

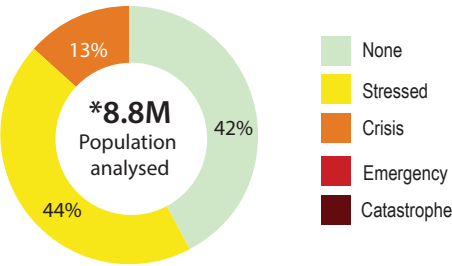


Current Acute Food Insecurity | May - September 2025



Approximately 1.20 million people in Madagascar's Grand Sud, Grand Sud-Est and Nord are experiencing high levels of acute food insecurity (IPC Phase 3 or above) between May and September 2025

13% of the analysed population is in IPC Phase 3 or above



Acute Food Insecurity Overview

Acute food insecurity persists in southern and eastern Madagascar despite the ongoing productive season. In the current period (May-September 2026) coinciding with the harvest and post-harvest periods, approximately 1.20 million people (13 percent of the population in the districts analysed) are experiencing high levels of acute food insecurity (IPC Phase 3 or above) with 29,000 people facing IPC Phase 4 (Emergency) and 1.17 million people in IPC Phase 3 (Crisis). The situation will deteriorate in the first projection period (October 2025 – January 2026) with 1.5 million people projected to face Phase 3 or above, including 84,000 people who are likely to be in Phase 4. An early onset of the lean season is expected in the analysed areas due to below-average harvests. This will likely lead to reduced food availability and access, driven by rising food prices. Further deterioration is expected between February and April 2026 (second projection period) with nearly 1.64 million people projection to face high levels of acute food insecurity (Phase 3 or above) and 110,000 people projected to face Emergency (Phase 4) levels of acute food insecurity. Acute food insecurity has worsened for marginalised populations and low-income households in rural areas, particularly in the Grand South (Ambovombe, Ampanihy, Antanimora, Beloha, Tsihombe). During the first projected period, six out of the ten districts in the Grand South-East region will shift into IPC Phase 3 (Crisis), in Nosy Varika district, already classified in this phase during the current period. During the peak lean season in February-April 2026, food security will further deteriorate following reducing stocks, food availability in markets and the decreasing purchasing power of rural households.

Food insecurity is the result of several intertwined factors, including recurring climate shocks (drought and floods caused by cyclones Jude, Honde et Dikeledi) as well as major agricultural disruptions (delayed planting and locust infestations), reduced income and increasing food prices eroding people's purchasing power, and insufficient access to essential services and humanitarian aid, in a context of chronic poverty and weakened community resilience.

Key Drivers of Acute Food Insecurity



Climate shocks
Early-season rainfall deficits and prolonged dry spells during the growing season have severely disrupted agricultural productions. Floods caused by cyclones have caused significant agricultural losses.



High food prices
National inflation, combined with the isolation of some localities and deteriorating infrastructure has caused significant increases in food prices. This price volatility, combined with high transportation costs, makes access to food increasingly difficult for poor households.



Unemployment
The decline in employment opportunities and resource depletion are forcing households to adopt negative coping strategies. Rural households relying on unstable labour are the most affected, including charcoal sales.



Crop pests and agricultural losses
Intensified attacks by pests have compromised agricultural yields in several districts. These infestations have destroyed staple crops such as corn, cassava, and sweet potatoes, already weakened by drought.



Inadequate WASH conditions
Inadequate access to drinking water and adequate sanitation infrastructure, exacerbated by climate variability increase household healthcare costs, worsen food insecurity, and weaken the nutritional status of the most vulnerable populations.



Provide humanitarian assistance
Provide direct food assistance or cash transfers to severely food-insecure households, particularly the poorest, to reduce food consumption deficits, prevent the sale of productive assets, and mitigate vulnerability during the lean season.



Enhance nutritional support for children and pregnant women
Strengthen preventive measures against malnutrition in children under 5 years old and pregnant and breastfeeding women. Reduce the risk of epidemics (malaria, cholera) by distributing mosquito nets and WASH kits, and disinfecting water points.

