

AFGHANISTAN: Earthquakes in Herat Province

Health Situation Report No. 11

27 October – 02 November 2023



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
- **3,330** homes destroyed
- **40** health facilities damaged

Around **43,400** people are directly affected across six districts: Injil, Kushk/Rabat-e-Sangai, Zindajan, Gulran, Herat and Kohsan of Herat Province.

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

Health Cluster reached **42,167** people in highly affected districts.

Health Cluster appeals for **US\$7.9 million** to cover life-saving health services in the next six months.



Thanks to EU Civil Protection & Humanitarian Aid, 92 tonnes of essential supplies, including 20 tonnes of essential health kits from WHO, arrived in Herat through the EU humanitarian air bridge flight.

Overview:

Due to the three major earthquakes and multiple aftershocks that hit Herat Province in western Afghanistan between 7 and 15 October, about 43,400 people are directly affected, with almost 23% being children under the age of five. Significant damage was reported in six districts: Injil, Kushk/Rabat-e-Sangai, Zindajan, Gulran, Herat and Kohsan. The reported casualties include at least 1,482 deaths and more than 2,100 injuries.

The last aftershock was experienced in Herat on 28 October 2023, resulting in continued anxiety and fear among the communities. Many people continue to stay in open areas with poor hygiene conditions and without basic amenities of life. Furthermore, overcrowding in temporary shelters and harsh winter will expose people to increased health risks, especially for infectious and communicable diseases, mental health and psychosocial issues, and potential risks of physical and sexual violence.

In coordination with local authorities, WHO and Health Cluster partners have reached 42,167 individuals affected by the earthquake across multiple districts. On 30 October, 20 tonnes of essential health kits from WHO, arrived in Herat through the EU humanitarian air bridge flight facilitated by ECHO. These kits include essential supplies for interagency emergency health, trauma, surgery, as well as treatment severe acute malnutrition.

The multi-sectoral Herat Earthquake Response Plan targets approximately 114,000 people living in high-intensity impact areas (MMI 6+), with 48% being children, including 27.2% who are children under the age of five. An estimated \$7.9 million is urgently required to provide immediate health assistance for the next six months. Additional funds are required to reconstruct and rehabilitate almost 40 damaged health facilities.

EMERGENCY RESPONSE

Health Cluster Coordination

- Since the onset of the crisis, 11 coordination meetings, including one joint Health and Nutrition Clusters meeting, have been conducted.
- The Regional Health Cluster Coordination Team participated in Inter Cluster Coordination Group (ICCG), Operational Coordination Team (OCT) and Emergency Preparedness and Response (EPR) committee meetings.
- The regional health cluster focal points carried out on-site visits to the affected villages of Zindajan district.
- By 30 October, WHO and Health Cluster partners have reached 42,167 individuals across multiple districts: Zindajan (29,515), Herat City (5,229), Injil (3,963), Kohsan (1,600), Kushk (1,269), and Gulran (591). These services include the following:
 - 35,177 people provided with primary health care (PHC), communicable disease outbreak response activities, and mental health and psychosocial support services (MHPSS)
 - 2,851 individuals received trauma care and rehabilitation services
 - 4,139 people received different kits, including mama and baby kits, dignity kits, and individual clean delivery kits
- WHO participated in Emergency Preparedness and Response (EPR) meetings on 29 October and 1 November which were chaired by PPHD and attended by UN agencies and international and national NGOs. Key points discussed:
 - Improve waste management system in health facilities.
 - Ensure proper accommodation for the female staff of health facilities in earthquake areas.
 - Ensure OPV and measles vaccination at the earthquake areas including COVID-19 vaccine.
 - Continue the active surveillance for case detection and tracing of the COVID-19 cases.
 - Ensure ambulance services for 24hours /7days in health facilities in earthquake areas.
 - Improve water, sanitation and hygiene (WASH) in healthcare facilities.
 - Conduct joint monitoring/supportive supervision by PPHOs and NGOs.
 - Ensure rationalization of the health services and mapping of the affected areas to avoid the duplication.
 - Improve the immunization system, especially ensuring that vaccinators have access to vaccines.



Provision of primary health care services to the earthquake affected people – Credit IRW

Health Facility Situation

- Based on assessments conducted, 40 healthcare facilities have been damaged 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). The damage encompasses 35 primary health care (PHC) facilities and five hospitals: Herat Regional Hospital, Herat Maternity Hospital, Sakena Yacoobi Hospital, and Ghoryan and Golran District Hospitals.

