MADAGASCAR: IPC Acute Food Insecurity and Malnutrition Snapshot | May 2026 - April 2027

IPC Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

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Overview

Acute food insecurity remains concerning in Madagascar—concentrated in the southern and eastern regions. Around 2.12 million people (7 percent of the analysed population) are classified in IPC Phase 3 or above (Crisis or worse) between June and September 2026, including over 183,000 people in IPC Phase 4 (Emergency) and 1.94 million people in IPC Phase 3 (Crisis). This is an overall decrease from 2.57 million people who faced Phase 3 or above between March and May 2026, as a result of partial post-harvest improvements. The situation in the Grand South, however, is much worse than the previous period as the population experiencing Phase 4 rose sharply, from 25,000 people between March and May 2026 to 183,000 people in the June–September 2026 first projection period. Households primarily in the Grand South are affected by poor harvests, limited household food stocks, high market prices, constrained access to water, insufficient income, and fragile livelihoods.

In the second projection period (October 2026–February 2027), conditions are expected to deteriorate dramatically, with around 3.72 million people projected to face Phase 3 or above, including nearly 426,000 people who will likely face Phase 4. This deterioration will be driven by the lean season, depletion of stocks, increased market dependence, high prices, the delayed effects of cyclones Fytia and Gezani, and unfavourable climate risks linked to El Niño, aggravated by insufficient coverage of assistance.

In total, eight districts are projected to be in Phase 3 or above between June and September 2026: Tsihombe, Ampanihy Ouest, Bekily, Beloha, Ambovombe-Androy, Antanimora Sud, Amboasary Atsimo, and Toamasina. The pockets of Phase 4 are all located in the Grand South—with the Androy region remaining the most severely affected, with around 589,000 people in Phase 3 or above—nearly 48 percent of its analysed population. This concentration shows that high levels of acute food insecurity remain strongly linked to the agro-pastoral livelihoods of the south: insufficient availability and high food prices, difficult access to water, low agricultural income, indebtedness, and increased reliance on negative coping strategies.

Key Drivers | Acute Food Insecurity

Low food stocks

In the Grand South, insufficient harvests, limited storage capacity, and weak replenishment of household food stocks leave most households with low or depleted stocks.. This reduces self-consumption and increases early dependence on markets. In some areas, stocks still exist locally but remain unevenly distributed and poor households remain exposed to rapid erosion of their reserves.

High food prices

The rise of sustained high level of food prices severely restricts food access for poor households in the Grand South, where production does not cover the needs of vulnerable families. It also affects the East and Grand Southeast, where agricultural, daily labour, fishing, or cash-crop incomes do not always compensate for the cost of food, transport, and other essential expenses.

Unfavourable agricultural production

In the Grand South, low yields, water deficits, dependence on rainfed crops, and localised losses limit the positive impact of harvests. Food and cash crops still support part of the population, but the effects of previous shocks on crops, infrastructure, markets, and incomes continue to weigh on the poorest households.

Unemployment

The most vulnerable households have low, irregular incomes that are highly sensitive to shocks. Opportunities for agricultural labour, small livestock sales, labour migration, and petty trade remain insufficient to offset production deficits and high prices.

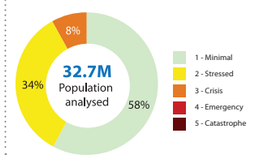
Climate shocks

Rainfall deficits and prolonged dry spells continue to keep parts of the country vulnerable. In the south, east and some coastal zones, cyclones, heavy rains, localised flooding, and deterioration of rural infrastructure disrupt production, markets, fishing, cash crops, and incomes.

Current Acute Food Insecurity
March - May 2026

2.57M

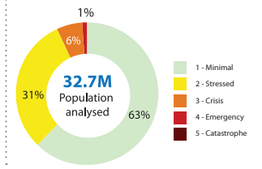
Approximately 2.57 million people in Madagascar experienced high levels of acute food insecurity (IPC Phase 3 or above) between March and May 2026.



1st Projection Acute Food Insecurity
June - September 2026

2.12M

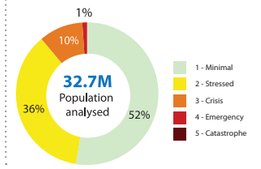
Approximately 2.12 million people in Madagascar are likely experiencing high levels of acute food insecurity (IPC Phase 3 or above) between June and September 2026.

