

Malnutrition in Afghanistan: An overlooked crisis

Advocacy Brief

November 2025

EXECUTIVE SUMMARY

Emerging in 2021 from more than forty years of conflict and with international assistance being suddenly withdrawn, **Afghanistan remains engulfed in crisis.** The humanitarian context is defined by immense needs that cut across every sector of intervention. **One of the most devastating indicators of a continued and worsening humanitarian situation is malnutrition,** which is not only widespread, but worsening: in the first half of 2025, admissions for both severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) rose compared to 2024, despite the closure of many nutrition sites following funding suspensions.

Malnutrition, at the heart of this brief note, **continues to affect millions of people,** with children and women bearing the greatest burden. As per the 2025 Humanitarian Needs Overview, a total of **7.8 million people in Afghanistan were projected to be in need of nutrition support,** including 857,000 children with severe acute malnutrition (SAM), over 2.5 million children with moderate acute malnutrition (MAM), and 1.1 million pregnant and lactating women requiring treatment for acute malnutrition.¹

Humanitarian organisations such as INTERSOS are responding by integrating nutrition services into primary health care facilities, providing screening, support, and

offering treatment for malnutrition to both children and women. **However, the scale of needs far exceeds the current capacities while funding remains severely insufficient.**

Without adequate funding, critical nutrition programmes will be forced to scale back further, leaving entire communities without lifesaving support, potentially resulting in the rise of malnutrition and increased vulnerability to illness, diseases, and complications. By contrast, timely and sustained investment in nutrition interventions is highly cost-effective, preventing escalation into worst conditions and reducing the long-term burden on humanitarian assistance.

This brief note highlights the current nutrition situation, the on-the-ground experience of INTERSOS in providing services in the country, the major gaps and challenges in the humanitarian response, and the consequences of inaction. It concludes with clear recommendations for international donors and humanitarian leadership. Above all, **it calls for urgent, sustained, and flexible support** to ensure that Afghanistan's most vulnerable populations are not left behind.

KEY POINTS

- Millions of Afghans remain at risk of acute malnutrition. Recent data shows admissions for both severe and moderate acute malnutrition are rising while operational coverage because of funding cuts has reduced.
- The suspension of US aid, forcing the closure of both health centers and nutrition sites, has left entire communities with little or no access to life-saving and life-sustaining nutrition and health-care services, particularly in remote areas.
- If the decline in humanitarian funding is not urgently addressed, more children will face preventable illness, stunting, and even death. This would also lead to higher health and social costs in the future, as malnutrition undermines child survival, growth, and development.
- Malnutrition must be understood as being interconnected to limited access to healthcare, unsafe water, and poor food diversity. For this reason, strengthening health services, WASH, and nutrition interventions is vital to both preventing and addressing malnutrition.
- Sustained, flexible, and predictable funding is critical to keep nutrition services running, support health facilities, expand WASH activities, and protect the lives and dignity of Afghanistan's most vulnerable populations, particularly those of women and children.
- The reinstatement of targeted development assistance is key to address the root causes of the needs of the Afghan population and to support basic services.

1. THE HUMANITARIAN CONTEXT

Despite the end of hostilities, with nearly half of the population in need of humanitarian assistance to survive, **Afghanistan remains a country in profound crisis.** Overall, in 2025, almost 22.9 million people in Afghanistan are projected to require humanitarian assistance simply to meet their most basic needs.² Humanitarian needs cut across nearly every sector, including health support, water, sanitation and hygiene (WASH), protection, and education, as well as food security and nutrition. The return of more than 2.4 millions of Afghans from Pakistan and Iran has further compounded this fragile situation.³

Decades of conflict have left public services severely weakened, and authorities currently lack the financial and institutional capacity to address the growing crisis. This situation is further compounded by limited engagement with the international community, the impact of ongoing economic restrictions and sanctions, and the continued freezing of national financial assets abroad. Together, these factors have constrained the functioning of essential services and significantly reduced the population's access to basic services, including nutrition, health, and livelihoods support. The de facto authorities' isolation from the international community has further deepened these challenges, leading to an almost total withdrawal of development funding and exacerbating the effects of the country's chronic, multi-layered crises. In the absence of international recognition of the current authorities, development assistance is no longer

channelled through national systems. Instead, the majority of external funding is now directed through the United Nations agencies and international and national non-governmental organizations, **limiting long-term investments in public systems and increasing reliance on humanitarian mechanisms** to sustain essential services.

