

Food security remains fragile as purchasing power deteriorates in the central and northern regions

Key points:



Negative coping levels slightly increased across the country



Maize prices remain stable amid good supply of the grain in ADMARC markets



New admissions into moderate acute malnutrition treatment programmes affected by referral challenges and lack of food stocks



Situation Update

The Food Security Cluster has planned to start supporting the additional 200,267 vulnerable people identified by the 2016 October Malawi Vulnerability Assessment Committee Assessment in December. It's recommended that a further 330,000 vulnerable people should switch from cash based transfers to in-kind food transfers. Meanwhile a National Contingency Plan (NCP) has been finalized that reflects the likely impacts of the changing weather patterns as forecasted by the Department of Climate Change and Meteorological Services (DCCMS). The NCP has prioritized four hazards: floods, prolonged dry spells, disease outbreak and strong winds. All hazards in the contingency plan have three scenarios; for floods and prolonged dry spells, the most likely scenario envisages that between 40,000-75,000 households and 40,000-70,000 households affected, respectively.



Head of household

65% Female

35% Male

30

Mean
age of
respondents



Number of
Interviews:
2,000



Wall Type:

33% Mud 26% Unbaked Brick
26% Baked Brick 14% Cement



Negative coping levels slightly increase across the country

In November, the national median reduced Coping Strategies Index (rCSI) was 25, slightly higher than the figure reported in October (Figure 1). The proportion of households using coping strategies was 97.9 percent, also slightly higher than the previous month. In November there was an increased use of the most severe strategies of borrowing food, and restricting adult food consumption to allow children to eat (Figure 2). There has been a slight increase in the frequency and

severity of negative coping strategies used across Malawi, with higher levels in the districts of Chiradzulu, Mulanje, Thyolo, Zomba, Phalombe, Chikwawa and Nsanje. While the rCSI remained stable but high in the district of Dowa, Ntchisi, Kasungu, Mchinji, Machinga, Mangochi and Nkhotakota-Salima, the rCSI worsened for half the district aggregations (Map 1).

Fig. 1. National median rCSI

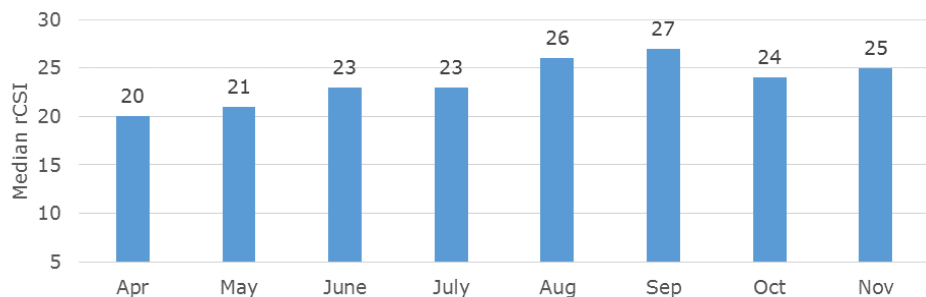
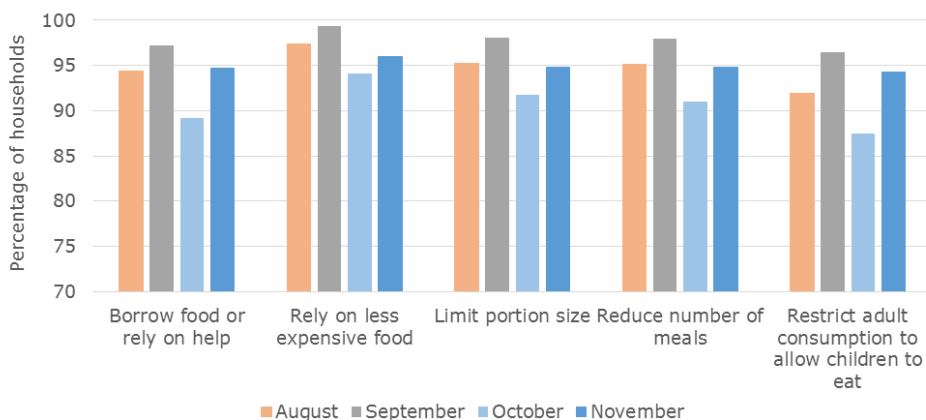
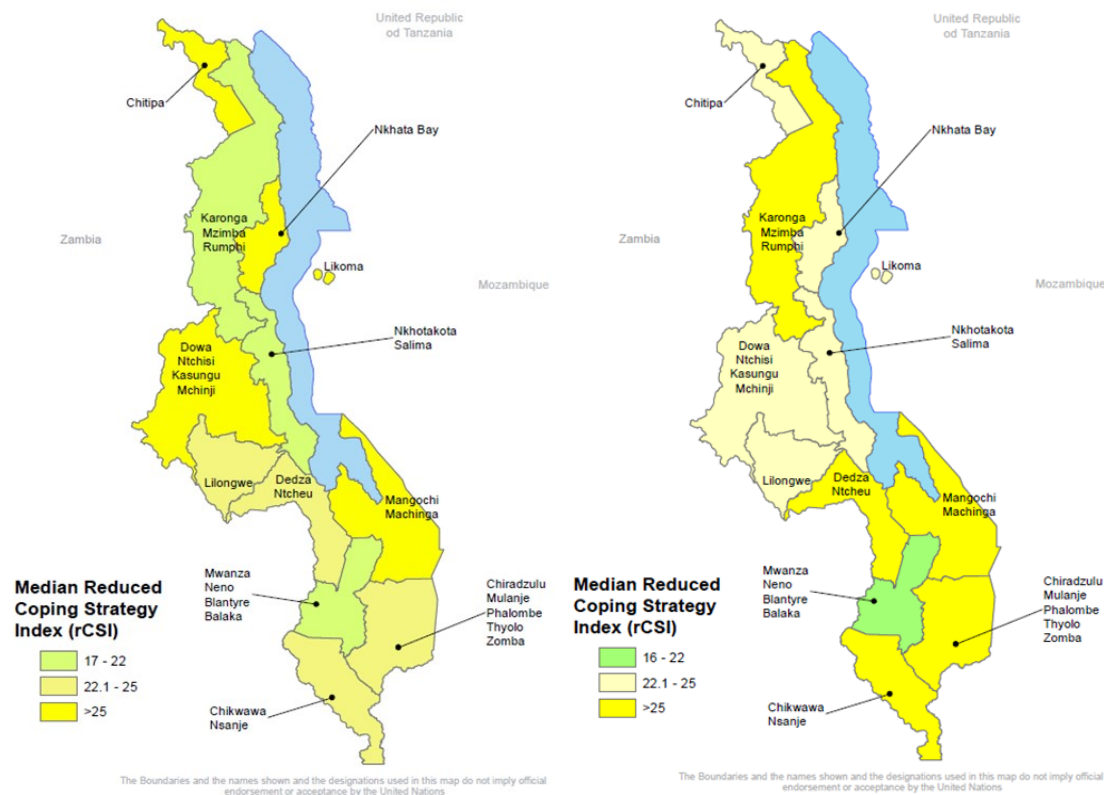


