



NUTRITION SITUATION ALERT

Worsening Nutrition Situation in Afghanistan



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The nutrition cluster is issuing this alert based on the latest available evidence to draw urgent attention to the deteriorating nutrition situation across Afghanistan. The peak wasting season will begin in July and will continue for at least 3-4 months, which will further exacerbate the already dire nutrition situation in the country.

Overview of the Current Nutrition Situation

The nutrition situation in Afghanistan is rapidly deteriorating in 2026, with wasting levels worsening across 26 out of 34 of provinces compared to 2025. This deterioration is occurring before the peak wasting season (July–September), signaling an early and deepening crisis.

The 12 provinces facing critical levels of wasting—Helmand, Daykundi, Zabul, Baghlan, Urozgan, Paktika, Nuristan, Sar-e-Pul, Ghor, Kandahar, Faryab, and Logar—remain of highest concern. Several, particularly in the Southern Region, have persistently remained in IPC Acute Malnutrition (AMN) Phase 4. Key drivers include suboptimal breastfeeding practices, poor child diets and care practices, rising child food insecurity, high disease burden, WASH deprivation and reduced access to nutrition services.

Nearly 40% of infants under six months are admitted for inpatient treatment due to severe wasting with medical complications, reflecting increasing vulnerability among the youngest age group and growing pressure on health services.

Without an urgent scale-up of preventive and life-saving nutrition interventions, nutritional outcomes are likely to worsen during the remainder of 2026.

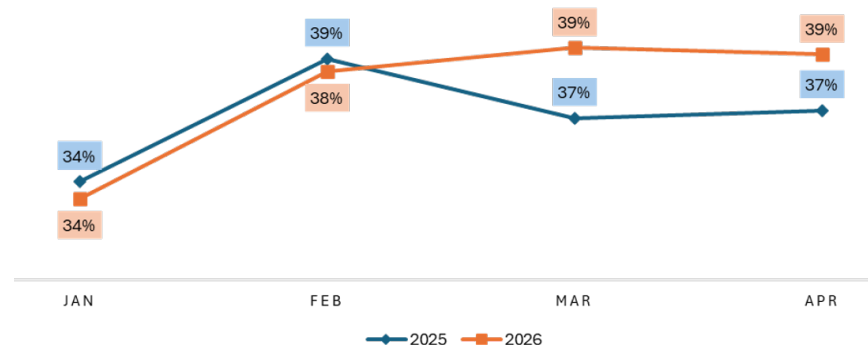
Children under two years are disproportionately affected, accounting for 83% of severe acute malnutrition (SAM) cases and 77% of moderate acute malnutrition (MAM) cases; an estimated 19% of MAM cases are high-risk.

Child food insecurity has deteriorated further during the lean season, rising from 40% in Q3 2025 to 47% in Q1 2026, and is strongly linked to wasting.

Despite the worsening nutrition situation nationwide, mortality rates remain within acceptable Sphere standards, reflecting the impact of ongoing life-saving interventions, though this progress remains fragile.

The scale of need remains extremely high. The 2025 IPC AMN projects 3.7 million children will experience wasting in 2026, including 942,000 SAM cases, 707,400 high-risk MAM cases, and 2 million early MAM cases. An additional 1.2 million pregnant and breastfeeding women are expected to be affected.

TREND IN SC ADMISSIONS INFANTS < 6 MONTHS



Key Drivers of the Current Nutrition Situation

All in all, the key drivers of the observed acute malnutrition situation remain consistent with those documented in previous IPC reports

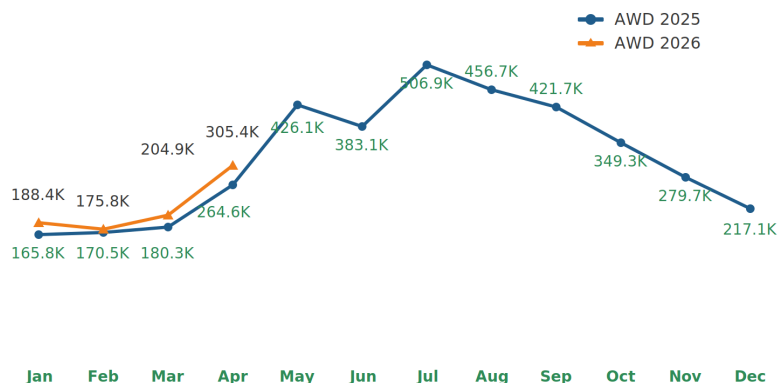


Inadequate young children diet: Nearly 90% of children under two years (approximately 2.1 million) experience food insecurity, with half (approximately 1.2 million) facing severe food poverty. Child food insecurity has worsened significantly during the lean season, rising from 40% in Q3 2025 to 47% in Q1 2026, and is strongly linked to wasting. Up to 83% of children with SAM and 58% of children with MAM or high-risk MAM live in food-insecure households.

