

Overview

Prolonged economic deterioration, recurrent drought, and a significant reduction in humanitarian assistance have left large segments of the population unable to meet their minimum food needs. Despite the scale of these pressures, many households have so far avoided more severe outcomes by maintaining some level of food production, retaining livestock, and limiting the use of irreversible coping strategies, supported by large-scale lifesaving emergency agriculture and food assistance delivered in recent years. As humanitarian food security assistance declines, these buffers are eroding and vulnerabilities are re-emerging, underscoring the fragility and reversibility of recent food security improvements in Afghanistan.

In the current period (September–October 2025), roughly 13.8 million people (28 percent of the population) were classified in IPC Acute Food Insecurity (AFI) Phase 3 or above (Crisis or worse), including 2.9 million in Emergency (IPC AFI Phase 4) and 10.9 million in Crisis (IPC AFI Phase 3). Of the 47 analytical domains analysed, 43 were in IPC AFI Phase 3, while only Kabul Rural, Khost, Khost Urban, and Paktya were classified in IPC AFI Phase 2 (Stressed).

Food assistance in Afghanistan is limited, reaching only 2.7 percent of the population. This is compounded by a weak, contracting economy marked by high unemployment and declining remittance inflows, largely due to over 2.5 million returnees from Iran and Pakistan in 2025, placing added pressure on overstretched local resources, services, and livelihoods. These economic challenges are further worsened by severe drought and recent earthquakes.

The situation is expected to deteriorate further during the first projection period (November 2025–March 2026), coinciding with the winter lean season. An estimated 17.4 million people (36 percent of the population) are projected to face IPC AFI Phase 3 or above, including 4.7 million in IPC AFI Phase 4. Provinces expected to face the highest severity include Badakhshan, Ghor, Faryab, Jawzjan, Samangan, Bamiyan, and Daykundi. Humanitarian food assistance is expected to remain far below needs, with only around 1 million people likely to receive aid during the projection period, compared with 5.6 million during the same period in 2024.

Some seasonal improvement is expected during the second projection period (April–September 2026), coinciding with the harvest season. The number of people in IPC AFI Phase 3 or above is projected to decline to around 13.8 million (28 percent), including 2.9 million in IPC AFI Phase 4.

Acute malnutrition remains extremely high in several provinces, driven by multiple factors including drought, devastating earthquakes, limited dietary diversity, and seasonal disease burdens. Moreover, the large influx of returnees is expected to place additional strain on already limited health, nutrition and WASH services, particularly in provinces like Herat, where overcrowded living conditions will heighten disease exposure and nutritional vulnerability.

Nearly 3.7 million cases of children aged 6–59 months are projected to suffer acute malnutrition between January 2025 and December 2026, with around 26 percent experiencing severe acute malnutrition. During the same period, an estimated 1.2 million cases of pregnant or breastfeeding women are expected to suffer acute malnutrition.

By January 2026, acute malnutrition is expected to remain stable in some provinces and slightly worsen in others, with Faryab and Paktika moving from IPC Acute Malnutrition (AMN) Phase 3 (Serious) to Phase 4 (Critical). Eighteen provinces are expected to remain in IPC AMN Phase 3.