At the same time, the Afghan economy remains extremely fragile. High levels of unemployment, widespread poverty, and limited livelihood opportunities leave families unable to meet their daily needs. Many households are forced to rely on negative coping mechanisms, including child labour, early marriage, or reducing the number and quality of meals consumed. These dynamics exacerbate already **critical levels of food insecurity and malnutrition**, especially among children under five and pregnant and lactating women.

The humanitarian situation is further aggravated by recurrent natural hazards, including floods, droughts, earthquakes, and harsh winters, which disrupt livelihoods, damage homes and infrastructure, and limit access to essential services. Climate change has intensified the frequency and impact of these shocks, eroding communities' resilience year after year. In such a context, humanitarian assistance remains a lifeline for millions, but it is insufficient to address the scale of the needs. There is the urgency of sustained support, funding, and longer-term strategies to strengthen resilience.

An INTERSOS-managed, AICS-supported health facility in Kabul province



2. MALNUTRITION IN AFGHANISTAN

Overall, **the nutrition situation in Afghanistan remains dire**. In the country, 7.8 million people are in need of nutrition support, especially young children, and widely affected by the consequences of the crisis in the country and, therefore, unable to obtain the right amount of nutrients and nutrition support. Malnutrition in Afghanistan is primarily driven by widespread food insecurity, including limited dietary diversity and meal frequency, recurrent disease outbreaks that worsen children's nutritional status, and inadequate access to essential health and nutrition services. These challenges are further compounded by growing restrictions on women, which hinder families' ability to access food and vital resources, and the arrival of millions of returnees in 2025, which puts additional pressure on local capacities and services.

According to data from the Afghanistan Nutrition Cluster, as of August 2025, 31 out of 34 provinces in the country are classified as serious or critical in terms of nutrition severity.⁴ Integrated Food Security Phase Classification (IPC) projections for May–October 2025 anticipated some relief in food insecurity, with the number of Afghans facing “Crisis or worse” conditions expected to fall from 12.6 million (27% of the population) in March–April to around 9.5 million (21%), thanks to a modest economic recovery and the results of humanitarian assistance.⁵ Yet, in practice, about **one in five Afghans still face severe food insecurity**, 1.6 million in Emergency (IPC Phase 4) and nearly 8 million in Crisis (IPC Phase 3). Although projections suggested improvements, hunger and malnutrition remain pervasive, with organizations continuing to report high levels of acute malnutrition.

On top of this, the availability of life-saving nutrition supplies, particularly Ready-to-Use Therapeutic Food (RUTF), is under severe strain, with UNICEF warning that the supplies will be unable to meet required quantities in 2025.⁶ The potential shortage risks producing stock-outs within the next months, threatening the continuity of treatment for children facing acute malnutrition.

As reported by the Nutrition Cluster, due to significant funding cuts and the closure of many nutrition sites in 2025, **admissions for both severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) have continued to rise**.⁷ Compared to the same period in 2024, between January and September 2025, admissions for SAM among children under five rose by 1% according to data collected by Afghanistan's Nutrition Cluster. The increase was however more pronounced for MAM: admissions among children under five rose by 5%, and among pregnant and breastfeeding women they surged

by 19%. Overall, between January and September 2025, there has been an 8% increase in admissions for treatment of malnutrition compared to the same period in 2024.

These figures point to both a deterioration in the nutrition situation and improved case detection through strengthened community outreach and mass screening initiatives, despite a decrease in funding and increasing restrictions. **The increase in admissions, even with fewer functional nutrition sites, underscores the severity of the crisis and the urgent need to sustain and scale up nutrition services.**

Relevantly, the Famine Early Warning Systems Network (FEWS NET) has **projected acute food insecurity to worsen at least until May 2026**, driven by four consecutive years of drought, a deteriorating economy, and the continued mass return of Afghans from Iran and Pakistan.⁸



A children is screened for malnutrition using a mid-upper arm circumference (MUAC) measuring tape in one of INTERSOS health facilities

3. INTERSOS EXPERIENCE

Working in different regions across Afghanistan, INTERSOS staff witness first-hand the dire situation of those living in remote regions. Through its operational support to primary health centers, **INTEROS witnesses the consequences of malnutrition which are always highly visible in the communities that we serve.** In our health facilities, INTERSOS teams provide general medical consultations, maternal and reproductive health services, immunizations (with a particular focus on polio eradication), health promotion sessions, psychological support, as well as referrals for specialized care.