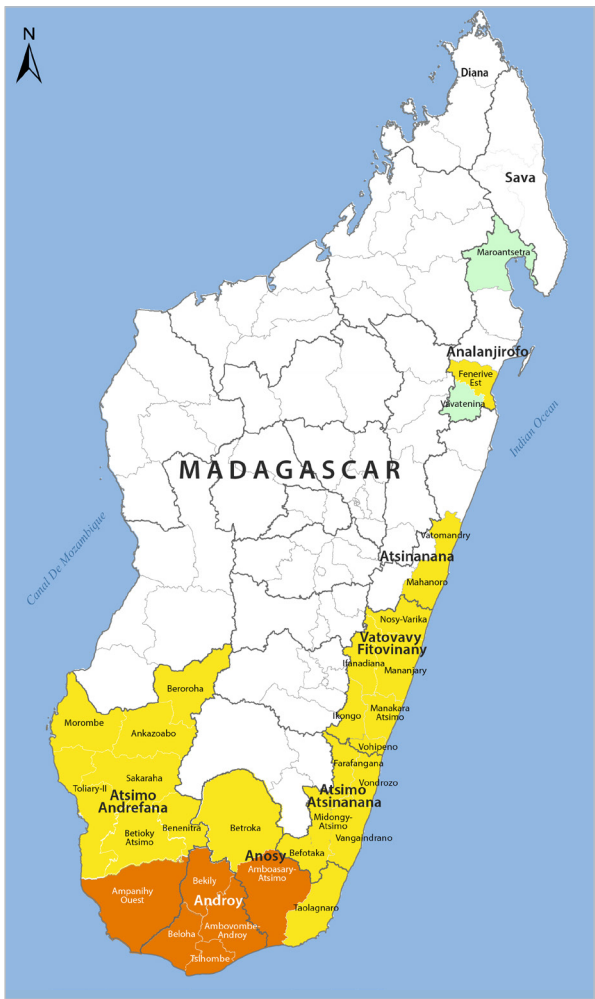


Strengthen resilience
Increase the amount of cash transfers, taking into account persistent inflation and recent results on the Minimum Expenditure Basket (MEB). Preposition food supplies in areas prone to flooding and cyclones, which are often difficult to access during the rainy season. Provide improved short-cycle seeds in time for the normal rains forecast at the start of the growing season.



Enhance pest monitoring systems
Continue survey and control operations against locust outbreaks, promptly treating first-generation larvae as soon as they appear.

Current Acute Food Insecurity | May - Sept 2025



Key for the Map

IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)



Areas not analysed

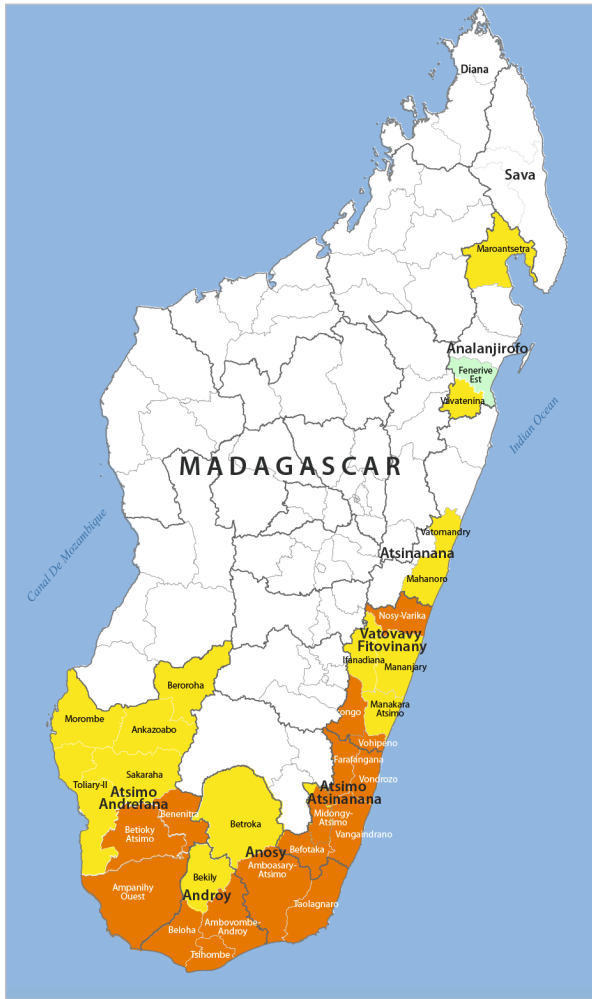
Area receives significant humanitarian food assistance (accounted for in Phase classification)
> 25% of households meet 25-50% of caloric needs through assistance
> 25% of households meet > 50% of caloric needs through assistance