Trauma and Hospital Care

- There have been 889 injured patients received at the Herat Regional Hospital.
- Due to continued aftershocks, on 28 October, 13 new injured patients were received in Herat Regional Hospital. Out of those, seven cases sustained minor injuries and were discharged after provision of first aid and six cases were hospitalized for two days and discharged in stable condition. Currently no trauma/injured patient is admitted in Herat Regional Hospital.
- WHO has donated two tents to Herat Regional Hospital: one is installed in area for ambulance station and second in Burn Ward to ensure availability of space and readiness for response in case of mass influx of cases.
- Trauma-related activities during the reporting period included monitoring of stocks of medicines and medical supplies at Herat Regional Hospital.
- In line with the commitment, WHO has ensured sufficient emergency supplies in both the central stock in Kabul and the regional stock in Herat to effectively respond to emergencies. Additionally, WHO team is actively involved in activities such as tent distribution, coordination, monitoring, trainings, and providing consultation to the regional hospital and other stakeholders.

Mental Health and Psychosocial Support (MHPSS)

- WHO conducted MhGAP training for 58 health care providers including seven female doctors and nurses to escalate the support to PHCs for management of patients with mental health conditions in eight earthquake-affected districts in Herat Province.



Roll out of the MhGAP Training for earthquake-affected areas.

Primary Healthcare Service Provision

- As of 02 November, 14 health teams (9 static and five mobile) have been deployed to 14 earthquake-affected communities in Herat City and Zindajan districts, providing primary health care and mental health and psychosocial support services (MHPSS). These deployments were made possible with the support of six Health Cluster partners, including World Vision (4), UNFPA/AADA (4), AFGA (3), WHO/OCCD (2), and UNICEF/OHPM (1).
 - In Zindajan district: nine health teams were deployed to Chahak Mirandaziha, Ghar Mooshak, Kachkal, Karnal (Mahal Wardakha), Koshkak, Nayeb Rafi, Qasr-e-Shirin, Sarboland, and Sia Ab villages.
 - In Herat City: five mobile health teams were deployed.
- All assigned partners, including WHO Implementing Partners, are actively providing primary health care (PHC) services in the earthquake-affected areas.
- WHO donated the following:
 - solar devices for OCCD, IAM, REMT, AADA, WVI and Karnil PHCs of Zindajan to ensure power supply during the night.
 - six tents to OCCD to establish a PHC level health facility at Qaseeri Shareen in Zindajan district.
- The WHO/PMU technical team, in collaboration of the BPHS, DoPH representative and OCCD PHC project IP selected locations for the establishment of 12 WHE PHC projects in the targeted six districts (Enjil, Ghoryan, Kohsan, Zinda Jan, Gulran and Rubati Sangi).
- WHO successfully supported the OCCD in starting new health services at the four districts of Herat which were affected by the earthquake.
- During the week, the assigned Mental Health Teams (MHTs) have conducted a total of 7,295 consultations, which includes 196 cases of trauma dressings. It is important to note that all trauma cases have been successfully treated and discharged. Below are the details of services provided by MHTs:

| | |
|----------------------------|--------------|
| Dressing / Trauma | 196 |
| PSC | 1094 |
| IMCI | 1891 |
| MCH (ANC-PNC FP) | 744 |
| Institutional delivery | 0 |
| Women Vaccination | 92 |
| Child Vaccination | 52 |
| Nutrition | 100 |
| Refer out | 22 |
| Death | 0 |
| Other | 3104 |
| Total Consultations | 7,295 |



WHO sent additional medicines and medical supplies to Herat, through the EU Humanitarian air bridge to ensure sufficient supplies in earthquake-affected areas.

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).
- Five WHO-supported surveillance support teams (SST) have been deployed in Zindajan district for active surveillance in affected villages since 9 October.
- By 1 November 2023:
 - 3,260 ARI cases, 556 AWD cases and two suspected measles cases have been reported
 - 320 COVID-19 RDTs were conducted. Out of which, two were tested positive (case positivity of 0.6%) and 470 PCR samples were collected and tested in Herat Regional Reference Laboratory. Of these, 40 PCR samples tested positive for COVID-19, showing case positivity rate of 8.5%.
 - 4 influenza samples have been sent to Kabul NIC to be tested for influenza-like illness.
 - 8 RDTs were conducted for AWD cases, 1 tested positive showing case positivity rate of 12.5%.
- To prevent measles outbreaks among the earthquake-affected areas, vaccinators are assigned at MHNTs to administer one dose of measles vaccine to all children under 10 years of age.