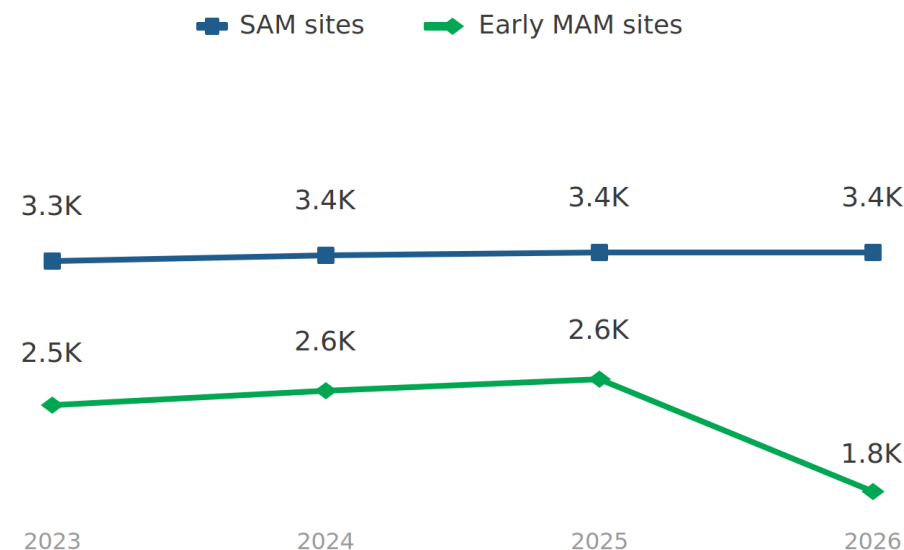


High disease burden and suboptimal immunization coverage: High disease burden and low immunization coverage continue to drive nutrition risks. AWD cases increased by 12% in Q1 2026 compared with Q1 2025, reaching 874,531 reported cases nationally. The 12 provinces with critical wasting accounted for 40% of all cases, with a further seasonal increase expected during the summer months.

Although the national average measles vaccination coverage stands at 83%, 14 provinces remain below the 80% target. Of particular concern, several provinces with the highest levels of wasting report vaccination coverage below 80%, especially those in the Southern region.

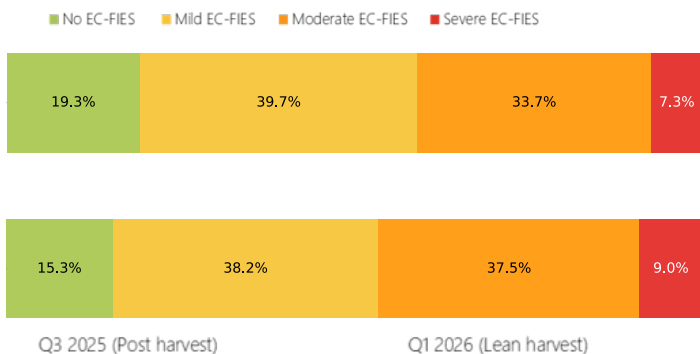


Reduced Access to Nutrition Services: Closures of nutrition sites have significantly limited access to essential nutrition services. SAM treatment sites slightly declined in 2026, while over 814 early MAM sites were closed, representing a 31% reduction. These closures have reduced service availability and as a result, total nutrition admissions have declined in 2026.



