Nourish and Grow
Special Edition

JUNE 2026

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Too Little, Too Late

THE DIET CRISIS FACING YOUNG CHILDREN IN AFGHANISTAN

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Foreword

Across Afghanistan, millions of children are growing up in environments of child food poverty, compounded by poor health, hygiene and sanitation conditions. This places them in a vicious cycle of malnutrition – undermining their chances to survive, grow and reach their full potential. Until recently, nutrition surveillance systems have focused largely on monitoring malnutrition alone – in isolation from the broader conditions shaping children's lives – and after it occurs – often too late to prevent irreversible harm.

Today, this approach is evolving.

Through the **Community Nutrition Sentinel Surveillance (CNSS)** system, with support from the European Union (EU) and the United Kingdom's Foreign, Commonwealth & Development Office (FCDO), UNICEF and partners are now able to simultaneously measure both child malnutrition and the lived experience of early childhood food insecurity within the same cohort, across all provinces. This edition of Nourish and Grow brings these two dimensions together for the first time, to demonstrate the direct relationship between child food poverty, child food insecurity and the heightened risk of malnutrition among young children.

This marks the first global application of UNICEF's Early Childhood Food Insecurity Experience Scale (EC-FIES) metric within a national nutrition surveillance system at this scale, representing an innovative step in advancing how we understand and respond to child malnutrition.

By moving beyond a sole focus on service delivery and placing children's diets at the centre of prevention efforts, this approach enables more informed programming and, ultimately, stronger, more sustainable and more cost-effective action to prevent malnutrition for every child.

Dr. Tajudeen Oyewale
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June 2026

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Executive Summary

Afghanistan is facing a severe and persistent child nutrition crisis driven by widespread food insecurity, poor health conditions, and inadequate water, sanitation, and hygiene (WASH) services. Nearly half of children under five are stunted, 10.3 per cent are wasted, and more than 3.7 million suffer from acute malnutrition. Alarmingly, around 90 per cent of young children live in food poverty, with many consuming only one or two food groups daily which is far below nutritional requirements for healthy growth.

This report introduces a critical shift in how child malnutrition is understood and addressed. Through the Community Nutrition Sentinel Surveillance (CNSS) system and the integration of UNICEF's Early Childhood Food Insecurity Experience Scale (EC-FIES), Afghanistan now measures both malnutrition and real-time child food insecurity in the same children. This innovative approach provides early warning signals, enabling action before malnutrition becomes irreversible.

Analysis of data from more than 37,000 children across 481 nutrition sentinel sites in all 34 provinces of Afghanistan shows that early childhood food insecurity is widespread and strongly associated with malnutrition. About 47 per cent of children experience moderate or severe food insecurity, equivalent to 3.7 million children. Younger children (6–23 months) and girls are disproportionately affected. Critically, 83 per cent of children with severe acute malnutrition (SAM) also experience moderate or severe food insecurity.

The findings demonstrate a clear association, as food insecurity worsens, the risk of wasting increases significantly. During the peak malnutrition season, children facing severe food insecurity are nearly six times more likely to be wasted, falling to nearly four times during the lean season. Even mild food insecurity considerably raises risk, confirming that food insecurity is key underlying driver of malnutrition.

The evidence in this report supports a fundamental shift from reactive treatment to proactive prevention. By tracking child food insecurity alongside nutritional status, programmes can identify risks early and target interventions more effectively. The report emphasizes the need to prioritize improving young children's diets, particularly through the First Foods Initiative by strengthening coordinated action across the food, health, WASH, social protection, and education systems.

Key recommendations include scaling up multisectoral interventions focused on children's diets, prioritizing children under two years of age, acting ahead of seasonal peaks, and sustaining integrated surveillance systems. Addressing early childhood food insecurity is critical to breaking the cycle of malnutrition and ensuring children survive, grow, and reach their full potential.

Placing children's diets at the centre of nutrition strategies, supported by timely, data-driven evidence, offers a more effective, sustainable and cost-efficient pathway to reducing malnutrition in Afghanistan.

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Introduction

Afghanistan represents one of the most critical development contexts globally. The country is facing a prolonged polycrisis marked by conflict, poverty and environmental shocks that continue to erode food and nutrition security (FSIN and GNAFC, 2023). Nearly half of children under five are stunted and 10.3 per cent are wasted, and more than 3.7 million children suffer from acute malnutrition.

This crisis is driven by multiple factors, including low immunization coverage, a severe water, sanitation and hygiene (WASH)-related disease burden and child food poverty. Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage remains below 60 per cent, and only 44 per cent of children have received measles immunization – driving 9,300 reported cases in 2024 and 8,500 more by August 2025. Gaps persist across vaccines (bivalent oral poliovirus vaccine (bOPV3) at 68 per cent, inactivated polio vaccine second dose (IPV2) at 45 per cent), fuelling outbreaks that directly increase child malnutrition and mortality. Some 88 per cent of the population lack sufficient water, and 2.97 million children under five reported acute watery diarrhoea (AWD) as of October 2025 – a pattern directly linked to a 60 per cent surge in acute malnutrition admissions. At the same time, 90 per cent of young children live in food poverty, with half experiencing severe food poverty, consuming only one or two food groups daily, far below the minimum required for healthy growth.

In such fragile humanitarian contexts, timely, frequent and reliable data on children's malnutrition and its drivers are critical to inform early action, prevent outbreaks and guide resource allocation. However, traditional indicators, particularly existing food security assessments, the Integrated Food Security Phase Classification (IPC) and anthropometric measurements, do not measure early childhood food insecurity, and the frequency of their application is often limited by access constraints, insecurity and delays in data collection. They tend to capture nutritional failure only after it has occurred.

In 2025 UNICEF, with support from the United Kingdom's Foreign, Commonwealth & Development Office (FCDO), undertook research and launched its flagship report 'Child Food Poverty in Afghanistan.' This laid the foundations for a multisectoral strategy and programme to address child food poverty, the First Foods Initiative. First Foods places children's diets at the centre of system-wide nutrition programming, capacitating and supporting five delivery systems to deliver results on the prevention of child food poverty and malnutrition at early ages. These five systems are food, health, social protection, WASH and education/ skills development.

The central pillar of the First Foods Initiative phase 1, developed by UNICEF and supported by FCDO to address the above gaps, is the Early Childhood Food Insecurity Experience Scale (EC-FIES). This has been integrated into Afghanistan's national nutrition surveillance systems, to offer biannual measurements and reports. The tool offers a rapid, low-cost and actionable approach to monitoring food insecurity among children aged 6–59 months. It captures caregivers' real-time experiences in feeding young children and provides early warning signals of deteriorating food access before malnutrition becomes visible.

> *Early childhood food insecurity, is among the major drivers of child malnutrition – but until now it has remained largely unmeasured.*

In the Afghan context, characterized by recurrent shocks, economic instability and constrained service delivery, application of EC-FIES provides a critical opportunity to generate timely evidence on early childhood food insecurity and its association with malnutrition as a predicting factor, and to support targeted interventions and strengthen the humanitarian–development nexus.

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Objectives

Our objective was to assess trends related to children with food insecurity in Afghanistan using the EC-FIES framework developed by UNICEF as part of its Community Nutrition Sentinel Surveillance (CNSS) and to analyse the association of young child food insecurity and child wasting to generate actionable insights for programming and policy.

Specific objectives

Monitor, in real time, levels of and trends in early childhood food insecurity in Afghanistan

Examine the association between early childhood food insecurity and child wasting as a contributing factor

Identify early warning signs of early childhood food insecurity that may lead to deteriorating nutritional outcomes

Inform the design and financing of interventions aimed at preventing malnutrition associated with early childhood food insecurity

Key analytical dimensions

1. Severity of young child food insecurity

The scale distinguishes between mild, moderate and severe food insecurity. Moderate and severe food insecurity are particularly critical as they are strongly associated with increased risk of malnutrition and mortality.

2. Trend analysis over time

Repeated EC-FIES measurements allow tracking of changes in young child food insecurity over time, including seasonal fluctuations and the impact of shocks (e.g., drought, displacement, economic crises). The tool is particularly valuable in Afghanistan to monitor deterioration or recovery in real time.

3. Targeting and prioritization

Disaggregated data help identify the most vulnerable groups and geographic areas, supporting prioritization of life-saving interventions (e.g., treatment of wasting) alongside preventive strategies (e.g., First Foods, early childhood development integration).

Methodology

Study design and data sources

- This analysis draws on Afghanistan's CNSS platform, which collects both anthropometric and young child food insecurity data from the same population, enabling integrated descriptive and association analyses. CNSS is a nationally scaled, community-based system designed to generate regular and timely estimates of acute malnutrition among children aged 6–59 months. In the latest round, it operates across 481 sentinel sites in all 34 provinces, monitoring a cohort of approximately 19,000 children aged 6–59 months on a quarterly basis, which allows for tracking seasonal trends and identifying early warning signals.

- To strengthen the system, in 2025 the EC-FIES module was integrated into CNSS. This addition provides a real-time measure of children's access to food by capturing caregivers' experiences over the previous seven days. The present study combines two rounds of data collection: one from the peak malnutrition season (July–August 2025) and another from the post-lean season (January–February 2026). By using repeated measurements from the same surveillance population, the analysis enables a longitudinal assessment of the relationship between early childhood food insecurity and malnutrition outcomes over time.

Sampling and study population

- The CNSS employs a two-stage random sampling approach to ensure representativeness within sentinel site catchments. First, households are randomly selected from a complete household listing within each site. Second, one eligible child aged 6–59 months per household is randomly selected for assessment. Each round of the CNSS includes approximately 19,000 children nationwide, enabling robust subnational and temporal analysis. For the purpose of this analysis, all of the more than 37,000 children aged 6–59 months (18,000 in Q3 2025 and 19,000 in Q1 2026) were included in both rounds of the data collection. This sample size supports both mid-upper arm circumference (MUAC) assessment and administration of the EC-FIES questionnaire. For anthropometric data collection, 481 trained community health workers (CHWs) worked for two days across all 34 provinces to measure MUAC and check for bilateral oedema. Standardized measurement protocols aligned with the SMART methodology[2] were applied, with routine data quality and plausibility checks. Wasting levels were classified based on MUAC and oedema into two categories: Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM).

- The EC-FIES module includes eight standardized questions administered to caregivers of children aged 6–59 months, capturing increasing severity of food insecurity – from concern about food access to a child not eating for an entire day. Using a seven-day recall period to reflect current conditions, each child is assigned a score (0–8) and categorized as no food insecurity, mild (1–3), moderate (4–6) or severe (7–8). The questionnaire was translated into Dari and Pashto, reviewed by the Assessment and Information Working Group and formally validated. All 98 nutrition monitors received training of trainers and subsequently trained 481 CHWs on its use. The tool was then integrated into the CHW surveillance MUAC register.

[2] https://smartmethodology.org/

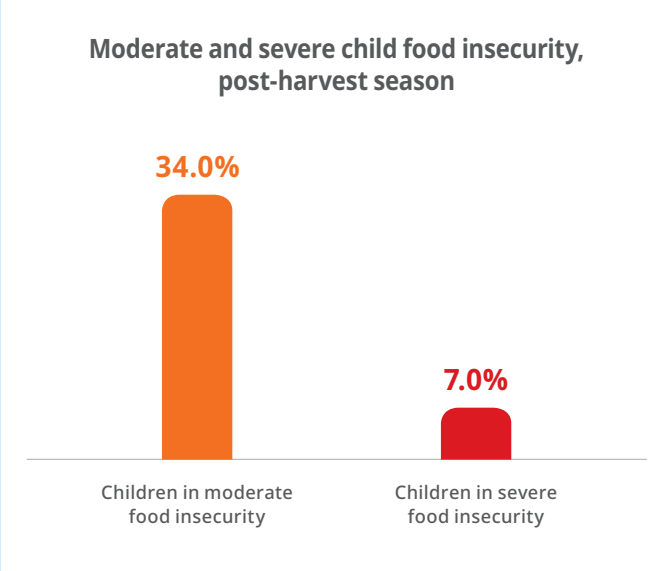
Statistical and analytical approach

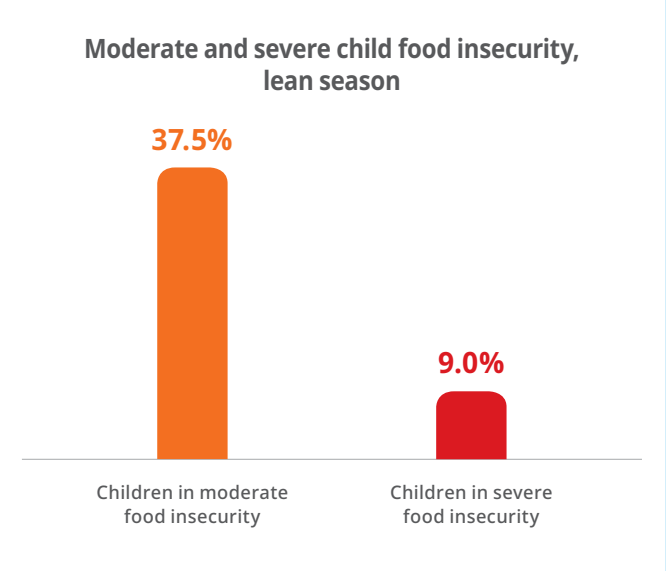
- The analysis focuses on three key areas. **First**, it measures young child food insecurity and its variation across seasons. **Second**, it assesses the association between young child food insecurity and acute malnutrition across two contrasting periods. In the lean season (January–February 2026), food availability is reduced and food insecurity is at its highest, while malnutrition levels are relatively lower. In the post-harvest season (July–August 2025), food availability improves, but seasonal diarrhoeal disease rises sharply – a well-established driver of wasting. When food insecurity and diarrhoeal disease coincide, children face a double burden of reduced dietary intake and increased nutritional needs. Food-insecure children are therefore more likely to deteriorate into acute malnutrition during this period of high disease transmission, producing the stronger associations and higher odds ratios observed in the post-harvest season. **Third**, it examines the relationship between different levels of young child food insecurity and the full spectrum of wasting, including SAM, MAM and High-Risk MAM (HR-MAM).
- This study examines the relationship between young child food insecurity and wasting using a robust, multi-method analytical approach. Logistic regression was applied to quantify the statistical association, while machine learning models, Random Forest and XGBoost, were used to test the stability and predictive strength of the findings. Missing data were handled using median and modal imputation within a structured modelling pipeline to ensure accuracy and avoid bias. Model performance was high, with all approaches correctly classifying about **89 per cent of children** and defining Area Under the Curve (AUC) values of between **0.85 and 0.86**, indicating excellent ability to distinguish between wasted and non-wasted children. While machine learning models provided slightly improved predictive performance, these were minimal, confirming that the relationship is stable and not dependent on complex modelling assumptions.

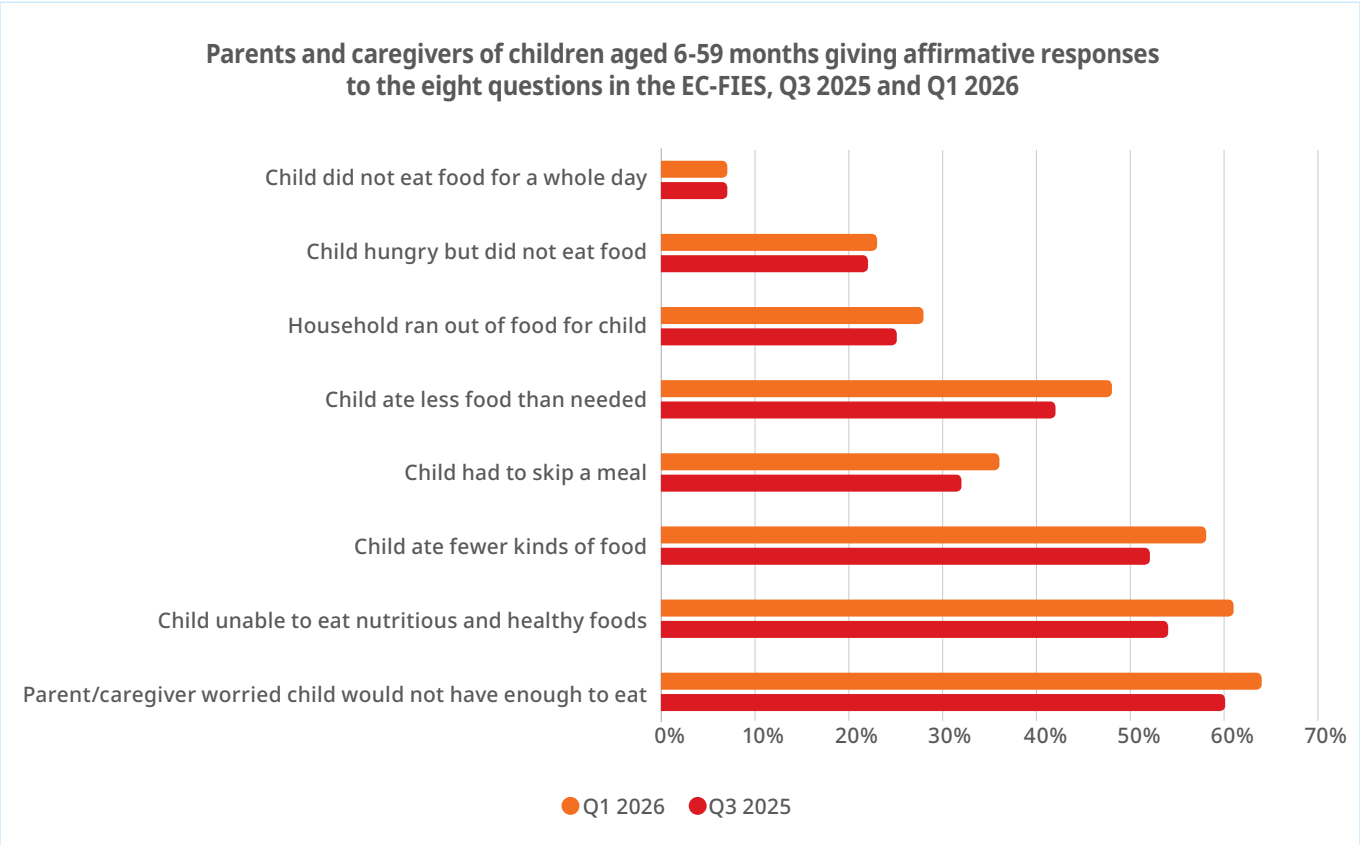
Results

Early childhood food insecurity driving peaks of malnutrition

In the post-harvest and lean seasons, respectively, 41 per cent and 47 per cent of young children in Afghanistan were living in food insecurity.







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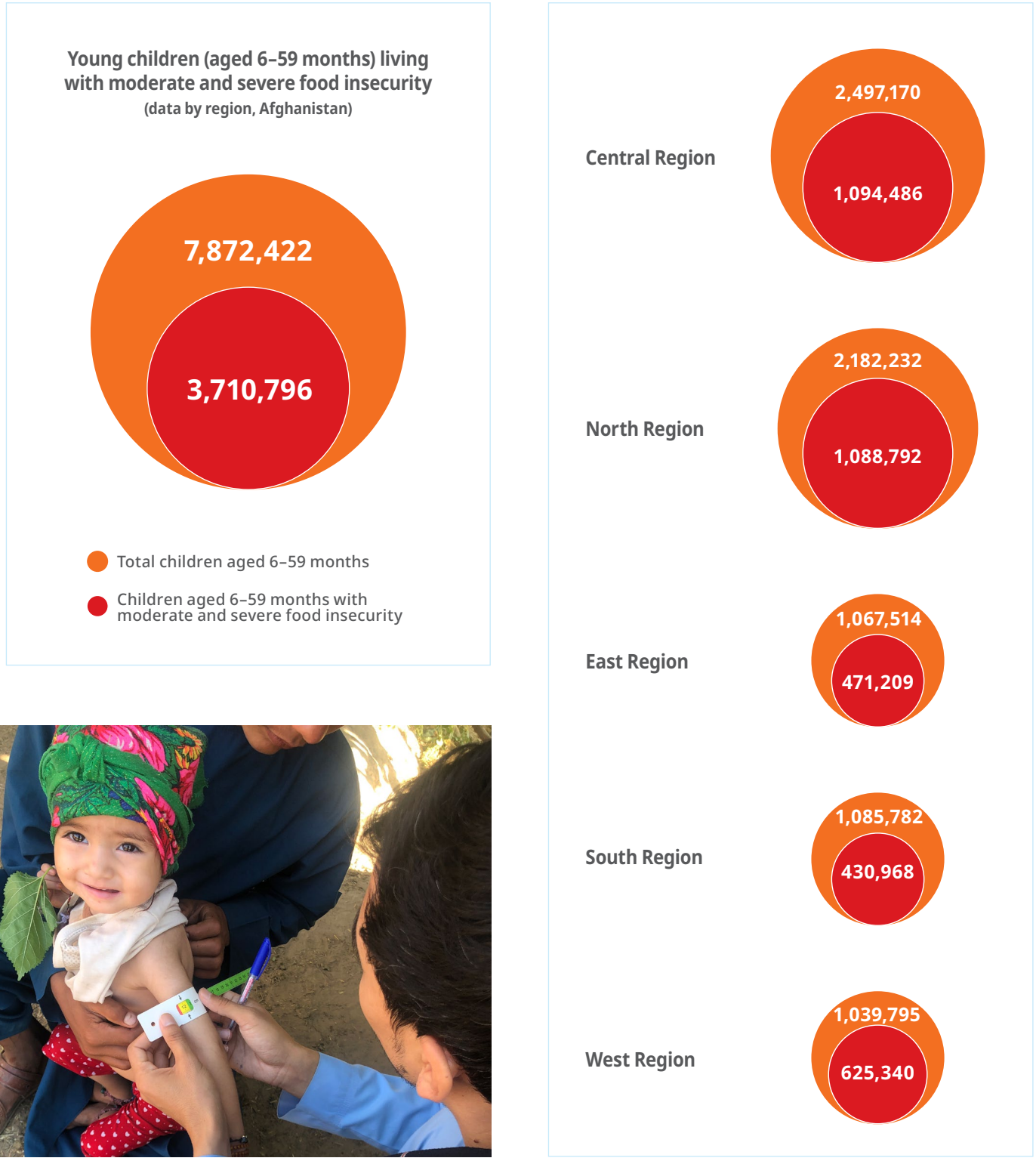
Numbers of young children facing child food insecurity, by location

A total of 3.7 million children aged 6–59 months in Afghanistan (47%) are facing moderate and severe food insecurity.

Food insecurity affects children in every region of the country, with the highest number in the central region, followed by the northern region.



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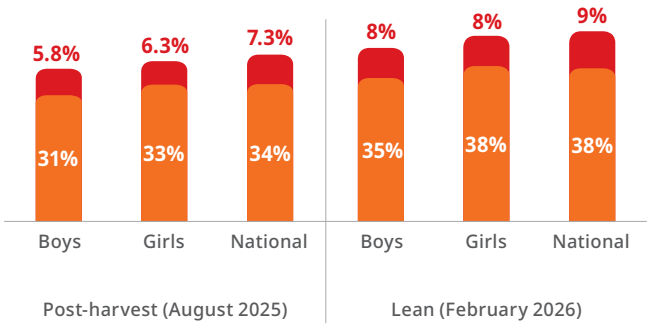
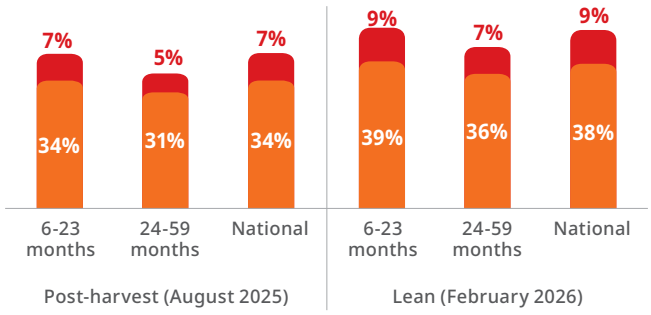
Level of moderate and severe food insecurity by sex and age

Young child food insecurity increases during the lean season, with the national moderate form rising from 34 per cent to 38 per cent and the severe form from 7 per cent to 9 per cent. The burden is consistently higher among younger children aged 6–23 months, where moderate food insecurity reaches 39 per cent and severe food insecurity 9 per cent during the lean season, compared to 36 per cent and 7 per cent among older children aged 24–59 months. In the meantime, girls are slightly more affected than boys in both seasons, particularly for moderate food insecurity (33% vs 31% post-harvest; 38% vs 35% lean).

Children experiencing moderate or severe food insecurity by sex, post-harvest and lean



Children experiencing moderate or severe food insecurity by age group, post-harvest and lean

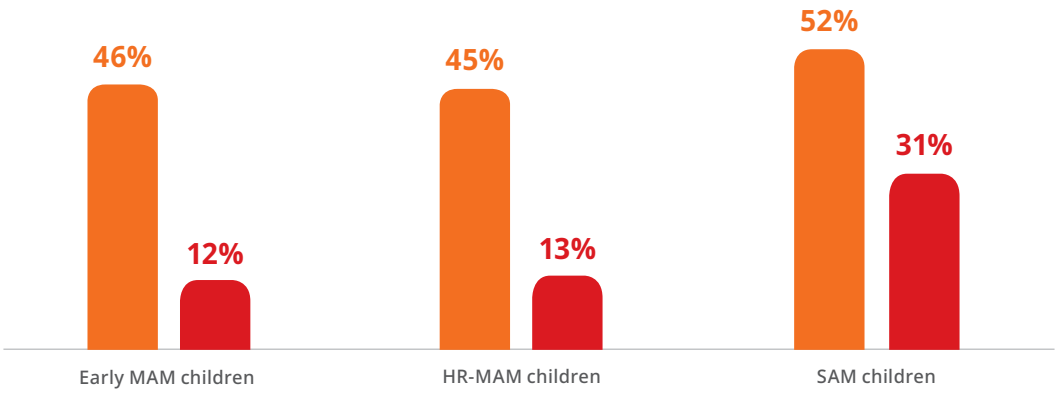


Moderate food insecurity Severe food insecurity

Most malnourished children are living in food insecurity

A large proportion of malnourished children are affected by food insecurity, particularly among the most severe cases. Among children with SAM, 83 per cent experience moderate or severe food insecurity (31% in the severe category and 52% in the moderate category). Similarly, 58 per cent of children with HR-MAM and 58 per cent of those with MAM face moderate or severe food insecurity. These findings highlight that severe early childhood food insecurity is highly prevalent across all levels of malnutrition, with the strongest concentration among the most severe cases (SAM), reinforcing its role as a key underlying driver.

Link between food insecurity and malnutrition



Moderate food insecurity Severe food insecurity

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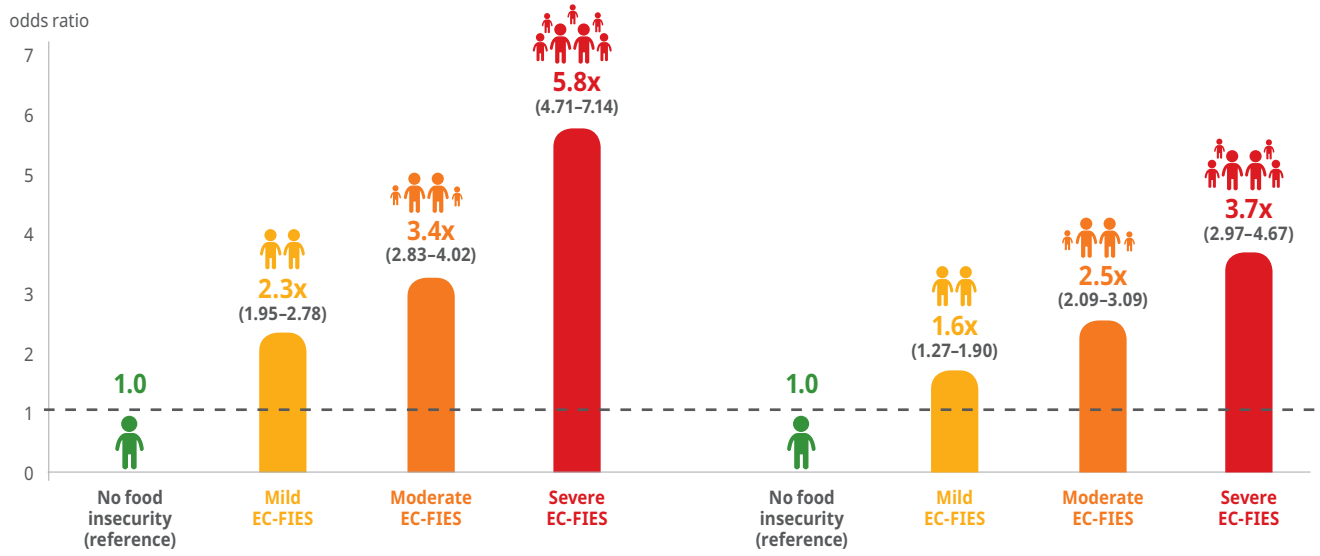
Association of young child food insecurity with wasting across seasons

The analysis shows a strong association between young child food insecurity and wasting in both seasons, with risk increasing as food insecurity worsens. However, the relationship is substantially stronger during the peak malnutrition season (July–August 2025). Children with severe food insecurity are nearly six times more likely to be wasted during this period, compared to 3.7 times during the lean season (January–February 2026). Moderate food insecurity increases risk by 3.4 times in the peak season versus 2.5 times in the lean season.

Even mild food insecurity shows a stronger effect in the peak period (2.3 versus 1.6 times). This stronger association coincided with a sharp increase in diarrhoeal disease and acute malnutrition, suggesting that food insecurity alone does not fully explain wasting risk. Its impact is amplified when children are simultaneously exposed to infection and other seasonal vulnerabilities. These findings underscore the need for integrated preventive approaches that address both food access and child health to reduce acute malnutrition.

Peak malnutrition season
(post-harvest, July–August 2025)

Odds of wasting (odds ratio with 95% CI)



Risk is highest during the peak season.
Children in severe food-insecure households are up to **6 times** more likely to be wasted.

Low malnutrition season
(lean season, January–February 2026)

Odds of wasting (odds ratio with 95% CI)

Risk remains elevated even in the lean season.
Severe food insecurity still increases the odds of wasting by **nearly 4 times**.

Key insights across seasons

Early childhood food insecurity emerges as a consistent and significant factor associated with child wasting across both high- and low-risk periods. The risk of wasting increases progressively with the severity of young child food insecurity, demonstrating a clear dose–response relationship. This association is particularly pronounced during the peak malnutrition season, underscoring the critical importance of timely interventions. Notably, even during the lean season, young child food insecurity remains a strong and reliable predictor of child wasting, highlighting its persistent impact across seasons.

The harsher the food insecurity experience of young children, the higher the risk of malnutrition

During the peak malnutrition season (July–August 2025), young child food insecurity shows a strong, consistent and statistically significant association with all forms of acute malnutrition. As child food insecurity worsens, the risk increases sharply across the entire continuum – from early MAM to HR-MAM and SAM. Children in severely food-insecure households face approximately 4.5 times higher odds of SAM, 5 times higher odds of HR-MAM and over 5.3

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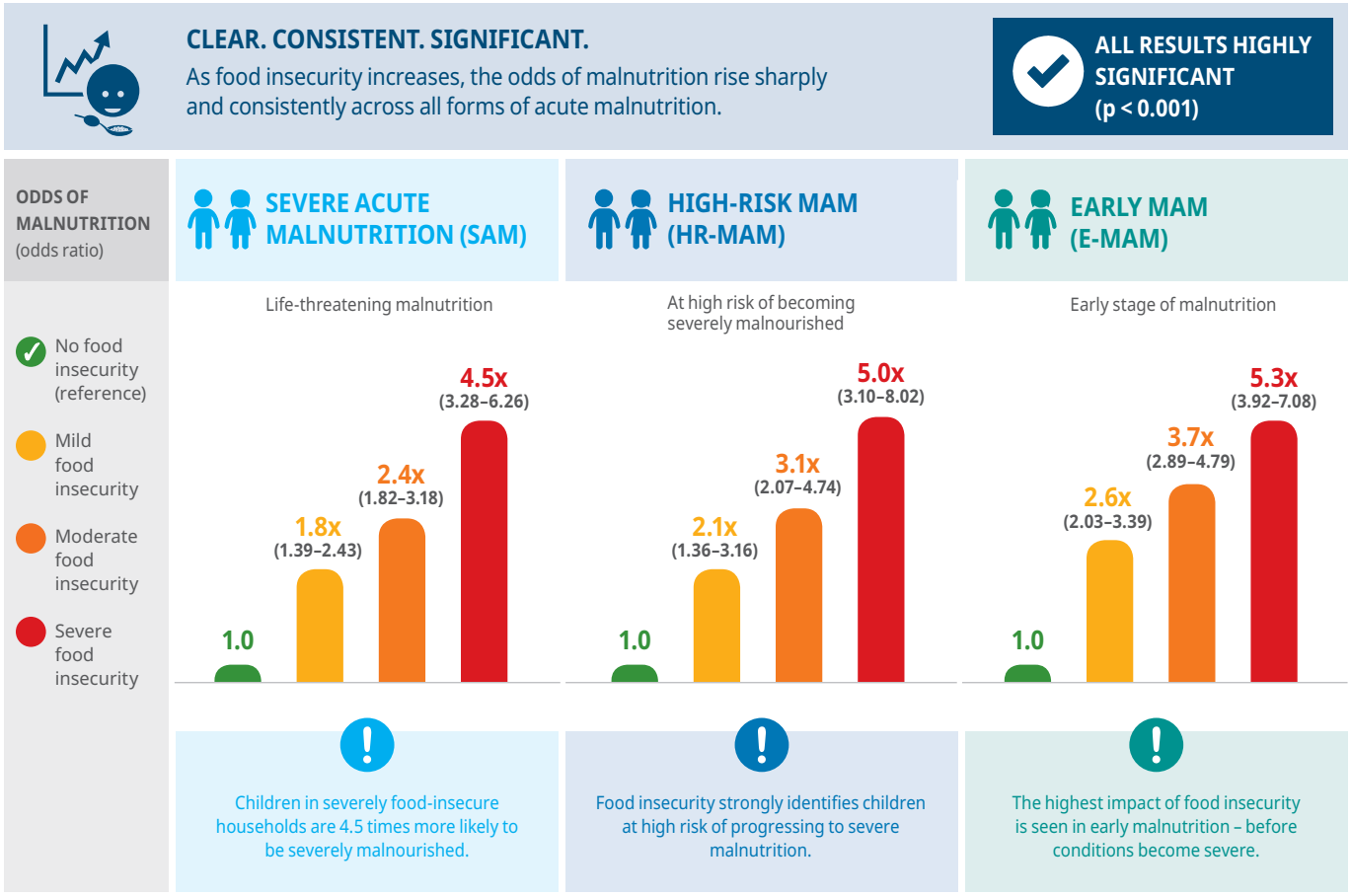
times higher odds of early MAM, with elevated risks already evident even at mild levels of food insecurity. This clear dose–response pattern indicates that child food insecurity acts as an upstream driver of malnutrition, first increasing the likelihood of moderate forms before contributing to progression towards severe, life-threatening conditions.

For SAM, it is expected that, in addition to child food insecurity, other factors push the child to severe stages, including infections and diarrhoea.



Shift to action

From detecting malnutrition to enabling early, targeted and smart prevention

These findings support a shift in how malnutrition can be addressed. Rather than focusing only on detecting malnutrition after it occurs, regularly measuring early childhood food insecurity provides a way to monitor trends over time and across locations.

By tracking young children's food insecurity alongside anthropometric outcomes through twice-yearly surveillance, programmes can identify where and when risks are increasing, allowing for more timely and geographically targeted preventive interventions.

In this context, early childhood food insecurity functions as a programmatic early warning signal at population level, guiding decisions on where to prioritize resources and strengthen responses before malnutrition rates worsen.

TRADITIONAL APPROACH	>	NEW APPROACH
Detects malnutrition **after** it occurs		Identifies risk **before** malnutrition develops

Strengthening the evidence base for the First Foods Initiative

The analysis underscores the need to move beyond short-term or products-based single interventions and instead address the underlying drivers of household and child feeding practices. In particular, it calls for solutions that strengthen **home-based diets**, ensuring access to diverse, adequate and age-appropriate foods for young children.

These findings further reinforce the importance of placing children's diets at the centre of prevention efforts, with a stronger focus on supporting households to sustain appropriate feeding practices, especially during periods of stress. By identifying and addressing the most severe forms of early childhood food insecurity, programmes can better target those at highest risk and design interventions that strengthen both diets and caregiving environments, ultimately offering a more sustainable pathway to reducing wasting.

A wide range of interventions across agriculture, food systems and livelihoods are already in place; however, their impact on child nutrition remains limited unless they are deliberately designed to improve the diets of young children. Without a clear focus on how these interventions translate into better access to and consumption of diverse, nutritious foods for young children, their contribution to preventing malnutrition will remain indirect and suboptimal. This underscores the need for a more intentional, multisectoral child-focused lens in programme design and implementation, ensuring that investments in food systems and livelihoods are deliberately aligned with improving young children's diets – particularly in contexts such as Afghanistan, where the burden of malnutrition is concentrated in the earliest years of life.

Strategic direction of some initiatives, such as the **First Foods Initiative (2025–2028)**, which places children's diets at the core of nutrition programming, must be further expanded to see a reduction in early childhood food insecurity, child food poverty and, ultimately, malnutrition rates. The clear association between early childhood food insecurity and wasting confirms that improving access to home-based nutritious foods is essential to reducing risk – particularly in a context where **80–85 per cent of children requiring treatment or supplementation are under the age of two**, underscoring the critical importance of early, diet-focused prevention.

Recommendations

Where investment can make the biggest difference

Strengthening and capacitating multiple systems to be accountable for improving young children's diets	Invest in equipping and strengthening the capacity of key systems – food, health, WASH, social protection and education – to ensure they are coordinated, and collectively accountable for delivering improved, safe, and nutritious diets for young children, with clear roles, coordination and measurable outcomes.
Scale up First Foods interventions to address child food insecurity	Increase access to the package of multisectoral local solutions to enhance available, accessible and affordable nutritious first foods for young children.
Act before peak season	Time interventions ahead of seasonal deterioration to reduce risk escalation.
Prioritize children 6–23 months	Focus resources on young children 6–23 months, recognizing that 80–85% of malnourished children admitted for treatment or supplementation are under the age of two.
Sustain upgraded nutrition surveillance systems for sharper early warning	Continue collecting food insecurity data to identify and support at-risk children before malnutrition occurs.
	Integrate WASH and disease proxy indicators, alongside early childhood food insecurity measures, into the next round of surveillance to better capture and analyse the seasonal drivers of malnutrition in Afghanistan, including their relative strength and sequencing.
	Generate evidence on what makes those children experiencing moderate and severe food insecurity who are not malnourished different from those who are both food-insecure and malnourished.

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