



Current Acute Food Insecurity (AFI) Acute Malnutrition (AMN)



1.14M



500,000

Around 1.14 million people of the Grand South of Madagascar are estimated to be in high levels of acute food insecurity (IPC Phase 3 or above) during the current period (April -September 2021), of which nearly 14,000 people are in Catastrophe (IPC Phase 5).



3 years of severe drought

Three years of consecutive severe drought have wiped out harvests and hampered people's access to food in Madagascar's Grand South region. Of the ten hardest-hit southern districts, Amboasary Atsimo is the epicenter, with nearly 14,000 people in Catastrophic conditions (IPC Phase 5), affected by extreme lack of food and basic services, even with full employment of coping strategies.

Overview of the Current Food Security and Nutrition Situation

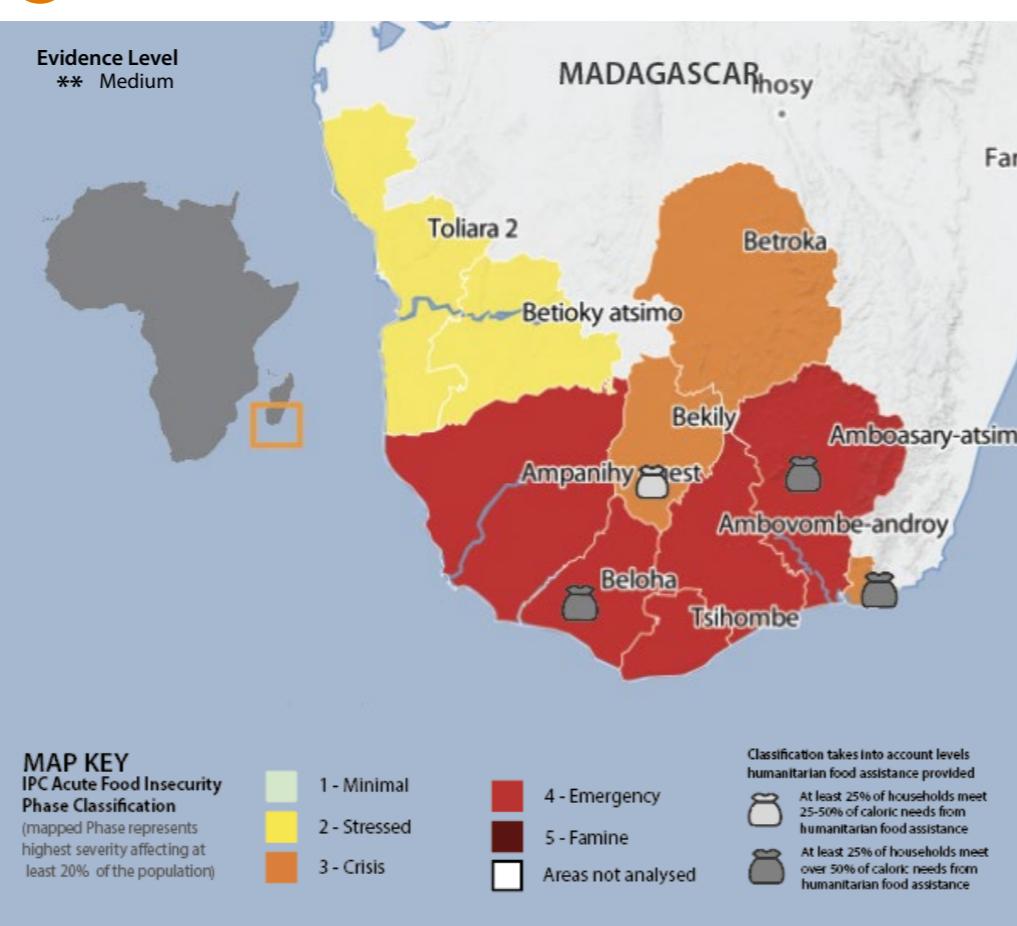
Between April and September 2021, over 1.1 million people are experiencing high levels of acute food insecurity (IPC Phase 3 or above) due to insufficient rainfall, rising food prices, and sandstorms. The lean season is expected to begin earlier than usual for the current consumption year, as households will deplete their low food stocks due to minimal production. Over 500,000 children under the age of five are expected to be acutely malnourished through April 2022, of which over 110,000 are likely severely malnourished and require urgent life-saving treatment. Food insecurity is a major contributing factor to the nutrition situation, followed by poor access to sanitation facilities and improved drinking water sources due to drought.

Amboasary Atsimo is the most affected district in terms of food insecurity. Classified in Emergency (IPC Phase 4), 75% of its population is in IPC Phase 3 or above, with nearly 14,000 people in Catastrophe (IPC Phase 5), requiring urgent action. These people have virtually exhausted their ability to use coping strategies to access food and income. This results in a highly inadequate level of food consumption. The district also has Serious levels of acute malnutrition (IPC AMN Phase 3).

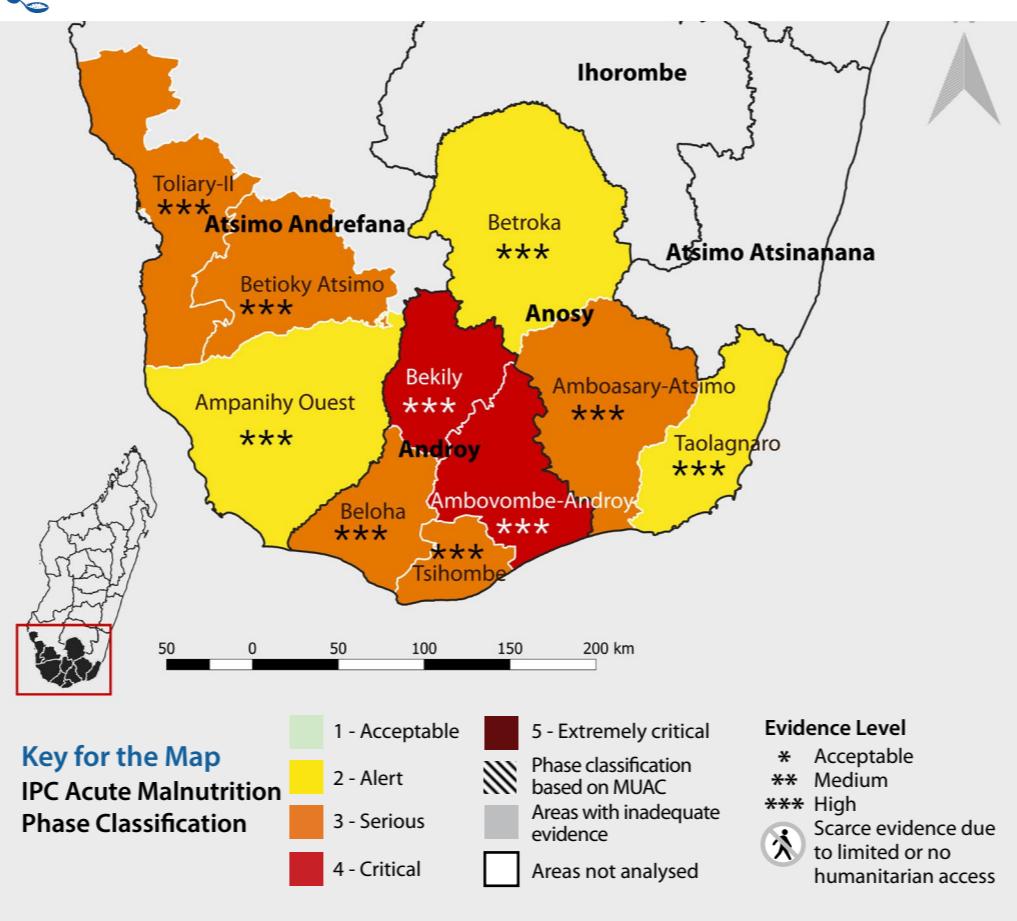
The districts of Ambovombe, Ampanihy, Beloha, and Tsihombe are also classified in Emergency (IPC AFI Phase 4), with 55% to 60% of their population in need of urgent action to protect livelihoods, reduce food consumption deficits, and save lives. The districts of Ambovombe and Bekily have Critical levels of acute malnutrition (IPC AMN Phase 4), requiring urgent treatment to save the lives of the affected children. Amboasary, Beloha, Betioky, Toliara and Tsihombe have Serious levels of acute malnutrition (IPC AMN Phase 3) and also require action for treatment and prevention.



Current Acute Food Insecurity | April - September 2021



Current Acute Malnutrition | May - August 2021



Risk of Famine

The IPC has created a "Risk of Famine" analysis process to assess and communicate whether a Famine may occur in the future, although analysts do not believe this is necessarily the most likely scenario. According to the IPC, the "Risk of Famine" is a statement about the potential deterioration of the situation that could occur during the projection period. It is not an IPC classification, but a statement focusing on the worst-case scenario that has a reasonable chance of occurring. The IPC is currently piloting protocols for identifying "Risk of Famine" and, due to the high severity of the situation in Southern Madagascar, the IPC Global Support Unit (GSU), the Madagascar Technical Working Group (TWG) and global partners conducted a pilot analysis of Risk of Famine in Madagascar on 22-23 June 2021.

Ambovombe-Androy at risk of Famine from October 2021

The pilot exercise focused on three districts with high levels of food insecurity and malnutrition: West Ampanihy, Amboasary Atsimo and Ambovombe-Androy, and on the projection period from October to December 2021 (which marks the beginning of the lean season) of the previous IPC Acute Food Insecurity analysis.

This analysis shows that Ambovombe-Androy district has been identified as being at risk of Famine during the projection period in the worst-case scenario for the following reasons: a reasonable chance of the continuation and intensification of the negative impacts of the drought on food security and/or a new wave of COVID with additional restrictions on the movements of households dependent on casual labour. Already, the current situation shows a very critical food security and nutrition situation, with a severity level (GAM at 26%) that far exceeds the nutritional emergency thresholds, thus revealing a real risk of Famine in the coming months. It should also be noted that the projection period will, in any case, be difficult, because of the recent crop failure, rising prices and low coverage of planned food assistance (which reaches only 22% of households), and that this October to December period coincides with the first months of the food gap period, which even in a normal year is associated with a deterioration in food security and nutrition. The new evidence from the SMART survey conducted in May shows, that household food consumption remains highly inadequate, and confirms the district's classification as Phase 4 (with 30% of households in Phase 4 AFI) for the projection period. Although the analysts did not foresee a famine occurring in the most likely scenario, they concluded that a famine could occur if developments were worse than the most likely scenario.

On the other hand, the group of analysts determined that even considering the worst-case scenario for food insecurity and acute malnutrition conditions, the two districts of West Ampanihy and Amboasary Atsimo will not be at risk of Famine during the projection period. Both districts (as well as Ambovombe-Androy) have experienced significant shocks since 2020, such as persistent drought, associated with very high staple food prices, limited income opportunities, and the effects of COVID-related restrictions, as well as insufficient humanitarian assistance. Nevertheless, the analysts found that although the food insecurity situation could deteriorate to Catastrophic levels, the prevalence of acute malnutrition (GAM at 7.5% and 14% respectively) could not exceed extreme levels (30% or more), even considering the worst-case scenario in both districts.

According to the results of the Acute Food Insecurity analysis conducted in April, all three districts are in IPC Phase 4 (Emergency) in both analysis periods (April-September and October-December). The recent acute malnutrition analysis conducted in June classifies West Ampanihy in IPC Phase 2 (Alert), Amboasary Atsimo in IPC Phase 3 (Serious) and Ambovombe-Androy in IPC Phase 4 (Critical), close to the Famine threshold (30%) for the current period (May-August), and West Ampanihy and Amboasary Atsimo in IPC Phase 3 (Serious) and Ambovombe-Androy in IPC Phase 4 (Critical) for the projection period (September-December). The analysis of acute malnutrition reveals a very marked progressive deterioration of the nutritional situation in all the districts analysed and in particular in these three districts. The majority of the data used for the Risk of Famine and Acute Malnutrition analysis comes from the SMART survey conducted between April and June 2021, while the previous Acute Food Insecurity analysis conducted in April was based on the EDCASA-EAM survey conducted in February/March.

Projected Acute Food Insecurity | October - December 2021



1.31M

Around 1.31 million people out of the 2.7 million people of the Grand South of Madagascar analysed are likely to face high levels of acute food insecurity (IPC Phase 3 or above) between October and December 2021, of which nearly 28,000 people are likely facing Catastrophe (IPC Phase 5).

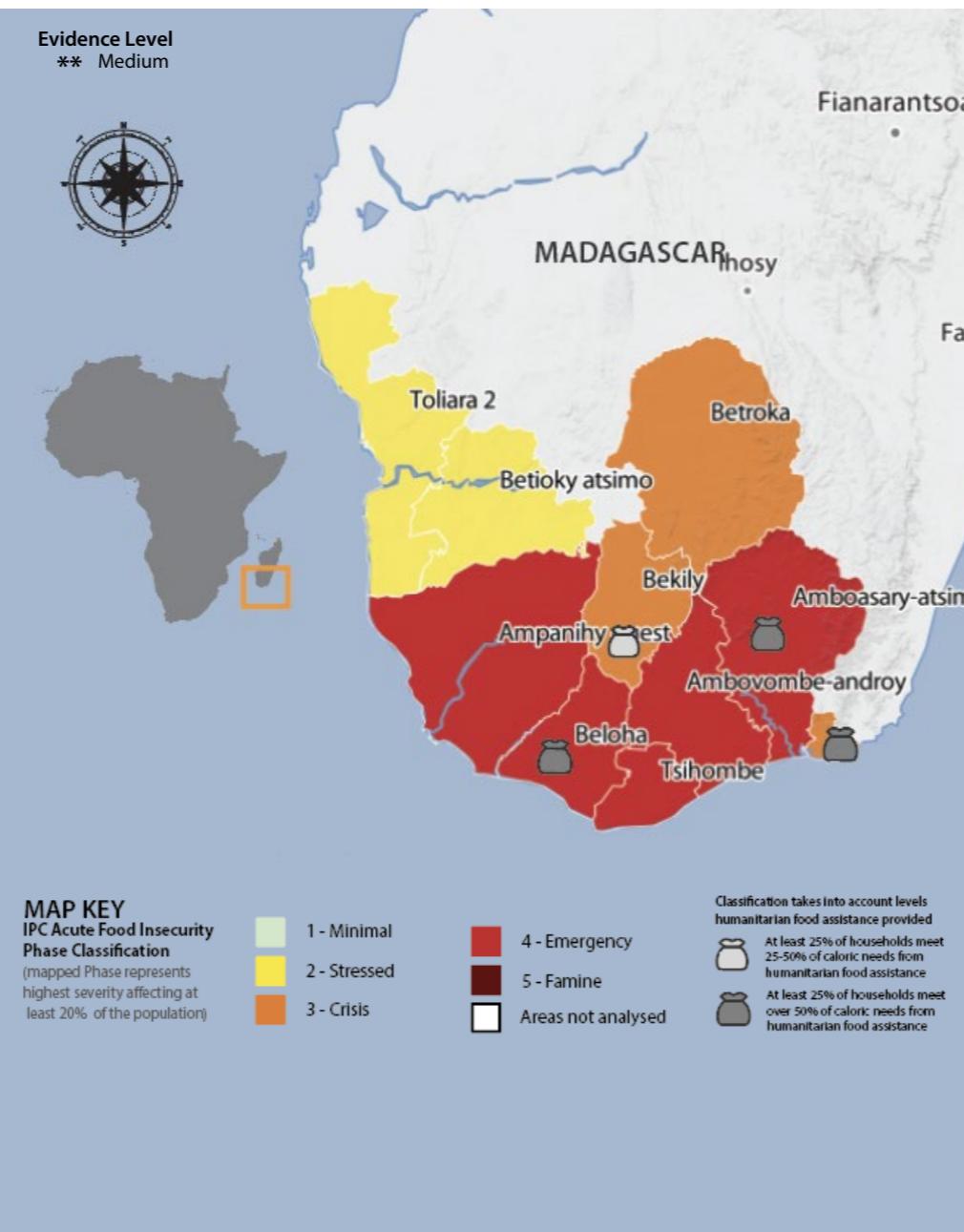
Overview of the Projected Food Security and Nutrition Situation

During the projected period from October to December 2021, corresponding to the lean season period, with insufficient food stocks, high prices of staples due to COVID-19 and related restrictions and poor employment opportunities, the food situation will likely worsen, bringing the number of people in IPC AFI Phase 3 or above to 1.31 million. The population in Catastrophe (IPC Phase 5) will likely double, and the number of people in Emergency (IPC Phase 4) or worse, will likely exceed 510,000. The district of Betioky will be added to the list of districts in IPC Phase 3 (including Betroka, Bekily, and the five communes of Taolagnaro).

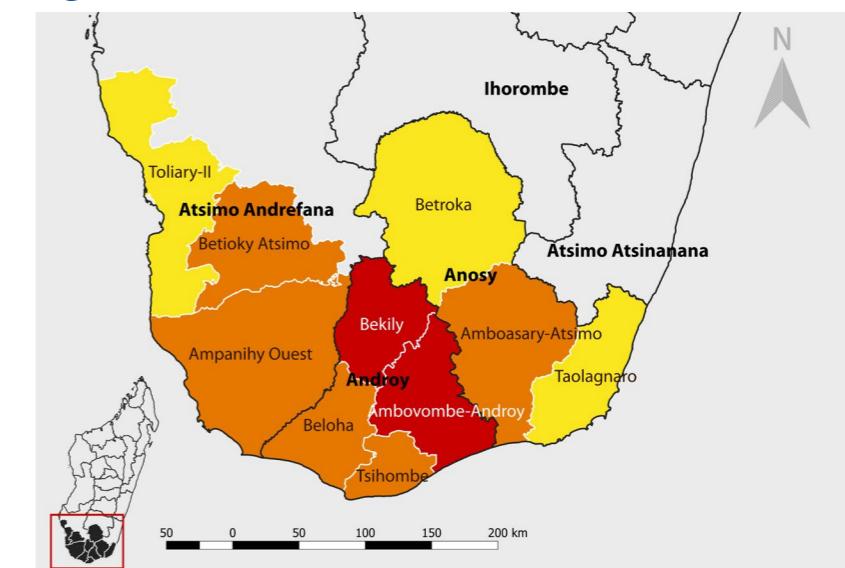
With regards to the nutritional situation, through December 2021, the situation will likely improve for one district (Toliary II) due to the decrease in morbidities. Despite the expected deterioration in the nutritional situation during this period, no change in phase is expected in the other districts analysed, except in one district (West Ampanihy) where the nutritional situation is very volatile. To this end, the district will move from the Alert phase (IPC AMN Phase 2) to the Serious phase (IPC AMN Phase 3).

From January 2022 onwards, the peak of the lean season, if no action is taken, the deterioration of the nutritional situation will be more significant as this corresponds to the peak period of acute malnutrition cases. This deterioration will likely lead to a change of phase for five districts, of which four districts - Amboasary-Atsimo, Belohia, Tsihombe and West Ampanihy - will move to the Critical phase (IPC AMN Phase 4) and one district (Betroka) to the Serious phase (IPC AMN Phase 3). An increase in the incidence of diseases is expected over both projection periods, thus increasing the vulnerability of children to malnutrition over these periods in addition to the expected deterioration in food insecurity.

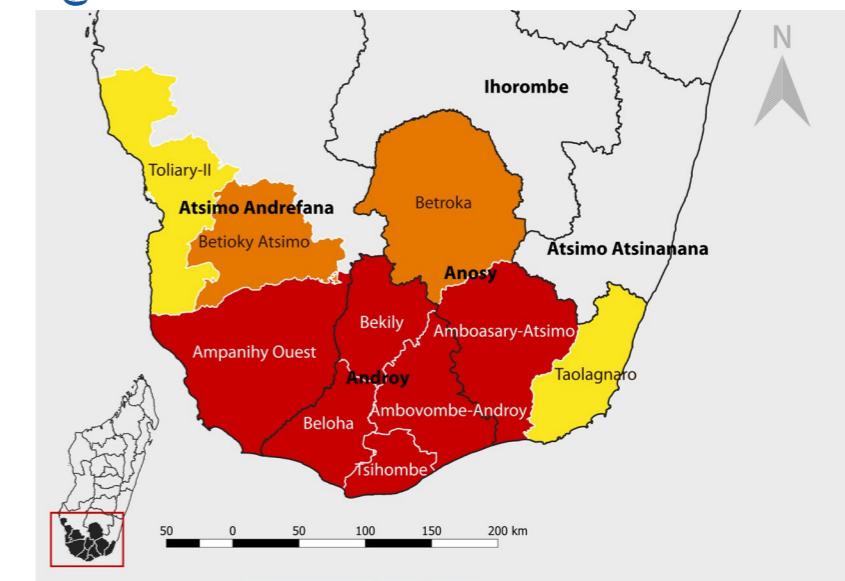
Projected Acute Food Insecurity | October - December 2021



Projected Acute Malnutrition | September - December 2021



Projected Acute Malnutrition | January - April 2022



Key Drivers of the Acute Food Insecurity Situation



Insecurity

In several areas of the Grand South regions, insecurity is rife, affecting the smooth running of humanitarian interventions as well as household livelihood activities.



COVID-19

The COVID-19 pandemic and related restrictions led to an increase in food prices due to low food availability and reduced income due to poor employment opportunities, reducing the purchasing power at the household level.



Drought

Devastating drought, characterised by below average rainfall for the last 20 years in areas including Tsihombe, Beloha, Amboasary and Ambovombe, has curtailed production and disrupted livelihoods.

Factors Contributing to the Acute Malnutrition Situation



Poor Food Consumption

Growing food insecurity is reflected in children's dietary intake through low dietary diversity, non-attainment of minimum meal frequency, and a very low minimum adequate diet.



Poor access to water and sanitation

Poor access to drinking water sources and improved sanitation leads to a high prevalence of infectious diseases in children, which leads to malnutrition.



Inadequate child care

Sub-optimal infant and young child feeding practices lead to malnutrition.

Recommendations for Action

Immediate and urgent humanitarian action is needed for populations experiencing high levels of acute food insecurity (IPC Phase 3 or above) to save lives, reduce food gaps, and prevent a total collapse of livelihoods. Livelihood assistance should be provided to support the resumption of the next cropping seasons while access (physical/financial) to inputs (seeds, plant material, etc.) and agro-pastoral inputs (pest control, mass vaccination of livestock) should be facilitated. Early/anticipatory actions based on weather forecasts and other recognized warning mechanisms should be conducted to cope with shocks/droughts, protect livelihoods (savings, financial inclusion, insurance) and reduce food consumption deficits.

Urgent nutrition interventions are required for acutely malnourished children under five, especially those severely malnourished. The health and nutrition system should be strengthened, in order to maintain the quality of primary care services. The coverage of the management of children acutely malnourished as well as of family protection rations should also be strengthened. New strategies for communication, sensitization and distribution of micronutrients and immunization should be identified, to improve nutrition practices in the community. WASH infrastructure should be improved.