Alongside these, **nutrition constitutes a core pillar of our response:** INTERSOS delivers the full package of Integrated Management of Acute Malnutrition, screen and treat children for acute and severe malnutrition, and offer counselling to mothers on infant and young child feeding practices. Additionally, we support activities to strengthen maternal and child healthcare, promote hygiene practices, improve access to clean water, and give children a space where to play thanks to our child care centers, helping families build the foundations for better nutrition and long-term wellbeing. INTERSOS also engage in community-based disease and nutrition surveillance, though recent restrictions on outreach activities have made this increasingly difficult.

MALNUTRITION IN CHILDREN

Within our facilities, generally located in some of the most remote and hard-to-reach parts of Afghanistan, INTERSOS teams collect data and information about the communities we assist. For instance, only in the month of July 2025, INTERSOS conducted 10,728 nutrition screenings on children under 5 years at health facilities and community levels, of which **585 were admitted for Moderate Acute Malnutrition (MAM) and 298 were admitted for Severe Acute Malnutrition (SAM).** This means that almost 8.2% of those screened needed nutrition support, indicating a high prevalence of acute malnutrition.

A comparative analysis of seven INTERSOS-managed health facilities with available data for both 2024 and 2025 (covering June, July, and August) shows that the incidence of SAM and MAM cases in children under 5 years old only slightly decreased in 2025 (Figure 3), even though the total number of children screened for malnutrition was higher in the current year (Figure 1). Over the seven facilities located in Kabul and Kandahar provinces, the total number of MAM cases was higher in 2025 (Figure 2), probably due to increased outreach capacities. Nonetheless, the overall prevalence of both SAM and MAM decreased in 2025 compared to the previous year.

Figure 1 - Total number of children under five years old screened for malnutrition in June, July, and August 2024 and 2025 for seven INTERSOS facilities*

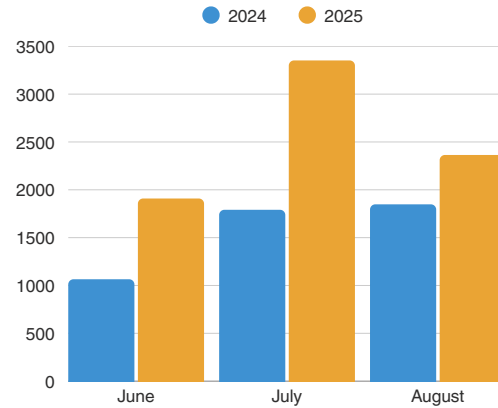


Figure 2 - Total cases of SAM and MAM cases (June, July, and August 2024-2025)

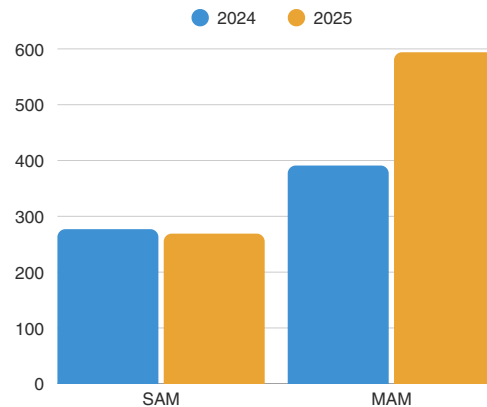
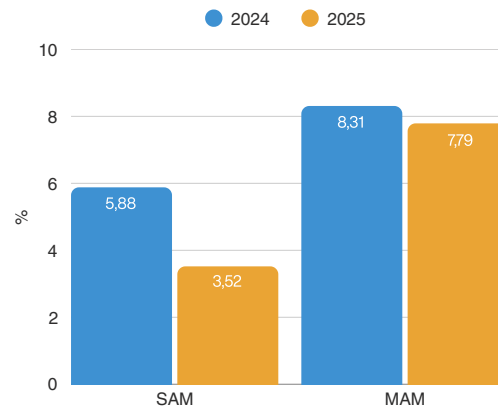


Figure 3 - Incidence of SAM and MAM on the total screenings (June, July, and August 2024 and 2025)



The data, gathered by INTERSOS field staff and stored in a dedicated platform, considers seven INTERSOS-managed health facilities, 5 in Kandahar and 2 in Kabul provinces, covering June, July, and August 2024 and 2025. The seven facilities were selected from all INTERSOS-managed sites based on the availability of consistent data for the period under review. This description is applicable to Figures 1, 2, 3, and 4.

