

AFGHANISTAN: Earthquakes in Herat Province

Health Situation Report No. 8

15-16 October 2023

(The Health Situation Report is issued twice a week.

The next report will be published on 19 October 2023.)



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SITUATION UPDATE

Highlights

Three major earthquakes, all with magnitude of 6.3, hit the western region of Afghanistan on 7 October, 11 October and 15 October.

As of 13 October, there have been:

- 1480 deaths
- 1950 injuries
- 4,642 households destroyed

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

Around 27,150 people have been affected across six districts: Zindajan, Injil, Kushk/Rabat-e-Sangai, Ghulan, Herat and Kohsan of Herat Province.

Health Cluster reached 28,831 affected people through 16 partners in highly affected districts (Zindajan, Injil, Kohsan, Herat City, Kushk and Gulran).



WHO Representative Dr Luo Dapeng visits the earthquake-affected areas to support the health teams and assure survivors of WHO's continuing support.

Overview:

Three major earthquakes, all with magnitude of 6.3, have hit Herat Province in Western Afghanistan in the past week: 7 October; 11 October; and 15 October.

The region continues to experience series of aftershocks, leaving people gripped by fear and uncertainty. Many survivors remain confined to temporary shelters or sleeping in tents due to the loss of their homes and fear of collapsing buildings. These earthquakes have also caused partial damage to some UN premises, including the WHO office in Herat.

On 13 October, OCHA Afghanistan reported a total of 1480 deaths, 1950 injuries and approximately 4,642 households destroyed.

Based on a multi-sectoral rapid assessment, an estimated 114,000 people are in need of humanitarian assistance. Around 27,150 individuals (14,202 females) across 71 villages/settlements spanning all six districts of Herat Province (Zindajan, Injil, Kushk/Rabat-e-Sangai, Ghulan, Herat, Kohsan), were directly affected by the earthquakes. Around 27.2% are children under five years old.

By 15 October, WHO and Health Cluster partners, have reached 28,831 individuals affected by the earthquake across multiple districts, including Zindajan (21,991), Herat City (3,142), Injil (2,070), Kohsan (858), Kushk (615) and Gulran (155).

On 16 October 2023, the World Health Organization (WHO) Representative in Afghanistan, Dr Luo Dapeng, along with Health Cluster Coordinator, Dr Jamshed Tanoli, visited the affected villages in Herat province. They also visited the Herat Regional Hospital and met with local authorities.



Health staff support the Herat Regional Hospital in mass casualty management and recovery of those injured from the earthquake.

Health Facility Situation

- Rapid and initial assessments found damage to 40 healthcare facilities 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). These include 36 primary healthcare facilities and four hospitals: Herat Regional Hospital, Sakena Yacobi Hospital, Ghoryan District Hospital and Golran District Hospital.
- Among the 40 damaged facilities, Kernil BHC is completely non-functional, and the remaining 39 are partially damaged. This situation has affected the service delivery in the earthquake-affected districts. To date, most of the health services are being provided in temporary tents.
- WHO has deployed an engineer to provide a comprehensive assessment of the health facilities, which will serve as the foundation for rehabilitation plans.

Mental Health and Psychosocial Support (MHPSS)

- To build the capacity of healthcare workers, the International Assistance Mission (IAM) trained 44 psychosocial counselors (PSC) on Psychological First Aid for earthquake-affected communities.
- WHO deployed two MHPSS experts to engage in capacity-building activities, provide technical assistance, and coordinate the MHPSS Technical Working Group (TWG).
- WHO experts, in collaboration with the Regional MHPSS TWG and IAM, have started conducting training sessions for first-line service providers. The first training, a one-day Psychological First Aid (PFA) session, took place on 16 October 2023, at the Public Health Directorate in Herat, resulting in the training of 40 psychosocial counselors (22 female) representing various organizations, including IAM, WASSA, BCPA, OHPM, AADA, AIL, IOM, IRC, HNTPO, OCCD, HI, WVI and ARCS.

Reproductive Maternal and Child Health

- In collaboration with the Afghanistan Society of Obstetrics and Gynecology (AFSOG), WHO deployed a dedicated team of female healthcare workers from Kabul to Herat. The team was comprised of 11 midwives and 10 medical doctors, including one OB/GYN.
- Eight doctors and 10 midwives have been deployed to the affected villages of Kashkak, Cheshmah Ghorri, 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 WVI.
- Additional three female health professionals (two doctors, one midwife) will join the team on 17 October to provide additional support for at least one week.