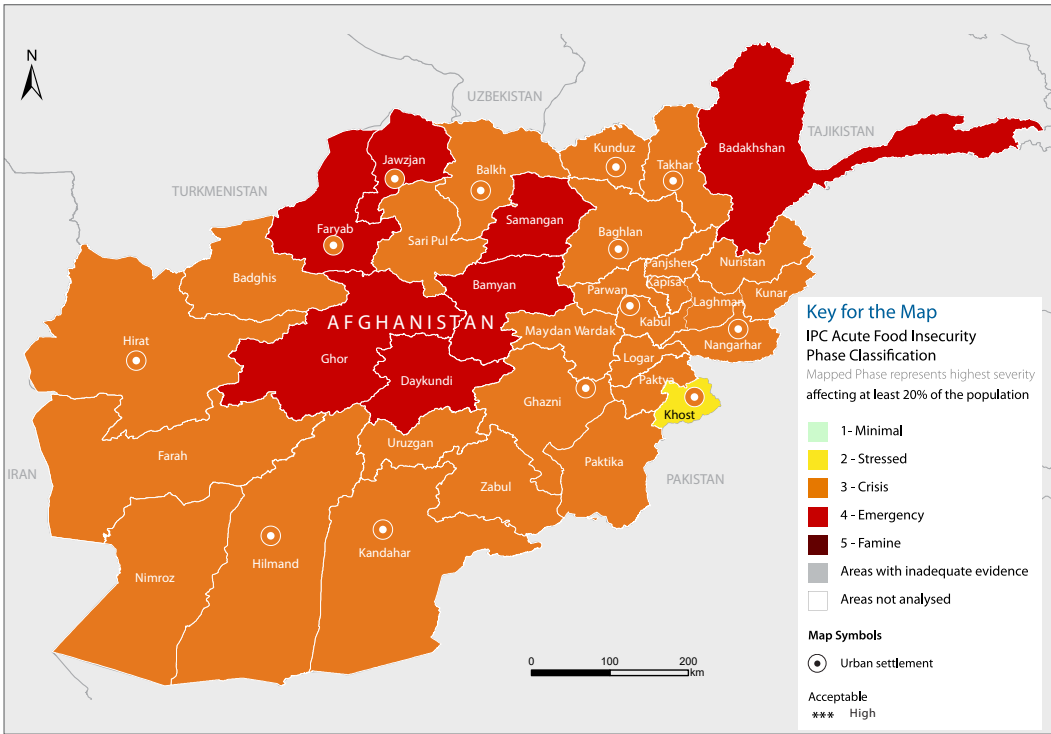
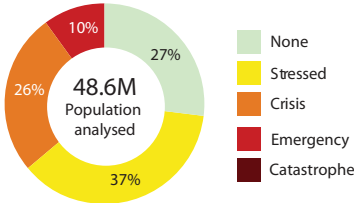
First Projection Acute Food Insecurity | November 2025 - March 2026



17.4M

Around 17.4 million Afghans are likely to experience high levels of acute food insecurity (IPC Phase 3 or above) between November 2025 and March 2026. This includes 4.7 million Afghans in IPC Phase 4 (Emergency).

36% of the population is in IPC Phase 3 or above



Key Drivers of Acute Food Insecurity



**Climatic shocks:** Below-average precipitation is expected between November and December 2025, followed by likely near-average levels through May 2026, which is expected to extend the drought into a fifth year. Persistently high temperatures through May 2026 will likely accelerate snowmelt, reduce water recharge, and heighten flood, pest, and crop- and rangeland-water-stress risks.



**Poor agricultural and pastoral production:** In addition to below-normal precipitation, an erratic, below-average winter is expected to constrain winter wheat sowing due to low soil moisture. While February–April 2026 rainfall may marginally support spring crops, heat stress and depleted soil moisture are likely to keep rainfed yields below average.



**Macroeconomic shocks:** Afghanistan's fragile economy faces low income, high unemployment, and persistent poverty. Trade disruptions, cross-border clashes with Pakistan, and limited women's participation exacerbate economic uncertainty, while weak labour demand continues to restrict income opportunities, especially in urban, market-dependent areas.



**Returnees:** Over 2.5 million Afghans returned from Iran and Pakistan in 2025, with an additional 2.4 million undocumented returnees expected in 2026. Deportations and migration restrictions threaten incomes, while the influx is expected to pressure public services—shelter, health, water, and sanitation—raising vulnerability for returnees and host communities.



**HFSA:** Nearly 10 million people still need food assistance after an 86 percent reduction in aid—the largest gap on record. In September–October 2025, only 1.29 million people received rations covering 50 percent of caloric needs. Coverage is expected to fall to 978,000 people in November 2025–March 2026 due to funding constraints, with no funding committed for April–September 2026.

