



Malawi Household Food Security Bulletin

Mobile Vulnerability Analysis and Mapping (mVAM) on the Effects of COVID-19 in Malawi – Round 6 (13th Oct – 11th Nov 2020)

SUMMARY OF KEY FINDINGS

- ⇒ Food insecurity at household level is starting to increase, as observed by a decrease in the proportion of households having acceptable food consumption in Round 6 compared to the previous five rounds.
- ⇒ The proportion of households who are employing the most severe consumption-based coping strategies and emergency livelihood coping strategies is higher in the current round of data collection as compared to previous data (Rounds 1-5), indicating that households are applying adverse coping strategies in order to maintain good food consumption and thus implying the start of the lean season.
- ⇒ Physical access to markets has decreased in the current Round 6 compared to the previous rounds (Rounds 1-5), owing to economic problems faced by households to access money to procure items from the markets. Urban-based households reported having greater physical access to markets as compared to rural-based households, likely due to their high market dependency and better income opportunities.
- ⇒ The reported cases of fever and cough have increased in the current round compared to the number of cases reported in Rounds 1-5.

BACKGROUND

The favourable rainfall during the 2019/2020 growing season has enabled the country to enjoy above-average crop production this

year, realizing an 11.5% increase in maize compared to the last season.[1] Despite the good harvest, some areas were affected by prolonged dry spells, floods, and erratic rainfall resulting in poor crop production. These areas are more likely to have households classified as vulnerable with the onset of the 2020/2021 Lean Season.

METHODOLOGY

The Sixth Round of remote household-level survey data collection in response to COVID-19 monitoring and seasonal trends in food security took place in October-November 2020. The survey for this report was conducted using live telephone calls from the 13th of October to the 11th of November 2020, collecting information from some 1,413 households in all districts and major cities.

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 Economic Planning, Development and Sector Reforms, September 2020. Press Release on results of the 2020 Vulnerability Assessment and Analysis. Lilongwe, Malawi.

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 categories: Poor, Borderline, and Acceptable.

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.

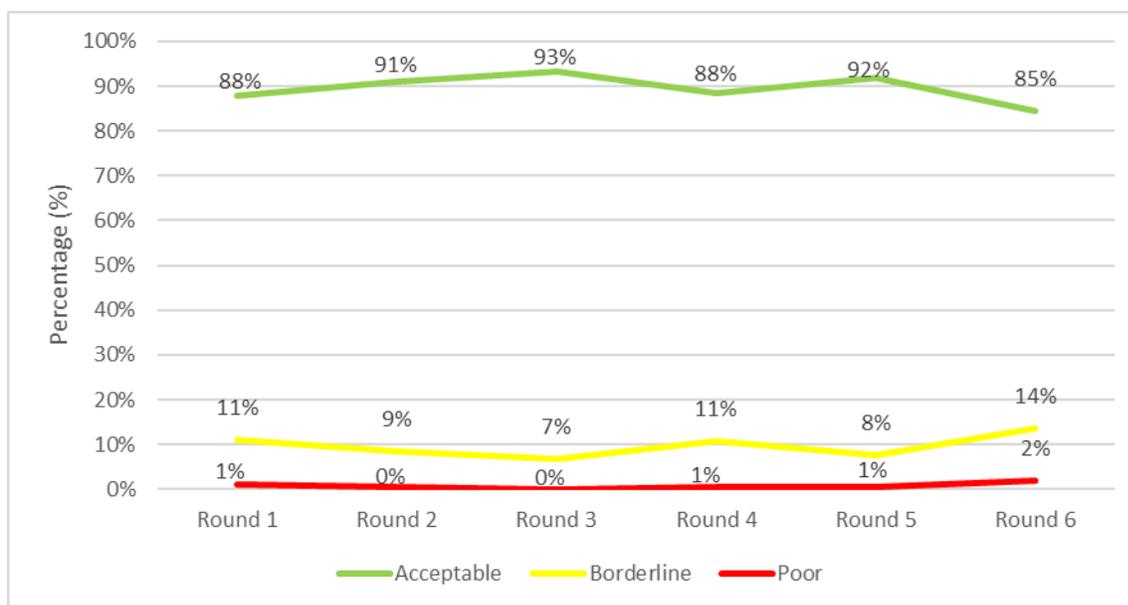
KEY FINDINGS

Food Consumption Score (FCS)

Findings from Round 6 of data collection showed a decrease in the proportion of households who were classified as having acceptable food consumption (85%), compared to 92% in Round 5. This suggests that the food security situation in the country is starting to deteriorate marking the onset of the 2020/2021 lean season. Continuous monitoring is essential to track trends and determine the effects of the emergency COVID-19 Urban Cash Intervention (CUCI), and the Lean Season Response programmes, which are slated to begin in mid-December in both urban and rural areas. Roughly 14% of surveyed households were classified as having borderline food consumption, which is higher than all previous rounds and indicates that some households who had acceptable consumption levels have now transitioned to having borderline consumption as they deplete their stocks and start relying on markets. Only 2% of surveyed households were classified as having poor food consumption, a slight increase from previous rounds but still quite low overall (*Figure 1*).

While the findings detailed below were derived based on district-wide samples, key findings can be extrapolated to boma areas in which food insecurity effects are likely to be similar (or slightly worse than) rural areas depending on the location and its reliance on both cross-border trade and tourism.

Figure 1: Food Consumption Score Trends

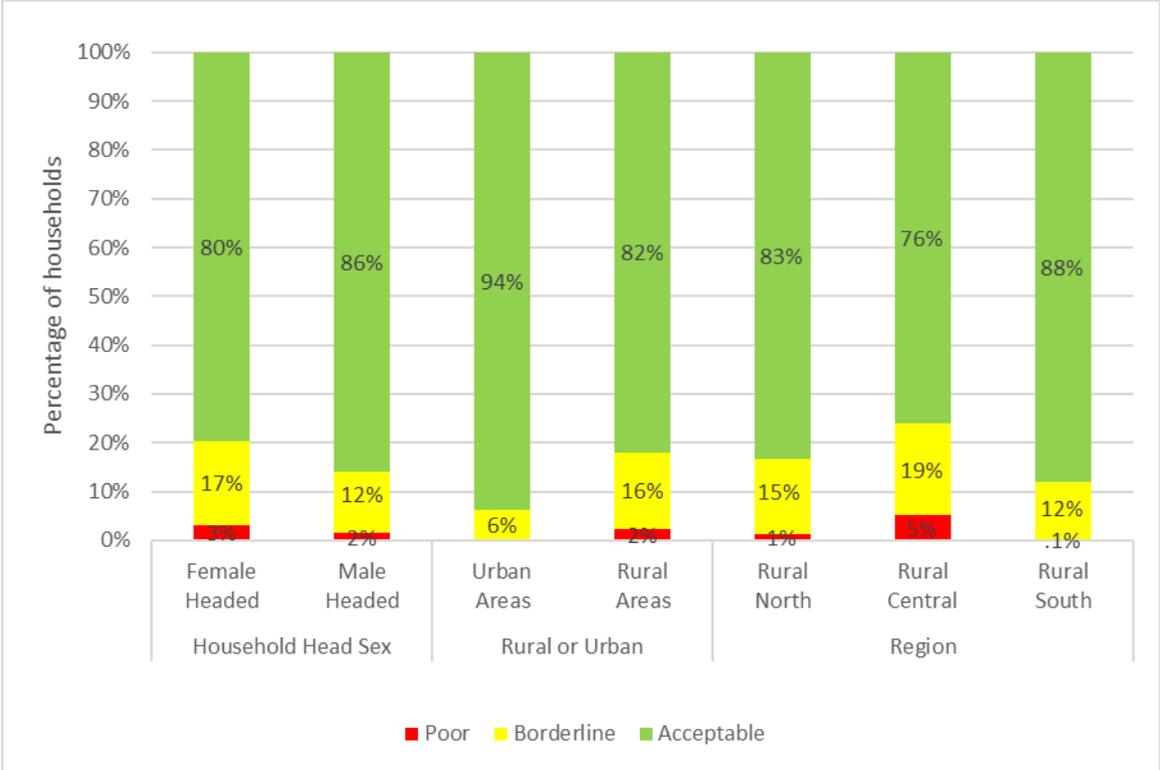


Similar to Round 5, in Round 6 fewer female-headed households (80%) were classified as having acceptable food consumption compared to male-headed households (86%). This trend has been observed across all previous rounds, indicating that female-headed households are generally consuming less diversified food groups as compared to male-headed households.

Continually, households residing in urban areas are consuming more diversified food groups with (94%) classified as having acceptable food consumption compared to households in rural areas (82%). Only, 6% of the urban-based and 16% of the rural-based households were classified as having borderline food consumption.

At a regional level, the Rural South has the highest proportion of households classified as having acceptable food consumption (88%), an indication that they consumed more diversified food groups compared to households residing in the Rural North (83%) and Rural Central Regions (76%) (*Figure 2*). Despite realizing relatively low crop production, the Rural South had the highest acceptable food consumption in Round 6. This implies that these households consumed diversified types of food to fulfil their needs.

Figure 2: Percentage of Households by Food Consumption Score Classifications



Reduced Coping Strategies Index (rCSI)

In Round 6, the mean Reduced Coping Strategy Index (rCSI) has increased to fourteen (14) compared to nine (9) observed in Round 5. This means that households in the current round were, generally, employing many severe consumption-based coping strategies to access food. Following the onset of the lean season, households are beginning to deplete their stocks and are forced to employ more food consumption reduction strategies to make ends meet and sustain adequate consumption levels. The rCSI is expected to increase in the coming months, peaking in January-February when household stocks are at a yearly low and market prices are high.

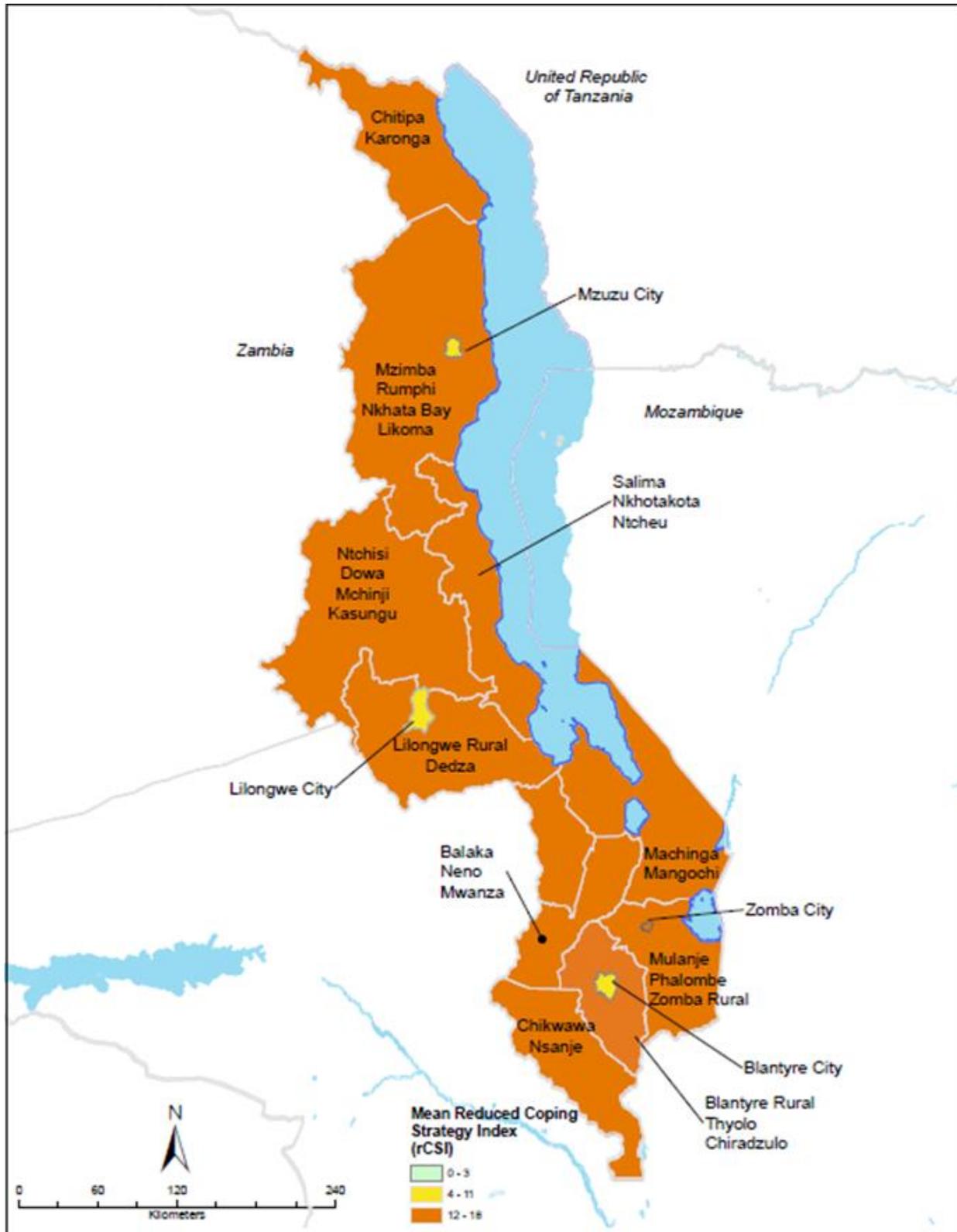
Overall, nearly 30% of surveyed households reported having relied on the most severe consumption-based coping strategies (rCSI ≥19) to make ends meet, a significant increase from the previous round (13%). The high rCSI is attributed to the start of the lean season, as many households are depleting their stocks and are forced to adjust their consumption patterns to survive. Commonly employed strategies include reducing adult family members’ food portions to enable children to have food to eat in a day and/or going a full day without food, indicating a prevalence of food stress amongst surveyed households.

Approximately 46% of surveyed households reported having used moderately severe reduced coping 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 48% (Round 5); 43% (Round 4), 53% (Round 3), 48% (Round 2) and 51% (Round 1). An additional 24% of households reported that they had employed at least one of the least severe behaviours of eating less preferred foods and/or reducing the number of meals (rCSI 0-3) (Figure 4).

At a district-level, analysis is done by grouping districts into strata. The groupings of Mangochi and Machinga and Ntchisi, Dowa, Mchinji and Kasungu had the highest mean rCSI (17), meaning that households in these areas reported resorting to more adverse coping strategies as compared to households in other areas. This was followed by Nsanje and Chikwawa Districts, where the mean rCSI was sixteen (16).

It is not surprising that Nsanje and Chikwawa Districts have the highest mean rCSI, as they receive little rainfall coupled with intense heat, which leads to poor crop production and the early onset of the lean season. This forces households in these areas to employ food consumption reduction strategies to cope with the situation earlier than people within other areas.

Figure 3: Map of Malawi Showing the Mean rCSI by District Grouping (Strata)

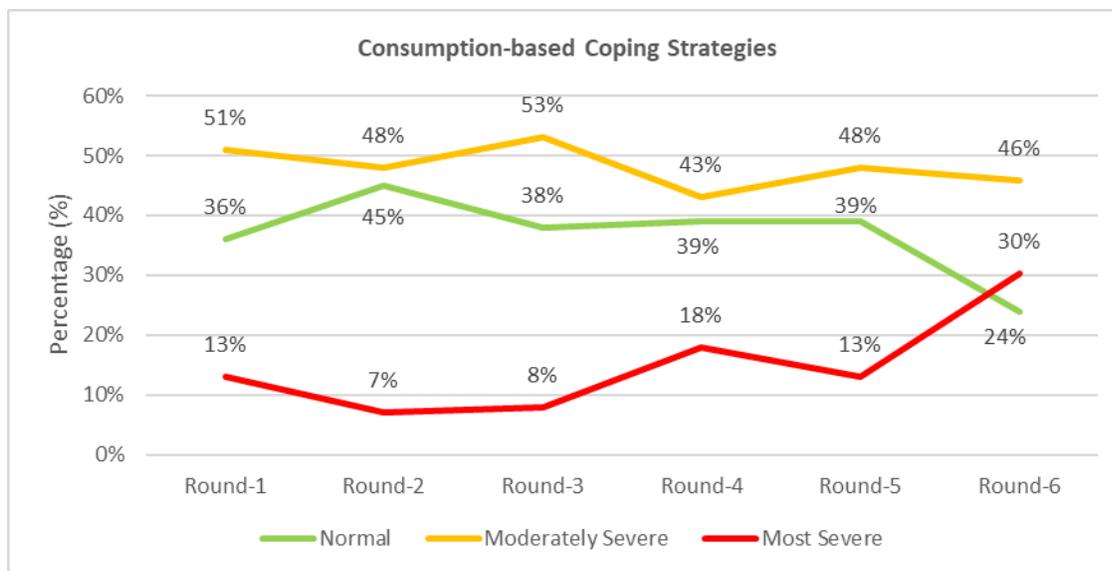


The **Livelihood Coping Strategies Indicator (LCSI)** is derived from a series of questions regarding a household's experience with livelihood stress and asset depletion during the 30 days prior to the survey.

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

It is, however, a bit of an anomaly to see that the rCSI is high in Ntchisi, Dowa, Mchinji, and Kasungu Districts, as these are high crop production areas that serve as the primary food basket for the country. This is likely attributed to poor dietary practices, as households are often not consuming diversified food groups. Further, in this round, Zomba City had a slightly higher mean rCSI (12) compared to Blantyre (rCSI of 9), Lilongwe (rCSI of 10), and Mzuzu Cities (rCSI of 10) (Figure 3).

Figure 4: Trends on Households Employing Consumption-based Coping Strategies



In Round 6, households in rural areas (34%) applied more severe consumption-based coping strategies or a combination of several strategies as compared to households residing in urban areas (19%). This could be attributed to the fact that most households in cities have greater income-generating opportunities including petty businesses to supplement income sources than those in rural areas. As a result, they tend to employ less severe consumption-based strategies as compared to households in rural areas whose main income source is derived from the sale of agricultural produce (Table 1). These findings are almost double the previous round for both rural and urban areas at 15% and 8% respectively, indicating the start of a worsening food security situation.

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

	Round	Normal	Moderately Severe	Most Severe
Household Head Sex	Female Headed	32%	50%	18%
	Male Headed	32%	50%	18%
Rural or Urban	Cities	59%	33%	8%
	Rural Areas	31%	54%	15%
Region	Rural North	41%	52%	7%
	Rural Central	24%	54%	22%
	Rural South	31%	55%	14%

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.

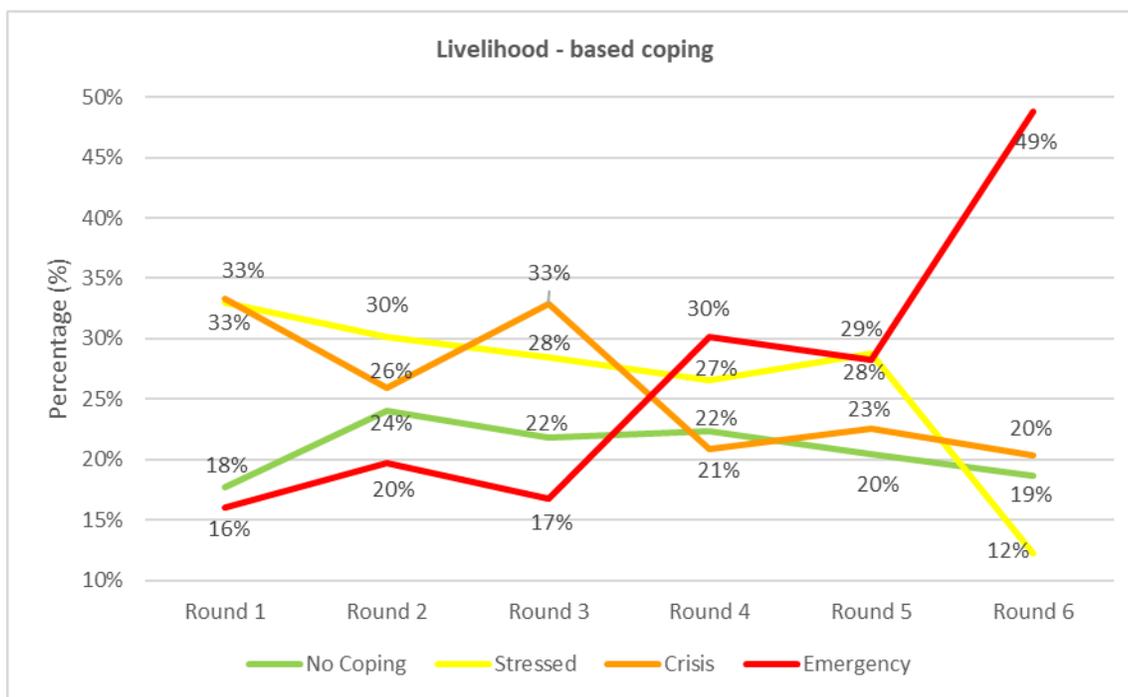
Coping is classified into broad categories: **Stress Strategies, Crisis Strategies, Emergency Strategies and Not coping/Food Secure.**

Roughly 37% of households residing in the Rural Southern and Rural Central areas employed the more severe consumption-based coping strategies, while only 25% of households in the Rural North resorted to the most-severe strategies to make ends meet. This could be because some pockets in the Southern and Central Regions experienced poor harvests due to localized dry spells and/or a lack of farm inputs such as fertilizer during the last growing season (Table 1).

Livelihood Coping Strategies

Nearly, half of the surveyed households (49%) in the country reported having employed emergency livelihood-based coping strategies within the last 30 days to access food. The findings are significantly higher than Round 5 (29%), Round 4 (30%) and Round 2 (20%). An increase in the use of emergency livelihood coping strategies is typical during the lean season, as households tend to sell or lend out some of their land to cope up with the situation. Further increase is expected with the progression of the lean season. A further 20% of surveyed households reported having employed crisis coping strategies, while 12% resorted to stressed coping strategies to make ends meet. (Figure 5).

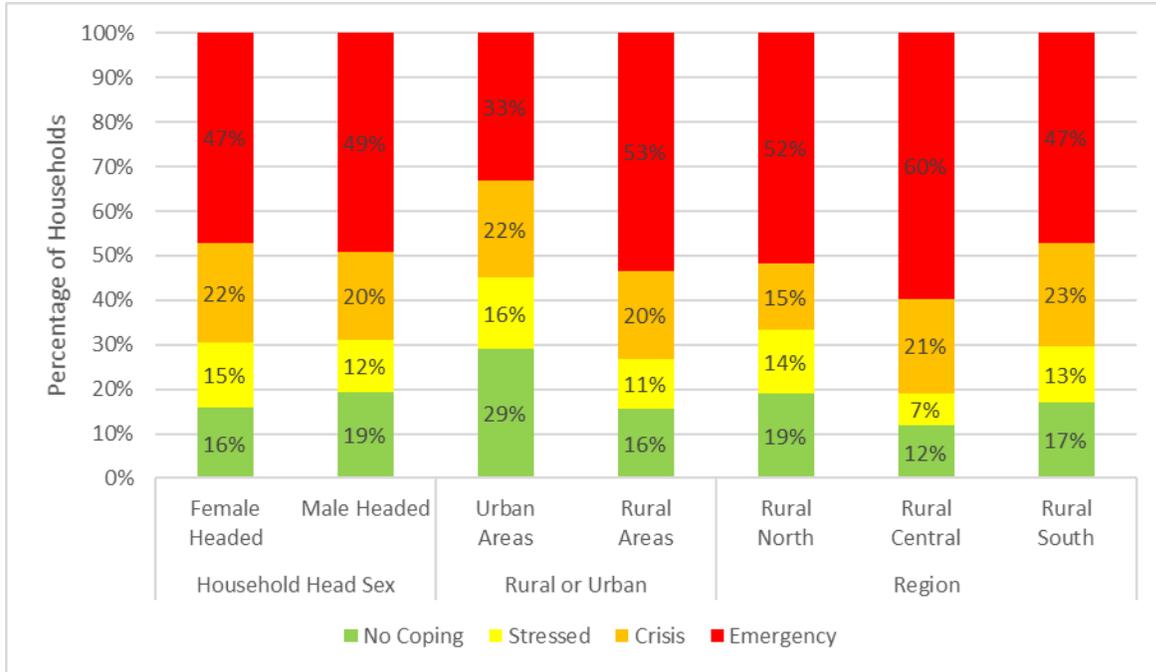
Figure 5: Trends on Households Employing Livelihood-based Coping Strategies



In the current round, a slight difference was observed between female- and male-headed households (47% and 49% respectively) who are employing emergency coping strategies. Similarly, 22% of female-headed and 20% male-headed households reported that they are employing crisis coping strategies this round.

The findings further show that more rural-based households (53%) were employing emergency coping strategies compared to those in urban areas (33%), signifying higher food stress in rural areas where households have more limited means of coping with stress. On the other hand, the Rural Central area had the highest proportion of households employing emergency coping strategies (60%) compared to the Rural North (52%) and Rural South (47%) (Figure 5). This is attributed, at least in part, to the practice of selling or lending out a piece of land for farming, a practice that is more prevalent in the Central Region as compared to the North and South. Finally, 29% of urban-based households did not employ any coping strategies compared to 16% of households based in rural areas (Figure 6).

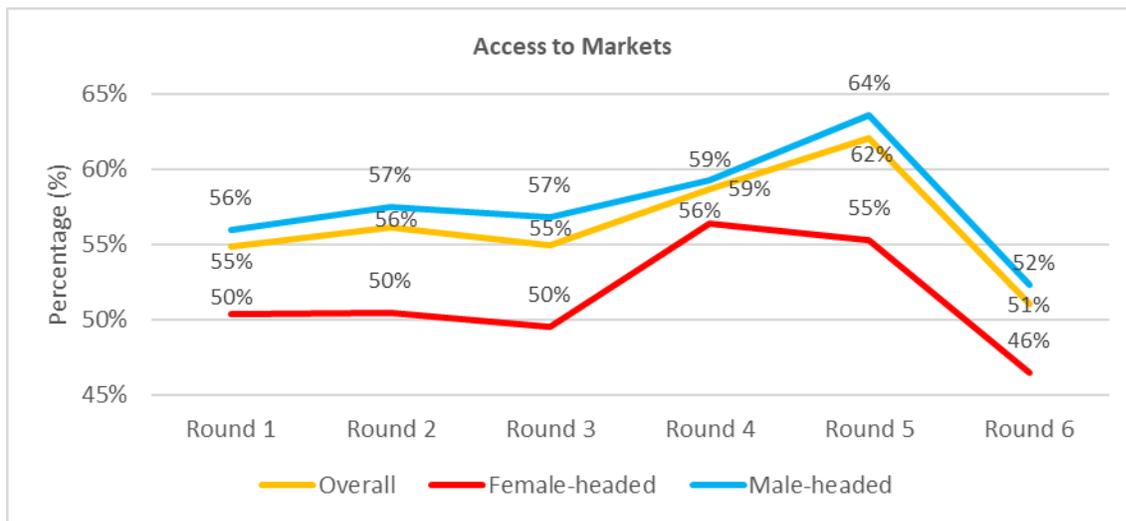
Figure 6: Percentage of Households Employing Livelihood Coping Strategies



Market Access

During this survey, households were also asked if, at any point 14 days prior to the survey, they were unable to access markets or grocery stores as well as the reasons why. Overall, 51% of surveyed households reported that they had unrestricted access to markets and shops, a decrease from previous rounds (*Figure 7*). This observation was not expected, considering that COVID-19 pandemic restrictions have been easing up with markets, grocery shops, and other areas opening more to the public than in the past 5-6 months. It is, however, likely linked to households’ understanding of the question, meaning that even though markets are functioning, many households are not accessing them due to a lack of money to purchase food. For those who did not physically access local markets, the majority mentioned that they did not do so due to a lack of money (98%), followed by concerns that the markets are far away (2%).

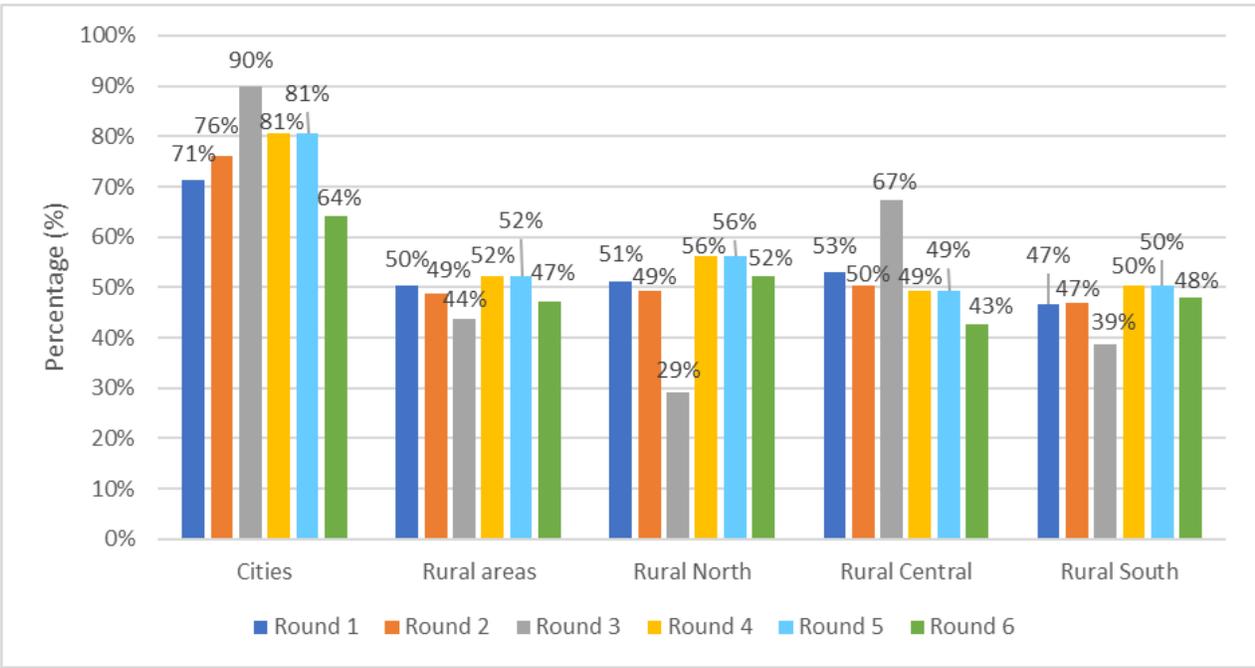
Figure 7: Trends on Households Accessing Markets



Comparatively, a lower proportion of female-headed households (46%) had access to markets in this round compared to male-headed households (52%) (Figure 8). This indicates that female-headed households are slightly more financially stressed to access markets than male-headed households with the start of the lean season. This situation is likely to worsen as the season progresses.

Households in urban areas had more access to markets than those in rural areas (64% versus 47%, respectively). This could be attributed to the short distances to markets that are operating on a daily basis in urban areas as compared to those in rural areas where markets may only operate a few days (1-2 days) per week or be located further away from the areas in which households reside. Households based in the Rural North (52%) had the highest access to markets, followed by those in the Rural South (48%) and the Rural Central (43%) (Figure 8).

Figure 8: Percentage of Households Reporting Unlimited Access to Markets/Shops



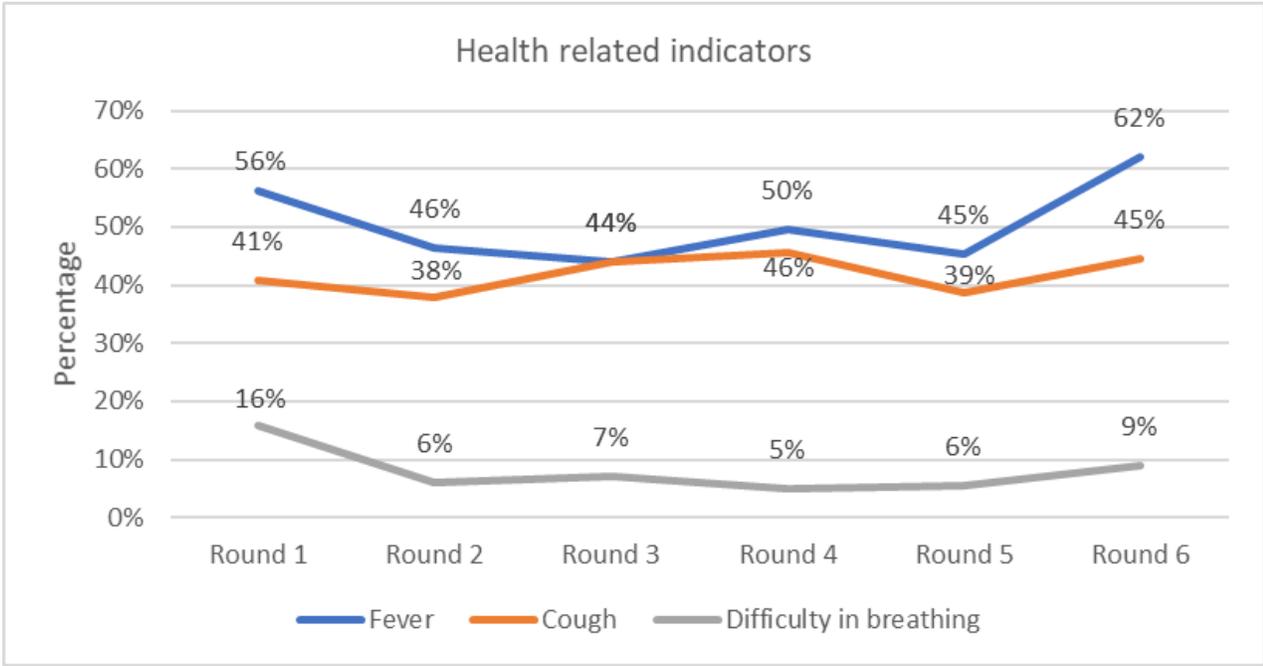
Health Indicators Related to COVID-19

In this round, 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 reporting that one or more family members had experienced a fever increased to 62% in Round 6 from 45% in Round 5. This is the highest observation since Round 1 when 56% of households reported having these symptoms. Similarly, the proportion of households reporting that at least one member was experiencing a cough also increased in Round 6 to 45% (from 39% in Round 5). That said, the prevalence rates for both fever and cough are oscillating following seasonal trends and are likely not linked to the COVID-19 pandemic for which very low transmission rates have been formally recorded in recent weeks. However, continued monitoring is required to detect any unusual trends in the coming months.

