

# Earthquake in Eastern Afghanistan

WHO Situation report no. 12 | 25 Sept 2025



**World Health Organization**  
Afghanistan

Reporting period: Based on available information as of 15:00 on 25 September 2025

## KEY FIGURES



**498 130**  
People affected



**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



**13 537 Consultations**  
provided at WHO-supported primary healthcare facilities



**52 metric tonnes**  
medical supplies provided.



**Additional 100 metric tonnes**  
is prepositioned for use in case of emergency



**US\$ 6M**  
Funding gap for rapid life-saving response



MHPSS outreach team providing services to the beneficiaries, Usmani Camp, Khas Kuner District. photo credit: WHO

## 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.

The situation worsened on 23 September when another earthquake measuring 4.5 magnitude struck Dari Noor district, Nangarhar Province, affecting the villages of Otran, Majkandool, Bamba Kot, and Sota.

Initial reports confirm structural damage and destruction of several homes leaving 28 people injured including 11 women, 12 men, and 3 WFP Implementing Partner staff. Other 24 patients sustained minor trauma and were treated and discharged while 4 others remain hospitalized for further observation and care.

WHO supported Mobile Health Teams (MHTs), already present in Dari Noor for the previous earthquake response, were immediately mobilized; two ambulances facilitated referrals to Dari Noor CHC and Kuz Kunar CHC+, and patients needing advanced care were transferred to Nangarhar Regional Hospital, which remains well-supplied with trauma kits and essential medicines.

Meanwhile, six IDP settlements have been established in Kunar Province, hosting thousands of displaced families who cannot return home due to aftershocks and unsafe housing.

However, survivors with serious injuries still require rehabilitation and post-traumatic care in addition to the psychosocial distress which is rising across affected communities.

To address these urgent long-term needs, WHO has launched an emergency appeal for US\$ 6.9 million over the next six months to sustain life-saving health services, expand rehabilitation support, and ensure the continuity of care for displaced populations.

## HEALTH SITUATION

The acute emergency phase of the earthquake response in Eastern Afghanistan has passed, and operations have now shifted into the early recovery stage. While immediate life-saving needs have largely been addressed, the focus is gradually towards restoring disrupted health services, ensuring the affected population's access to essential health services, rehabilitation of damaged health facilities, improving WASH at both community and health facilities levels, and addressing the ongoing needs of vulnerable populations in the most affected districts.

## WHO RESPONSE

WHO has established four fixed health facilities (Andarlachak health camp, Wadeer Health Camp, Armary village health camp, and Khas Kunar health camp) in the earthquake-affected areas in Noorgal and Sawki districts of Kunar province. Each team comprised of two MDs, two Nurses, two MHPSS counselors, one Nutrition Nurse, one Midwife, two Vaccinators, one Health promotion and community mobilizer, and two supportive staff.

### Primary Healthcare Services

WHO 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. The MHTs have been providing the full Basic Package of Health Services (BPHS) to earthquake-affected families on 24 hours basis. 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. The services are provided as outpatients with a referral service in place. So far, the teams have provided 13,537 consultations, reaching women and girls (28% women, 16% girls). Healthcare provided included 1,779 trauma cases, with 422 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 Usmani Camp, District Khas Kunar, Kunar province, and another at Nangarhar Regional Hospital, Jalalabad. Comprising doctors, nurses, and psychologists. To date, 2168 consultations have been provided, reaching women (25%), men (29%), girls (7%), boys (9%), and people aged 65+ (30%). In addition, 1828 people, predominantly men (62%), participated in MHPSS awareness sessions. IEC materials on grief, PTSD, self-care, and insomnia were distributed to communities and facilities serving survivors.

On 20 September, the WHO MHPSS team visited Teaching Hospital's mental health ward and Jalalabad Drug Treatment Center (DTC), which highlighted urgent needs for psychotropic medicines, service gaps, and the importance of staff self-care. At DATC, WHO oriented staff on Psychological First Aid (PFA) techniques and Problem Management Plus (PM+) and provided technical guidance. A total of 95 community healthcare workers (51 male and 44 female) were trained on Psychological First Aid (PFA) from 21-22 September 2025 in Kunar Province.

