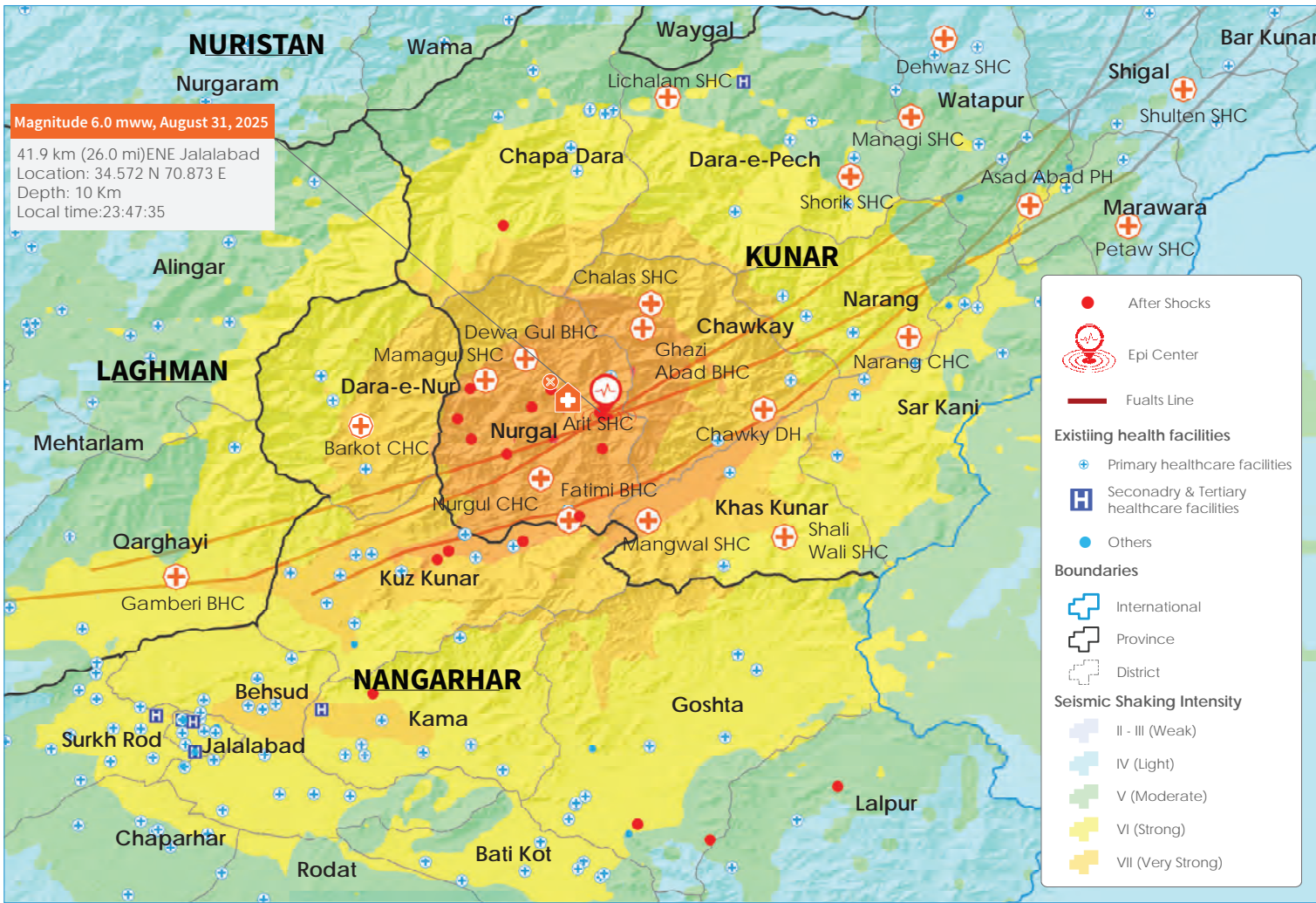
2,205
Fatalities

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

