

AFGHANISTAN: Earthquakes in Herat Province

Health Situation Report No. 12

November 2023



World Health
Organization
Afghanistan



HEALTH
CLUSTER
Afghanistan

SITUATION UPDATE

Highlights

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

To date:

- **1,482** deaths
- **2,100** injuries
- **10,002** homes completely destroyed
- **40** health facilities damaged

Around **275,000** people are directly affected across 382 villages and in need of humanitarian assistance -- **60%** of them children.

Health Cluster reached **70,718** people in highly affected districts.

Health Cluster appeals for **US\$12.7 million** to cover life-saving health services in the next six months. The current funding gap is **US\$7.5 million**.



WHO and Ministry of Public Health launched a mass awareness campaign in earthquake-affected communities to prevent infectious diseases and support mental health and psychosocial services.

Overview

It has been more than seven weeks since the series of devastating major earthquakes hit Herat Province, the western region of Afghanistan, in October 2023, resulting in significant damage in the communities. More than 275,000 people in 382 villages were directly affected, mainly in the districts of Herat, Injil, Kushk, Zindajan, Gulran, Guzara, Ghoryan, Karukh, and Koshan. Reportedly, more than 1,400 were killed, and 2000 were injured.

The earthquake's toll on infrastructure has been critical, resulting in the complete destruction of over 10,000 homes and severe damage to 220,430 more. This has forced more than 47,000 families into temporary living settings. In addition, 40 health facilities were damaged, exacerbating the urgent need for health assistance.

An estimated 275,000 people are in need of urgent health assistance, with 60% of them being children.

As the fear among the people decreased, they have returned to their villages, where they are resettling in their families and communities. However, the houses remain damaged, and most of the belongings are lost, and the majority of people are still residing in tents with limited access to essential resources, including water and food. As the harsh winter began, the vulnerability of these populations to health risks, particularly children, women, the elderly, and those with preexisting conditions, intensifies. In November, a total of 2901 cases of acute respiratory infection (ARI) and 316 acute watery diarrhea (AWD) cases were reported among the earthquake-affected population.

To address the pressing health needs of these vulnerable communities, the World Health Organization (WHO) and Health Cluster partners have mobilized their resources and scaled up the operation, reaching a total of 70,718 people with various health services by the end of November 2023.

However, the situation remains precarious, and the demand for aid continues to grow.

The Health Cluster has appealed for US\$ 12.7 million to support health services, including trauma care, physical rehabilitation, and mental health and psychosocial support (MHPSS). To date, only 41% of this funding has been secured, leaving a substantial funding gap of US\$7.5 million. Closing this gap is crucial to ensuring that the affected populations receive the vital assistance they desperately need during this challenging period.

EMERGENCY RESPONSE

Health Cluster Coordination

Between 7 October and 29 November 2023, Health Cluster partners provided health services to 70,718 individuals in six districts, namely: Zindajan (41,743), Injil (10,145), Herat City (6,692), Kushk (5,453), Kohsan (3,937) and Gulran (2,748). Among them, 62,570 people received primary healthcare (PHC) and MHPSS services; 3,915 people received trauma care and rehabilitation services; and 4,233 received various kits, including mama and baby kits, dignity kits, and individual cleaning delivery kits.

As of 30 November, five Health Cluster partners have supported healthcare service provision through 14 health facilities (HFs) in nine static and five mobile teams. This includes World Vision (4), AADA/UNFPA (4), AFGA (3) OCCD/WHO (2), and OHPM/UNICEF (1). The nine static HFs were deployed to nine villages in Zindajan District, Karanil, Koshkak, Qasr-e-Shirin, SiaAab, Kajkal, Chahak, Sar Baland, Naeib Rafi, and Qar Moshak, and five mobile health teams were deployed in Herat City.



Joint Monitoring with UN OCHA, UN Women and WHO was conducted from AHF funded project in Herat earthquake-affected areas.

The Regional Health Cluster team has organized regular meetings with health partners since the onset of the crisis to streamline health responses and prevent duplication of interventions. In November, the Regional Health Cluster meetings were held weekly. The Regional Health Cluster Coordination team also actively participated in the Inter-Cluster Coordination Group (ICCG), Operational Coordination Team (OCT), and Emergency Preparedness and Response (EPR) committee meetings.