Table: Detection and reporting of infectious disease cases in Zindajan district, Herat province (as of 1 November 2023)

| Districts | Diseases | Number of reported cases During 9 Oct to 1 Nov 2023 | | | | | | |
|-----------|----------|---|----------|----------|----------|-------|--------|-------|
| | | Male | | Female | | Total | | Total |
| | | <5 Years | >5 Years | <5 Years | >5 Years | Male | Female | |
| Zinda Jan | ARI | 622 | 920 | 533 | 1133 | 1542 | 1665 | 3260 |
| | Measles | 2 | 0 | 0 | 0 | 2 | 0 | 2 |
| | AWD | 136 | 143 | 129 | 148 | 279 | 277 | 556 |
| | Tetanus | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | COVID-19 | 1 | 218 | 1 | 599 | 219 | 600 | 819 |



Disease surveillance and rapid response teams are on the ground to conduct case investigation, contact tracing and provide case management support, including for cases of COVID-19.

Reproductive Maternal and Child Health

- Maternal and child health services are ongoing in health facilities and 744 consultations by MHTs have been recorded. These services included antenatal care, post-natal care and family planning services.

Risk Communication and Community Engagement (RCCE)

- WHO supported MoPH to conduct an assessment in Herat province to identify Risk Communication and Community Engagement (RCCE) needs of the people in earthquake-affected areas.
- WHO is currently working with MoPH to conduct RCCE campaign across seven districts of Herat province to raise awareness of the communities about COVID-19 and other outbreak-prone diseases, as well as provide psychosocial support and awareness on prevention of sexual exploitation and abuse (PSEA).

Operational Support and Logistics

- On 30 October, 20 tonnes of essential health kits from WHO, arrived in Herat through the EU humanitarian air bridge flight facilitated by ECHO. These kits consist of various models, such as the interagency emergency health kits (IEHK), trauma and emergency surgery kits (TESK), and PED-SAM kits that support treatment for severely malnourished children with complications.
- To restore the functionality of the health facilities damaged by the earthquake, UNHCR initiated the installation of tents, while UNICEF is working on establishing WASH facilities. The installation of tents has been successfully completed at Herat Regional Hospital.
- WHO donated solar devices for OCCD, IAM, REMT, AADA, WVI and Karnil PHCs of Zindajan to ensure electricity/lights during the night.
- More than 11,000 people in need received essential hygiene kits, while 3,464 individuals were equipped with water kits. Furthermore, hygiene promotion sessions were conducted, benefitting more than 11,500 affected individuals, both female and male.
- WASH cluster partners have currently covered over 87,800 people with safe drinking water through water trucks in 125 villages of Zindajan, Injil, Gulran and Rubati Sangi districts.
- Emergency latrines have been installed for 3,300 people while 470 families have benefitted from emergency bathing facilities.

Funding Needs

- WHO's immediate response to the Herat earthquakes has been made possible through the support of the Afghanistan Humanitarian Fund and ECHO. Subsequent efforts have been made feasible by the Asian Development Bank, the World Bank, the German Federal Government, USAID and the Bill & Melinda Gates Foundation.
- As WHO and the Health Cluster partners scale up response, an appeal for 7.9 million USD was launched to ensure directly affected communities are provided with urgent and essential health services in the next six months.
- The link to the appeal is here: [WHO EMRO | WHO-led Health Cluster appeals for \\$7.9 million to provide health services to 114,000 people most affected by earthquakes in western Afghanistan | Afghanistan-news | Afghanistan](#)

“It was like doomsday” -- A First Responder Remembers

Testimonial by Dr Anasulhaq Rahimi, WHO Health Emergency Officer in Herat

On Saturday, 7 October, I felt the ground was shaking. From my car window, I saw people running outside their shops and houses. Earthquake was the last thing I would expect – a phenomenon I haven’t experienced in my several years living in Herat.

Then, I received a call -- to immediately go to Herat Regional Hospital to help save lives and take care of the injured. At the hospital, I saw a dozen casualties. I called the Herat Ambulance Department, supported by WHO, and guided them to go to the districts outside of Herat city. By that time, initial reports indicated that Zindajan district was the most affected. Terrible news started coming in.