Further, approximately 9% of surveyed households reported that someone in their family had experienced difficulty in breathing. On average, the trend regarding the proportion of households with at least one family member suffering from a fever, cough, or difficulty breathing has been fluctuating from Round 1 to the current Round 6 (Figure 9). The prevalence rates are expected to increase during the rainy season due to the effects of other infections including malaria, diarrhoea, and acute respiratory infections which are more prevalent during this time.

It is important to note that these questions are asked as primary symptoms of COVID-19 cognizant of the fact that there are numerous reasons why a household member may have one or more of these symptoms and that a household’s response may not be directly associated with the coronavirus disease.

Figure 9: Percentage of Households with at least One Member Suffering from a Fever, Cough, or Difficulty Breathing the Past 14 Days



CONCLUSIONS

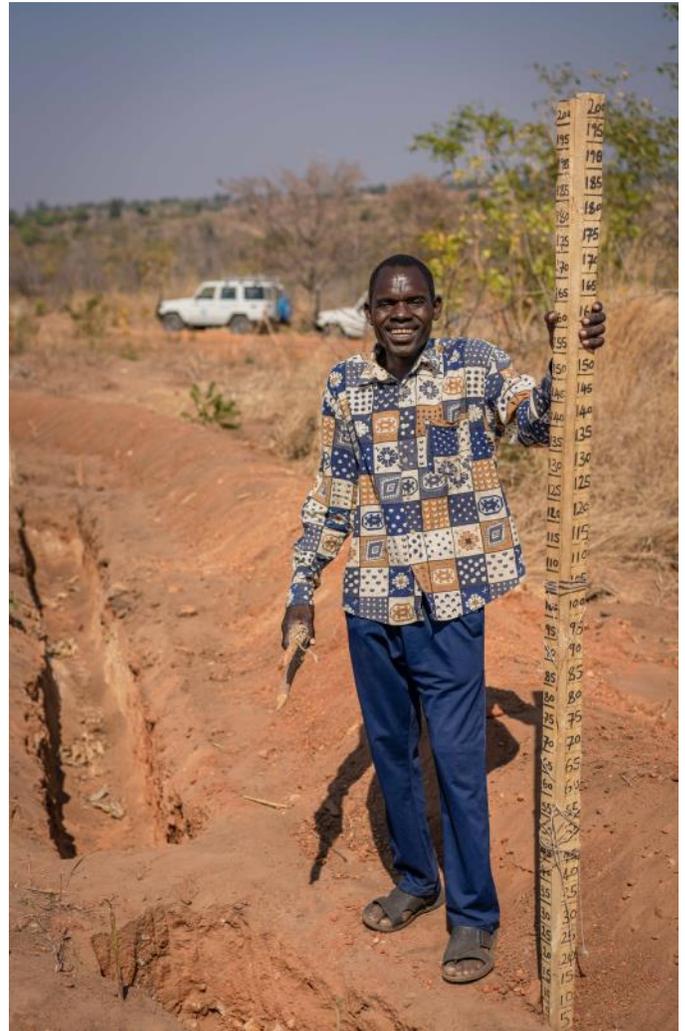
The food insecurity situation across Malawi is beginning to increase as observed by the decrease in the proportion of households who were classified as having acceptable food consumption as well as the increase in the number of households who reported that they are employing the most severe food consumption-based strategies and emergency livelihood-based strategies to cope up with the situation. The increased use of severe consumption-based and emergency livelihood-based coping strategies to attain acceptable food consumption is an indication of the commencement of food insecurity, which visibly emerges when households’ coping strategies are beginning to be exhausted.

The food security situation continues to be stable with the recent harvest but requires continuous monitoring as the lean season approaches.

The Integrated Food Security Phase Classification (IPC) analysis by the MVAC has projected **over 2 million people to be food insecure during the lean season** with the depletion of food stocks from **November 2020 to March 2021 requiring assistance.**

Annex: Sampling Methodology

- ⇒ 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 center could not achieve the full sample in 30 days. Please find the IPC manual [here](#) and please 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 we use Probability Proportional to Size (PPS) to make sure 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.
- ⇒ In the subsequent rounds, WFP will switch to a panel approach after certain days of data collection, and these quotas will be updated to include the quotas for old/new respondents based on the methodology outlined.



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