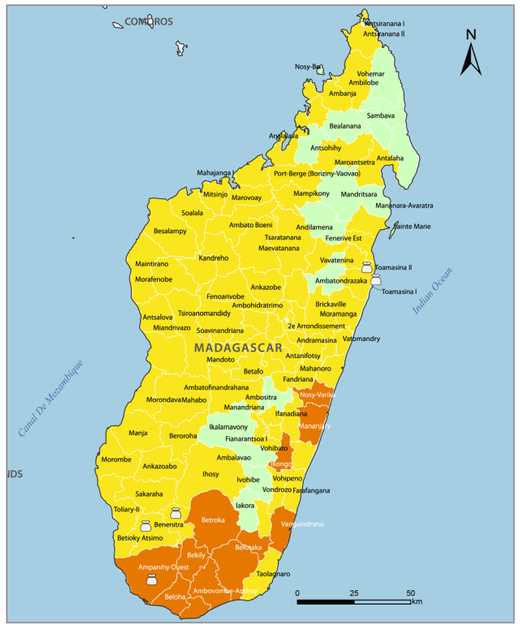


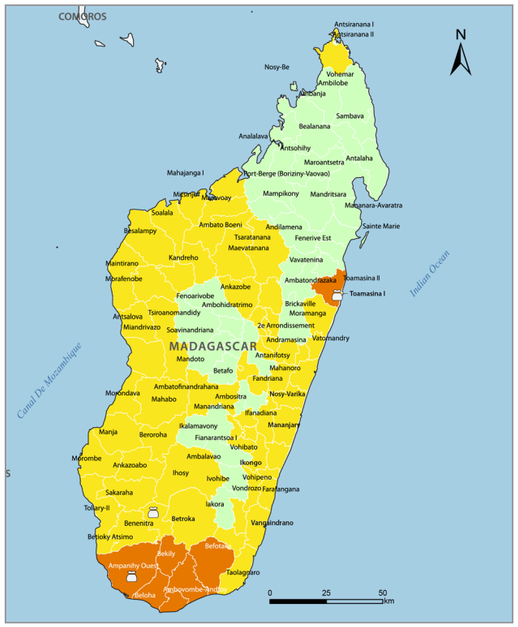
2nd Projection Acute Food Insecurity
October 2026 - February 2027

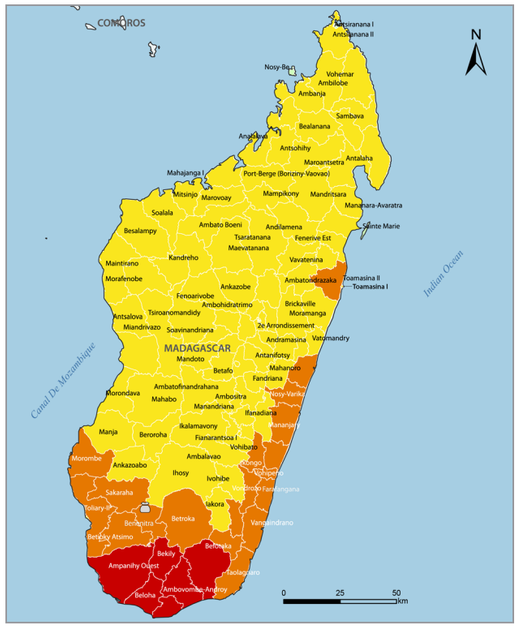
3.72M

Approximately 3.72 million people in Madagascar will likely experience high levels of acute food insecurity (IPC Phase 3 or above) between October 2026 and February 2027.









Key for the Map

IPC Acute Food Insecurity Phase Classification
(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

- Areas with inadequate evidence
- Areas not analysed

Map Symbols
- Urban Settlement classification
- IDPs/other Settlements

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

Evidence Level
** Medium

Recommended Actions | Acute Food Insecurity

Provide humanitarian assistance

Provide direct food assistance or cash transfers to severely food insecure households, particularly the poorest, to reduce food consumption gaps, limit negative coping strategies such as debt, asset sales, livestock destocking, or forced migration.

Strengthen resilience

Protect households' ability to produce, purchase, and access food. Provide agricultural and pastoral support and support poor households' incomes through cash-for-work, cash transfers, small-business support, revival of artisanal fishing, small-livestock recapitalisation, and income-generating activities. Rehabilitate damaged rural infrastructure before or during the rainy season.

Prevent deterioration in vulnerable districts

Districts in IPC Phase 2 (Stressed) but prone to deterioration must receive preventive food assistance, price-adjusted cash transfers, agricultural recovery, market support, access rehabilitation, nutrition strengthening, and close monitoring of prices, nutrition admissions, and morbidity. Preparedness measures should be initiated in all districts exposed to potential El Niño effects.