Roads were blocked and everyone in the city was in panic. Telecommunication networks were down too. I took an ambulance from the regional hospital and we drove through small streets to get to the WHO warehouse to get medicines and medical supplies. Colleagues and I loaded two trucks to bring them to hospitals as quickly as we could.



By sunset, Herat was already struck by multiple aftershocks. The 12 ambulances we sent to the earthquake-affected areas returned, each carrying multiple patients. The hospital yard was converted into wards in open spaces.

I called home to check on my family who have stayed in the streets for the whole day without food and water. I wasn’t able to meet them until four days after the earthquake. We spoke over the phone only a few times while I was responding in hospitals.

The next few days were spent visiting affected villages. I was on the field before sunrise with ambulances. We first went to Naeb Rafi village in Zindajan. The whole village was destroyed. By mid-day, we pulled out 41 bodies from the ruins of the houses. Only three of them survived. All others were either dead or died immediately after being pulled out. The same story of destruction was witnessed in the other villages we visited. Reports from Herat Ambulance Department colleagues, who went to as many villages as possible with the ambulance, indicated that at least 12 villages were completely damaged.

I spent nights in my car as I couldn’t go to my house and my family was out in the streets. On Day 5 after the earthquake, I sent my family to Kabul. My six-year-old daughter hugged me and didn’t want to let me go. She saw me for the first time after four days. My eight-year-old son was crying as they were scared. As the flights were full, they had to take the 24-hour drive from Herat to Kabul, a journey along damaged and risky roads. Seeing my family in such condition tore my heart into pieces but I had a bigger responsibility of supporting the people of Herat.

Since there was no mobile phone network in most of the affected areas, I would travel around 20 km regularly to provide updates so teams could provide speedy response. I felt a sense of compelling responsibility towards the families who lost almost everything. I wanted to reflect their reality as much as possible to attract greater attention to the tragedy.

As the search and rescue operations continued, I have seen a greater sense of solidarity in the midst of grief. Ordinary people helped with rescue activities manually. People came with whatever equipment they had to support the rescue.

At Naeb Rafi, I saw a three-year-old child being pulled out from rubble. The child did not survive and I still remember the his face as he was held by the ambulance staff. I cried a lot there. I was thinking about my own children at that moment. No one was there to receive the child’s body. Perhaps, his entire family died under the rubble. It was like doomsday.

After seeing the shocking and disturbing scenes, I couldn’t sleep at night. I am not able to forget people’s misery. The winter is going to be very difficult for them. They have nowhere to go. They lost their homes, their families and their livelihoods. Everything.

As a health professional, I am grateful to all the people as well as WHO and health partner teams for doing so much for the affected people. While the emergency response has been great so far, this is not enough. The needs are enormous and it would require greater support to help the families for a longer term.

GAPS and NEEDS

- Damaged health facilities resulted in provision of health interventions in tents and temporary shelters and putting people at risks of diseases due to the harsh cold weather. Immediate repair and rehabilitation of damaged health facilities is urgently required.
- Many people including children are experiencing the signs and symptoms of mental health conditions such as fear, depression and anxiety, lack of sleep (insomnia), psychosomatic disorders etc. MHPSS services need to continue to scale up to cater the needs of the affected communities.
- Chances of outbreaks and epidemics are very high in earthquake areas including Herat city due to overcrowding of people, poor hygiene and sanitation conditions. Immediate action is required in terms of provision of appropriate living facilities (shelter, WASH facilities), medicines and medical supplies and to foster RCCE activities for awareness creation and sensitization among the community for prevention of outbreaks/epidemics.
- WASH facilities are not adequate as per need of the community and should be provided including availability of clean drinking water and sanitation facilities.
- Availability of accommodation for female health care workers in earthquake-affected areas is identified as challenge and needs to be sorted out as soon as possible for continued functioning of health facilities especially for maternal and child health and implementation of comprehensive Basic Health Care Package (BHCP).
- There is a lack of safe and suitable accommodation for volunteers and staff from humanitarian partners, hindering the ability to maintain and expand response efforts. Securing appropriate accommodations for volunteers and staff is vital.

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

Dr Alaa AbouZeid, Team Lead, Emergencies, Email: abouzeida@who.int

Dr Jamshed Ali Tanoli, Health Cluster Coordinator, Email: tanolij@who.int

Ms Joy Rivaca Caminade, Head, Communications, Email: caminadej@who.int

Mr Mohamed Kakay, External Relations and Partnerships Team Lead, Email: kakaym@who.int

Dr Sadia Azam, Emergency Officer, Email: azams@who.int

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