Evidence Level
** Medium

1st Projection Acute Food Insecurity | Oct 2025 - Jan 2026

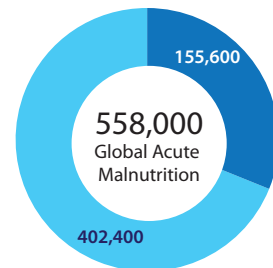


2nd Projection Acute Food Insecurity | Feb - April 2026





Around 558,000 children under the age of five in Grand Sud, Grand Sud-Est and Est regions in Madagascar are suffering or projected to suffer acute malnutrition through April 2026 and are in need of treatment.



■ Severe Acute Malnutrition (SAM)

■ Moderate Acute Malnutrition (MAM)

Around 38,500 pregnant or breastfeeding women (PBW) are suffering or projected to suffer acute malnutrition in the same period.

Between May 2025 and April 2026, the acute malnutrition situation in the Grand Sud and in Ikongo (in the Fitovinary Region of the Grand Sud-Est) is likely to worsen significantly. Approximately 558,000 children under the age of five are suffering or likely to suffer acute malnutrition (AMN). Among them, 155,600 children are expected to suffer SAM and 402,400 children are expected to experience MAM. During the same period, 38,500 PBW expected to suffer acute malnutrition.

Between May and September 2025, two districts (Amboasary and Ikongo) are already classified as IPC AMN Phase 3 (Serious). This severity will intensify with five additional districts shifting from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious) in the projection period (October 2025 - January 2026), in addition to Ikongo district, which is expected to shift from Phase 3 to IPC AMN Phase 4 (Critical). Between February and April 2026, Amboasary would also move into Phase 4. The residual effects of harvests partially mask the severity of the situation between May and September 2025.

The contributing factors to acute malnutrition are very low food consumption, soaring food prices, poor market access, high child morbidity (diarrhea, malaria), inadequate healthcare practices, and a weak health system, in a context of vulnerability aggravated by climatic and socio-economic shocks. Without rapid intervention, child survival is directly threatened in several districts.

A map of Madagascar showing its regions and major cities. The map is color-coded: yellow for most regions, orange for Anosy and Vatovavy Fitovainany, and light green for Atsimo Andrefana. Major cities are marked with three asterisks (***). The map includes a north arrow, a scale bar (0 to 50 km), and labels for the Indian Ocean, Mozambique Channel, and the city of Nosy-Be.

Regions and Major Cities:

- Atsimo Andrefana** (Light Green): Toliary-II ***
- Atsimo Atsinanana** (Yellow): Farafangana ***
- Androy** (Yellow): Bekily ***
- Anosy** (Orange): Nosy-Be ***
- Betsileo** (Yellow): Betroka ***
- Betsimisaraka** (Yellow): Vangaindrano ***
- Boho** (Yellow): Befotaka ***
- Boho** (Yellow): Taolagnaro ***
- Boho** (Yellow): Ambondrombe-Androy ***
- Boho** (Yellow): Tsiombombe ***
- Boho** (Yellow): Beloha ***
- Boho** (Yellow): Ampangany Ouest ***
- Boho** (Yellow): Betioky Atsimo ***
- Vatovavy Fitovainany** (Orange): Nosy-Be ***
- Vatovavy Fitovainany** (Orange): Mananjary ***
- Vatovavy Fitovainany** (Orange): Nosy-Varika ***
- Vatovavy Fitovainany** (Orange): Vohilpeno ***
- Vatovavy Fitovainany** (Orange): Vondrozo ***

A map of Madagascar illustrating the distribution of major ethnic groups. The map is color-coded: yellow for the Merina (Imerina) region, orange for the Betsileo and Betsimisaraka regions, and red for the Antanosy region. Major cities are marked with black dots and labeled. The map also shows the Indian Ocean to the east, the Mozambique Channel to the west, and a scale bar at the bottom right.

