



Malawi Household Food Security Bulletin

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

Round 16: 10th August – 9th September 2021

SUMMARY OF KEY FINDINGS

- While the food security situation between the months of August and September 2021 remained relatively stable, as shown by the unchanging high proportion of households classified as having *acceptable* food consumption, Almost no households were classified as having *poor* food consumption.
- The proportion of households who are engaging in *emergency* livelihood-based coping has decreased and those who are not employing any coping has increased in the current round, further indicating an improvement and stable food security situation in the country over the August-September reporting period.
- The percentage of households who reported having access to markets in the current round has reduced slightly from the previous Round 15, in part, attributable to the loss of purchasing power for some households due to inflation during this period as well as a slight uptick in market prices.

As of 19 September 2021, 401,808 COVID-19 tests had been conducted since the beginning of the pandemic. Of these, 61,363 turned out positive for COVID-19, resulting in a positivity rate of 5 percent, down from 17 percent last month. A total of 52,005 cases (82.8 per cent) have so far recovered, while 6,865 cases are active, indicating a decrease of over 35 percent from the previous month. The number of hospital admissions has also decreased from 398 last month to 60 cases this month, with a daily average of about 10 cases. In view of this development, the Government of Malawi eased travel restrictions into the country.

METHODOLOGY

Round 16 of remote household-level survey data collection in response to COVID-19 monitoring and seasonal trends in food security took place between 10th August – 9th September 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*.

BACKGROUND

During this reporting period, Malawi experienced a decline in the number of COVID-19 cases, deaths, and admissions to Emergency Treatment Units (ETUs). Roughly 60 percent of all reported cases are coming from populated cities including Blantyre, Lilongwe and Mzuzu.

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

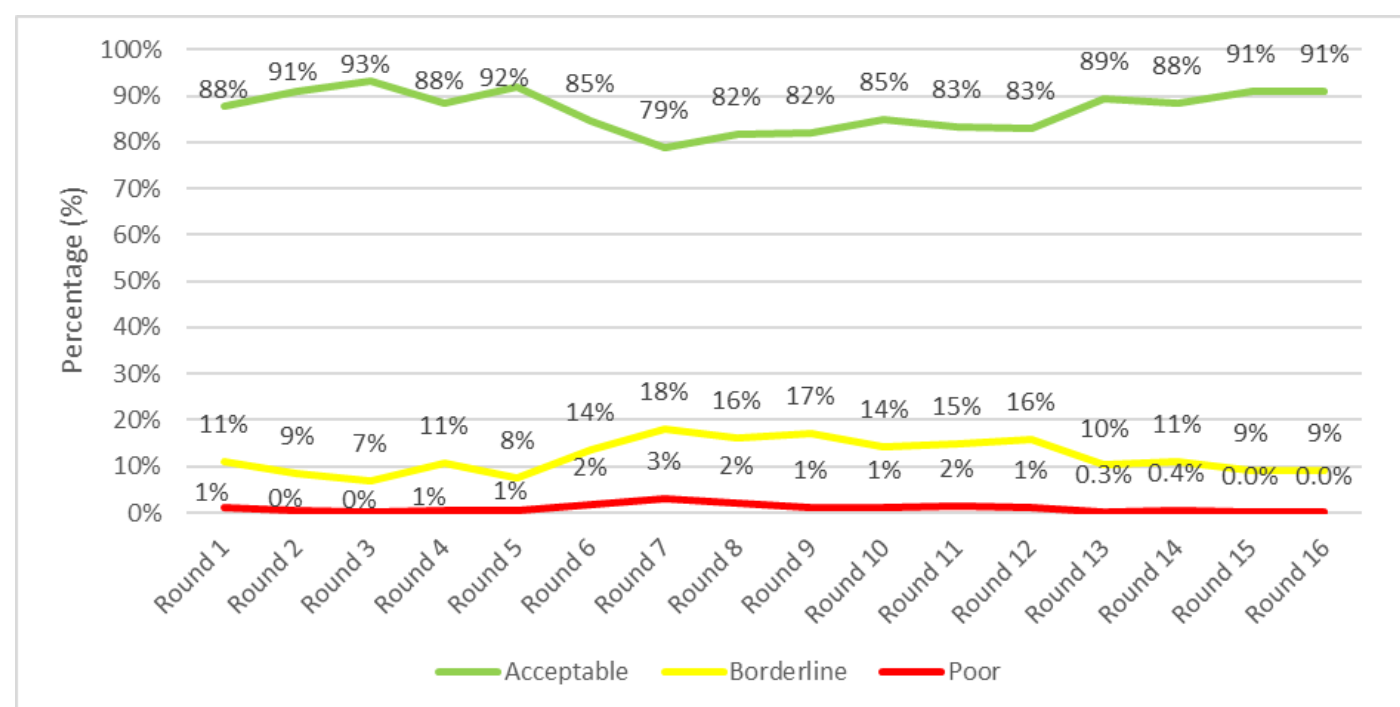
The **Reduced Coping Strategy (rCSI)** is an experience-based indicator measuring the behaviour of households over the past 7 days when they did not have enough food or money to purchase food.

KEY FINDINGS

Food Consumption Score (FCS)

Key findings from Round 16 data indicate that the proportion of households classified as having *acceptable* food consumption was at 91 percent, the same as Round 15. This result indicates that, generally, the food security situation in the country remains stable, with households benefitting from adequate consumption. Some 9 percent of surveyed households were classified as having *borderline* food consumption, the same as the previous round, further presenting a stable food security situation. (Figure 1). That said, the percentage of households classified as having *poor* food consumption increased slightly (1 percent) in rural areas compared to Round 15 (Figure 2).