### Trauma Care

Following a new earthquake on 23 September 2025, Dara Noor reported a total of 28 trauma cases including 14 males and 12 females with 2 cases under 2 years of age (1 male and 1 female). Among these, 4 patients (2 males and 2 females) required inpatient care, while 24 (13 males and 11 females) were managed as outpatients. The majority of cases were polytrauma (16), limb fractures (6), head trauma 2, chest trauma 2, and 2 were categorized as other. Additionally, 4 minor operations were performed in the Nangarhar Regional Hospital. A few orthopedic and neurosurgery cases from the previous incident remain admitted at Nangarhar Regional Hospital.

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

WHO has already deployed 17 Surveillance Support Teams (SSTs) across Nangarhar, Kunar, Nuristan, and Laghman provinces to strengthen active disease surveillance. Currently, there are four teams deployed the IDP camps for active case finding. Between 2 and 24 September, these efforts enabled the detection and reporting of 8,506 infectious disease cases in Kunar Province, including:

- 5,261 acute respiratory infections
- 2,494 cases of acute diarrheal diseases of which 1,788 acute watery diarrhoea and 706 acute bloody diarrhoea
- 385 cases of confirmed malaria
- 366 suspected COVID-19 cases.

In terms of diagnostics,

- 51 rapid diagnostic tests were conducted among the AWD cases, with 2 RDT positive (positivity rate of 3.9%).
- 370 RDTs were conducted for COVID-19, with 39 RDT positive results (positivity rate of 10.5%).

Analysis of daily active surveillance data indicates a marked increase in acute watery diarrhea (AWD), acute respiratory infections (ARI), and confirmed malaria cases in the three most affected districts of Kunar Province (Nurgal, Sawkai, and Khas Kunar) during epidemiological weeks 37 and 38, following the recent earthquake. This upward trend underscores the need for close monitoring and verification once data entry for week 39 is finalized.

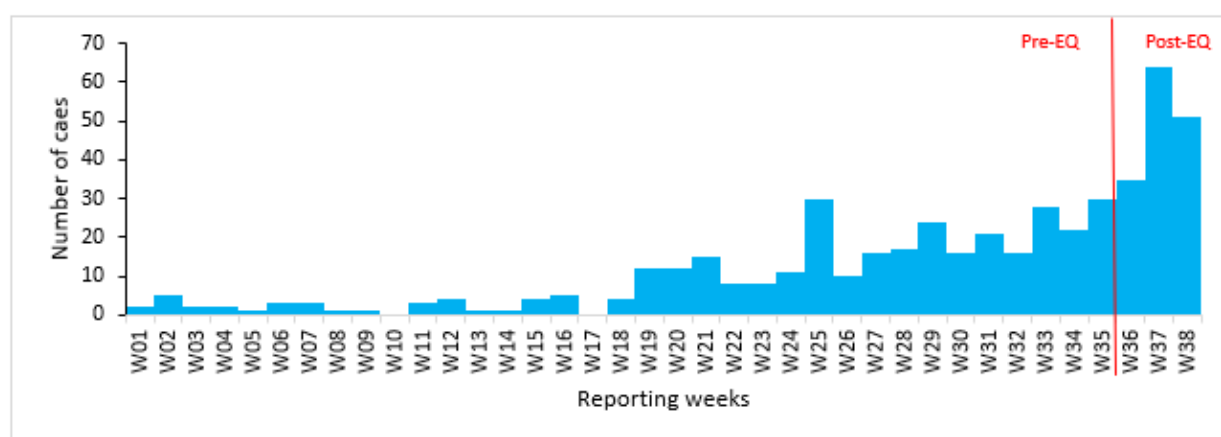
**Passive surveillance** (reported on weekly basis from surveillance sentinel sites in the three most earthquake affected districts)