Major Ethnic Regions and Cities:

- Merina (Imerina) - Yellow:** Includes the central highlands. Major cities shown are Antananarivo, Fianarantsoa, and Tamboho.
- Betsileo - Orange:** Located in the central highlands, north of the Merina region. Major cities shown are Fianarantsoa and Antananarivo.
- Betsimisaraka - Orange:** Located along the east coast. Major cities shown are Antananarivo, Fianarantsoa, and Tamboho.
- Antanosy - Red:** Located in the south. Major cities shown are Antananarivo, Fianarantsoa, and Tamboho.

Other Labels on Map:

- Geographical Features:** Canal De Mozambique, Indian Ocean.
- Cities:** Antananarivo, Fianarantsoa, Tamboho, Antananarivo, Fianarantsoa, Tamboho.
- Scale:** 0, 25, 50 km.

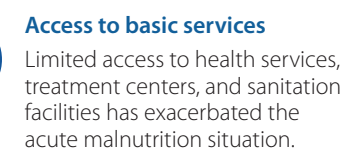
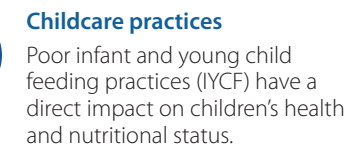
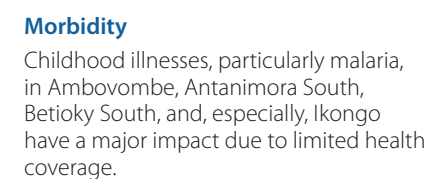
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1 - Acceptable
 2 - Alert
 3 - Serious
 4 - Critical
 5 - Extremely critical
 Areas not analysed

Evidence Level
 *** High

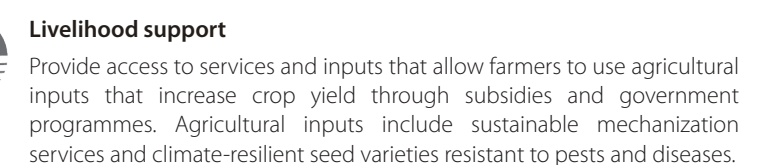
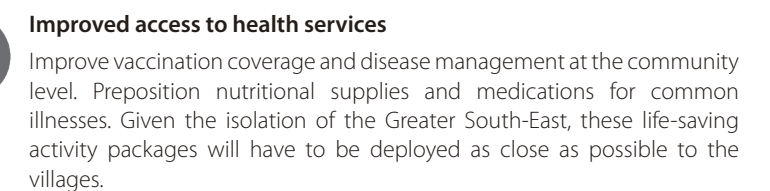
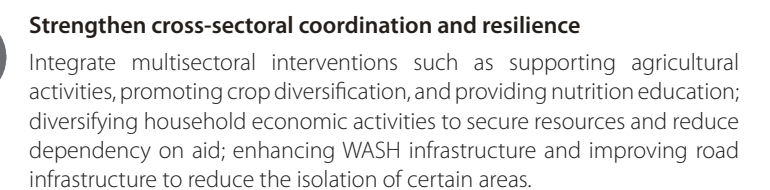
High acute food insecurity

Poor food availability and accessibility has led to inadequate food consumption among children under five.



Enhance community-based nutrition and screening

Expand the coverage of prevention of acute malnutrition (PREVMA) by deploying a comprehensive package of nutritional interventions: distribution of PREVMA rations and micronutrients to children and PBW, as well as the promotion of good practices for Emergency Infant and Young Child Feeding (IYCF-E), screening by parents or MUAC family (Mid-Upper Arm Circumference), and early detection of malnutrition.



A collage of logos for various organizations involved in the project, including UNICEF, IFRC, WHO, and several Malagasy NGOs like ADRA, CRS, and MDS.