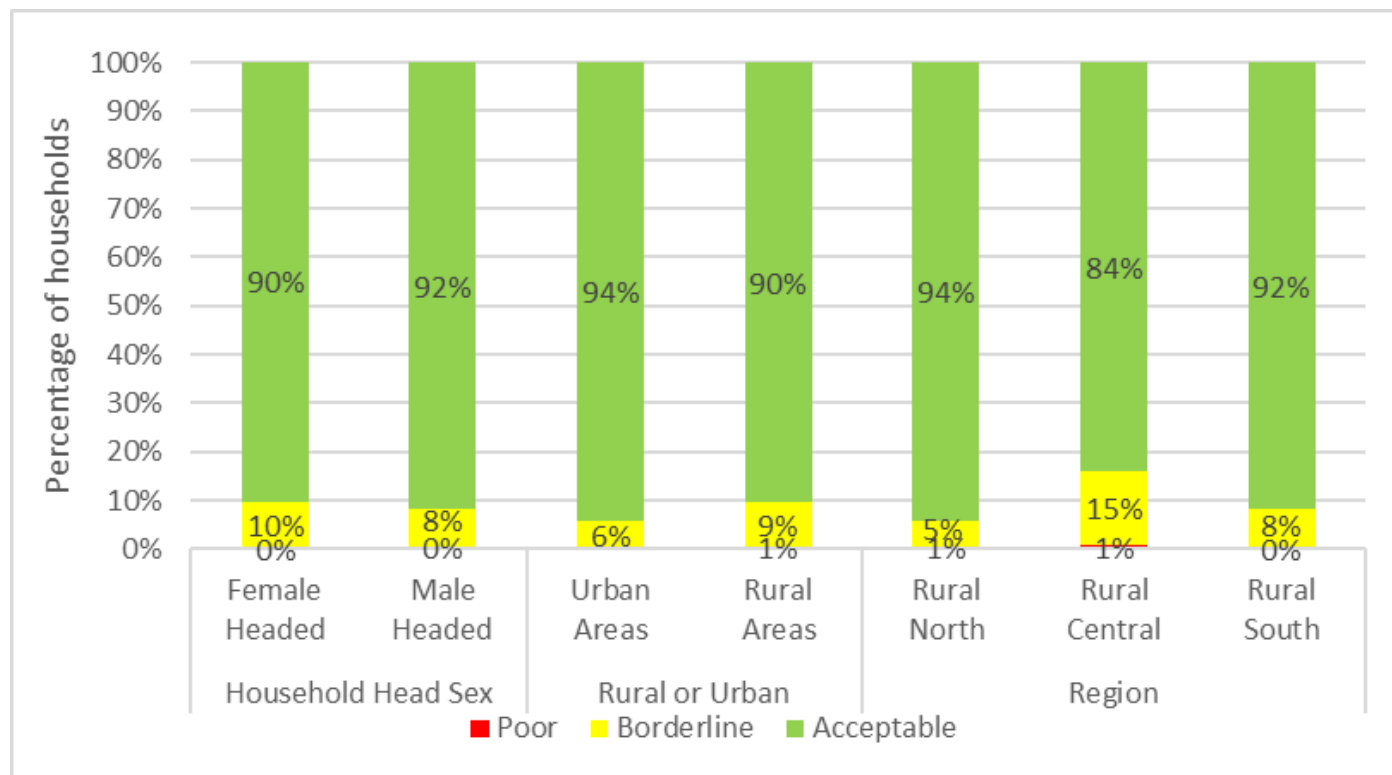
Figure 1: Trends on Households' Classification of Food Consumption Score, Round 1 (May 2020) to Round 16 (September 2021)



Further, slightly less female-headed households (90 percent) were classified as having *acceptable* food consumption compared to male-headed households (92 percent), a predictable result from the trend so far. This signifies that female-headed households often consume less diversified food compared to male-headed households. Similar to previous rounds, households residing in urban areas continued to consume more diversified food groups—with 94 percent classified as having *acceptable* food consumption—compared to 90 percent of households in rural areas. In addition, 6 percent of urban and 9 percent of rural-based households were classified as having *borderline* food consumption in this round.

At a regional level, the Rural Northern Region had the highest proportion of households classified as having *acceptable* food consumption (94 percent), followed by the Rural South (92 percent) and then the Rural Centre (84 percent). This shows that households in the Rural North consumed more diversified food groups compared to households in the other two regions (Figure 2).

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 to eleven (11) compared to ten (10) observed in Round 15 (*Figure 3*), implying that some households resorted to slightly more severe consumption-based coping strategies in order to make ends meet. Overall, however, the findings are still at low levels depicting a stable situation as expected during this post-harvest period.

Overall, no significant changes in adverse coping were observed between Round 15 and Round 16 of data collection. Twenty-one (21) percent of surveyed households reported that they had relied on the most-severe consumption-based coping strategies (rCSI >18) to survive, an increase from Round 15 (19 percent) indicating a slight downturn in the food security situation. The proportion of households who engaged in moderately severe coping strategies (rCSI 4-18) decreased to 46 percent from 47 percent in Round 15, indicating that this category has generally stabilised at high values. Moderately severe strategies include borrowing food from friends and/or relatives and/or adults skipping meals to provide for children. The proportion of households who did not employ any consumption-based coping strategies decreased to 33 percent compared to 34 percent previously, again indicating the potential slow start of a deteriorating food security situation.

At district level, analysis is done by grouping districts into strata. The mean rCSI in rural areas ranged from 7-15 indicating wide differences in the levels of consumption-based coping strategies employed by households across the districts. The groupings of Mchinji, Ntchisi, Dowa and Kasungu, and Lilongwe Rural and Dedza Districts had the highest mean rCSI (15), meaning that households in these areas are resorting to more adverse coping strategies compared to households in other areas. The lowest mean rCSI (8) in rural areas was observed in the district grouping of Mzimba, Rumphi, Likoma and Nkhata Bay. Three urban areas had the lowest mean rCSI (7), while Lilongwe city had 12 (*Figure 4*).

In this round, 22 percent of surveyed households in rural areas had an rCSI of 12 i.e. applied severe consumption-based coping strategies as compared to 18 percent of households residing in urban areas (*Table 1*).