This suggests that while **overall vulnerability remains high, consistent presence and service delivery by organisations such as INTERSOS in remote and hard-to-reach communities may be helping to stabilize malnutrition rates among children.** The results can arguably point to the positive impact of long-term, community-based engagement, and effective case management which together have likely prevented a sharper deterioration in nutritional outcomes despite persistent food insecurity and livelihood challenges.

MALNUTRITION IN PREGNANT AND LACTATING WOMEN

Children are not the only ones affected by malnutrition. **Pregnant and Lactating Women (PLW) are also largely affected by reduced access to food,** something that can have huge negative repercussions on fetal development or on their newborns. For instance, in July 2025, considering all INTERSOS health facilities in Afghanistan, 4,614 nutrition screenings were done for Pregnant and Lactating Women (PLW), 447 of them were identified with acute malnutrition (AM) and admitted for treatment.

Relevantly, between June and August 2025, the same 7 health facilities analysed in the previous page recorded a notable increase in acute malnutrition among pregnant and lactating women compared to the same period in 2024. In 2025 cases in these health facilities totalled 489, compared to 367 in 2024 (Figure 4).

Worryingly, this deterioration occurred despite comparable or higher participation in Maternal, Infant and Young Child Nutrition (MIYCN) sessions in some of INTERSOS facilities.

Several factors may have contributed to this rise, including interruptions in funding that disrupted screening and treatment continuity, restrictions on female humanitarian workers that have limited community outreach and early detection, and growing numbers of returnees from Pakistan and Iran, which have put

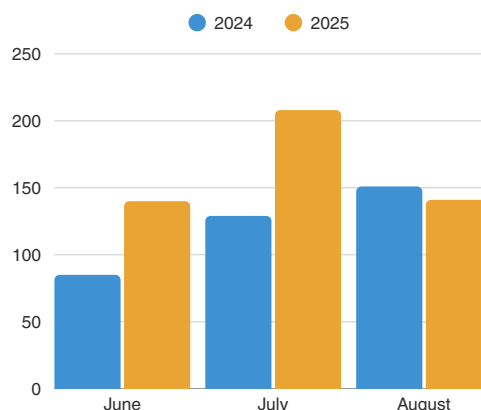
additional pressure on already stretched services. Overall, in the current Afghan context of reduced purchasing power and aid cuts, it is therefore unsurprising that higher counselling counts at some INTERSOS facilities did not translate into lower PLW AM prevalence.

These findings highlight how worsening food insecurity, economic hardship, and climate shocks continue to undermine women’s nutritional status, even where awareness and counselling activities remain active. The weak link between MIYCN attendance and malnutrition prevalence suggests that knowledge alone cannot offset deteriorating living conditions when access to food and health services is constrained.

To reverse these trends, **predictable financing to prevent service gaps, the reinstatement of female outreach roles, and the integration of MIYCN activities with tangible nutritional and livelihood support are essential** to reach women earlier and prevent more severe cases.

Altogether, funding cuts and operational restrictions have put to great test the capacity of INTERSOS and other humanitarian organisations to reach those that need assistance just as needs are growing. More support is therefore urgently required to ensure that children and mothers in Afghanistan can access the care that keeps them alive and healthy.

Figure 4 - Admission of Pregnant and Lactating Women for Acute Malnutrition in 7 INTERSOS-managed facilities (June, July, and August 2024 and 2025)



An INTERSOS nutrition nurse weighs a child while carrying out a nutrition screening. May 2024.

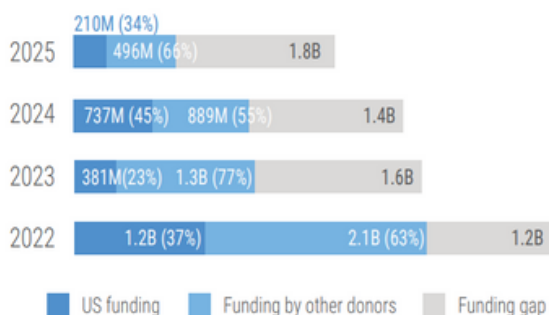
4. CHALLENGES, GAPS, AND RISKS

Despite strong ongoing humanitarian efforts, **the response remains underfunded and overstretched**. Funding shortfalls have already forced organisations to scale back programmes, leaving communities without access to critical services. Relevantly, nutrition cannot be treated separately from other sectors: **when healthcare shrinks, so does the capacity to detect and treat malnutrition**. Meanwhile, restrictive measures on community outreach make it harder to reach the most vulnerable, particularly women and girls. If gaps persist, malnutrition rates are likely to rise further, making the situation even more challenging.

