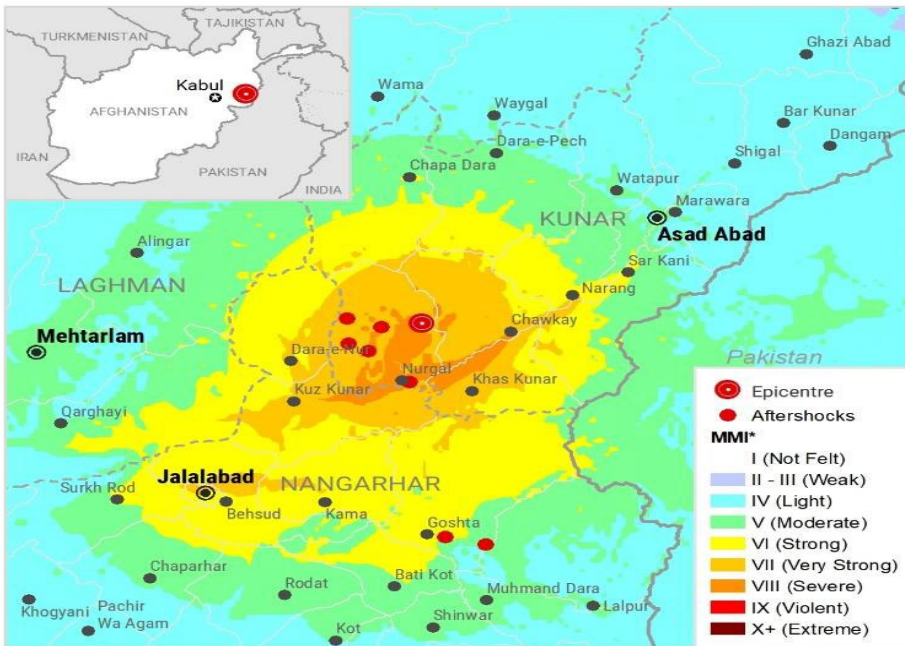


SITUATION UPDATE



On August 31, a powerful 6.0-magnitude earthquake struck eastern Afghanistan, causing catastrophic destruction across Kunar, Laghman, Nangarhar and Nuristan provinces. Four days later, the scale of the disaster continues to emerge, with at least 2,205 people confirmed dead, 3,640 injured and more than 6,782 homes destroyed. Kunar and Nangarhar are the worst affected, with entire villages flattened and thousands of families displaced. Aftershocks, including a 5.6-magnitude tremor recorded in Nangarhar on September 4, have deepened fear among communities and complicated rescue efforts. Many survivors are living in temporary shelters, including a newly established camp in Khas Kunar District, while access to some remote areas remains blocked by landslides and debris.

Initial reports from joint field assessments led by United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in 25 villages across five districts in Kunar Province, two districts in Nangarhar Province and one district in Laghman Province indicate that 17,051 people have been affected. This includes at least 1,368 people killed, 2,180 injured and 2,924 homes either destroyed or damaged. Numbers are expected to rise as more data is collected—though 22 additional assessment teams were deployed on September 4, challenges in telecommunications have complicated coordination. Overall, the authorities report at least 2,205 people killed, 3,640 injured, 6,700 homes destroyed and some 84,000 people affected.

Assessments identified 68 water sources destroyed by the earthquake, compounding the effects of recent heavy rains and floods. The Food and Agriculture Organization (FAO) estimates that 756,000 livestock in Nangarhar and 633,000 in Kunar have been affected.

Though access has improved in some areas, landslides and debris continue to block key roads, slowing assistance. Communities remain fearful, and families who lost loved ones report trauma, insomnia and grief. With very limited professional counsellors available, the need for mental health and psychosocial support (MHPSS) is acute.

The earthquake has placed immense strain on an already fragile health system. Referral hospitals in Kunar and Nangarhar continue to face shortages of medical supplies, while a lack of sufficient ambulances constrains referral and pre-hospital systems. Only four main hospitals in Asadabad, Chawkay, Jalalabad and Kama are serving as referral centers for the injured, alongside a temporary 50-bed hospital in Khas Kunar. Damaged health facilities,

FAST FACTS

- A major 6.0-magnitude earthquake struck eastern Afghanistan near midnight on August 31, affecting Kunar, Laghman, Nangarhar and Nuristan provinces.
- A 5.6-magnitude aftershock was recorded in Nangarhar on September 4.
- Both quakes were shallow (about 10km below the surface), which magnified their effects.
- At least 2,205 people have been confirmed killed and 3,604 injured, with numbers expected to rise.
- At least 6,700 homes destroyed, with some 84,000 people affected.

OUR FOOTPRINT

- International Medical Corps has operated in Afghanistan since our founding in 1984, providing primary and secondary healthcare, training, health education, emergency response, mental health and psychosocial support, nutrition services, protection services, community empowerment, and water, sanitation and hygiene services.

OUR RESPONSE

- International Medical Corps is distributing winterization kits to help people living in the open or in damaged dwellings.
- We have distributed 8,000 bottles of water while assessments for repairs to the water network are ongoing.
- We are providing hygiene kits and hygiene promotion.
- We are training frontline workers in psychological first aid (PFA).
- We are delivering services to women and girls, including PFA support.

shortages of female health workers and lack of privacy in care settings are limiting access to services, particularly for women and girls.

The risk of disease outbreaks is high, with acute watery diarrhea, dengue fever and measles already present in the eastern region, where malaria is endemic. Overcrowded shelters, unsafe water and inappropriate waste management increase transmission risks, compounded by a fragile health system under strain from the influx of returnees from Pakistan. Immediate interventions in the area of water, sanitation and hygiene (WASH) are critical—including emergency water trucking, distribution of purification tablets and hygiene kits, latrine installation and hygiene promotion—to prevent the spread of disease.

Alongside medical and psychosocial support, there is an urgent requirement for emergency shelter, food assistance and non-food items such as blankets, cooking sets and clothing to protect families from the elements, particularly with colder weather approaching.

Based on the needs, priorities include ensuring access for earthquake-affected populations to essential emergency primary healthcare services, including trauma care, MHPSS, maternal and newborn healthcare, maternal delivery services and referral services, and strengthening of referral points. There also is a need to:

- strengthen disease surveillance, and investigations and response of disease outbreaks, including prepositioning of medicines and medical supplies;
- conduct minor rehabilitation of health facilities, including establishment of temporary health facilities in hard-to-reach areas; and
- strengthen coordination of the earthquake response at national and provincial levels, including providing staffing at national, provincial and district levels to support coordination.

International Medical Corps Response

International Medical Corps has worked in Afghanistan since our founding in 1984, in Kunar for the past 22 years and currently implements programs in Nangarhar and Nuristan. In response to the earthquake, we have deployed emergency health, nutrition, MHPSS, WASH and protection teams to affected areas, working closely with relevant authorities and other humanitarian partners.

International Medical Corps is responding to immediate needs by distributing pre-positioned winterization kits and tents to affected communities. We are assessing damage to water supply networks that may require repairs, to ensure access to clean water and reduce the spread of disease. To this end, on September 5 staff distributed 8,000 bottles of clean water to affected people. We also plan to distribute hygiene kits and conduct a hygiene promotion campaign.

To address protection needs, we are training frontline workers in psychological first aid. These trained workers will support women and girls by providing individual and group psychosocial support and counselling, awareness sessions and cash assistance for referrals to advanced healthcare services.