Figure 3: Mean Reduced Coping Strategy Index (Mean rCSI) Trends, Round 1 (June 2020) to Round 16 (September 2021)

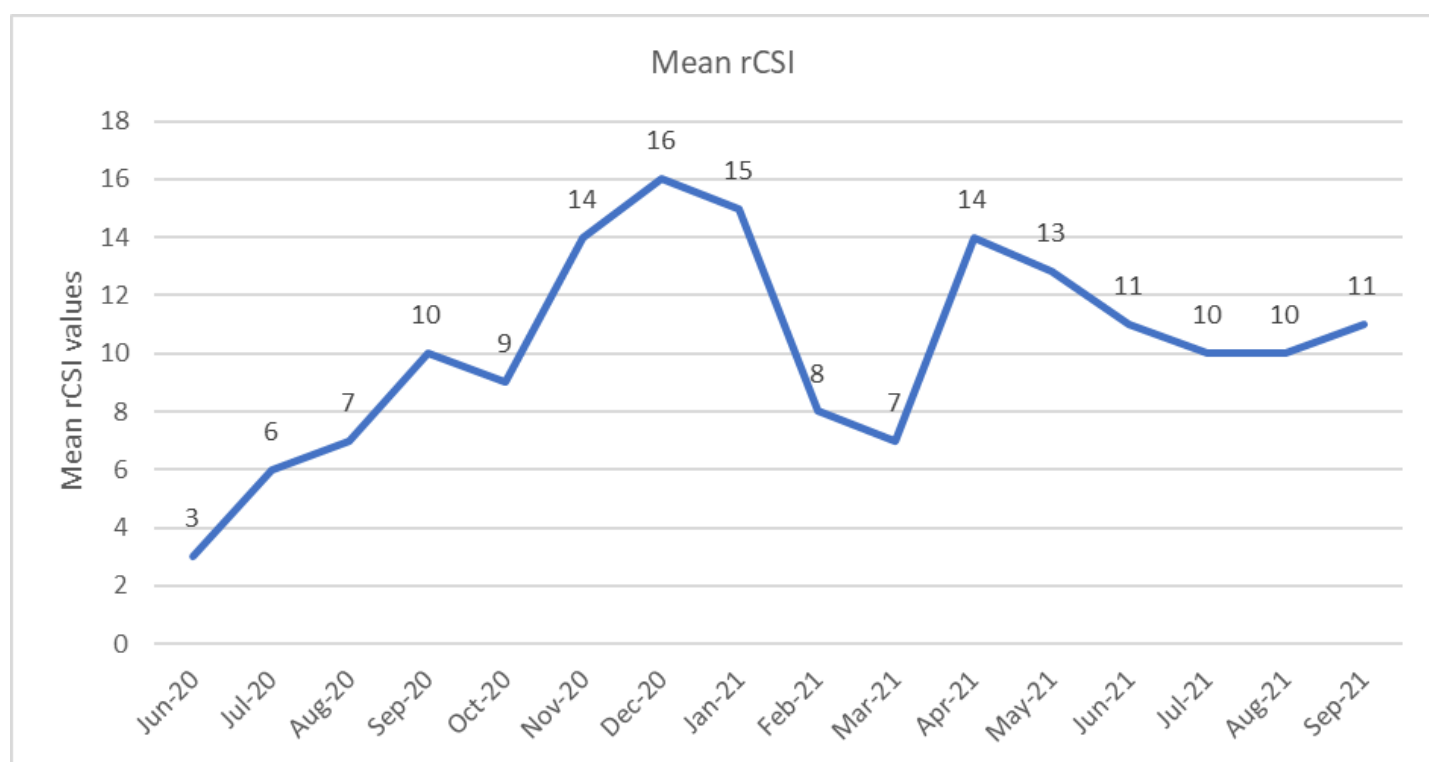
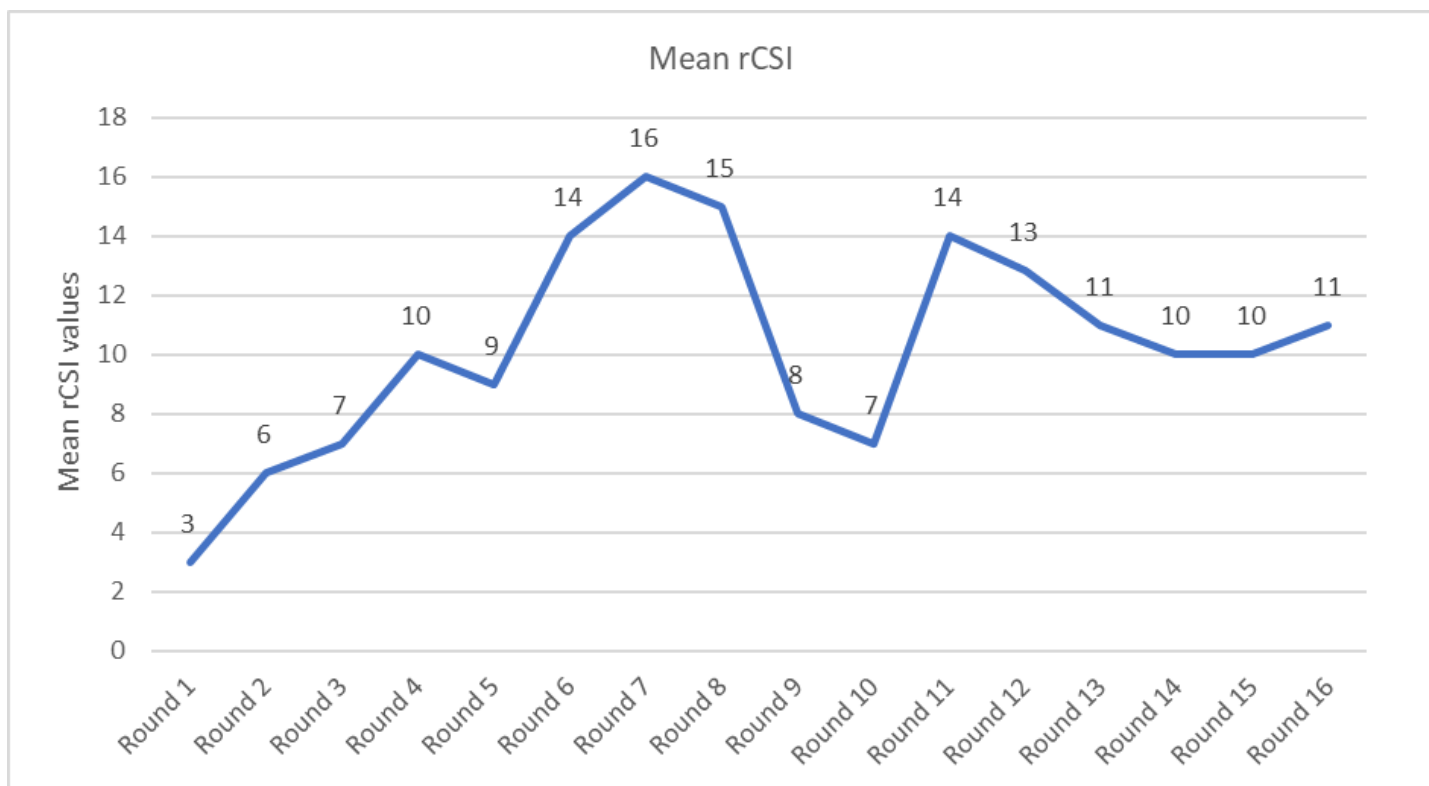


Figure 4: Map of Malawi Showing the Mean rCSI by District Grouping (Strata)

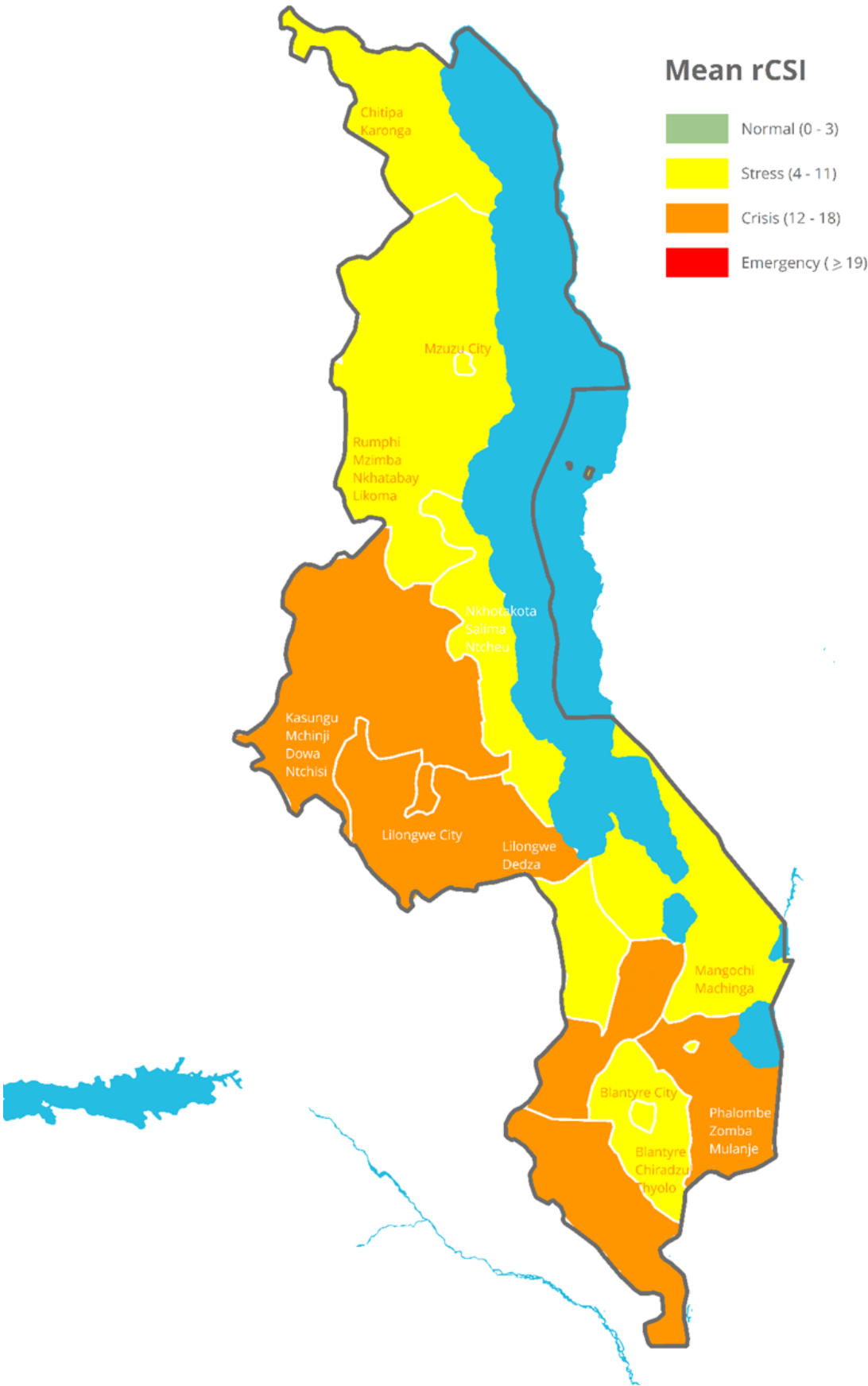
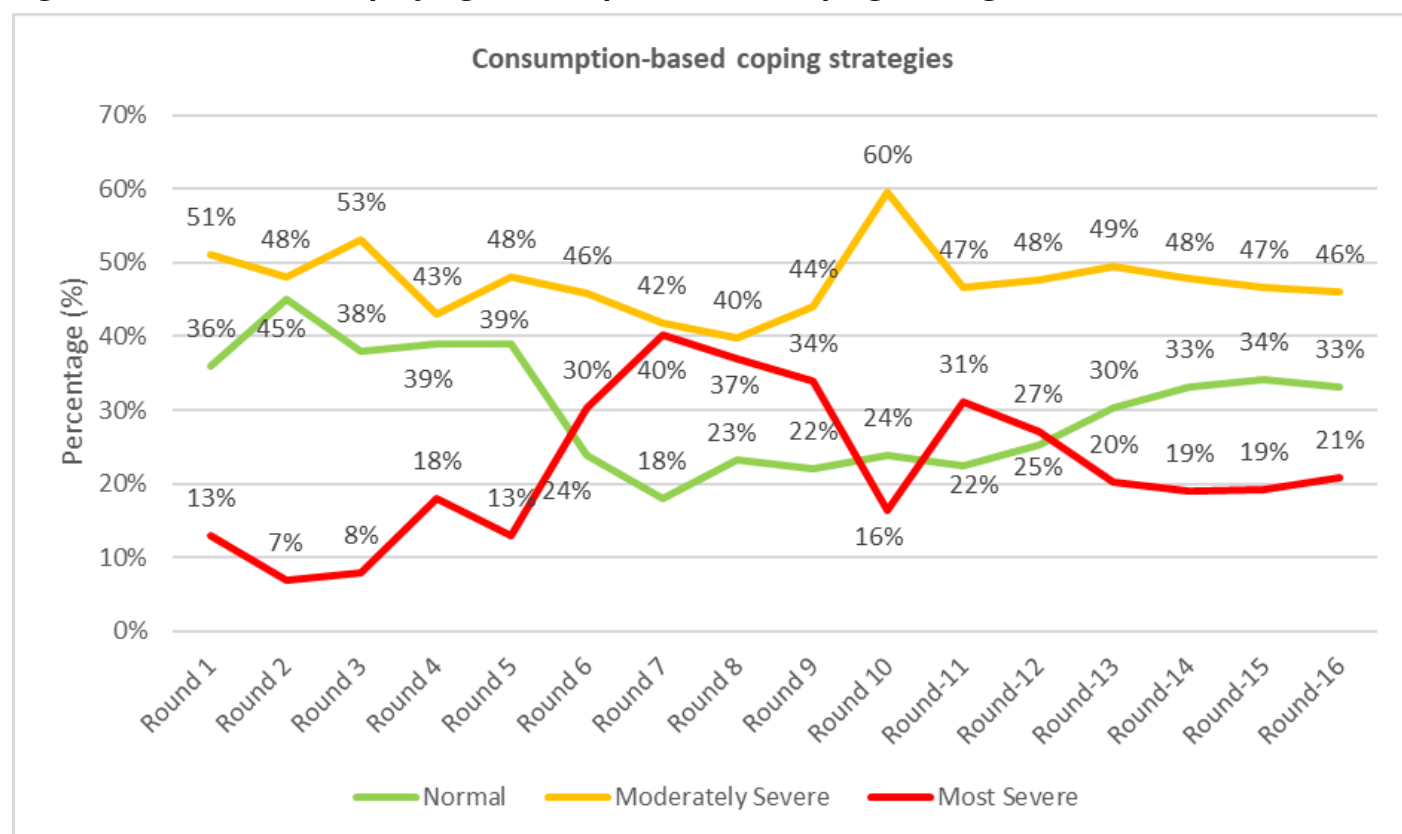


Table 1: Percentage of Households Employing Consumption-based Coping Strategies

		Normal (%)	Moderately Severe (%)	Most Severe (%)
Household Head Sex	Female-headed	27%	47%	26%
	Male-headed	34%	46%	20%
Rural or Urban	Urban Areas	44%	39%	18%
	Rural Areas	30%	48%	22%
Region	Rural North	42%	43%	15%
	Rural Central	18%	50%	32%
	Rural South	25%	53%	21%

Approximately 32 percent of households residing in the Rural Central and 21 percent in the Rural Southern Regions employed the most-severe consumption-based coping strategies, while 15 percent of households in the Rural North employed the most-severe strategies to get by. Severe consumption-based coping in the Rural South and Rural Central Regions might be in part due to pressure on arable land caused by high population densities in those areas compared to the Rural North.

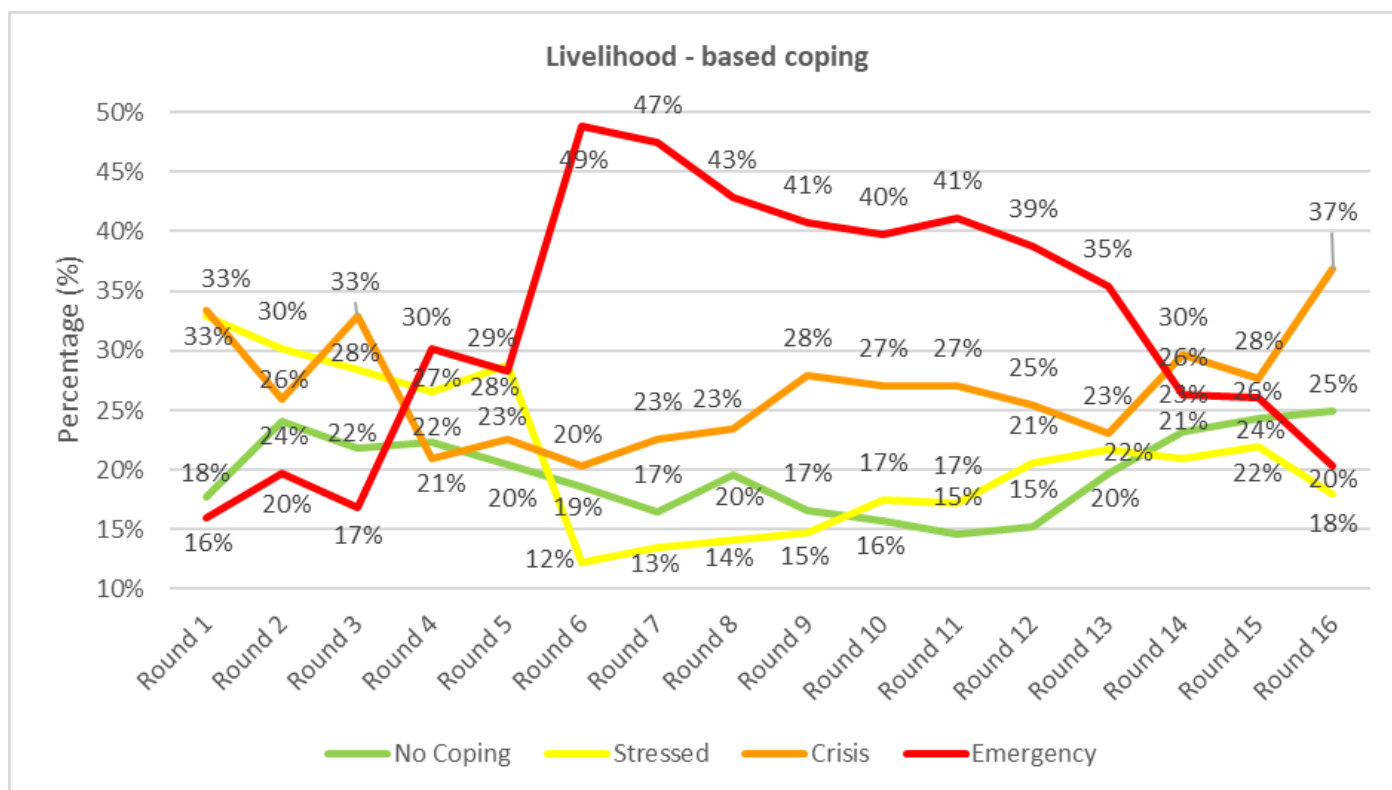
Figure 5: Households Employing Consumption-based Coping Strategies (rCSI) Trends



Livelihood Coping Strategies

Approximately 20 percent of households across the country reported having employed *emergency* livelihood-based coping strategies within the last 30 days to access food, a decrease from 26 percent in the previous round. This is a strong indication of a stabilized food security situation in the country. However, the proportion of households employing *crisis* livelihood-based coping strategies increased to 37 percent in Round 16 compared to 28 percent in the previous round, as some households moved from the emergency coping into this relatively lower category. Further, households who were employing *stress*-based coping strategies decreased to 18 percent from 22 percent. In addition, some 25 percent of households were not employing any adverse coping strategies in this period of data collection, showing an improvement in the overall food security situation. Note that this is common at this time of year and is likely to start deteriorating from October 2021 onwards as the country approaches the 2021/2022 lean season.

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



Of note, in Round 16, slightly more male-headed households (21 percent) employed *emergency* coping strategies compared to female-headed households (18 percent), indicating that male-headed households face slightly more food stress in the current round than female-headed households. (Figure 7).

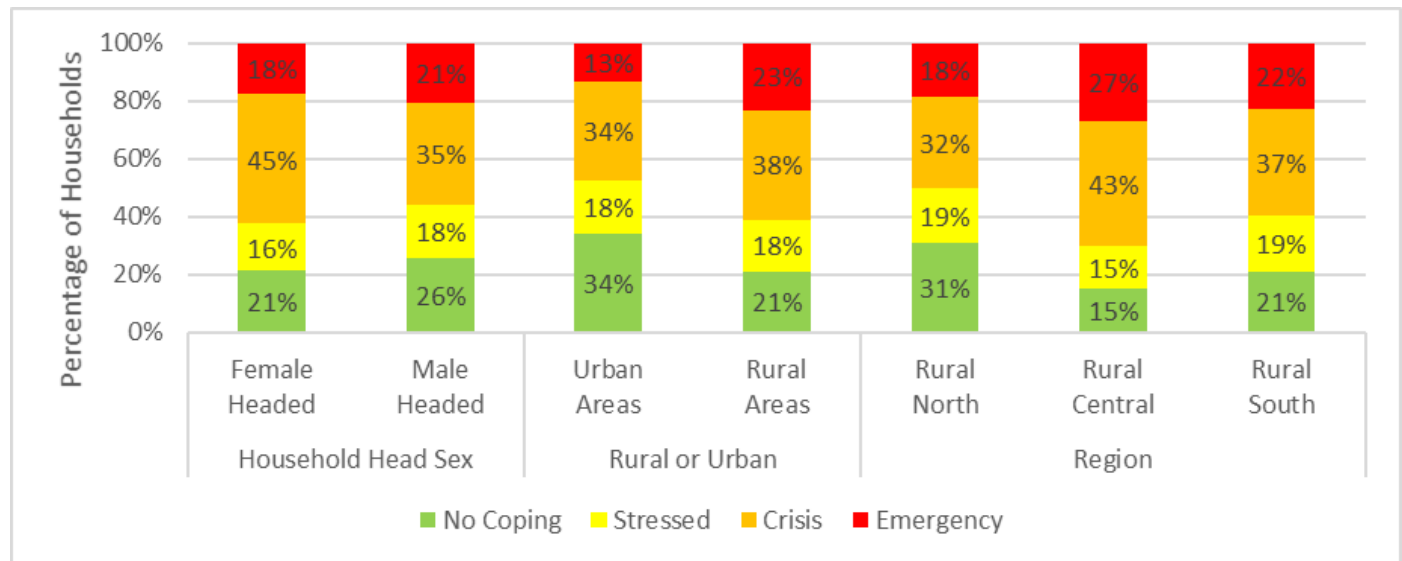
The results further showed that more rural-based households (21 percent) were employing *emergency* coping strategies compared to those in urban areas (13 percent), signifying higher food stress in rural areas where households have more limited means of coping with stress. Furthermore, Figure 7 also indicates that 34 percent of urban-based households reported that they did not employ any coping strategies compared to 21 percent of households in rural areas.

The Rural Central Region had the highest proportion of households employing *emergency* coping strategies (27 percent) compared to the Rural South (22 percent) and Rural North (18 percent). This, in part, could be due to the tendency of renting out or selling part of the land that is very common among households in the Central Region as compared to the Southern and Northern Regions.