In addition, the Regional Health Cluster Coordination team collaborated with WASH, Nutrition, and Protection Clusters. This collaboration facilitated the provision of tents, supplies for malnutrition, and the establishment of emergency toilets for healthcare workers and affected communities.

The Regional Health Cluster Coordination Team coordinated the partners in the site selection for the deployment of an additional 15 static health facilities. These health facilities will be supported by OCCD/WHO (12), Union Aid (1), IRC (1), and IRW (1) to ensure the continuity of health services in the affected areas.

Trauma and Hospital Care

- In November, while there were some mild aftershocks reported in Herat, there were no new referrals of injured patients from Herat city and districts to the Herat Regional Hospital. Since the onset of the earthquake, a total of 889 injured cases have received treatment at the hospital and discharged. Currently, there are no admitted cases related to the earthquakes in Herat Regional Hospital.
- WHO has continued to monitor the stock of medicine and medical supplies in Herat Regional Hospital to ensure mass casualty management is in place for future response.

Mental Health and Psychosocial Support (MHPSS)

- WHO prioritizes mental health services for the earthquake-affected population, mostly those who lost their loved ones and belongings.
- WHO, together with members of the MHPSS Technical Working Group, has conducted a one-day Psychological First Aid Training (PFA) with Stress Management to 179 psychosocial counselors (113 female and 66 male) who are currently providing MHPSS services to earthquake-affected communities.
- In November, WHO has conducted three training sessions specific for the six-day training on mental health Gap Action (mhGAP) which included grief and post-traumatic stress disorder (PTSD) through three training sessions for 80 doctors and nurses (62 males and 18 females) from eight earthquake-affected districts of Herat province. This is to help doctors and nurses in providing proper diagnosis and management of MHPSS to the affected communities.



Public awareness campaign on infectious diseases and psychosocial support at earthquake-affected areas in Herat province.

Disease Surveillance/Potential Disease Outbreak Prevention and Response

WHO has coordinated with the National Disease Surveillance Response (NDSR) team to enhance surveillance activities and deployed five surveillance support teams (SSTs) in Zindajan district.

In November, there were 2,901 ARI cases; 316 AWD cases, and one suspected measles case have been reported.

A total of 630 rapid diagnostic tests were conducted for suspected COVID-19 cases, resulting in 26 positive samples. In addition, 1,035 samples from suspected COVID-19 cases were tested using PCR in the Herat Regional Reference Laboratory. Among these samples, 69 were confirmed to be positive for COVID-19 (positivity rate: 6.7%). COVID-19 vaccination began in November, and a total of 1,240 individuals (459 males and 781 females) received vaccinations.

A total of 12 influenza samples were sent to the National Influenza Center in Kabul in November, and the result was negative for all of them. In addition, 12 RDTs were conducted for AWD cases, and the result was negative for all of them.

In addition, WHO has been actively involved in capacity building for healthcare workers in the earthquake-affected areas. In November, a total of 35 healthcare workers (five female staff) received training in ARI case management, and 43 healthcare workers (five are female) were trained in CCHF.

Districts	Diseases	Number of reported cases During 01– 29 Nov 2023						
		Male		Female		Total		
		<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
Zinda Jan	ARI	504	858	496	1043	1,362	1,539	2,901
	Measles	1	0	0	0	1	0	1
	AWD	110	65	99	42	175	141	316
	Tetanus	0	0	0	0	0	0	0
	Confirmed COVID-19	0	36	0	59	36	59	95

Prevention of Sexual Exploitation and Abuse (PSEA)

The PSEA risk assessment in Herat revealed very low awareness on protection from sexual exploitation and abuse in communities. While the men within the affected communities had some limited awareness of PSEA and on reporting mechanisms, the women reported no awareness of SEA, available mechanisms, and risks.

Following this, WHO has partnered with the Ministry of Public Health to integrate SEA awareness into public health awareness campaigns. PSEA training was done for 40 male and 40 female social mobilisers in Herat. The social mobilizers were deployed to raise awareness on PSEA in the communities of Injil, Zindajan, Ghoryan, Koshan, Kushku(Robat-e-Sagani), Gulran, and Herat City.