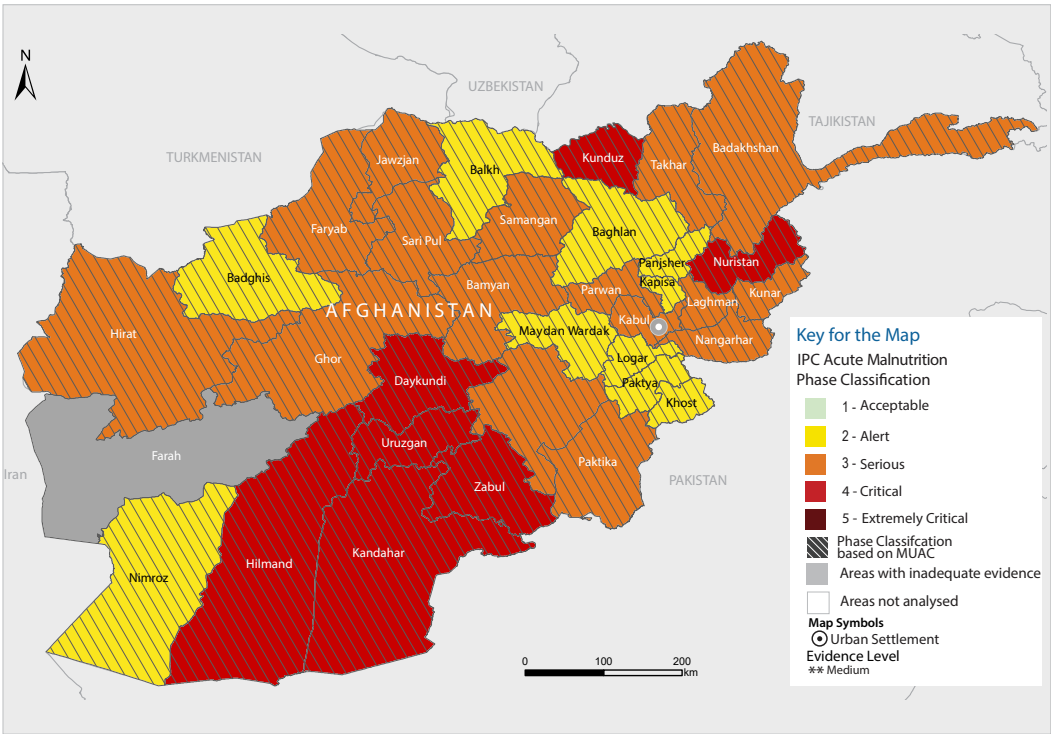
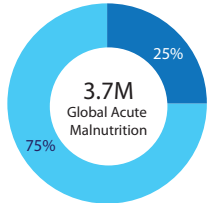


Current Acute Malnutrition | June - September 2025



3.7M

Around 3.7 million cases of children aged 6-59 months are suffering or likely to be suffering acute malnutrition and will need treatment. About 1.2 million cases of pregnant or breastfeeding women will likely suffer acute malnutrition in the same period.



Contributing Factors to Acute Malnutrition



**Extremely poor and inadequate quality of diet:** Evidence from the latest national Multi-Indicator Cluster Survey (MICS) in 2022 shows that only 7 percent of children aged 6–23 months meet both the minimum age-appropriate meal frequency and quality. In provinces classified in IPC AMN Phase 4, this proportion is even lower—ranging from just 3 to 5 percent—with the exception of Kandahar, where it is estimated at 11 percent.