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 7: Percentage of Households Employing Livelihood Coping Strategies

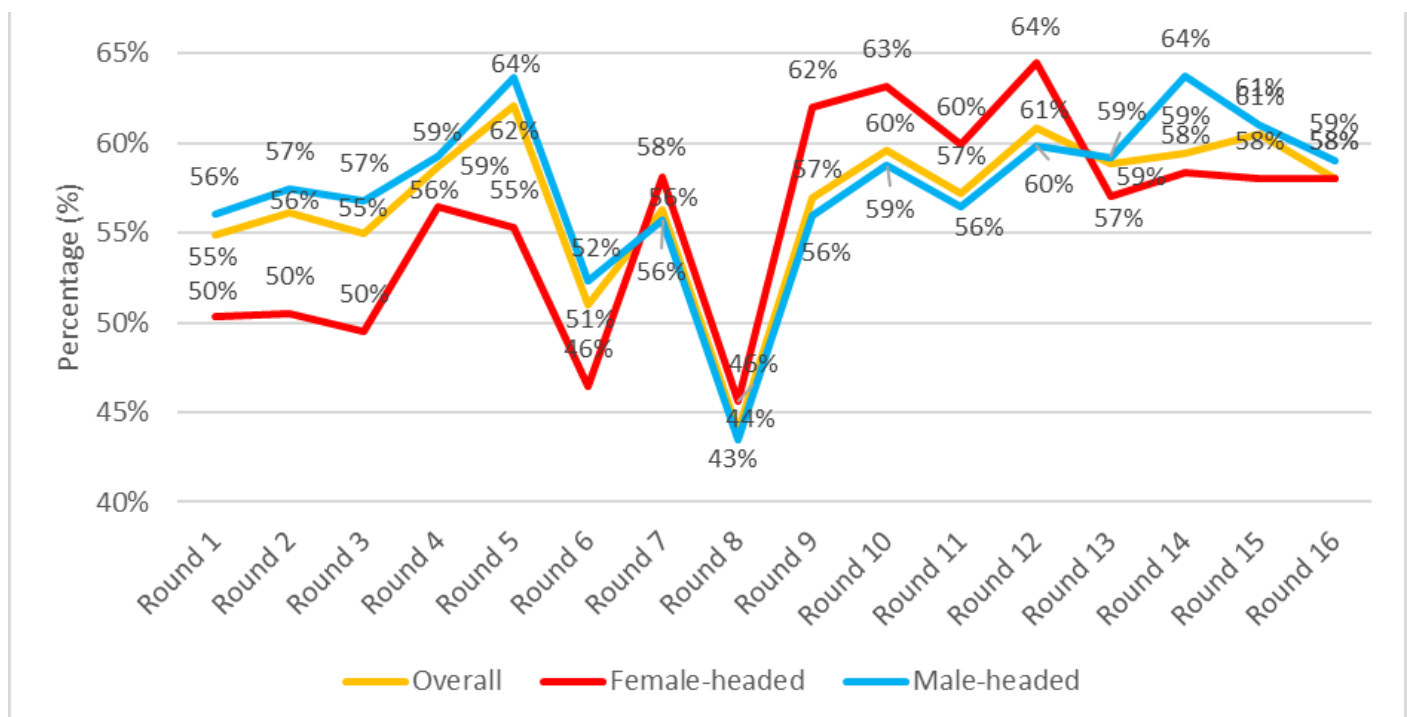


Market Access

Access to markets in Round 16 weakened even though there has been a decline in the number of COVID-19 positive cases in this reporting period. Sampled households were asked if at any point in the 14 days prior to the survey they were unable to access markets or grocery stores and the reasons why. Access to markets was at 58 percent from 61 percent in Round 15. Male-headed households accessed markets more than their female counterparts (58 percent versus 59 percent).

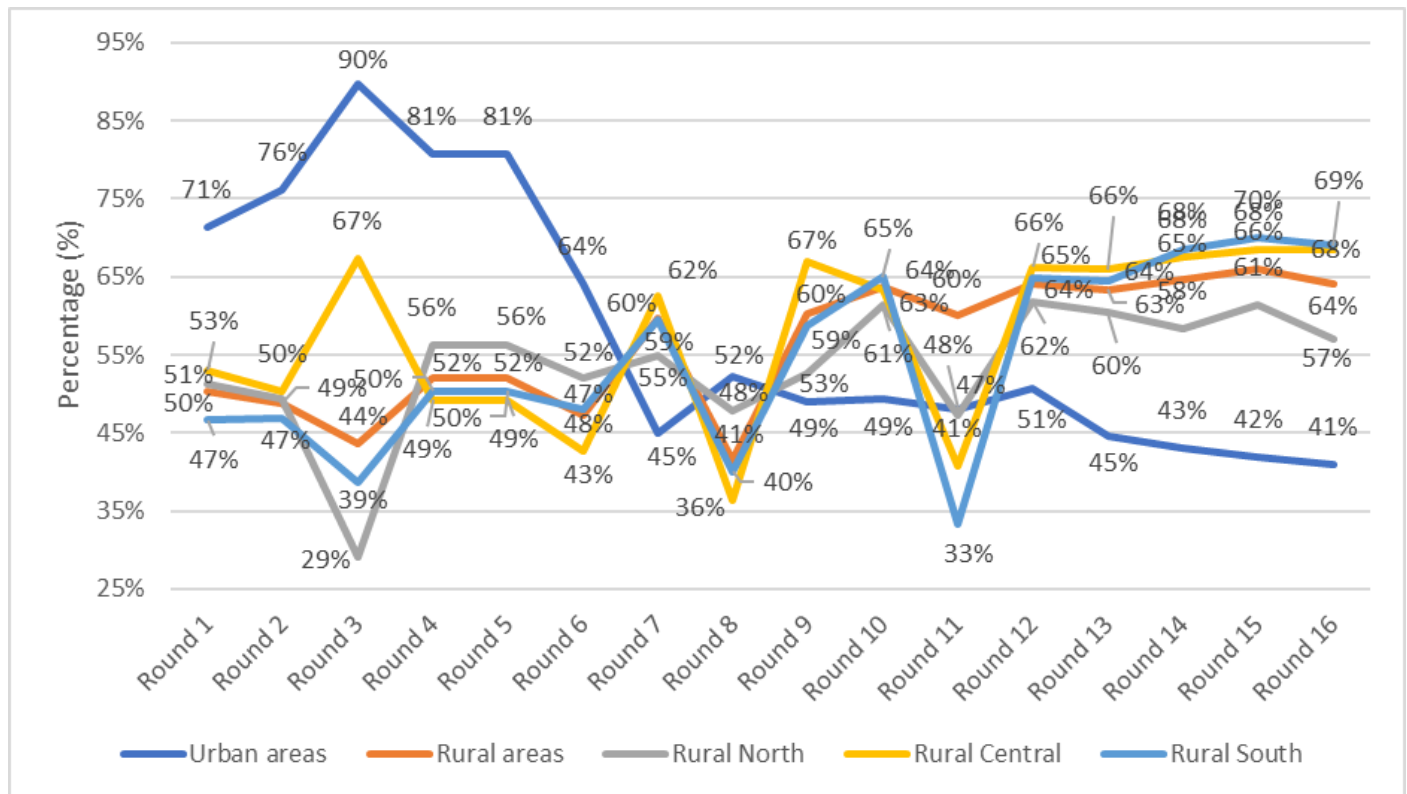
Of the 58 percent of households who had limited access to markets, a lack of money was the cited as the major reason (96 percent) why households had not accessed markets and not Covid restrictions. During this period there has been significant inflation that may account for some of the market hesitancy.