Prevent collapse of assistance coverage

The projected decline in assistance coverage is a major risk. Rapidly secure additional and flexible funding to maintain life-saving interventions in priority districts. Funding must simultaneously cover food assistance, cash transfers, livelihood protection, logistics, pre-positioning, and monitoring.

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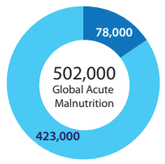
Key Figures | May 2026 - April 2027

502,000 **21,000**



Nearly 502,000 cases of children aged 6-59 months are suffering from or are likely to suffer from acute malnutrition between May 2026 and April 2027 and will need treatment. Nearly 21,000 cases of pregnant or breastfeeding women will likely suffer acute malnutrition in the same period.

Overview

In the analysed areas of the Grand South and Grand South-East, the nutritional situation remains fragile. Between May 2026 and April 2027, approximately 502,000 children under the age of five are suffering or likely to suffer acute malnutrition. Among them, an estimated 78,000 children are expected to suffer Severe Acute Malnutrition (SAM). During the same period, 20,834 pregnant or breastfeeding women (PBW) are expected to suffer acute malnutrition.

Between May and September 2026, the situation will improve compared to the previous period, supported by recent harvests, some local food availability, and ongoing nutrition and health interventions. However, this easing remains limited: the majority of districts are classified in IPC AMN Phase 2 (Alert), while Betroka is the main hotspot of severity in IPC AMN Phase 3 (Serious) due to convergence of poor diet quality, high child morbidity, limited access to safe water, very inadequate sanitation, and low coverage of certain preventive services.

In the first projection period (October 2026–January 2027), the situation is expected to progressively deteriorate in several districts in the Grand South. Amboasary Atsimo, Betioky Atsimo, and Sakaraha are expected to shift into IPC AMN Phase 3. In the Grand South-East, seasonal isolation, difficulties accessing markets and services, and rising malaria, diarrhoea, and acute respiratory infections are expected to push several districts into IPC AMN Phase 3, including Ifanadiana, Ikongo, Vangaindrano, Midongy-Atsimo, and Vondrozo. Between February and April 2027, the situation will likely remain concerning, with an increased concentration of districts in IPC AMN Phase 2 and 3, driven by the peak of the lean season, high prices, rainfall deficits in the south, isolation in the southeast, and constraints in accessing health, nutrition, and WASH services.

Contributing factors | Acute Malnutrition

Poor diet quality
Even when minimum food quantity is partially maintained, meal quality often remains low, with limited consumption of protein and micronutrient-rich foods.

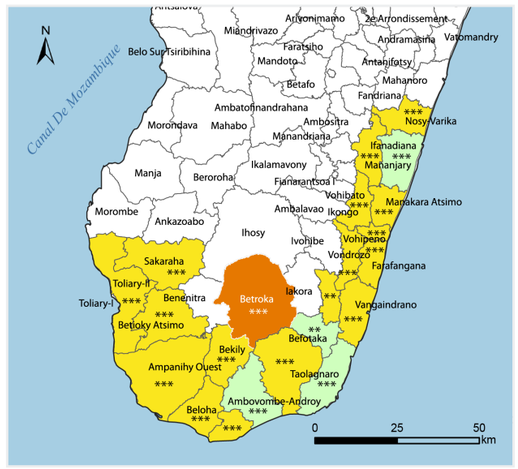
Morbidity
Childhood illnesses—particularly diarrhoea, malaria, fever, and acute respiratory infections—directly contribute to the deterioration of children's nutritional status by reducing appetite, nutrient absorption, and recovery capacity.

Poor WASH conditions
Limited access to safe drinking water, low access to improved sanitation, and open defecation promote diarrhoeal diseases and repeated infections.

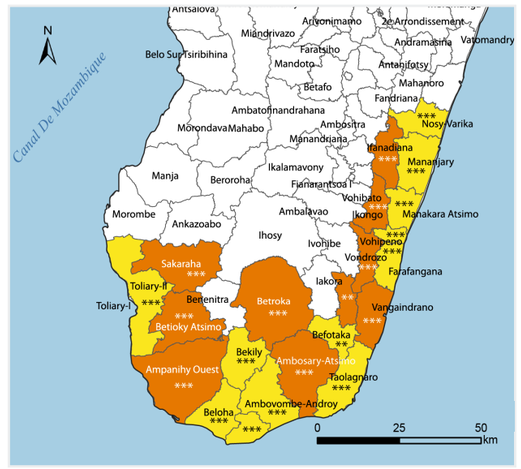
Access to basic services
Limited access to health services, treatment centres, and sanitation facilities has exacerbated the acute malnutrition situation.