CONSEQUENCES OF UNDERFUNDING

Afghanistan remains trapped in a protracted crisis, where **humanitarian organisations like INTERSOS are asked to reach a growing number of people with decreasing resources**. The situation has been made worse by sharp funding cuts across nearly all major donors, as well as the suspension of USAID support (see Figure 5). As a result, the humanitarian response is facing a **severe funding gap**. As of 21 November 2025, the Afghanistan Humanitarian Needs and Response Plan (HRP) 2025 had received only US\$ 870.6 million of the US\$ 2.42 billion required, covering just 36.0% of total needs.⁹

Figure 5 - Share of the highest-contributing donor in total funding received for Afghanistan (2022–2025)



Source: FTS as of 14 August 2025 (in US\$). Taken from OCHA (August 2025), Afghanistan - Overview of Funding Shortfall and Impact on Humanitarian Operations as of 14 August 2025.

These funding cuts have had devastating consequences for Afghanistan. As of May of this year, more than 420¹⁰ health facilities and 305 nutrition sites have closed, leaving millions without access to basic primary health-care and depriving around 80,000 acutely malnourished children, pregnant women, and new mothers of life-saving

and life-supporting treatment.¹¹ Although approximately 120 nutrition sites have since reopened thanks to additional funding from other donors, the overall situation remains very fragile.¹² **Effective treatment of malnutrition requires uninterrupted services, any disruption caused by funding cuts or other reasons will always put lives at risk**

Without sustained donor engagement, more health facilities risk shutting down, and nutrition support programmes risk not reopening, leaving vulnerable families without treatment or nutrition support. Timely and sustained funding ensures efficiency, keeps essential services running, prevents the escalation of malnutrition, and safeguards the health and dignity of Afghan families.

THE CROSS-SECTOR NATURE OF MALNUTRITION

Afghanistan's fragile health system is under immense strain, leaving millions without access to even the most basic services. **Over 14 million Afghans have been projected to need health assistance in 2025**, yet funding cuts have already forced the closure of hundreds of health facilities as mentioned above, depriving more than 3 million people of care.¹³ For women and children, the consequences are particularly severe: lack of antenatal care, unsafe deliveries, and shortages of female health providers all contribute directly to rising levels of malnutrition. Interruptions in vaccination, outbreaks of preventable diseases, and poor access to clean water and sanitation further exacerbate children's nutritional status, creating a vicious cycle of illness and undernutrition.

Malnutrition is not an isolated problem, it is deeply connected to limited access to healthcare, unsafe water, poor food diversity, and inadequate infrastructure. A malnourished child is more vulnerable to measles, pneumonia, or acute watery diarrhea and without immunization or access to safe water and healthcare, their chances of recovery diminish. This is why we integrate nutrition into our broader health response.

Without adequate investment in nutrition within health services, more children will continue to fall through the cracks, arriving at our centers only when their condition is too critical. Investing in health services, WASH activities, and nutrition activities is therefore not only lifesaving in itself but also essential to preventing and treating malnutrition.

ADDRESSING THE ABSENCE OF DEVELOPMENT ASSISTANCE

Humanitarian aid alone cannot break the cycle of hunger and poor health. Short-term, restricted, humanitarian funding makes it extremely difficult in the Afghan context to support the country recovering from decades of conflict. The complete suspension of development assistance since 2021 has left humanitarian actors as the only operational actors in most of the country, forcing organisations to respond to chronic needs with short-term, emergency measures. As a result, services that should be strengthened through long-term investments, such as health and nutrition, remain fragile, temporary, and heavily reliant on emergency support.

Relevantly, the absence of long-term development investments is a source of deep concern in the communities we serve. For instance, in the remote areas where we work, **the closure of a single health centre would mean the complete absence of medical facilities within hours of travel**, whether by car or on foot. The risk of non-renewal of funding, or, even worse, its abrupt termination as in the case of USAID, creates a constant fear that communities could suddenly be left without any assistance at all.

“Every day, we see how communities depend entirely on humanitarian services. Without development support, this assistance cannot help them rebuild their future.”

