

Overview

Southern and eastern Madagascar continue to face persistently high levels of acute food insecurity (IPC Phase 3 or above), driven by a combination of factors, including significant climatic shocks and the impacts of the recent socio-political crisis, further compounded by a reduction in humanitarian assistance.

In the current period (December 2025–January 2026), more than 1.57 million people are estimated to be experiencing high levels of acute food insecurity, including approximately 84,000 people in IPC Phase 4 (Emergency) and 1.49 million people in IPC Phase 3 (Crisis). This represents a deterioration compared to the situation originally projected in the July 2025 analysis. Populations in the greater south and greater southeast, as well as in the Atsimo Andrefana and Anosy regions, are particularly affected by these conditions.

Following several months of drought, heavy rainfall that occurred in November, disrupted agricultural schedules and led to an increase in pest incidence and episodes of localised flooding. These events have caused damaged road infrastructure and contributed to higher levels of morbidity. At the same time, the capacity of households to absorb repeated shocks has been weakened by the reduction in humanitarian food assistance, which has limited the ability of the most vulnerable households to meet their food needs during the lean season. The recent socio-political crisis has also had an indirect—though mostly temporary—effect on how households access food. Short-term disruptions to movement, trade, and market operations have made it harder for families to access food, especially those who rely mainly on markets for their supplies.

For the updated projection period (February–April 2026), the overall trend points towards a further deterioration of the food security situation, with an estimated 1.8 million people likely to face high levels of acute food insecurity (IPC Phase 3 or above). This includes nearly 71,000 people expected to be in IPC Phase 4 and 1.73 million people projected to be in IPC Phase 3. This deterioration is in line with projections for the greater southeast area, where all analysed districts are expected to remain in Phase 3, driven by the combined effects of cyclone and flood risks, access constraints, and sustained health pressures. The most affected districts are projected to include Amboasary Atsimo (Anosy), Ampanihy (Atsimo Andrefana), and Mahanoro, Vatomandry and Maroantsetra.

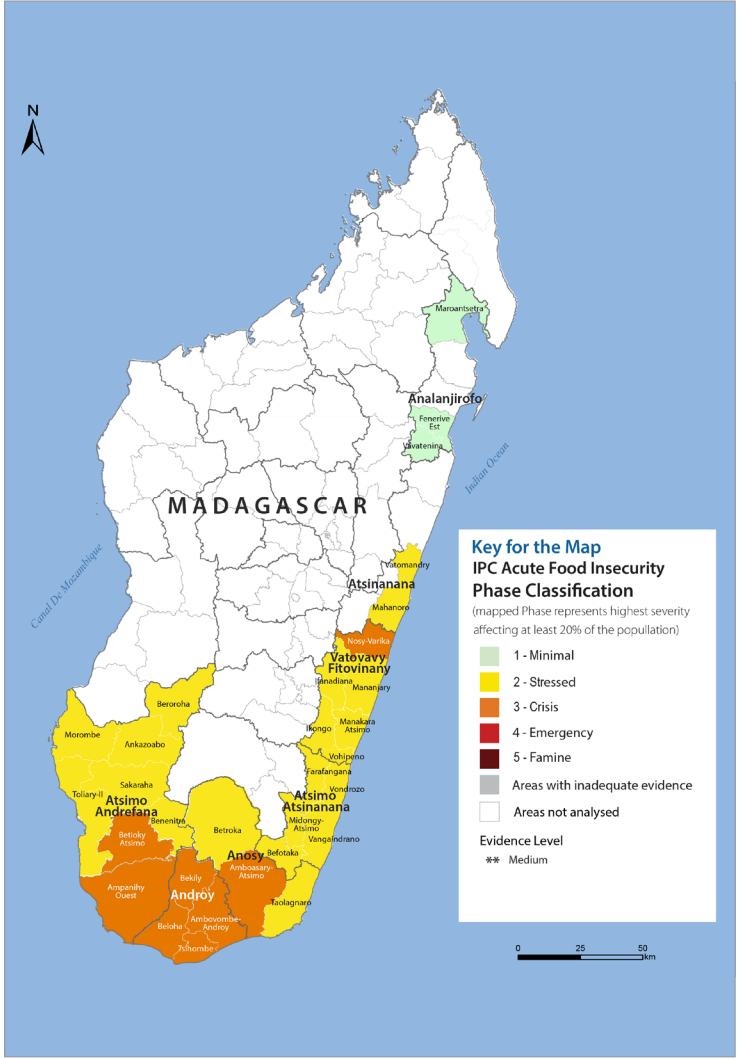
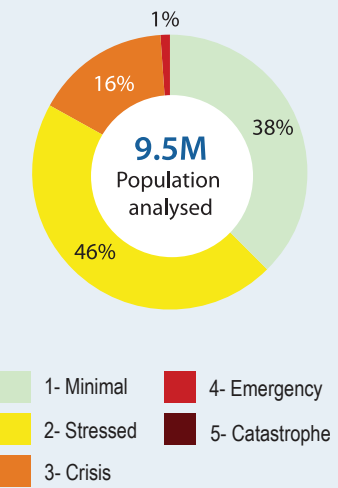


Current Acute Food Insecurity | December 2025 - January 2026



Between December 2025 and January 2026, around 1.57 million people are experiencing high levels of acute food insecurity (IPC Phase 3 or above).

17 percent of the population are in IPC Phase 3 or above (Crisis or worse)



Key drivers of acute food insecurity



Climatic shocks

Drought, heavy rainfall and floods lead to isolation, road damage and crop losses (particularly in low-lying areas), compounded by a moderate to high risk of cyclones. For Antananarivo, current rainfall trends and forecasts indicate a continued and increased risk of localised flooding in urban areas.



High food prices

Persistent inflation and seasonal price increases are particularly critical during the lean season (February–April), when food stocks are depleted and market dependency increases. This is amplified by logistical disruptions during the rainy season.



Crop pests and locust risk

Pests—including grasshoppers, armyworms, and borers—reduce crop yields and impact households' ability to produce enough food, especially when these outbreaks occur alongside climate shocks in the south/southwest and Anosy regions.



Unemployment

Declining incomes and scarce work opportunities are forcing some households to employ negative coping strategies—including selling assets, taking of debt or eating fewer meals—pushing households more quickly into food deficits.



Flooding in Antananarivo

In the CUA, food insecurity among households living in areas prone to heavy rain and flooding is driven by repeated shocks to housing and health infrastructure, and loss of income-generating opportunities.

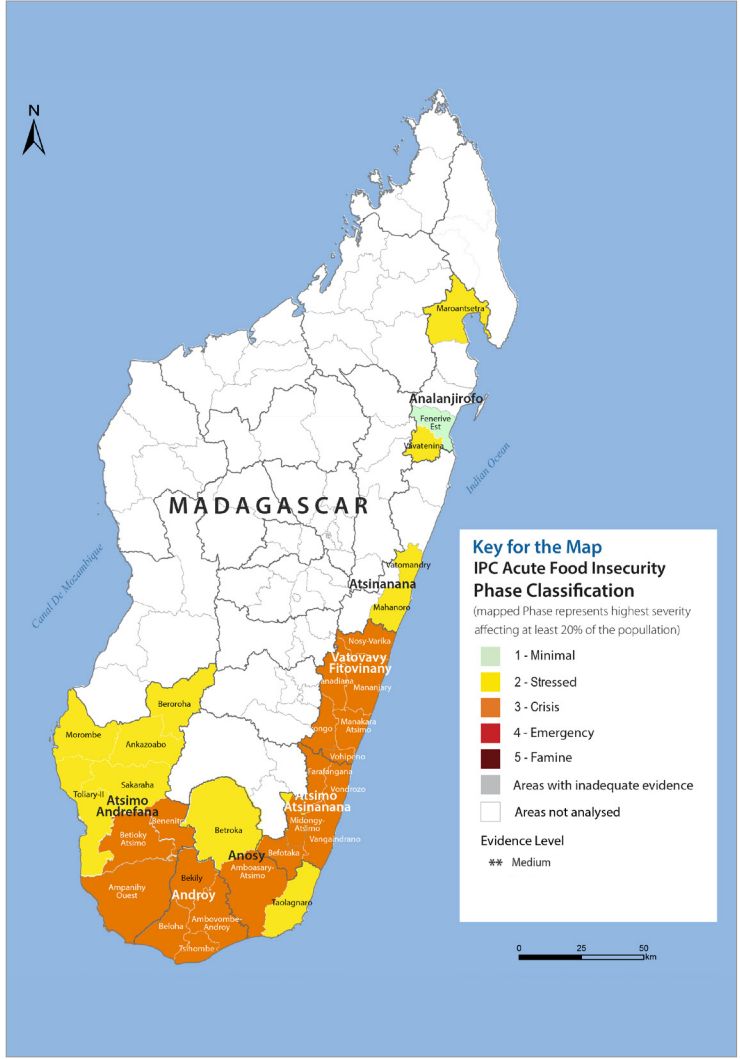
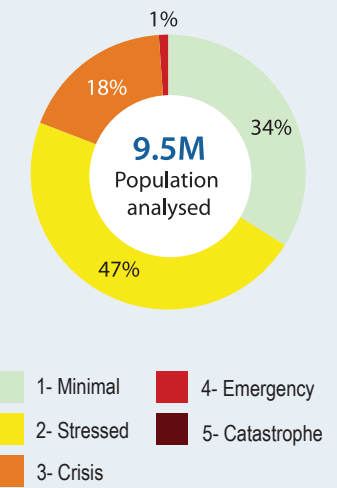


Projected Acute Food Insecurity | February - April 2026

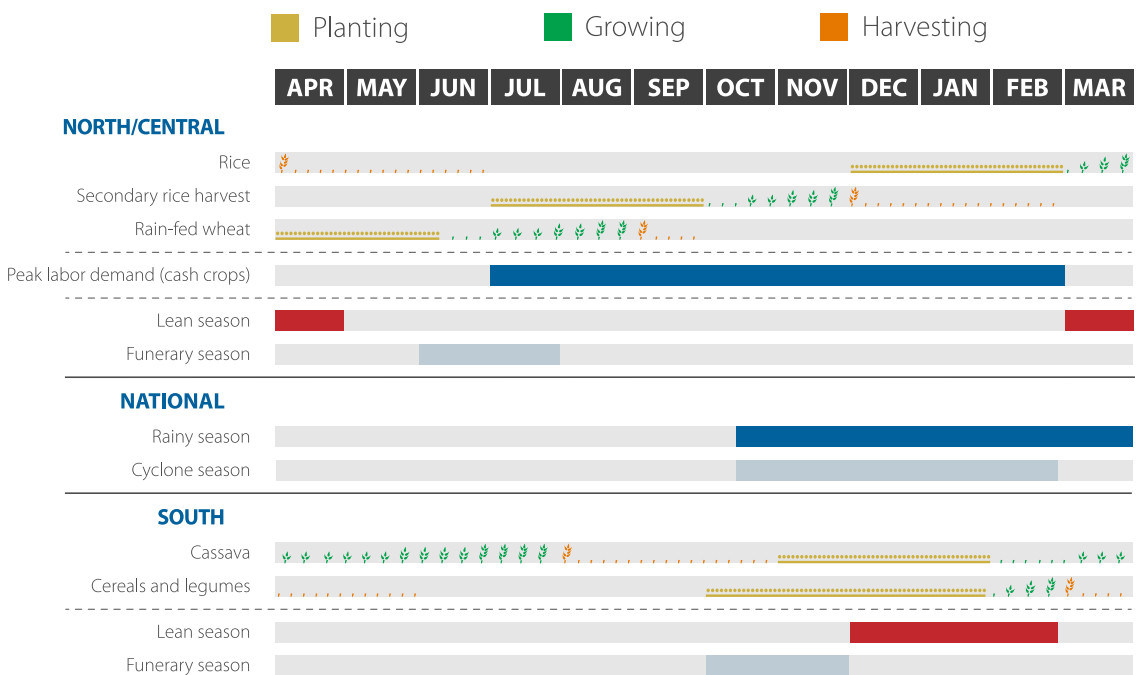


Between February and April 2026, the situation is expected to worsen, with around 1.80 million people likely to experience high levels of acute food insecurity (IPC Phase 3 or above).

19 percent of the population will likely be in IPC Phase 3 or above (Crisis or worse)



Seasonal calendar: Typical year



Antananarivo (CUA)

The analysis of the six districts in the Urban Commune of Antananarivo (CUA) that are most vulnerable to heavy rainfall and flooding found that, between December 2025 and April 2026, approximately 59,000 people are experiencing IPC Phase 3 (Crisis) and 461,000 people are experiencing IPC Phase 2 (Stressed). The fact that the entire urban area is classified in Phase 2 reflects persistent pressure on food access. Most households are managing to meet their minimum food needs, but only by making trade-offs—such as reducing essential spending, taking on debt, or gradually depleting their livelihoods. At the same time, a significant share of households is already falling into Crisis (Phase 3).

The districts analysed are consistently vulnerable to repeated flooding—such as sudden submersion, long-lasting standing water, canal overflows, and heavy runoff. When combined with high population density, these conditions increase people’s exposure to risk and place extra pressure on local services. Most of these neighbourhoods are located in low-lying areas—along drainage canals, in urban valleys, or in former natural drainage channels—where dense, continuous urban development reduces the ground’s ability to absorb water, limits natural buffer zones, and increases the vulnerability of homes and infrastructure.

Between December 2025 and April 2026, acute food insecurity in the CUA is driven largely by lack of access to food due to income, purchasing power, and mobility, rather than a problem of availability. In urban areas, dependence on markets is structural: supply exists, but access is undermined by household’s inability to afford food. The rainy season exacerbates that vulnerability: flooding disrupts travel, increases food prices and reduces job opportunities.

Recommended Actions



Provide humanitarian assistance

Provide integrated intervention packages combining food assistance or cash transfers with malnutrition-prevention activities and protection measures. The choice between cash and in-kind food should take into account how well markets are functioning, how easily households can access them, and the risk of communities becoming isolated.



Strengthen nutrition, health and WASH support

Nutrition, health, and WASH services need to be reinforced ahead of the rainy season and potential cyclonic shocks. This includes expanding screening activities, ensuring continuity of mobile and advanced malnutrition-management services, promoting appropriate infant and young child feeding in emergencies, and guaranteeing access to essential basic services.



Protect livelihoods and reduce access constraints

Livelihoods—including agriculture, livestock farming, fishing, and cash-crop production—should be protected through targeted support such as inputs, services, and assistance for income-generating activities (IGAs). Measures to reduce losses should be adapted to the local climate and pest-risk conditions.



Prepare for climactic hazards and lean periods

Prepare for cyclones and floods in districts at high risk in order to activate timely, proportionate responses and prevent worsening conditions.



CUA specific recommendations

Reduce negative coping strategies, protect the most affected households and strengthen urban resilience to recurrent shocks. This requires Cash-for-Work programmes and pre-positioning food and non-food supplies to shorten response times and prevent a further deterioration of acute food insecurity during cyclones or periods of extreme rainfall.