Approximately 33,500 women and men have been reached through door to door with SEA awareness raising information on various topics such as: where and how to report complaints and share feedback; rights to humanitarian assistance; rights of beneficiaries in respect to protection from SEA; standards of behavior/conduct for UN/WHO and partner agency staff (and clear examples of unacceptable behavior), including WHO Zero Tolerance policy on PRSEAH; what constitutes sexual exploitation and abuse and how to access survivor support services.



70,718
PEOPLE RECEIVED HEALTH SERVICES

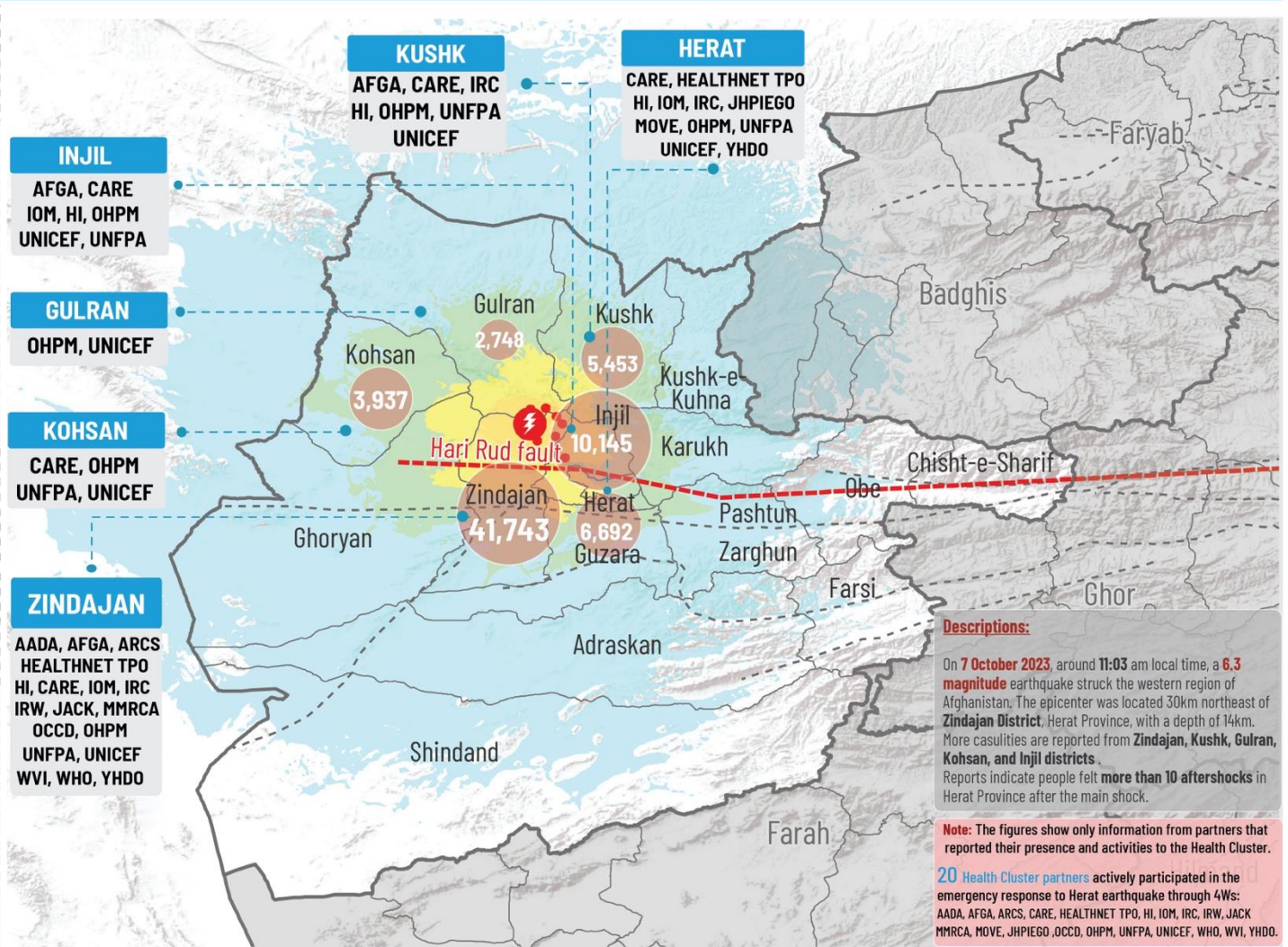
by **17** REPORTING ORGANIZATIONS and **3** SUPPORTING AGENCIES in **6** DISTRICTS