- **Trend of Acute Watery Diarrhea (AWD) and AWD with dehydration**

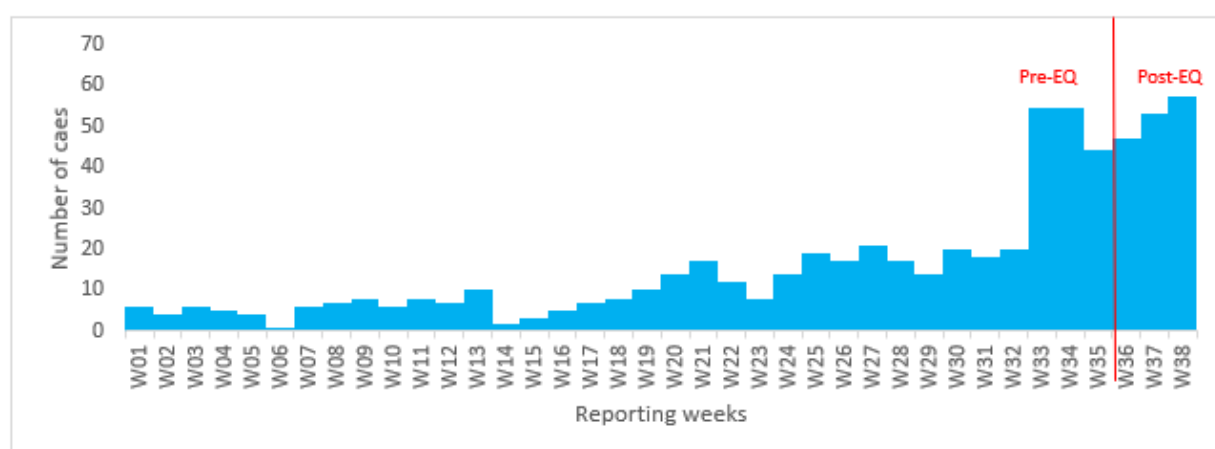
- » The trend of AWD cases in the earthquake-affected districts remained at similar level when comparing the pre- and post-earthquake periods.

- **Trend of confirmed malaria cases**

- » Post-earthquake surveillance data indicates an upward trend in confirmed malaria cases in Khas Kunar and Chawkai districts compared to the pre-earthquake baseline.
- » In contrast, trend analysis for Nurgal district shows no significant changes in malaria case compared with the pre-earthquake period.



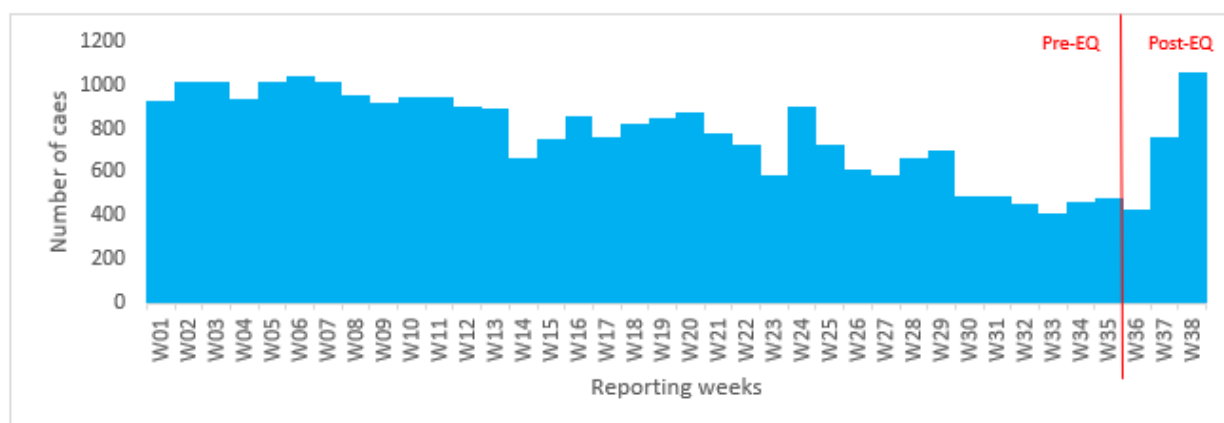
Weekly distribution of confirmed malaria cases during the pre- and post-earthquake periods in Khas Kunar district, Kunar province, Afghanistan, 29 December 2024 - 20 September 2025



Weekly distribution of confirmed malaria cases during the pre- and post-earthquake periods in Chawkai district, Kunar province, Afghanistan, (29 December 2024 - 20 September 2025)

### • Trend of ARI (Cough & Cold and Pneumonia)

- » The trend of ARI (cough, cold, and pneumonia) cases shows an increase in Chawkai district after the earthquake, going above the highest level observed before the earthquake.
- » The analysis shows that ARI (cough, cold, and pneumonia) cases remained with the similar pattern in Nurgal and Khas Kunar districts, with no major change between the pre- and post-earthquake periods.