Figure 8: Trends on Households Accessing Markets



Regarding the spatial distribution of market access across the country (*Figure 8*), urban areas had a lower proportions of households with unlimited access to markets (64 percent) compared to rural areas (41 percent). In rural areas, the Rural North had the lowest proportion of the population (57 percent) who reported having access to markets, followed by the Rural Centre (68 percent) and then the Rural South (69 percent). This could be attributed to the late harvesting of crops by households in the Northern Region, with a large proportion selling their produce at markets compared to households in the Southern and Central Regions who harvested early and sold most of their produce over the past few months.

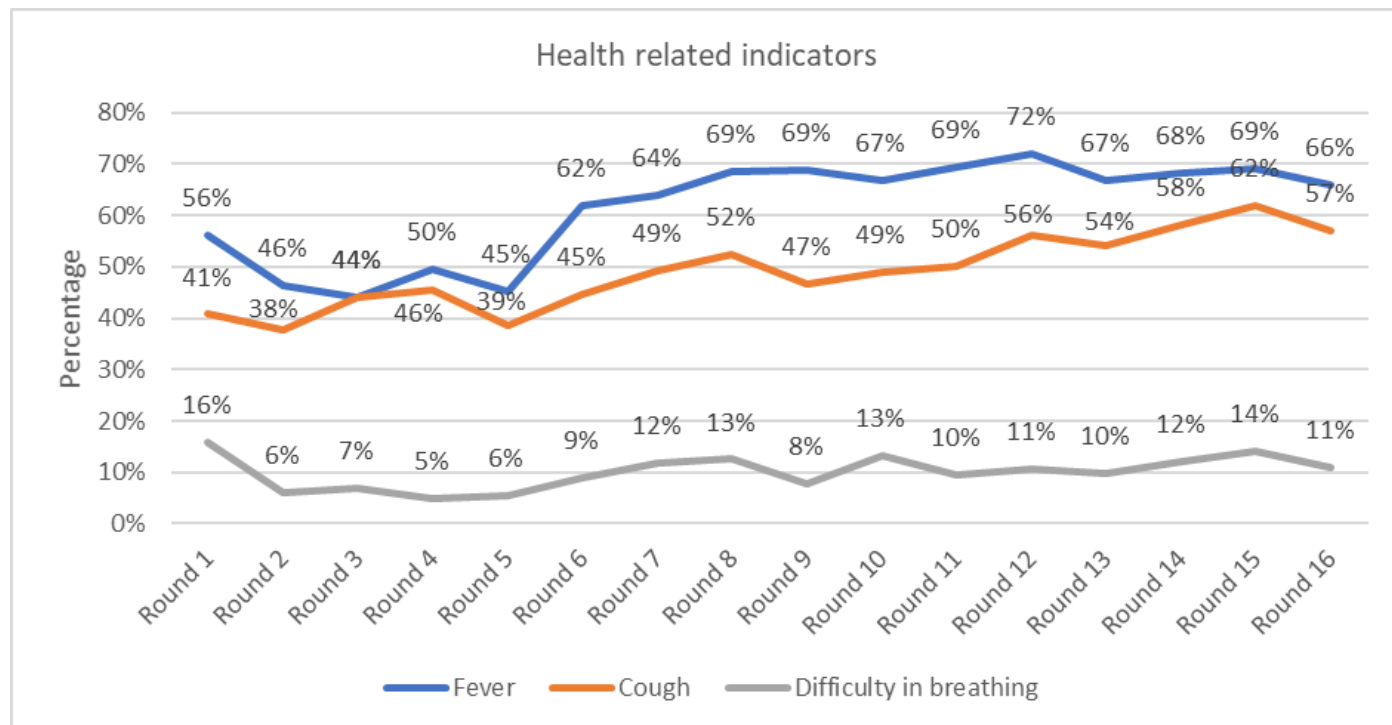
Figure 9: Percentage of Households Reporting Unlimited Access to Markets/Shops



Health Indicators Related to COVID-19

Households were asked whether one or more members of their immediate family had suffered from a fever, cough, and/or had difficulty breathing in the 14 days prior to the survey. The proportion of households reporting that one or more family members had experienced a fever in the current round was 66 percent, a decrease from 69 percent in the previous round. Further, the proportion of households who reported that at least one member of their family had a cough decreased to 57 percent from 62 percent. Similarly, the proportion of households who reported that at least one member had difficulty breathing slightly decreased to 11 percent in Round 16 from 14 percent in the previous round (*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

Overall, similar to the previous three rounds, food security in the country continued to improve between mid-September and mid-October and is stable in the current round as shown by the high proportion of households classified as having *acceptable* food consumption and the low proportion of households classified as having *poor* food consumption. Additionally, the proportion of households who are engaging in *emergency* livelihood-based coping decreased and those not employing any coping increased in the current round, further indicating an improvement and stable food security situation (which is common at this time of year). Access to markets in Round 16 slightly decreased from the previous round but still remains at high levels.

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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