62,570 Primary health services including reproductive health and MHPSS

3,915 Trauma and rehabilitation services

4,233 Kits distributed

Implementing Partners	Supporting Agencies	Activity		
		PHC/Reproductive Health/MHPSS	Kits Distribution	Trauma and Rehabilitation Services
Herat City				
CARE	UNFPA	✓	✓	✓
HealthNet TPO	UNFPA	✓	✓	✓
IRC		✓	✓	✓
IRW	UNFPA	✓	✓	✓
MMRCA	UNFPA	✓	✓	✓
UNFPA		✓	✓	✓
UNICEF		✓	✓	✓
WHO		✓	✓	✓
JHPIEGO		✓	✓	✓
Injil				
AFGA		✓	✓	✓
CARE	UNFPA	✓	✓	✓
IRC		✓	✓	✓
IRW	UNFPA	✓	✓	✓
MMRCA	UNFPA	✓	✓	✓
UNFPA		✓	✓	✓
UNICEF		✓	✓	✓
WHO		✓	✓	✓
JHPIEGO		✓	✓	✓
Zindajan				
AADA	UNFPA	✓	✓	✓
AFGA	UNFPA	✓	✓	✓
AFRC	UNFPA	✓	✓	✓
CARE	UNFPA	✓	✓	✓
HealthNet TPO	UNFPA	✓	✓	✓
IRC		✓	✓	✓
IRW	UNFPA	✓	✓	✓
JACK	UNFPA	✓	✓	✓
MMRCA	WHO	✓	✓	✓
OCCD	WHO	✓	✓	✓
OHPM	UNFPA	✓	✓	✓
UNFPA		✓	✓	✓
UNICEF		✓	✓	✓
WHO		✓	✓	✓
WVI		✓	✓	✓
YHDO	UNFPA	✓	✓	✓
Kohsan				
CARE	UNFPA	✓	✓	✓
IRC	UNFPA	✓	✓	✓
UNICEF		✓	✓	✓
Kushk				
AFGA	UNFPA	✓	✓	✓
CARE	UNFPA	✓	✓	✓
IRC	UNFPA	✓	✓	✓
IRW	UNFPA	✓	✓	✓
MMRCA	UNFPA	✓	✓	✓
UNFPA		✓	✓	✓
UNICEF		✓	✓	✓
WHO		✓	✓	✓
Gulran				
AFGA	UNFPA	✓	✓	✓
CARE	UNFPA	✓	✓	✓
IRC	UNFPA	✓	✓	✓
IRW	UNFPA	✓	✓	✓
MMRCA	UNFPA	✓	✓	✓
UNFPA		✓	✓	✓
UNICEF		✓	✓	✓
WHO		✓	✓	✓



ZINDAJAN
AADA, AFGA, ARCS
HEALTHNET TPO
HI, CARE, IOM, IRC
IRW, JACK, MMRCA
OCCD, OHPM
UNFPA, UNICEF
WVI, WHO, YHDO

INJIL
AFGA, CARE
IOM, HI, OHPM
UNICEF, UNFPA

GULRAN
OHPM, UNICEF

KOHSAN
CARE, OHPM
UNFPA, UNICEF

KUSHK
AFGA, CARE, IRC
HI, OHPM, UNFPA
UNICEF

HERAT
CARE, HEALTHNET TPO
HI, IOM, IRC, JHPIEGO
MOVE, OHPM, UNFPA
UNICEF, YHDO

Descriptions:
On **7 October 2023**, around **11:03** am local time, a **6.3** magnitude earthquake struck the western region of Afghanistan. The epicenter was located 30km northeast of **Zindajan District**, Herat Province, with a depth of 14km. More casualties are reported from **Zindajan, Kushk, Gulran, Kohsan, and Injil** districts. Reports indicate people felt **more than 10 aftershocks** in Herat Province after the main shock.

Note: The figures show only information from partners that reported their presence and activities to the Health Cluster.