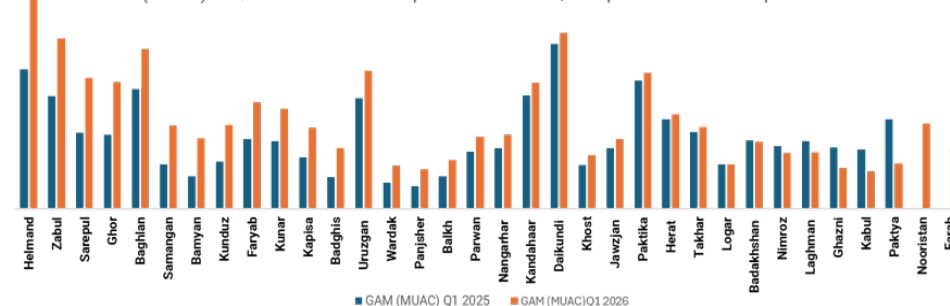
Persisting Food Insecurity: 13.8 million people live in food-insecurity (IPC 3+) between Apr- Sept 2026 (projection). A debilitating funding shortfall in 2026 is forcing the scale down of food assistance during the summer months; WFP is assisting only five percent of those in need from May- July. Over the past several months, Afghanistan has also seen an influx of returnees from Pakistan. Last year, nearly 2.8 million people returned from Pakistan and Iran, and this year has already seen an additional 500,000 returnees, further straining household food resources

Proportion of children by food insecurity severity

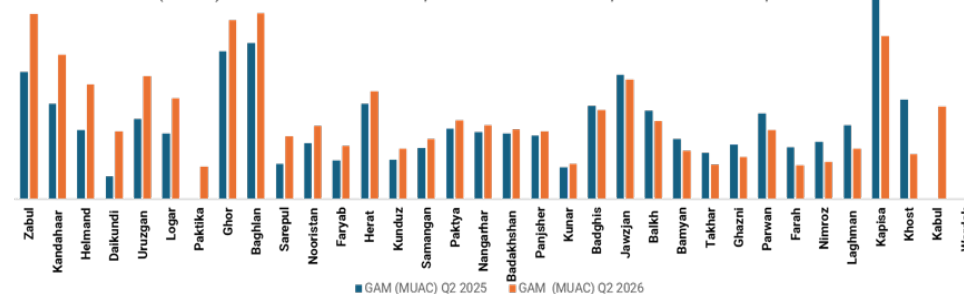


Provinces Experiencing Nutrition Deterioration in 2026

GAM (MUAC) in Q1 deteriorated in 26 provinces in 2026, compared to the same period in 2025



GAM (MUAC) in Q2 deteriorated in 20 provinces in 2026 compared to the same period in 2025

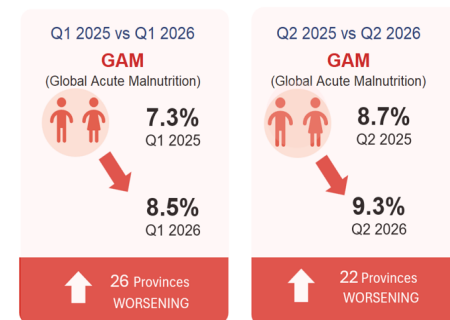


Funding Constraints and Nutrition Supply Gaps: Funding shortfalls and border-related disruptions are placing nutrition supply chains under critical strain, with increasing risks of stock depletion. Only 1 in 7 acutely malnourished women and children will receive WFP assistance this year, and famine-prevention programmes may cease by July without urgent funding. UNICEF faces significant funding gaps to treat 575,000 children with SAM and high-risk MAM, while WHO lacks resources for inpatient treatment kits and critical medicines required to manage an estimated 35,000 children with SAM with medical complications.



Reduced access to WASH services: Limited access to WASH services continues to heighten health and nutrition risks, especially in high-wasting and remote rural areas. Reliance on unsafe water sources, poor sanitation and hygiene, and reduced WASH support due to funding shortages are contributing to increased vulnerability to AWD. Most AWD-affected districts are located in provinces in the Southern region with critical levels of wasting, exacerbating the risk of poor nutrition outcomes.

National GAM (MUAC) Trends, 2026-2025



Acute malnutrition increased in Q1 and Q2 2026 compared to the same periods in 2025

Key Messages

- Wasting has worsened across Afghanistan in 2026, with increased prevalence reported in 26 provinces compared with 2025.
- Provinces classified as IPC AMN Phase 4 in 2025 remain at critical levels in 2026, signaling a sustained nutrition crisis.
- Funding cuts, nutrition site closures, and disruptions in RUTF and early MAM supplies are limiting access to life-saving nutrition services.
- Poor child diets, disease outbreaks, low immunization coverage, inadequate WASH services, and reduced service availability are driving further deterioration.
- Urgent action is needed. Without immediate funding and scale-up of nutrition services, more children and women will face severe malnutrition, illness, and preventable deaths.

Urgent Recommended Actions