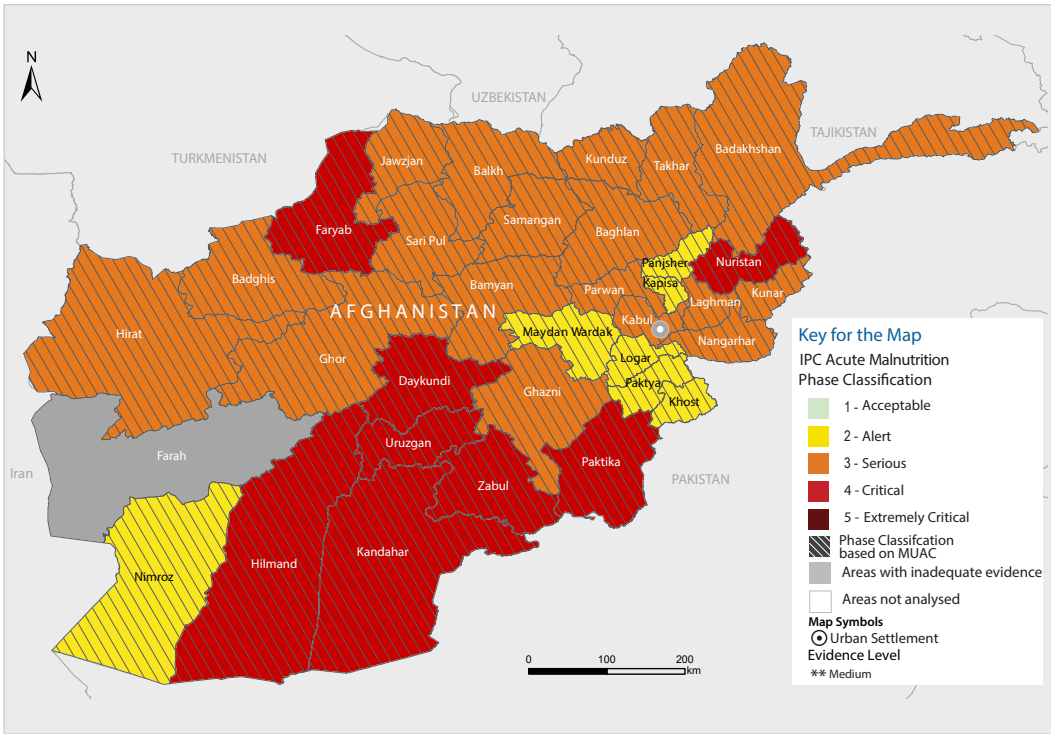
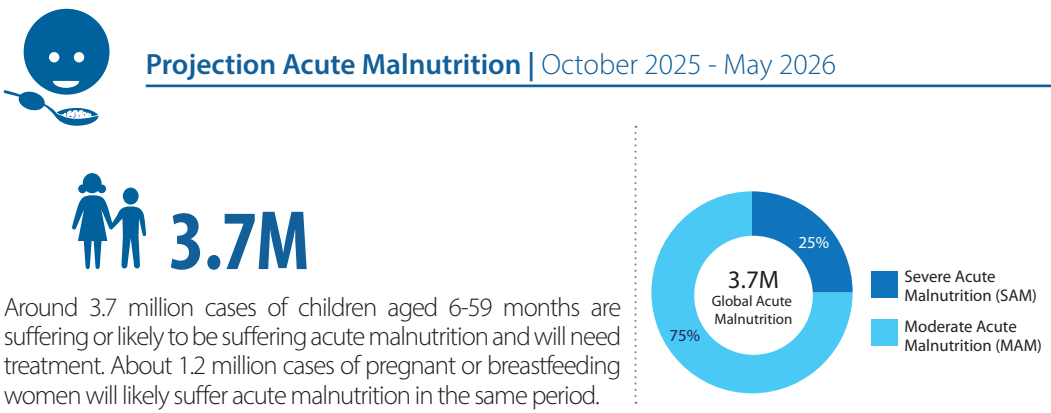
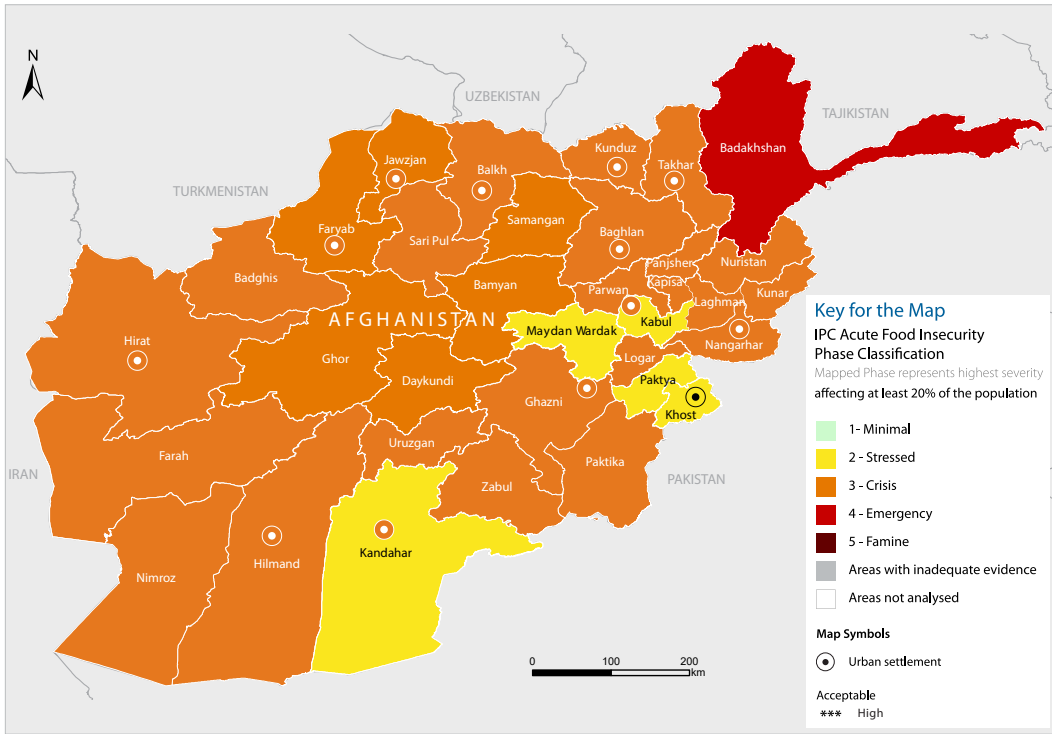
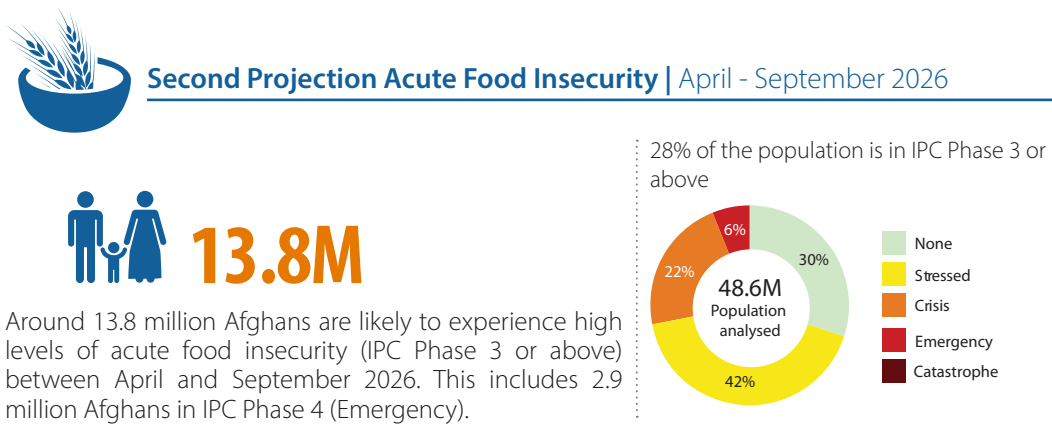
**High disease burden:** Over half of Afghanistan's children experienced infection-related illnesses in 2025. In provinces classified in IPC AMN Phase 4, more than half of children suffered from diarrhoea. Nationally, nearly 3 million cases of acute watery diarrhoea were reported between January and September 2025—a 3 percent increase compared with the same period last year. Measles incidence has also surged, with 96,432 cases recorded between January and October 2025, marking a 44 percent rise from last year.



**Poor WASH conditions:** In the provinces classified in Phase 4, almost half of the households still grapple to access improved source of drinking water and cannot access improved sanitation facilities.



**Acute Food Insecurity:** About 64 percent of households consume foods from only 0-2 food groups, reflecting extremely poor dietary diversity, while only 28 percent have an acceptable food consumption score and 47 percent are resorting to emergency-level livelihood coping strategies nationwide.



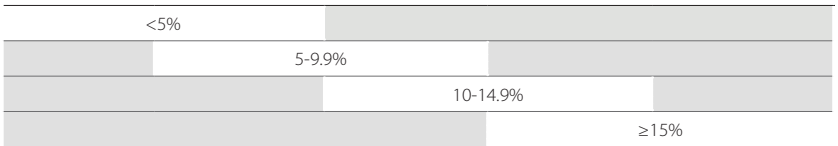
Acute Food Insecurity phase name and description

Phase 1 None/ Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; or • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or are unable to meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident.  (For Famine classification, an area needs to have extreme critical levels of acute malnutrition and mortality.)

Acute Malnutrition phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	5–9.9% of children are acutely malnourished.	10–14.9% of children are acutely malnourished.	15–29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

Global Acute Malnutrition based on mid-upper arm circumference (MUAC)



IPC Analysis Partners (Acute Food Insecurity/Acute Malnutrition)



Recommended Actions



Scale up humanitarian food assistance and emergency agriculture support

Humanitarian food assistance must be rapidly scaled up for all populations in IPC Phase 3 and 4 as food-consumption gaps are expected to widen during the winter and lean season. Timely, targeted emergency agricultural assistance for IPC Phase 3–4 households is cost-effective, impactful and crucial to protect lives, livelihoods, productive assets, and to support upcoming farming cycles.



Scaling Up Anticipatory Action and Strengthening Humanitarian Response Linkages

Implement proactive, forecast-based interventions to reduce the impact of predictable crises and safeguard lives and livelihoods, while enhancing Basic Human Needs coordination, multisectoral response frameworks, and joint planning to strengthen responses in priority hotspots.



Enhance preparedness and responses for returnees

Strengthen monitoring and response mechanisms for potential influxes of returnees from Pakistan and Iran to ensure timely, context appropriate assistance.



Sustain and scale up IMAM services

Sustain and scale up the IMAM program for children under five and pregnant and breastfeeding women, with particular focus on provinces where acute malnutrition is classified as Serious (IPC AMN Phase 3) and Critical (IPC AMN Phase 4).



Maintain Blanket Supplementary Feeding Programme

Protect at-risk children and PBW by sustaining preventive nutrition support. Prioritise provinces projected to deteriorate and high-risk areas such as earthquake-affected, drought-affected and high-returnee provinces.



Strengthen WASH and infection prevention

Strengthen water, sanitation and hygiene services to reduce risks of acute watery diarrhoea and other infections that exacerbate malnutrition. Focus on high-returnee settlements and overcrowded communities.