Acute Food Insecurity Overview

Compared to November 2022, Madagascar’s Grand Sud region has seen a significant improvement in food security, surpassing predictions due to emergency measures since late 2022. However, vulnerability persists, with over 1 million people facing high acute food insecurity (IPC Phase 3, Crisis and IPC Phase 4, Emergency), despite favourable rainfall leading to adequate harvests. Post-cyclone recovery in Grand Sud Est has been slow due to high food prices and structural challenges compounded by drought, cyclone damage, logistical hitches, and water-related diseases. In the current period, from July to September 2023, around 16 percent (1.08 million) of the analysed population in 22 districts are experiencing high levels of acute food insecurity, with 51,000 in Emergency, IPC Phase 4. The hardest-hit districts are Ambonvombo Androy, Amboasary Atsimo, and Betohy Atsimo in the Grand Sud, and Befotaka, Nosy Varika, and Ikongo in the Grand Sud Est.

In the first projected period, from October to December 2023, only Ampanihy district is expected to transition from Stressed, IPC Phase 2 to IPC Phase 3, Crisis, adding to the existing six districts in the same phase. About 1.32 million people (20 percent of the analysed population) are projected to experience high levels of acute food insecurity (Phase 3 or above), including 79,000 in Emergency, IPC Phase 4. The second projected period, from January to April 2024, projects significant deterioration, with about 1.1 million people in Grand Sud and 651,000 in Grand Sud Est needing urgent assistance due to cyclones, floods, and erratic rainfall. Overall, 1.72 million people (26 percent of the analysed population) will require immediate assistance.

Acute Malnutrition Overview

Between June 2023 and April 2024, the acute malnutrition situation in Madagascar is likely to worsen significantly. Approximately 458,700 children under the age of five are likely to suffer acute malnutrition. Among them, over 121,000 children are expected to suffer from Severe Acute Malnutrition (SAM) and nearly 338,000 malnourished and in need of treatment. Around 458,660 children under the age of five in Grand Sud and Grand Sud-Est regions in Madagascar are likely to suffer from acute malnutrition through April 2024, and are in need of treatment.

Contributing Factors of Acute Malnutrition

- High acute food insecurity: Lack of dietary diversity has led to inadequate food consumption among children under five in most districts.
- Morbidity: Waterborne diseases are a significant contributor to acute malnutrition. Malaria risk has increased in Midongy by 41.8 percent, and similar trends are observed in Bekily and Vangaindrano.
- Childcare practices: Poor infant and young child feeding practices (IFFP) have a direct impact on children’s health and nutritional status, particularly in Grand Sud districts.
- Access to basic services: Limited access to health services, treatment centers, and sanitation facilities has exacerbated the acute malnutrition situation.

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1st Projected Acute Food Insecurity Situation | October - December 2023

Key for the Map
IPC Acute Food Insecurity Phase Classification
- 1: Minimal
- 2: Stressed
- 3: Crisis
- 4: Emergency
- 5: Famine
- N: Not analyzed

Evidence Level
- High
- Medium
- Low

2nd Projected Acute Food Insecurity Situation | January - April 2024

Key for the Map
IPC Acute Food Insecurity Phase Classification
- 1: Minimal
- 2: Stressed
- 3: Crisis
- 4: Emergency
- 5: Famine
- N: Not analyzed

Evidence Level
- High
- Medium
- Low

1st Projected Acute Malnutrition Situation | October - December 2023

Key for the Map
IPC Acute Malnutrition Phase Classification
- 1: Acceptable
- 1: Moderate
- 2: Stressed
- 3: Crisis
- 4: Emergency
- 5: Famine
- N: Not analyzed

Evidence Level
- High
- Medium
- Low

2nd Projected Acute Malnutrition Situation | January - April 2024

Key for the Map
IPC Acute Malnutrition Phase Classification
- 1: Acceptable
- 1: Moderate
- 2: Stressed
- 3: Crisis
- 4: Emergency
- 5: Famine
- N: Not analyzed

Evidence Level
- High
- Medium
- Low

Recommended actions for acute food insecurity

- Provide humanitarian assistance
  Scale up food assistance to households classified in Crisis, IPC Phase 3, within the most affected districts, aiming at reducing food gaps and protect livelihoods with an emphasis on the most vulnerable communities including pregnant and lactating women (PLW) and children.

- Enhance nutritional support for children and pregnant women
  Strengthen preventive measures against malnutrition in children under 5 years old and pregnant and lactating women. Provide tailored food rations suitable for their age and condition to prevent malnutrition. Establish effective protocols to identify and address cases of acute malnutrition in districts experiencing Crisis, IPC Phase 3.

- Strength of resilience
  Distribute agricultural inputs (short-cycle seeds, tools) in districts facing IPC Phase 3 and 4, Crisis and Emergency, considering weather forecasts, to kickstart the off-season and primary growing season. Develop proactive measures for the lean period and cyclone season, including redefining geographic priorities and the strategic positioning of agricultural resources and food reserves.

- Improve coordination between humanitarian and development actors
  Enhance collaboration and synergy between humanitarian and development entities to optimize interventions. Establish a humanitarian hub before the rainy season for integrated and well-coordinated responses, aiming to significantly alleviate current challenges.

Recommended actions for acute malnutrition

- Enhance community-based nutrition and screening
  Strengthen community-level coverage and quality of early prevention and screening efforts to reduce acute malnutrition among children and pregnant and lactating women. Expand preventive interventions for children and pregnant/breastfeeding women, such as Infant and Young Child Feeding (IYCF) practices, micronutrient supplementation, and distribution of fortified foods, prioritizing the most inaccessible areas with critical malnutrition rates.

- Strengthen cross-sectoral coordination and resilience
  Integrate multisectoral interventions such as supporting agricultural activities, promoting crop diversification, providing nutrition education, diversifying household economic activities to secure resources and reduce dependency on aid, enhancing WASH infrastructure and improving road infrastructure to reduce the isolation of certain areas.

- Improved access to health services
  Formalize new (level III) health centers or establish facilities in remote regions, integrate malnutrition treatment education into medical, nursing, and midwifery training, and recruit and train sufficient qualified healthcare staff for all levels, including for complex cases.

- Livelihood support
  Provide access to services and inputs that allow farmers to use agricultural inputs that increase crop yield through subsidies and government programmes. Agricultural inputs include sustainable mechanization services and climate-resilient seed varieties resistant to pests and diseases.