*Weekly distribution of ARI (Cough & Cold and Pneumonia) cases during the pre- and post-earthquake periods in Chawkai district, Kunar province, Afghanistan, (29 December 2024 - 20 September 2025)*

### Operations Support and Logistics

On 23 September, WHO received a chartered flight from Dubai carrying 60 metric tonnes of Medical kits supported by ECHO-WFP. Part of these items will be distributed to the earthquake affected areas.

WHO has delivered over than 52 metric tons of medical supplies, including IEHK, TESK, NCD kits, and kits for management of infectious diseases (like AWD, measles and pneumonia), to affected areas since the first hours following the earthquake. An additional 35.9 metric tons of emergency medical supplies have been secured via a charter flight from the Dubai hub, these items are being prepositioned for distribution according to needs assessments.

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

WHO, in collaboration with implementing partners continues to prioritize safeguarding in the ongoing earthquake response. Efforts remain focused on ensuring that individuals accessing health services can do so safely and with dignity, free from the risks of sexual exploitation, abuse, and harassment. Equally, health workers must be able to deliver care without fear of mistreatment or abuse.

To date, safeguarding awareness activities have reached 3,881 community members, including 1,917 women and 1,964 men. Additionally, 550 healthcare

workers (162 women and 388 men) have been engaged in targeted training and sensitization efforts aimed at strengthening protective practices within health facilities.

However, the travel ban on women has significantly constrained outreach to female health workers and earthquake-affected women, limiting the effectiveness of community engagement and risk mitigation strategies. In response, WHO are actively recruiting a dedicated safeguarding officer to be deployed in the field. This role will support the implementation of safeguarding measures, enhance reporting mechanisms, and ensure sustained awareness efforts despite operational challenges. WHO remains committed to upholding the principles of protection and accountability across all aspects of the emergency health response

### Gender, Equity, Rights, and Disability Inclusion

Persistent gender inequalities are limiting women's access and participation 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. As the GBV cases are increasing day by day and WHO and Health cluster have planned to enhance the skills and knowledge of front-line health workers on GBV case management, referral and supply essential kits to identified health facilities.

### 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.

## NEEDS AND GAPS

The WHO 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 highlighted urgent shortages of medicines and trained providers. Scaling up outreach, counselling, and community-based MHPSS remains critical, with women, children, and older persons identified as priority groups.

Living conditions in villages and IDP settlements remain unsafe, with poor sanitation and limited access to clean water and hygiene facilities. A surge in acute respiratory infections has been already seen in some of the affected districts. Overcrowding in temporary shelters, combined with the approaching winter, greatly increases the risk of widespread ARI outbreaks, particularly among children and older persons.

The risk of communicable disease outbreaks is also high. Malaria is endemic in Eastern Afghanistan, and the disruption of routine health services, vector-control measures, and access to diagnosis and treatment is expected to lead to an increase in cases in the coming weeks. Furthermore, the earthquake-affected provinces are recognized hotspots for AWD

with dehydration, with repeated outbreaks in recent years. Unsafe water sources, poor sanitation, and limited hygiene supplies in IDP settlements create an environment where diarrhoeal diseases could rapidly escalate. Unless urgent preventive measures are implemented, including surveillance strengthening, WASH interventions, RCCE campaigns and pre-positioning of response supplies, there is a significant risk of large-scale outbreaks.

A total of 21 health facilities were damaged, while the 67 that remain functional continue to 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.

Nearly 498,000 people are estimated to be in urgent need of health assistance following the earthquake. WHO, together with the 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, more than US\$ 6.9 million is required, with over US\$ 6 million still unfunded, leaving critical gaps to sustain essential operations.

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