*Maher Alshoun,
INTERSOS Country Director for Afghanistan*

In addition to this, donor compliance requirements restrict support to public systems, such as supporting facilities run by the de facto authorities, limiting the ability of aid actors to strengthen service delivery for the population. As a result, the ability of humanitarian organisations to bridge immediate and structural needs have been strictly limited. Precisely, after 2021, donors have so far shown little willingness to invest again in development assistance and in more durable solutions to avoid risking that their funded facilities go under the management of the de facto authorities.

Concretely, while humanitarian actors do not and should not replace development activities, the absence of long-term investments has forced them to sustain essential services that would otherwise collapse. During the period of the Islamic Republic of Afghanistan, therefore until 2021, such projects were implemented with the aim of strengthening the government of the time, especially in the health sector. Today, the current landscape is characterised by a double gap: the near-total absence of development assistance and the increasing constraints

placed on humanitarian programming. Together, these factors undermine the continuity of essential services and erode the resilience of the Afghan health and nutrition systems.

There is the necessity to ensure that the work of humanitarian organisations is complemented by coordinated, targeted, and principled development engagement. Without such collaboration, Afghanistan risks remaining trapped in a cycle of humanitarian dependency, where basic service delivery continues to rely on temporary aid structures.

A shift in donor strategies is therefore urgently needed, one that recognises the reality on the ground and ensures both immediate humanitarian support with development assistance. What is needed is a **strategy that combines flexible humanitarian funding with targeted development assistance**. At the same time, there is also the necessity of enhanced coordination between donors and authorities so that organisations are better able to build durable solutions and change.

LIMITED HUMANITARIAN ACCESS

It would be impossible to get a full picture of the malnutrition situation in Afghanistan without also considering some of the operational constraints that can impact the delivery of aid, and therefore the capacity of organisations to reach those in need and vice versa.

In practice, these restrictions take many forms. The ban on women’s work and education makes it difficult to provide essential health and nutrition services to women and girls, with serious consequences for children. Limitations on community outreach and door-to-door activities weaken nutrition surveillance and reduce the ability to detect and treat cases early. Moreover, bureaucratic and administrative impediments, such as delayed MoUs, difficulties with project registrations and their implementation, convoluted bureaucratic process, along with prohibitions on the importation of essential medicines and restrictions on female humanitarian workers, often stall or prevent lifesaving activities from being implemented. Overall, these operational constraints result in service gaps, delayed interventions, and reduced coverage nationwide.

The consequences are far-reaching: rising malnutrition, heightened risks of disease outbreaks, and growing protection concerns. Humanitarian organisations, donors, and other countries involved in the humanitarian response in Afghanistan have a critical role to play in this situation. **Sustained, principled engagement with the authorities is essential to advocate for humanitarian access and ensure that aid reaches those who need it most**. Without such efforts, the space for delivering nutrition and health services risks shrinking further, with devastating consequences for Afghanistan’s most vulnerable communities.

5. RECOMMENDATIONS

INTERSOS teams on the ground have experienced and witnessed the difficult living conditions of local communities in rural Afghanistan. At INTERSOS, we strongly believe that both **donors and the international community can do more to support children and women facing malnutrition and reduced access to health-care support**. As the crisis in Afghanistan continues to impact its population, INTERSOS strongly advocates for the following recommendations.

We urge donors to:

- Provide predictable, multi-year and flexible funding that enables partners to respond rapidly to shocks, including large-scale returns, disease outbreaks, and climate-related disasters, while reducing delays linked to lengthy approval processes.
- Allow humanitarian programmes to integrate durable, community-based components (such as system strengthening, infrastructure rehabilitation, and service continuity), and re-engage development actors to prevent long-term aid dependency.
- With nearly five million children facing crisis-level hunger and 3.5 million at risk of malnutrition, prioritise nutrition assistance and ensure a reliable pipeline of Ready-to-Use Therapeutic Food (RUTF) and other life-saving commodities.
- Require and fund implementing agencies to employ and train female staff, recognising that restrictions on female workers have undermined service delivery.
- In addition to emergency relief, fund community-led WASH, agriculture, and livelihood projects that reduce long-term dependency and help communities absorb shocks from climate-driven disasters and repatriation surges.
- Channel funds to cross-border initiatives that support both returnees and those forcibly returned from Pakistan and Iran, in order to ease the pressure on Afghanistan's already overstretched services.
- Adopt clear and unified donor guidance for principled engagement with authorities in Afghanistan, to protect humanitarian space, enable operational continuity, and support sustainable solutions without compromising humanitarian principles.

