



# Nutrition Action for Systemic Change

## Briefing Series: Nutrition Outcomes in Afghanistan

### BRIEFING NOTE 2:

#### Funding Cuts and their impact on Nutrition – Implications and Recommendations



### KEY TAKEAWAYS

Severe funding cuts in 2025 are having a devastating impact on the nutrition and health of women and children in Afghanistan, disrupting essential basic social services and weakening an already fragile health system. If access to services and adapted programmes cannot be maintained, there will likely be:

- More children dying between 6-12 months of age as treatment for moderate and severe malnutrition is reduced.
- A rise in anaemia (low iron level) in women and girls, low birthweight, and increased deaths among mothers and newborns due to gaps in prevention and poor nutrition during and after pregnancy.
- An increase in all forms of malnutrition, as families cannot access diverse diets, clean water or timely health and nutrition services.
- More children experiencing stunted growth and development, threatening longer-term potential and productivity.
- A further weakening of national systems and delays in recovery across sectors.

Urgent action is needed to sustain funding, safeguard existing health and nutrition programmes, expand culturally appropriate, community-led solutions, and strengthen high-level advocacy to secure sustainable funding and partnerships that save lives and build resilience. Identified mitigation measures should be maintained to ensure women, adolescent girls and children continue to access effective services and benefit from targeted interventions, achieving effective coverage of direct high-impact nutrition interventions across the health sector including treatment of SAM and high-risk MAM, and essential preventive nutrition actions.

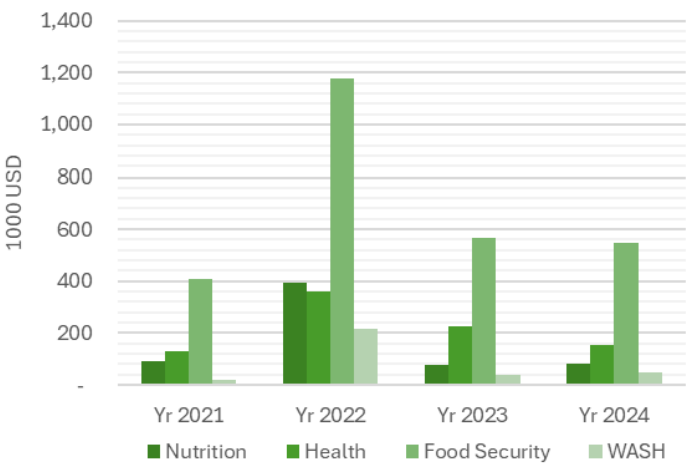
## WHAT IS THE CURRENT SITUATION

In 2025, Afghanistan's nutrition response has been severely disrupted by major funding cuts which have triggered widespread gap in humanitarian assistance affecting health, nutrition, water, sanitation and hygiene (WASH), and food security sectors. As of June 2025, only 22.3% (US\$538.6 million) of the US\$ 2,416.8 million required under the Humanitarian Needs and Response Plan (HNRP) had been received. Nutrition remains among the most underfunded sectors, with just 9% of its requirements met by mid-June 2025<sup>1</sup>.

These cuts have resulted in the closure or suspension of over 298 nutrition delivery sites and 202 health facilities across 32 provinces, affecting an estimated 1.8 million people – including 80,173 women and children under five, 4,792 pregnant and breastfeeding

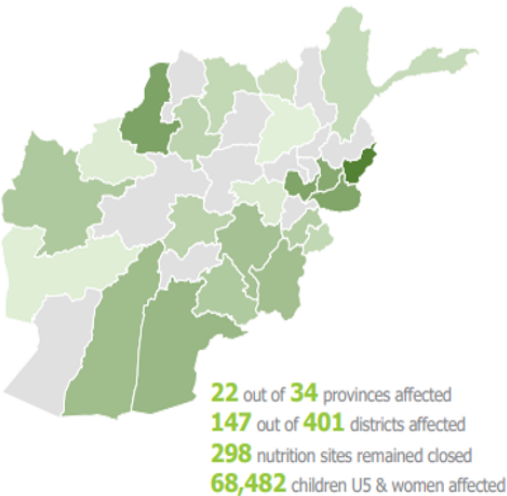
women, and 63,601 caregivers. Women and children are disproportionately affected, with reduced access to antenatal and postnatal care, Infant and Young Child Feeding (IYCF) counselling, and micronutrient supplementation.

Figure 1: Funding Received by Year and by Sector [FTS]



Nutrition surveillance systems have also been disrupted, with 430 sentinel sites<sup>2</sup> closed in 2025, impacting ability to detect acute malnutrition in young children and therefore preventing the delivery of life-saving treatment. Coverage of the Blanket Supplementary Feeding Programme (BSFP) was paused nationwide after April 2025, halting key prevention efforts. Mobile Health and Nutrition Teams (MHNTs) now account for only 9% of Severe Acute Malnutrition (SAM) admissions, down from 20% in 2022. Funding shortfalls have also resulted in the partial suspension of procurement of nutrition supplies, threatening future availability of therapeutic and preventative commodities.