Primary Healthcare Service Provision

- On 16 October, 31 health teams were mobilized to serve 28 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, 5 by IOM, 3 by AADA, 3 by AFGA, 2 by CARE, 2 by WHO/OCCD, and 2 by UNICEF/OHPM, 1 by IRC and 1 by OHW.
 - In Zindajan district: 21 health teams deployed to Koshkak, Mahal Wardakha (Karnal), Sia Aab, Kajlal, Chahak Mirandaziha, Cheshmah, Sar Baland, Cheshma Ghorri, Sanjab, Lakasang, Qala-e-Turk, Asyabadk, Butan, Nayeb Rafi, Ghar Mooshak, Qasr-e-Shirin, Ahamadabad, and Zghzalak villages
 - In Khosan district, one health team was established in Ahmadabad village
 - in Gulran district, another health team was established in Butan village
 - In Herat City, six health teams were deployed
 - In Injil district, two 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.
- On 15 and 16 October, around 4,491 consultations were recorded, including 708 psychosocial counseling and 509 trauma /dressing, at the established health teams (Table 1) .

Table 1: Number and type of consultations performed at healthcare facilities in the earthquake-affected areas (15-16 Oct, 2023)

Type of service	No. Consultation
Dressing / Trauma	509
psychosocial counseling	780
Integrated Management of Childhood Illness (IMCI)	325
Maternal and child health (antenatal care, postnatal care, family planning)	210
Institutional delivery	2
Women Vaccination	14
Child Vaccination	158
Nutrition	480
Refer out	9
Death	0
Other	2,004
Total Consultations	4,491



Earthquake-affected communities share their health concerns during the visit of the WHO Team, including prevention of diseases in camps and ensure availability of health workers even at night.

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 15 October, 530 ARI cases and 138 AWD cases had been reported (Table 2). All the cases received required treatment and health education through MHNTs. A total of 27 rapid diagnostic tests (RDTs) were performed for suspected COVID-19 suspected cases and two RDTs for AWD cases. The results indicated that all of these tests yielded negative.
- To prevent measles outbreaks among the earthquake-affected areas, MHNTs' vaccinators are assigned to administer one dose of measles vaccine to all children under 10 years of age. By 15 October, a total of 10 under-five children were vaccinated against measles.
- A total of 150 RDT kits for AWD cases; 1,000 COVID-19 RDT kits; and 300 viral transport media (VTM) for influenza were delivered to Herat NDSR. And 30 investigation kits for AWD (20 RDTs and 20 Cary Blairs per kit) are also available in Herat province.

Table 2: detection and reporting of infectious disease cases in Zandajan district, Herat province (as of 15th October 2023)

Districts	Diseases	Number of reported cases During 9-15 th Oct 2023						
		Male		Female		Total		
		<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
Zindajan	ARI	132	129	94	175	261	269	530
	Measles	0	0	0	0	0	0	0
	AWD	42	35	38	23	77	61	138
	Tetanus	0	0	0	0	0	0	0

Operational Support and Logistics

- WHO extended support to the Herat pre-hospital referral and ambulatory service to facilitate the quick transfer of patients to hospitals. WHO has provided 11,000 liters of fuel, which will fuel 18 ambulances for an entire month.
- WHO delivered five TESK renewable module (dressing) kits to the Herat Regional Hospital.
- Urban Health Initiative project of Jhpiego supplied 40 patient beds to the Herat Regional Hospital and supplied three baby warmers, three monitors, and three surgical tables to the Maternity Hospital.
- CARE International provided 400 cartons of medicines to the Provincial Public Health Directorate of Herat province to support the emergency unit of the Herat Regional Hospital.
- WHO provided 50 tents to be used for health care delivery in replacement of the already damaged health facilities.

Prevention of Sexual Exploitation and Abuse (PSEA)

- The Afghanistan network conducted its inaugural PSEA emergency response task team meeting on 15 October, where it was collectively decided to deploy this week a joint team composed of representatives from Accountability to Affected Populations (AAP), PSEA and Awaaz. This mission comprises of focal points representing WHO, UNFPA, ACBAR, UNOPS and RCO/UNAMA and is committed to the following agreed-upon activities:
 - Conducting Sexual Exploitation and Abuse (SEA) risk assessments.
 - Formulating shared messages for community engagement, encompassing various communication channels, such as face-to-face interactions, SMS, and radio.
 - Conducting training sessions for front-line responders and in-field focal points, with a specific emphasis on implementing partners of network members.
 - Ensuring the official launch of the Awaaz helpline phone number, specifically dedicated to PSEA focal points. This will serve to facilitate access to referral pathways and offer guidance on procedures for referrals and the mainstreaming of PSEA.