High acute food insecurity
When food stocks decline and prices rise, poor households first reduce diet quality, then quantity or meal frequency, increasing nutritional risk for children under five and PBW.

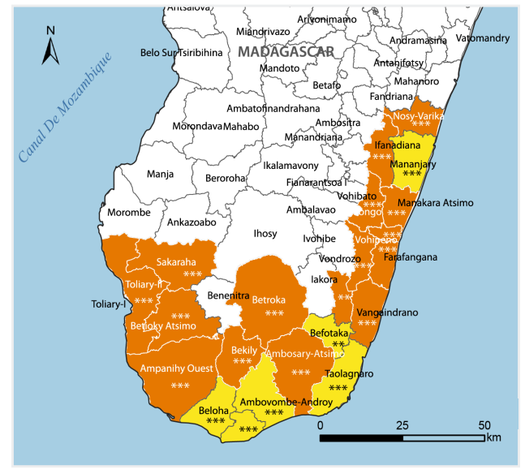
Current Acute Malnutrition
May - September 2026



1st Projection Acute Malnutrition
October 2026 - January 2027



2nd Projection Acute Malnutrition
February - April 2027



Key for the Map

IPC Acute Malnutrition Phase Classification

- 1- Acceptable
- 2 - Alert
- 3 - Stress
- 4 - Critical
- 5 - Extremely Critical
- Areas with inadequate evidence
- Areas not analysed

Evidence Level
* Acceptable
** Medium
*** High

Recommended actions | Acute malnutrition

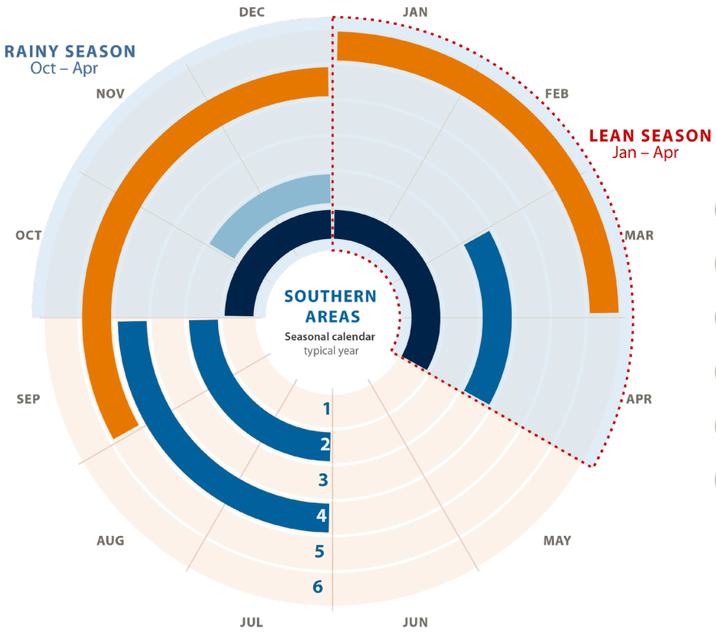
Strengthen prevention, screening, and treatment of acute malnutrition
Intensify interventions among children under five and pregnant or breastfeeding women. Priorities include early screening, active community screening, rapid referral, integrated management of acute malnutrition and childhood illnesses, and continuous availability of nutrition inputs, essential medicines, and monitoring tools.

Strengthen WASH interventions
Priorities include water-point treatment and protection, chlorination, distribution of hygiene kits, promotion of good hygiene practices, improved sanitation access, and prevention of waterborne diseases.

Prevent collapse of assistance coverage
The projected decline in assistance coverage is a major risk. Rapidly secure additional and flexible funding to maintain life-saving interventions in priority districts. Funding must simultaneously cover nutrition, health and WASH. Without strengthened resources, gains achieved during the current period risk being quickly reversed during the lean season and rainy season.

Strengthen early warning systems
Intensify nutrition surveillance, jointly tracking SMART survey data, input shortages, child morbidity, WASH indicators, community alerts, and mortality data when available. Early detection of malnutrition hotspots and epidemics must be strengthened to enable rapid response.

Seasonal calendar for a typical year | Southern areas



Analysis partners

Publication date: XX July 2026, *IPC population data is based on population estimates by the Madagascar National Bureau of Statistics. **Disclaimer:** The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.