Fig. 2. Percentage of households using negative coping strategies



Map 1: median rCSI by district aggregation, October (left) and November (right) 2016



Source (all): mVAM, November 2016

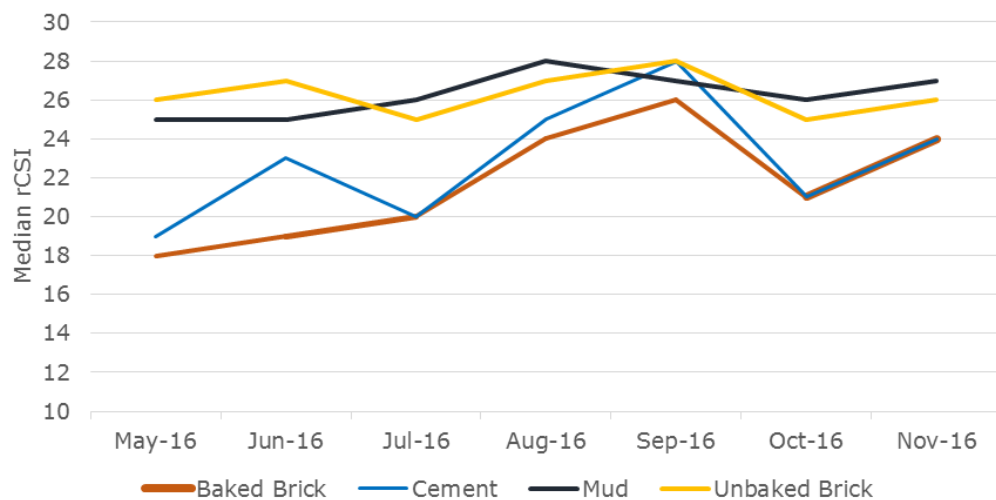


Use of negative coping strategies increases slightly across wealth groups

The type of walls of a household’s dwelling is used as a proxy indicator to determine their socio-economic status. Between May and September, the rCSI for all wealth groups increased steadily and then dropped in October. However, in November, there was a significant increase in rCSI mostly for the better-off households, while it still was lower for the worse-off households (Figure 3).