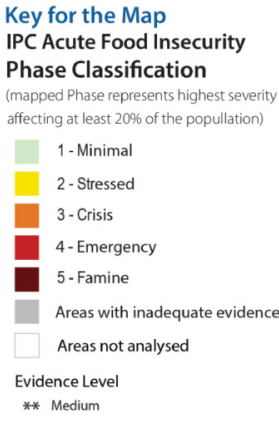
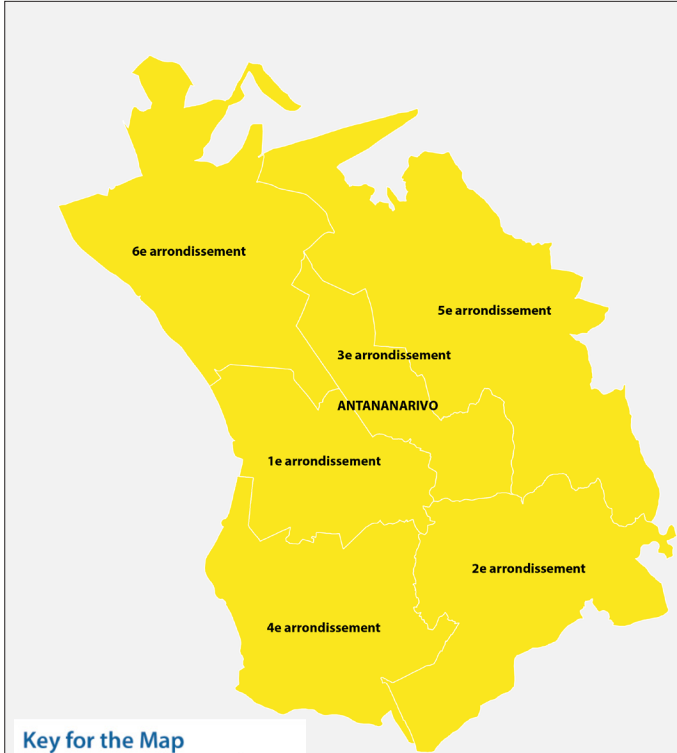
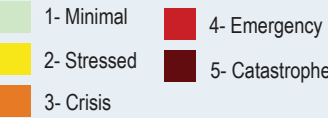
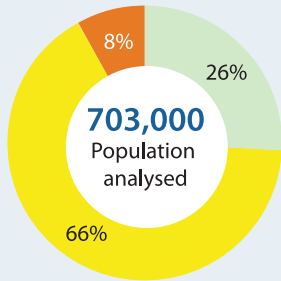
Current Acute Food Insecurity Urban | December 2025 - April 2026



59,000

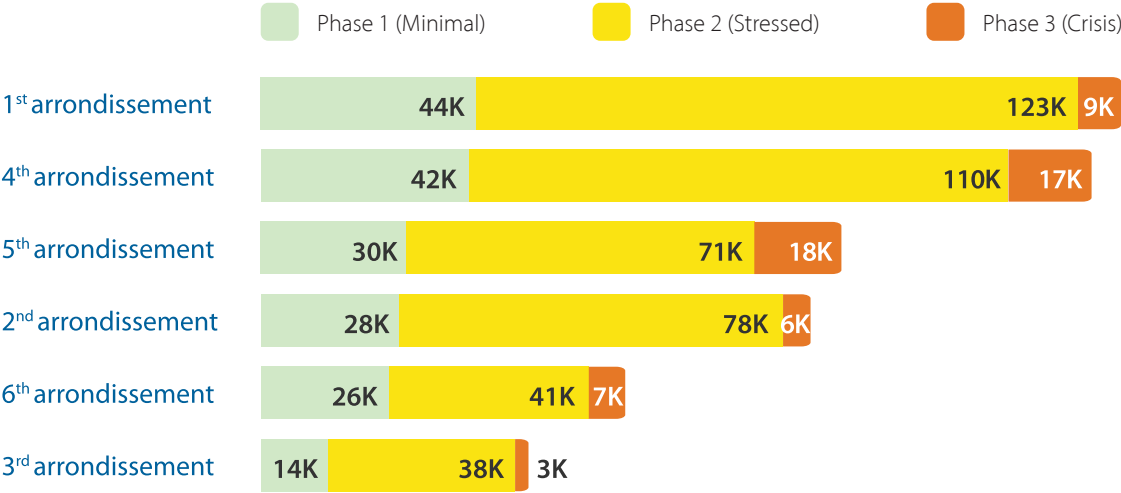
Between December 2025 and April 2026, around 59,000 people are experiencing high levels of acute food insecurity (IPC Phase 3 or above) in the CUA.

8 percent of the population will likely be in IPC Phase 3 or above (Crisis or worse)



Number of people in IPC Phase 1, 2 and 3 by arrondissement (district) in the CUA

December 2025 - April 2026



What is the IPC and IPC Acute Food Insecurity?

The IPC is a set of tools and procedures to classify the severity and characteristics of food and nutrition crises based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity is defined as any manifestation of food insecurity found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. It is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact on the determinants of food insecurity.

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.

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