We urge the UN leadership to:

- Intensify collective advocacy with donors and authorities to safeguard impartial humanitarian assistance and expand outreach activities, such as mobile clinics or door-to-door activities, that are vital for detecting and treating malnutrition.
- Prioritize funding and logistics to ensure an uninterrupted pipeline of Ready-to-Use Therapeutic Food (RUTF) and other essential life-saving commodities so that treatment programmes do not collapse.
- Invest in real-time monitoring systems to track malnutrition, disease outbreaks, and climate shocks, as well as ensuring that data is disaggregated by age, gender, and location to guide targeted responses and improve accountability.
- Advocate for the integration of nutrition, health, WASH, food security, and protection interventions, and embed disaster-risk reduction and climate-adaptation measures in all programmes.
- Work with Iran and Pakistan to manage repatriation flows, coordinate assistance at border crossing points, and ensure returnees are supported before they re-enter already-strained Afghan communities.

We urge other humanitarian organisations and NGOs to:

- Prioritise malnutrition prevention by implementing early screening, community-based nutrition education, targeted supplementary feeding, and support for household-level food security.
- Collaborate with local civil society and community leaders to maintain access and acceptance.
- Train Afghan staff in nutrition screening, infection control, disaster response, and data management, and support women's leadership within programmes.
- Enhance feedback mechanisms and participatory monitoring to ensure programmes meet the needs of women, men, boys, and girls and share lessons learned with clusters to improve collective response.

We urge the Humanitarian Coordination system to:

- Plan scenarios for large-scale repatriation, climate-induced disasters and funding shocks; pre-position supplies and identify alternative service points to prevent service interruptions.
- Strengthen links between nutrition, health, WASH, food security, and protection clusters to harmonise targeting and avoid gaps or duplication; use unified data systems for tracking malnutrition and service coverage.
- Ensure cluster strategies recognise the specific needs of returnees, such as emergency shelter, food, documentation, and psychosocial support, and coordinate with migration and protection actors.
- Make it mandatory for all cluster members to incorporate gender-sensitive approaches, including staffing plans that allow female workers to operate safely and meaningfully in all sectors.
- Position clusters to champion investment in disaster-risk reduction, climate-resilient agriculture, and durable WASH infrastructure to reduce recurrent emergencies and improve long-term nutrition outcomes.

We urge the De Facto Authorities to:

- Address operational barriers, including limitations on the engagement of female staff, to support effective aid delivery, while promoting the safety and unrestricted movement of humanitarian workers and vulnerable populations.
- Allow for integrated health, nutrition, and WASH programmes through mobile teams and community health workers to reach remote populations, returnees, and those affected by disasters, particularly during emergencies and sudden crises.
- Allocate domestic resources to reopen and maintain health facilities, nutrition sites, water systems, and schools, prioritising rural areas where closures have left millions without care.
- Provide land, shelter, and livelihood opportunities for returnees and displaced people, and coordinate with humanitarian partners to prevent overcrowding and resource depletion in host communities.
- Support the participation of women in health, education, and humanitarian roles, while investing in maternal and reproductive health services and promoting girls' education, to contribute to breaking the cycle of malnutrition and poverty.