GAPS and URGENT NEEDS

- The continuous earthquakes and anticipated prolonged displacement demand an increase in healthcare services. There is a need to mobilize more resources, including enhancing healthcare worker capacity and providing medicine, medical supplies and equipment.
- The harsh winter is approaching and the cold weather will intensify the vulnerability of the affected people, especially those staying in temporary shelters and tents. Poor, overcrowded conditions with limited water will increase the incidence and severity of respiratory infections. Enhanced preparedness for public health threats, such as disease outbreaks (influenza, COVID-19, and measles, etc.) must be rapidly put in place.
- Rapid assessments reveal damage to 40 healthcare facilities. Ongoing aftershocks pose a continuous threat to these structures. Urgent rehabilitation is needed.
- Displaced individuals and survivors are suffering from trauma, depression, and post-traumatic stress. The expansion of mental health and psychosocial support is needed.
- The mobile health and nutrition teams operating in tents are facing significant infrastructure challenges. Establishing long-term solutions with proper infrastructure, WASH facilities, and waste management is urgently needed. In addition, there is a need for mobile operation theatres for general surgeries and urgent cases.
- There are ongoing concerns related to aftershocks, which have led to a shortage of healthcare workers due to hesitance over fear of further seismic activity.
- There is a lack of safe and suitable accommodation for volunteers and staff of humanitarian partners. This is hindering the ability to maintain and expand response efforts.

Story from the Field: Sense of Loss and the Need for Psychosocial Support

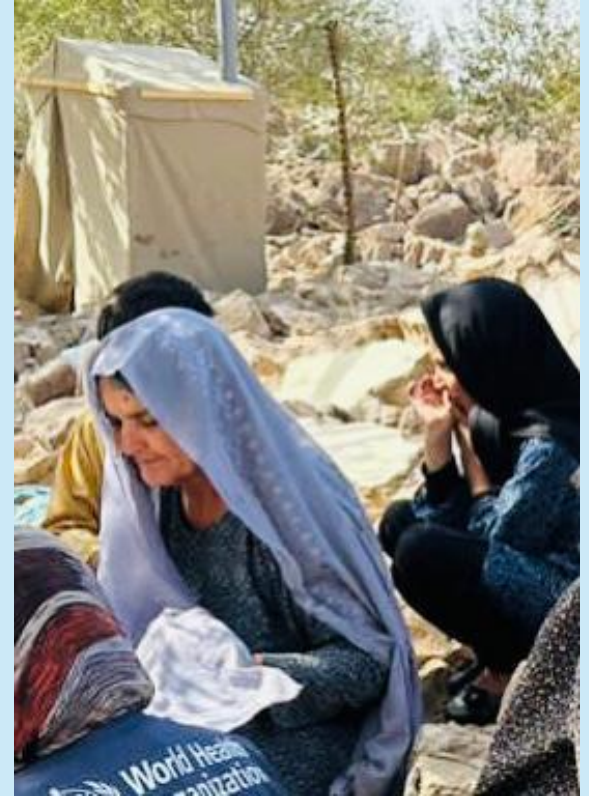
Tahira is a 60 year-old female resident of Warda Khan village, Zindajan district of Herat, Afghanistan. She was living with her other 21 family members in a house comprised of three rooms. During the earthquake on 7 October, all three rooms collapsed and she and her family members got stuck under the collapsed building. She is thankful to the rescue team who arrived and managed to take them to hospital. They were treated at the Herat Regional Hospital and brought back to the village when they got better.

With tears in her eyes and deep grief in her heart, Tahira shared the passing on of her two grandchildren: 11-year old girl and an 18-month old boy. To make situation worse, her daughter, the mother of these children got spinal cord injury and are still hospitalized at the Herat Regional Hospital.

Tahira is still shocked: "It is unbelievable for me to see shaking earth like that. I though no one will survive in the family."

She shared that women may suffer a lot after the earthquake .The most important and urgent needs for women are shelter, water, food, hygiene materials, blankets, warm clothes and shoes to keep them warm in the cold weather.

Tahira is very sad over the massive loss in her village and she expressed the need for psychological support for her and her family, including children as many of them are very depressed and having severe anxiety.



For more information on the response to #HeratEarthquake, contact:

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Thank you to the following donors for supporting WHO's health response to the Herat Earthquake:

