SAVING LIVES
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Malawi Household Food Security Bulletin

Mobile Vulnerability Analysis and Mapping (mVAM) on the Effects of COVID-19 in Malawi

Round 19: 7th November – 6th December 2021

SUMMARY OF KEY FINDINGS

- Despite a very slight improvement in household consumption patterns (FCS) this reporting period, there are early signs that the food security situation is starting to deteriorate, as illustrated by a slight increase in the proportion of households employing the *most-severe* or *moderate-severe* consumption-based cooing strategies to make ends meet.
- The proportion of households who are employing *emergency* livelihood-based and *crisis* livelihood-based coping strategies increased slightly, signifying increased food insecurity as the lean season approaches.
- Physical access to markets has increased slightly, likely due to low numbers of new COVID-19 cases observed during this reporting period.

BACKGROUND

During this reporting period, Malawi continued to register low or no daily cases of COVID-19, following the end of the third wave of the pandemic. However, as of 6th December 2021 (the last day of this round of data collection), the Ministry of Health reported a rise in new confirmed cases, pointing to the possibility of the country entering the fourth wave of the COVID-19 pandemic. On that day, the country had registered 16 new COVID-19 cases within the past 24 hours, with no new deaths. All new cases were locally transmitted. Cumulatively, Malawi had recorded 61,997 cases including 2,307 deaths with a case fatality rate at 3.72 percent. On COVID-19 vaccination, a total of 1,480,569 vaccine doses had been administered benefiting 1,144,135 people. The Government continues strengthening measures in observance of the COVID-19 restrictions, which include wearing face masks, observing social distancing, and washing hands to prevent the spread of the disease.

METHODOLOGY

Round 19 of the remote household-level survey data collection in response to COVID-19 monitoring and seasonal trends in food security took place between 7th November – 6th December 2021. The survey for this report was conducted using live telephone calls, collecting information from some 2,498 households in all districts and major cities across the country.

The sample size was calculated based on *the Integrated Food Security Phase Classification Technical Manual (Version 3.0)* guideline of having at least 150 samples per strata. Additional details on this methodology are available in *Annex 1*.

[1]Ministry of Health, 6 December 2021. COVID-19 Daily Information Update

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The **Food Consumption Score (FCS)** is a composite score of diversity and frequency of food groups consumed over the past 7 days by household members, weighted by the relative nutritional importance. Based on the scores and the standard thresholds, households are grouped into three

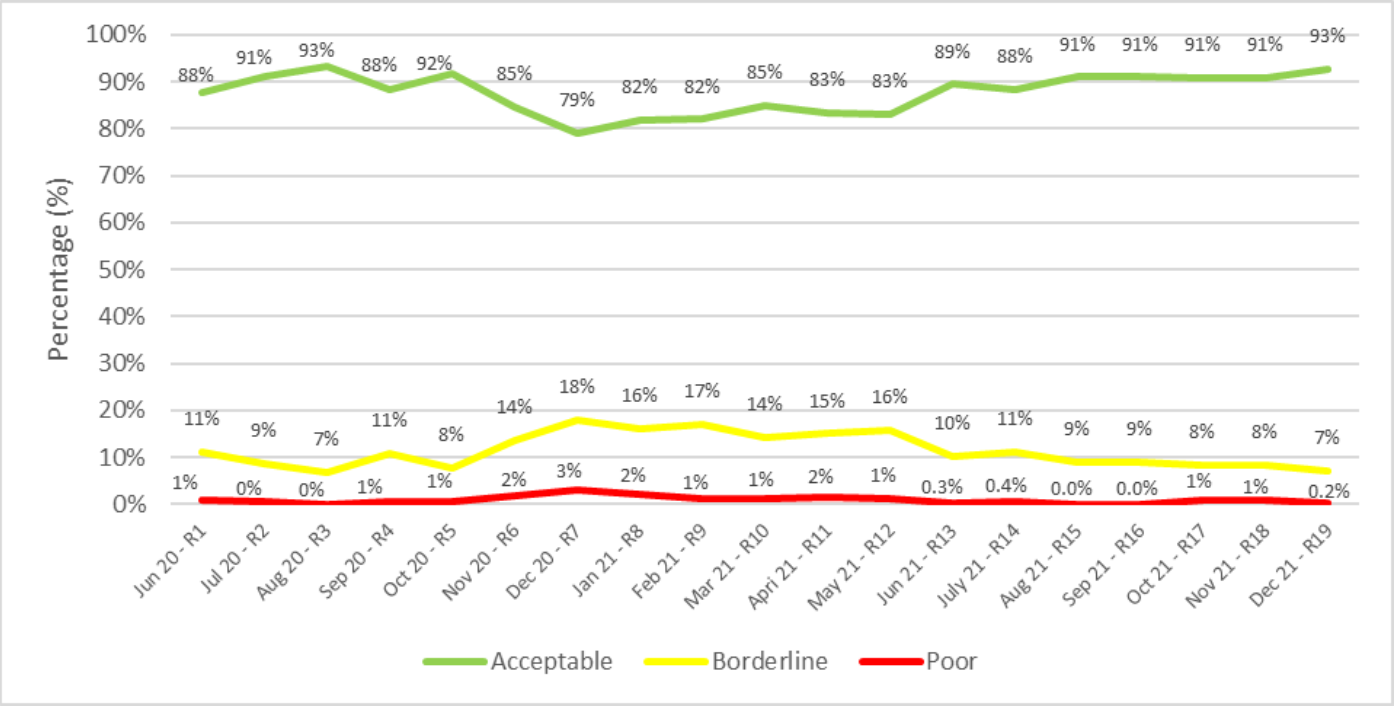
The **Reduced Coping Strategy (rCSI)** is an experience-based indicator measuring the behaviour of households over the past 7 days when they did not have enough food or money to purchase food.

KEY FINDINGS

Food Consumption Score (FCS)

Key findings from Round 19 data indicate that the proportion of households classified as having *acceptable* food consumption was 93 percent, showing a slight increase from the previous round, 91 percent. This result indicates that, generally, the food security situation in the country remains stable, with households benefitting from adequate consumption. However, despite this slight improvement, the situation is slowly starting to deteriorate, as households are resorting to more negative coping, which typically happens before they begin reducing consumption. Some 7 percent of surveyed households were classified as having borderline food consumption, a slight decrease from the previous round, 8 percent, as they have moved to "acceptable" food consumption group, further presenting a stable food security situation. Only 0.4 percent of surveyed households were classified as having poor consumption, a reduction from 1.0 percent in the previous round (Figure 1).

Figure 1: Trends on Households' Classification of Food Consumption Score, Round 1 (May 2020) to Round 19 (December 2021)

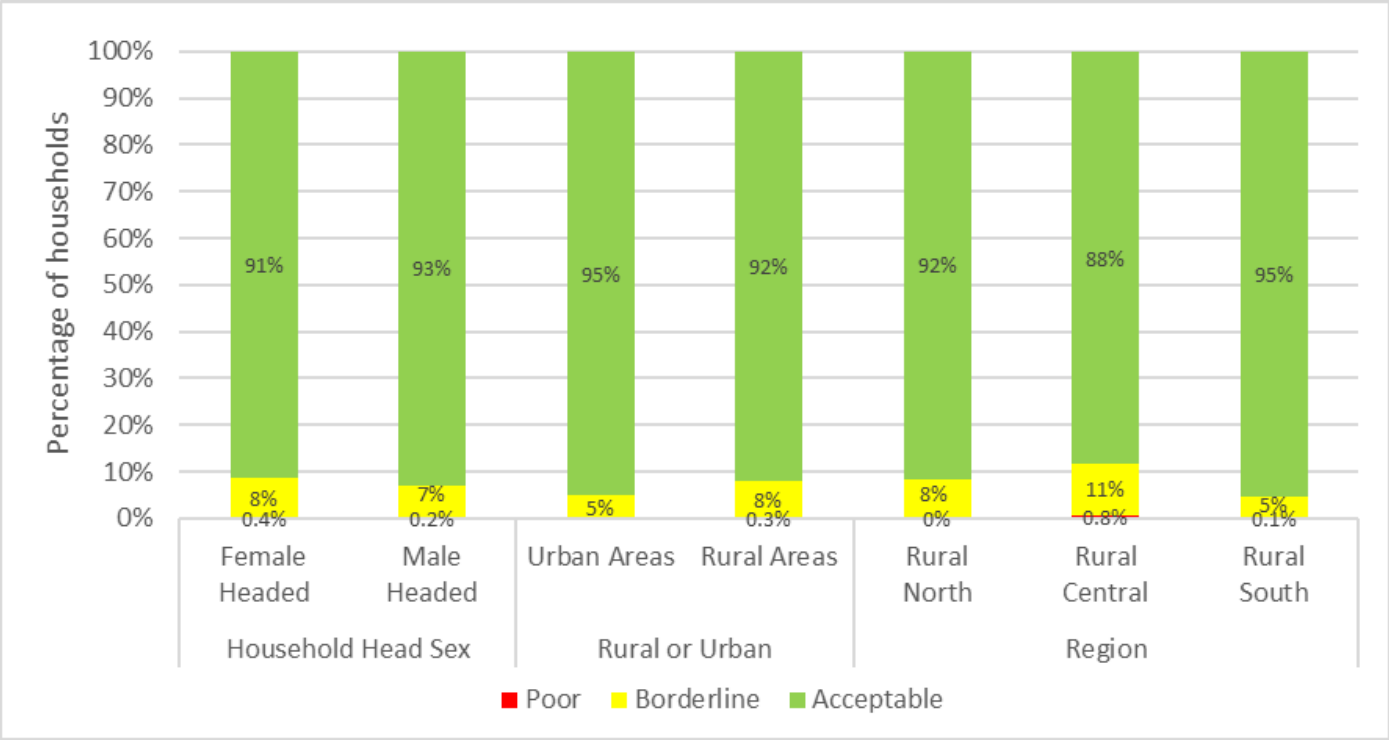


Further, slightly less female-headed households (91 percent) were classified as having *acceptable* food consumption compared to male-headed households (93 percent), indicating that female-headed households tend to consume less diversified food groups compared to male-headed households, a trend that has been recurrent since the onset of data collection. Similar to previous rounds, households residing in urban areas consumed more diversified food groups - with 95 percent classified as having *acceptable* food consumption - compared to 92 percent of households in rural areas. Additionally, 5 percent of urban and 8 percent of rural-based households were classified as having *borderline* food consumption in this round.

As indicated in *Figure 2, acceptable* food consumption was prevalent across all three regions of the country. Slightly more households, some 95 percent, were classified as having *acceptable* food consumption in the Rural Northern Region, an indication that they consumed more diversified food, followed by the Rural Southern Region (92 percent) and lastly by the Rural Central Region (88 percent). These observations are attributed to the dietary habits across the regions,

whereby in general households residing within the Northern Region tend to consume more diversified food groups than their counterparts residing in the Southern and Central Regions.

Figure 2: Percentage of Households by Food Consumption Score Classifications



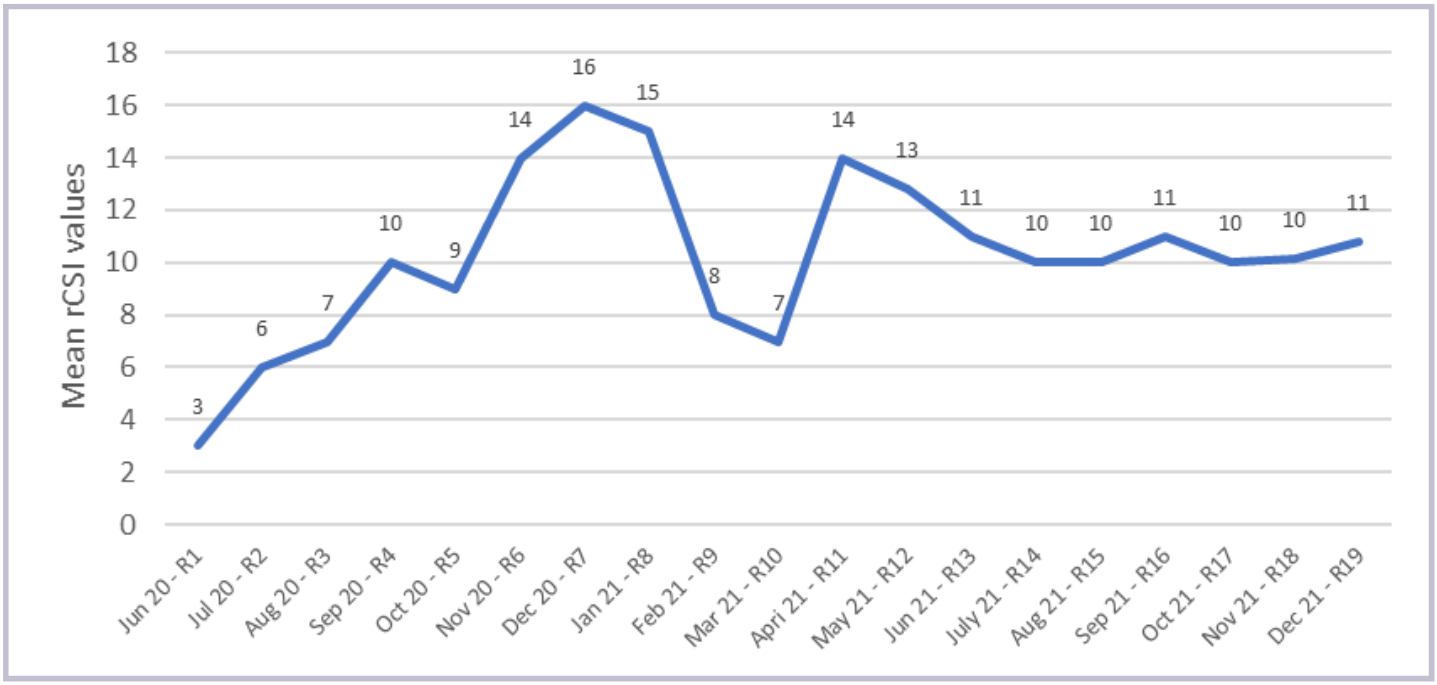
Reduced Coping Strategies Index (rCSI)

In the current round, the national mean Reduced Coping Strategy Index (rCSI) increased slightly to eleven (11) compared to ten (10) observed in Round 18 (*Figure 3*), implying that some households resorted to slightly more severe consumption-based coping strategies in order to make ends meet. This presents low levels of consumption-based strategies but showing early signs of deterioration of food insecurity, as the lean season approaches.

At district level, analysis is done by grouping districts into strata. As shown in *Figure 4*, the grouping of Lilongwe Rural and Dedza had the highest mean rCSI (15), indicating that households in these areas reported resorting to more adverse coping strategies than households in other areas. Despite a bumper harvest of maize and pulses in these areas, with the onset of the 2021/2022 lean season, households' stocks are depleted, often forcing them to resort to consumption-based coping strategies to make ends meet. The lowest mean rCSI (8) was observed in Mzimba, Nkhata Bay, Rumphi and Likoma Districts. In urban areas, the lowest mean rCSI (7) was observed in Mzuzu city, with the highest in Lilongwe City (9).

In Round 19, nearly 21 percent of surveyed households across the country reported having relied on the most severe consumption-based coping strategies (rCSI ≥19), a slight increase from the previous round (20 percent), representing a stable food security situation for this level. Similar to previous rounds, more female-headed households (31 percent) employed the *most severe* consumption-based coping strategies compared to male-headed households (19 percent). Approximately, 47 percent of all surveyed households reported that they used *moderately severe* behaviours (rCSI 4-18)—such as borrowing food from friends or relatives and/or adults skipping meals in order to provide for children—compared to 42 percent in Round 18. This slight uptick in households resorting to adverse coping in order to make ends meet is likely in response to the onset of the 2021/2022 lean season. Typically, households will start by depleting internal resources and utilizing less severe coping strategies as their resources become finite. In addition, 32 percent of households reported that they employed at least one of the *least severe* behaviours of eating less preferred foods and/or reducing the number of meals (rCSI 0-3), further showing an increase in food insecurity as lean season approaches (*Table 1*).

Figure 3: Mean Reduced Coping Strategy Index (Mean rCSI) Trends, Round 1 (June 2020) to Round 19 (December 2021)



In this round, households in rural areas (23 percent) applied more of the *most severe* consumption-based coping strategies or a combination of several strategies as compared to households residing in urban areas (15 percent), up from 9 percent of urban-based households in the previous round. Again, this is likely an early indication of the impending lean season, for which the gap period is estimated to take place between January and March in most locations. Furthermore, households within the Rural Central Region (28 percent) employed *more severe* consumption-based coping strategies compared to households in the Rural Southern (26 percent) and Rural Northern Regions (17 percent) (*Table 1*). The high use of the *most severe* consumption-based coping strategies in the Rural Central Region is likely due in part to poverty, which is the highest in the region compared to the other regions.

Table 1: Percentage of Households Employing Consumption-based Coping Strategies

		Normal (%)	Moderately Severe (%)	Most Severe (%)
Household Head Sex	Female-headed	18%	51%	31%
	Male-headed	35%	46%	19%
Rural or Urban	Urban Areas	43%	43%	15%
	Rural Areas	28%	49%	23%
Region	Rural North	41%	42%	17%
	Rural Central	18%	54%	28%
	Rural South	24%	50%	26%

Figure 4: Map of Malawi Showing the Mean rCSI by District Grouping (Strata)

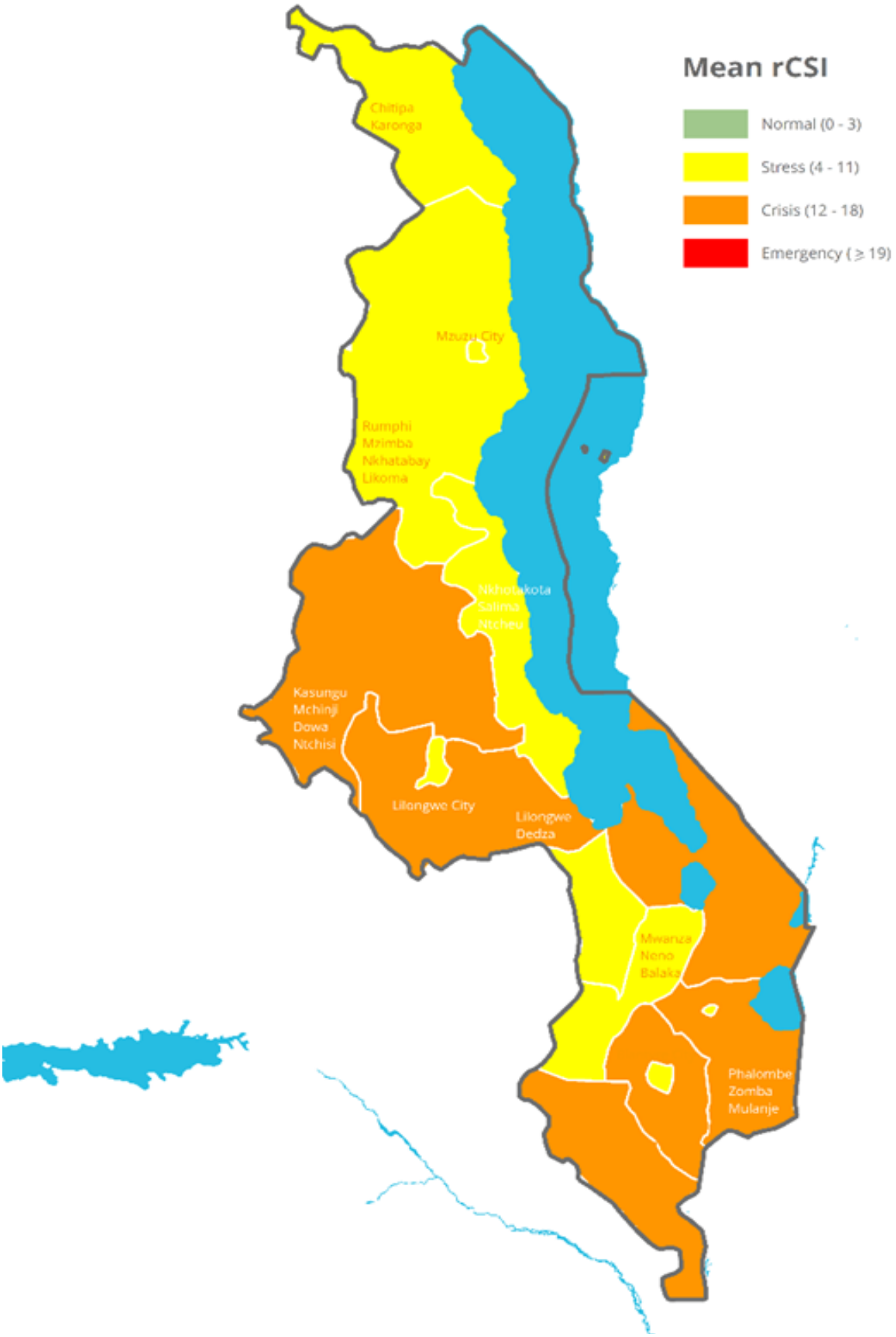
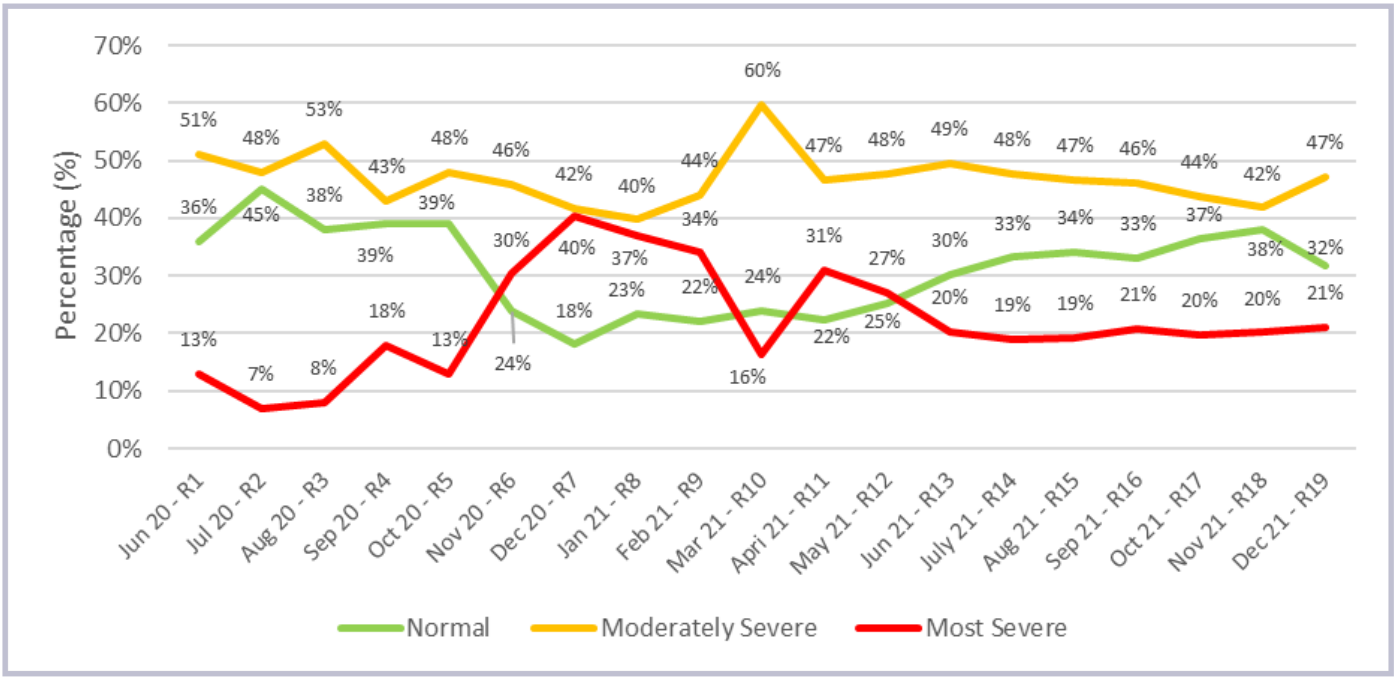


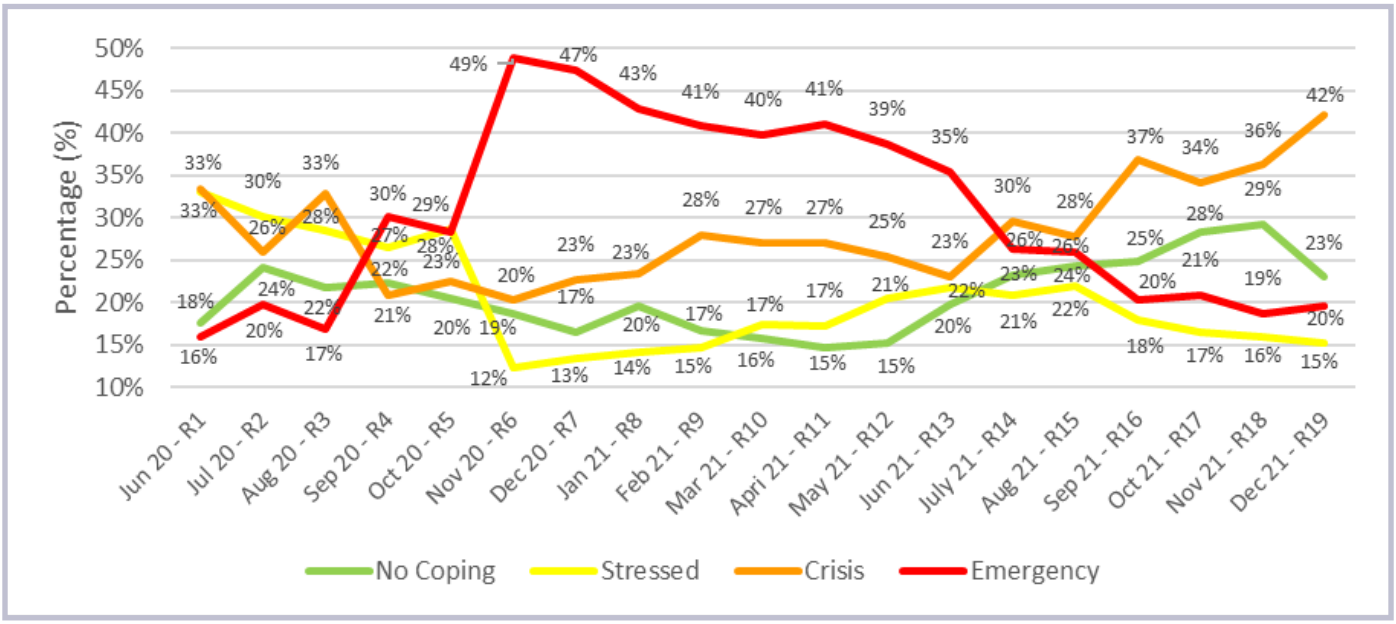
Figure 5: Households Employing Consumption-based Coping Strategies (rCSI) Trend



Livelihood Coping Strategies

Approximately 20 percent of surveyed households across the country reported having employed *emergency* livelihood-based coping strategies to access food within the last 30 days, representing a slight increase compared to the last round (19 percent of surveyed households). Additionally, the proportion of households employing *crisis* livelihood-based coping strategies increased to 42 percent in Round 19 compared to 36 percent in the previous round, signifying an increase in food insecurity as the lean season approaches. The use of stress-based coping strategies decreased slightly to 15 percent in this round compared to 16 percent in the previous round. Furthermore, 23 percent of households did not employ any livelihood-based coping strategies compared to 29 percent in the previous round, further indicating decrease in proportion of food secure households as the lean season approaches (*Figure 6*).

Figure 6: Trends on Households Employing Livelihood-based Coping Strategies

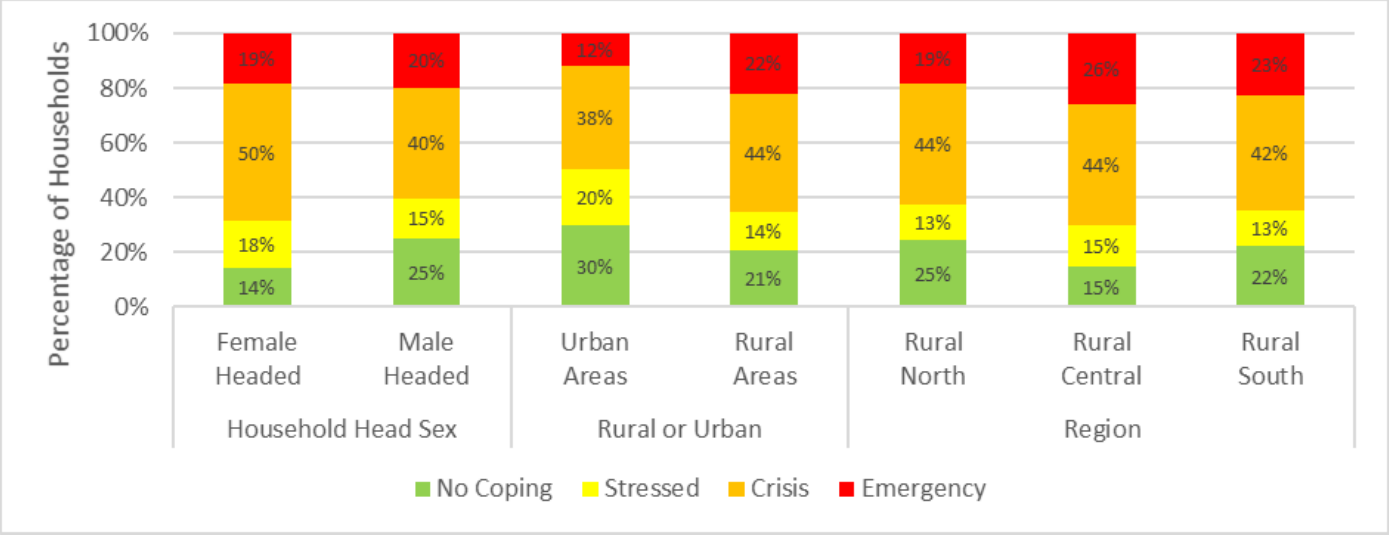


Of note, in Round 19, slightly more male-headed households (20 percent) employed *emergency* coping strategies than female-headed households (19 percent). Conversely, more female-headed households (50 percent) employed *crisis* livelihood coping strategies than male-headed households (40 percent), indicating that female-headed households typically faced more food stress in the current round than male-headed households. (*Figure 7*).

The findings further showed that more rural-based households (22 percent) were employing *emergency* coping strategies compared to those in urban areas (12 percent), signifying higher food stress in rural areas where households have more limited means of coping with stress. Furthermore, *Figure 7* also indicates that 30 percent of urban-based households reported that they did not employ any coping strategies compared to 21 percent of households in rural areas.

At regional level, the Rural Central Region had the highest proportion of households employing *emergency* coping strategies (26 percent) compared to the Rural South (23 percent) and Rural North (19 percent) *(Figure 7)*. This is attributed to the practise of lending land for farming, which is more prevalent in the Central Region compared to the Northern and Southern Regions.

Figure 7: Percentage of Households Employing Livelihood Coping Strategies



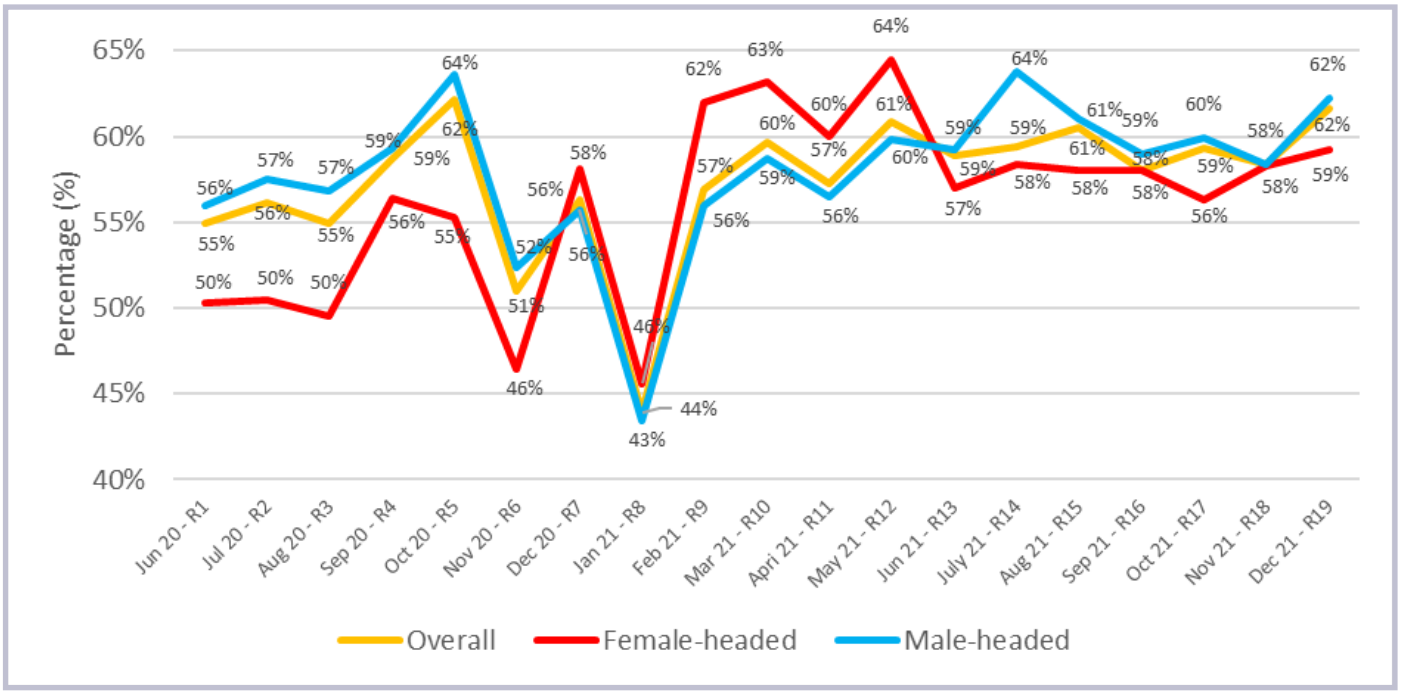
Market Access

During this survey, households were also asked if, at any point in the 14 days prior to the survey, they were unable to access markets or grocery stores as well as the reasons why. Overall, the reported access to markets in Round 19 of data collection increased to 62 percent from 58 percent in the previous round. The longest period of data collection for this round was done before the fourth wave when COVID-19 cases were very low, resulting in increased access to markets. However, even though the number of COVID cases started increasing during the few last days of data collection this uptick seemed to have little to no effect on market access. A slight increase in market access was observed amongst male-headed households (62 percent) compared to female-headed households (59 percent) (*Figure: 8*). The interpretation of this indicator is, however, important to note, as "access" encompasses not solely physical access but also a lack of financial means to access markets, meaning that, as households have less economic means as the lean season approaches, they may be less likely to frequent markets. In addition, the indicator may not capture elements of informal trade that take place in/around people's homes. Of the 38 percent of surveyed households who had limited access to markets, a lack of money was the major reason (reported by some 95 percent of respondents) households stated explaining why they did not access markets.

The **Livelihood Coping Strategies Indicator (LCSI)** is derived from a series of questions regarding a household's experience with livelihood stress and asset depletion during the 30 days prior to the survey.

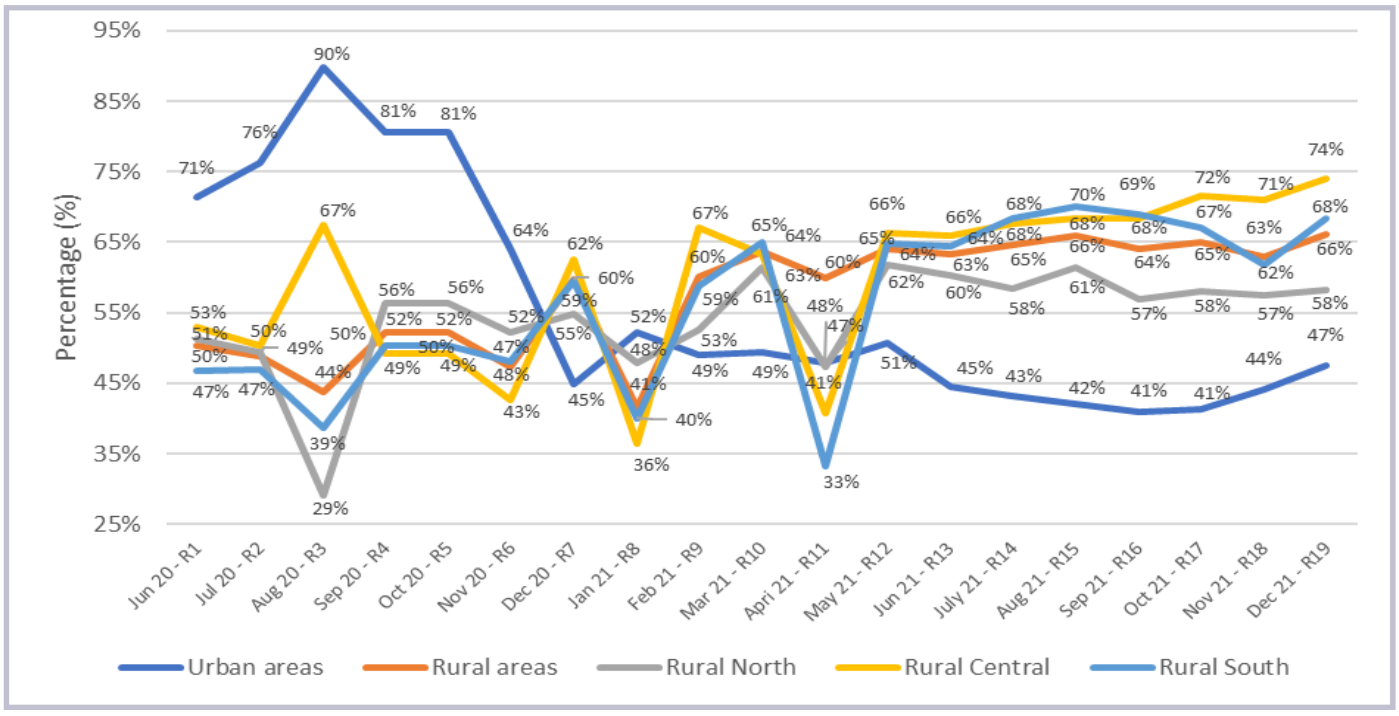
Coping is classified into broad categories: **Stress Strategies, Crisis Strategies, Emergency Strategies and Not coping/ Food Secure.**

Figure 8: Trends on Households Accessing Markets



Additionally, in the current round, rural households had increased access to markets (66 percent) compared to 47 percent of urban households, partly due to some rural households purchasing farm inputs such as seeds, hoes and pangas in preparation for the growing season. Within rural areas, the Rural Centre had a higher proportion of the population who reported having unlimited access to markets at 74 percent followed by the Rural South (68 percent) and Rural North (58 percent) (*Figure 9*). In general, the Rural Centre Region likely has higher access to markets, because this region has an increased number of agricultural activities during the rainy season with households frequenting markets regularly during this period to buy farm inputs.

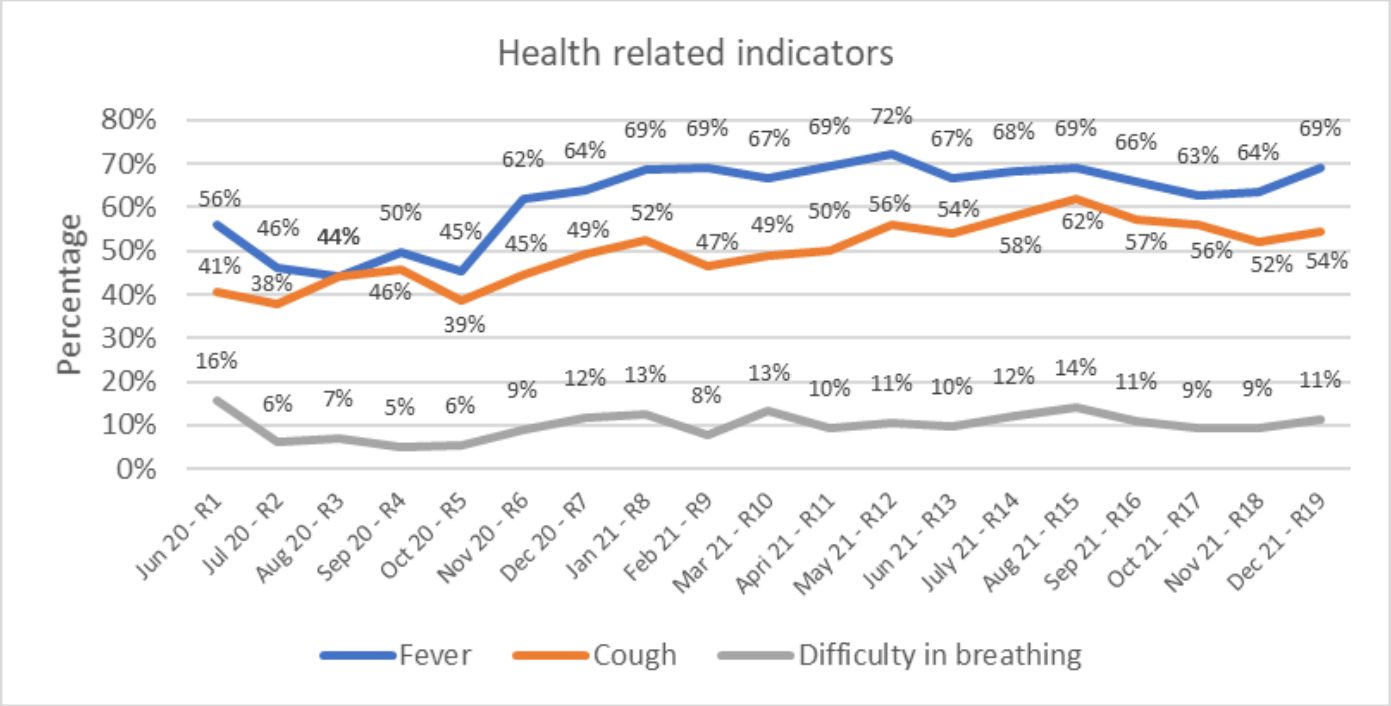
Figure 9: Percentage of Households Reporting Unlimited Access to Markets/Shops



Health Indicators Related to COVID-19

Households were asked whether at least one member of their family had suffered from a fever, cough, and/or had difficulty breathing in the 14 days prior to the survey. Overall, the proportion of households who reported that one or more of their family members experienced a fever was 69 percent, a slight increase from the previous Round 18 (64%). The prevalence of fevers is still high, which is expected during the rainy season when malaria and other infectious diseases spread easily. In addition, during this reporting period, nearly 54 percent of households reported that someone in their family had a cough and 9 percent reported having a member who experienced difficulty breathing (*Figure 10*).

Figure 10: Percentage of Households Who Reported that at least One Member of Their Family Suffering from Fever, Cough, or Difficulty in Breathing in the Past 14 Days



CONCLUSIONS

The food security situation illustrated early signs of deterioration in the current round (mid-November to mid-December) of data collection as the lean season approaches as shown by the increase in proportion of households employing the *most-severe,* and *moderate-severe* consumption-based coping strategies. Furthermore, the increase in proportion of households who are engaging in *emergency* livelihood-based, and *crisis* livelihood-based coping strategies is signifying largely increasing food insecurity in Malawi. Access to markets increased in Round 19 compared to the previous round and remains in line with normal trends for this time of year when farmers are procuring farm inputs from markets in readiness of the growing season.

Annex A: Sampling Methodology

The three regions of the country (ADM1) and four major cities (Mzuzu, Lilongwe, Blantyre, and Zomba) were divided into 14 strata. Integrated stratification was conducted whereby each city was a stratum on its own to track the effects of COVID-19 in each city separately, as cities are likely to be most adversely affected by the impact/ severity of COVID-19, and the impact might differ from city to city. Districts were stratified by clustering those with similar livelihood activities together while maintaining a maximum of four districts per stratum. Participants were randomly selected from a national database of mobile subscribers. Respondents opted into the mobile call survey and were asked questions on socio-demographics, food consumption, coping behaviour, market access, health condition, and assistance received.

As of 2016, 54% of households in Malawi had a mobile phone (MDHS 2015-16). As such, it is acknowledged that household-level mobile surveys contain a certain level of inherent bias. Due to these biases, an attempt is made to capture patterns and trends. In terms of weights, the results are computed by applying a population weight at each respective district level (Admin 1) in order to debias the data.

The sample size was calculated based on the IPC guideline of a minimum of 150 per strata. The total sample size per strata is 180, as it includes a safety buffer of 30 in case the call centre could not achieve the full sample in 30 days. Please find the IPC manual here and refer to page 115, Table 28 for further details.

The sample was stratified at the ADM1 level to be able to report results at ADM1 level within 30 days of data collection.

The three regions in Malawi (ADM1) and the four cities of Mzuzu, Lilongwe, Blantyre, and Zomba have been divided into 14 strata (ADM1 strata) and quotas have been provided at the ADM1 strata and district (ADM2) level. To compute ADM2 quotas, WFP used Probability Proportional to Size (PPS) to ensure that the results are representative at the ADM1 level.

All ADM1 strata quotas (daily, 10 days and monthly) and AMD2 caps (10 days and monthly) were reached for this sample.

After the first initial rounds of data collection, WFP subsequently switched to a panel approach, and these quotas will be updated to include the quotas for old/new respondents based on the methodology outlined above.

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