REFERENCES

- ¹ OCHA (December 2024), Afghanistan Humanitarian Needs and Response Plan 2025, <https://www.unocha.org/publications/report/afghanistan/afghanistan-humanitarian-needs-and-response-plan-2025-december-2024>.
- ² Ibid.
- ³ UNHCR (Accessed on November 19, 2025), Operational Data Portal - Afghanistan, <https://data.unhcr.org/en/situations/afghanistan>
- ⁴ Afghanistan Nutrition Cluster (November 2025), Afghanistan Nutrition Cluster Bulletin, Issue 3, Jan - Sep 2025, <https://reliefweb.int/report/afghanistan/afghanistan-nutrition-cluster-bulletin-issue-3-jan-sep-2025>.
- ⁵ Integrated Food Security Phase Classification (June 2025), Afghanistan: Acute Food Insecurity Situation for March - April 2025 and Projection for May - October 2025, <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159622/?iso3=AFG>.
- ⁶ UNICEF (March 26, 2025), At least 14 million children face disruptions to critical nutrition services in 2025, <https://www.unicef.org/press-releases/least-14-million-children-face-disruptions-critical-nutrition-services-2025-unicef>.
- ⁷ Afghanistan Nutrition Cluster (November 2025), Afghanistan Nutrition Cluster Bulletin, Issue 3, Jan - Sep 2025, <https://reliefweb.int/report/afghanistan/afghanistan-nutrition-cluster-bulletin-issue-3-jan-sep-2025>.
- ⁸ Afghanistan Food Security Outlook October 2025 - May 2026: High food assistance needs and Emergency (IPC Phase 4) expected in early 2026, <https://reliefweb.int/report/afghanistan/afghanistan-food-security-outlook-october-2025-may-2026-high-food-assistance-needs-and-emergency-ipc-phase-4-expected-early-2026>.
- ⁹ OCHA (accessed on 22 November 2025), Financial Tracking Service - Afghanistan 2025, <https://fts.unocha.org/countries/1/summary/2025>.
- ¹⁰ Health Cluster and WHO (August 31, 2025), Afghanistan: Suspended/Closed Health Facilities due to the U.S. Government Work-Stop Ban (Update as of 31 August 2025), <https://reliefweb.int/report/afghanistan/afghanistan-suspendedclosed-health-facilities-due-us-government-work-stop-ban-update-31-august-2025>.
- ¹¹ OCHA (May 29, 2025), Afghanistan: Impact of US Funding Suspension on the Humanitarian Response (As of 19 May 2025), <https://www.unocha.org/publications/report/afghanistan/afghanistan-impact-us-funding-suspension-humanitarian-response-19-may-2025>.
- ¹² Afghanistan Nutrition Cluster (August 2025), Nutrition Cluster, Afghanistan Nutrition Cluster Bulletin (Jan - Jun 2025), Issue 2, <https://reliefweb.int/report/afghanistan/afghanistan-nutrition-cluster-bulletin-issue-2-jan-jun-2025>.
- ¹³ OCHA (May 29, 2025), Afghanistan: Impact of US Funding Suspension on the Humanitarian Response (As of 19 May 2025), <https://www.unocha.org/publications/report/afghanistan/afghanistan-impact-us-funding-suspension-humanitarian-response-19-may-2025>.

INTERSOS response in Afghanistan

INTERSOS has been operational in the central and southern regions of Afghanistan, covering Kabul, Kandahar, Uruzgan, and Zabul provinces, providing integrated health, immunisation, nutrition, and protection services to the most vulnerable individuals and communities since 2001. In September 2025, INTERSOS started operations also in Herat, Helmand, and Nimruz provinces to, on one side, support returnees along the border, and on the other, enhance immunisation activities. In recent years INTERSOS has been focusing its assistance based on an integrated community-based approach that includes primary health care, immunisation, nutrition, and protection programmes serving the Afghan populations, particularly in hard-to-reach areas. In 2024, INTERSOS reached around 290,000 people in Afghanistan, mostly children and women.

Cover photo: An INTERSOS midwife measures the child's arm circumference to assess the risk of malnutrition in a INTERSOS-managed health facility in Oruzgan, Southern Afghanistan. January 2025.

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Methodology

This advocacy brief was created using both primary data coming from data collected in INTERSOS programs in Afghanistan, as well as secondary data from different sources. Figures on malnutrition and other data present in the paper have been sourced exclusively from OCHA, UNHCR, IOM, the Afghanistan Nutrition Cluster, the Integrated Food Security Phase Classification (IPC), the Famine Early Warning Systems Network (FEWS NET), and others as of September and October 2025.

Limitations

This advocacy brief is not meant to fully and comprehensively represent the overall situation regarding malnutrition in Afghanistan. The limited INTERSOS data sample and the figures presented, particularly used in section 3, should not be considered applicable country-wide, as they only focus on two specific regions, Kandahar and Kabul, in an aggregated manner. At the same time, the analysed data fit into some of the broader trends regarding malnutrition at country-level, which have been analysed by other actors, including OCHA and the Afghanistan Nutrition Cluster.

INTERSOS - Humanitarian Organisation

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Established in 1992, INTERSOS is an international humanitarian organisation dedicated to delivering aid to the most vulnerable populations in the world's most challenging crises. INTERSOS currently provides humanitarian assistance in 23 countries worldwide, primarily focusing on protection, health, and nutrition, as well as water & sanitation, shelter, non-food items, and education.

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