Figure 2: Impact of Funding Suspension on Nutrition Sector (Nutrition Cluster 27 April 2025)



## WHY IT MATTERS

The 2025 funding crisis has forced humanitarian and health organisations to freeze staff hiring, stop training programmes, and cut back essential basic services including nutrition, health, WASH and food security. As a result, many women and young children have lost access to pregnancy care, care after childbirth, infant and young child feeding counselling, and vitamin and mineral supplements. The reduction of these basic services has removed critical life-saving support and safety nets and has made women and children more vulnerable to hunger, malnutrition, disease and preventable deaths. The crisis has also hit coordination systems and nutrition monitoring, making it harder to identify malnourished women and children and assess prevalence in communities making response less effective. While local NGOs and health teams have tried solutions like combining services, shifting tasks, and negotiating locally, these are not enough to meet the growing need. Combined with climate shocks, underfunding and restrictions on women and girls, Afghanistan’s nutrition crisis is getting worse.

<sup>2</sup>Nutrition Cluster April Bulletin The impact is determined by calculating a weighted average of key factors, including the number of affected districts, nutrition site closures, MIYCN beneficiaries and malnourished children & PLW affected, to assess the severity of funding cuts across provinces.





## KEY FINDINGS

- **Nutrition response remains dominated by short-term humanitarian funding**, with the majority of resources directed toward treatment rather than prevention, trapping the sector in reactive, high-cost cycles.
- The 2025 funding reductions have caused **cuts to food assistance, agriculture, and safe water programming**, weakening household resilience and increased vulnerability to malnutrition and the related mortality and morbidities - especially among women and children.
- **Coordination and implementation remain unstable**, with staffing cuts and structural uncertainty across agencies. Services most accessed by women and girls – such as infant and young child feeding (IYCF) counselling and antenatal care – are among those being scaled back.
- **Cost-saving adjustments and operational adaptations have been implemented**, including rationing of service delivery points, task-shifting among health staff, combining health–nutrition services, and joint WASH–Nutrition assessments. Implementing organisations continue to find innovative means to maintain minimum levels of services, which were already at a basic level.
- **Working through local organisations and in partnership with communities is central to sustaining access and delivering trusted, culturally appropriate nutrition services.** National NGOs and institutions lead implementation in hard-to-reach areas, operating with strong community legitimacy.

## Current and future implications for Women's and Girls' Nutrition and Wellbeing

- Increased risk of child mortality in the 6-12 months age group due to reduced coverage of treatment of life-threatening severe and moderate acute malnutrition, combined with reduced access to breastfeeding and IYCF support, risks reversal of under-five mortality reduction trends.
- Reduced funding has led to the suspension of services most accessed by women and children, including IYCF counselling, antenatal care, and BSFP. These services are essential for preventing malnutrition and micronutrient deficiencies during pregnancy, lactation, and early childhood.
- Interruptions to maternal nutrition interventions such as Iron and Folate Acid (IFA) supplementation and postnatal care increase risks of anaemia, poor birth outcomes, and heightened vulnerability to death and illness among pregnant and breastfeeding women.
- The breakdown of preventive services and the closure of nutrition delivery points have left adolescent girls and caregivers without access to accurate nutrition guidance, weakening household-level care practices such as breastfeeding, hygiene practices, safe food preparations and feeding children the right mix of foods.
- Without immediate reinvestment, these gaps will further widen disparities in nutrition outcomes, especially in areas where women's mobility and access are already restricted.



## CALL TO ACTION

- 1. Integrate nutrition-relevant, evidence-based approaches and results** in Food and Agriculture, Livelihoods, Health and WASH sectors. Build into partnership agreements and ensure accountability.
- 2. Fill urgent funding gaps to keep nutrition services running** by restarting mobile health teams, outpatient care for severe and moderate malnutrition, and behaviour change programmes, while also diversifying funding sources – including faith-based contributions (like zakat), private sector, climate funds, and pooled donor platforms – to build a more stable and flexible financing system for nutrition.
- 3. Increase funding for prevention** to reduce new malnutrition cases and future costs by expanding proven actions like vitamin and mineral supplements for mothers, nutrition counselling, and promoting varied, local diets, while also linking food assistance and agricultural support to improve diet diversity and reduce long-term food insecurity among the most vulnerable groups.
- 4. Prioritise support to women-headed households** who face restrictions to free movement and employment, both for food assistance and agricultural activities. (IPC. June 2025)
- 5. Support local NGOs and institutions with direct, flexible funding.** Scale up funding to capable local organisations to integrate nutrition-relevant, culturally relevant, sustainable and evidence-based approaches with results in food systems, livelihoods, health and WASH sectors.
- 6. Continue funding nutrition information systems and coordination platforms,** with support to nutrition surveys, early warning systems, and coordination groups so that services can be targeted quickly and based on solid data. Consider supporting the national nutrition survey to track the situation and guide decisions.

## ABOUT THIS PUBLICATION:

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