20 Health Cluster partners actively participated in the emergency response to Herat earthquake through 4Ws: AADA, AFGA, ARCS, CARE, HEALTHNET TPO, HI, IOM, IRC, IRW, JACK, MMRCA, MOVE, JHPIEGO, OCCD, OHPM, UNFPA, UNICEF, WHO, WVI, YHDO.

Legend

- After Shocks
- Main Epicenter
- Major Fault Line
- Minor Fault Line
- Shake Intensity Level: II - III (Weak), IV (Light), V (Moderate), VI (Strong), VII (Very Strong)
- District Boundary
- Provincial Boundary
- People Reached: <3,000, 3,001 - 10,000, 10,001 - 45,000

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DATA SOURCES: USGS, Health Cluster Partners

CREATED BY: Health Cluster - Information Management Team

Reaching earthquake-affected communities with life-saving information: Risk Communication and Community Engagement campaign for outbreak-prone diseases

WHO and MoPH, with support from the German Foreign Office (GFFO), conducted a Risk Communication and Community Engagement (RCCE) campaign in earthquake-affected communities in Herat province. The focus was on raising awareness among the affected communities in high-risk districts about prevention of outbreak-prone diseases such as COVID-19, AWD, ARIs, measles as well as psychosocial and mental health support and prevention of sexual misconduct.

The mass awareness campaign reached more than 33,500 people, including 16,275 women. Close to 20,000 information, education and communication (IEC) materials on various diseases were distributed throughout the campaign.

During the 7-day campaign, 80 trained social mobilizers (including 40 women) from the local communities were deployed to seven districts (Zinda Jan, Injil, Kushk Robot-e-Sangi, Ghoryan, Kohsan, Gulran and Herat city) to raise awareness through face-to-face meetings, focus group discussions, house/tent visits, group meetings, visits to mosques, schools and health facilities.

“WHO is supporting the emergency response to Herat earthquakes in Afghanistan as it is also empowering communities with key information and messages to take informed decisions about their physical and mental health.”

Dr Luo Dapeng, WHO Representative in Afghanistan

In health emergencies such as the earthquake in Herat, outbreak-prone diseases like AWD, ARIs and measles can be spread quickly. COVID-19 cases have already been reported and with congested population living in tents, awareness is key to protect people from infection.

Given the fear of the communities, and the continued aftershocks, psychosocial support is especially needed to help people in the earthquake affected areas to gradually recover from the trauma, grief from losing family members, homes and livelihoods and avoid further deterioration of their mental health conditions.



Mass awareness campaigns in earthquake-affected areas of Herat.



Local mobilizers talking to communities about prevention of outbreak-prone diseases.

GAPS and NEEDS

The ongoing situation in the earthquake-affected areas, exacerbated by the harsh winter conditions, has significantly increased the susceptibility of already vulnerable populations to various health risks. Several key points underscore the critical need for immediate and sustained support:

- **Healthcare Facilities:** While many health facilities have been established using containers, the prolonged stay of communities in temporary settings has heightened the risk of health-related issues. This intensifies the demand for quality healthcare services, including medicine and medical supplies, to address the health needs of these populations effectively. In addition, the damaged health facilities have not been renovated due to the lack of funds.
- **Mental Health and Psychosocial Support:** There is a growing concern about the mental health of individuals, including children, who are experiencing symptoms such as fear, depression, anxiety, insomnia, and psychosomatic disorders. Long-term intervention in the form of mental health and psychosocial support services is crucial for the well-being of the affected communities.
- **Outbreak and Epidemic Risk:** Overcrowding, poor hygiene, and sanitation conditions in temporary shelters have elevated the risk of outbreaks and epidemics. It's essential to sustain risk communication and community engagement to raise awareness and sensitize the community to take effective preventive measures. Partners are encouraged to support these community-focused endeavors.
- **Winterization Supplies:** The ongoing winter season has amplified health risks for those living in temporary shelters, exacerbated by the shortage of winterization supplies such as blankets and heating systems. These supplies are essential to help communities cope with the severe cold.
- **Funding Gap:** The ongoing health operations are stretching available resources, and there is a critical funding gap in addressing the health challenges faced by the earthquake-affected population. The Health Cluster's request for US\$12.7 million is aimed at tackling these challenges and delivering essential health assistance to those in need. However, there is still a substantial funding gap of US\$7.5 million that needs to be filled to provide adequate support.

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