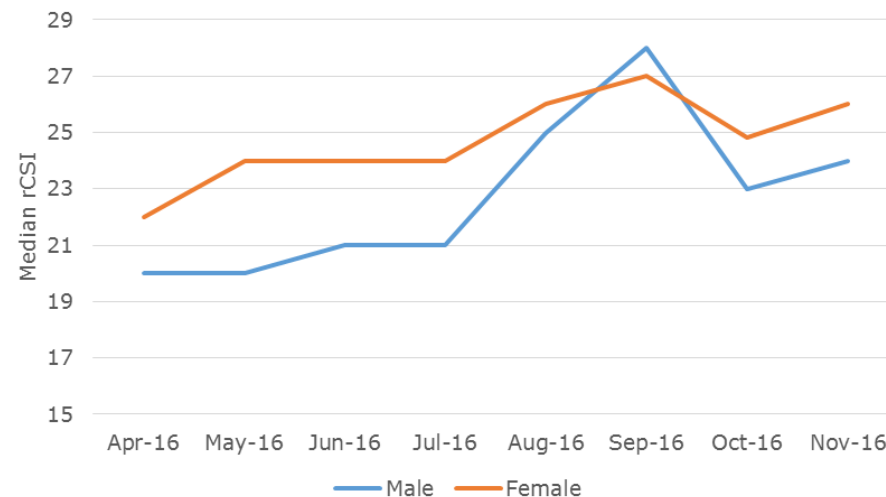
Similar trends were observed between households led by women and those led by men, with a higher increase in rCSI among the latter in November (Figure 4). The slight increase in reduced coping strategies across households and geographic locations could be attributed to the beginning of the peak lean season.

Fig. 3: Median rCSI by wall type



Source: mVAM, November 2016

Fig. 4: Median rCSI by sex of household head



Source: mVAM, November 2016





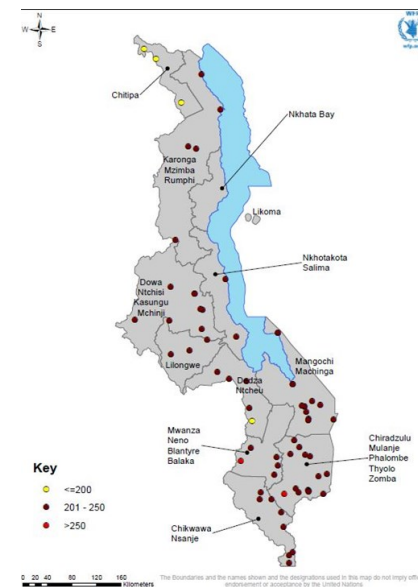
Maize prices remain stable and available in ADMARC depots

Nominal maize prices continue to remain stable throughout the country. This stability is attributed to increased grain imports by ADMARC and private traders and the ongoing humanitarian response. However, the current average price of MWK235/kg is more than double the three-year-average and 58 percent higher than the price observed at the same time last year (source: Agriculture Marketing Information System).

The markets for the state grain marketing body ADMARC are currently open. ADMARC has also increased the ration size per visit for an individual customer from 20kg to 50kg, which signals that grain is abundant in their depots. However, consumers continue to prefer buying from private traders instead, as the majority of these traders continue to sell maize at less than MWK 250/kg.

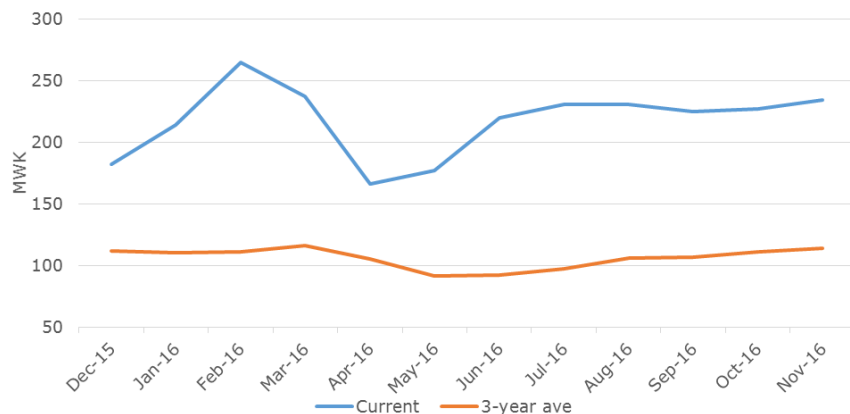
In November, beans continued to be more expensive in the south and this is aggravated by the fact that they are also being used as seeds during the current planting season. Overall, the average price of pulses slightly increased compared to the previous month by 4 percent for beans, 9 percent for pigeon peas and 3 percent for cow peas. The November prices of beans, pigeon peas and cowpeas were MWK 860/kg, MWK 473.71/kg and MWK 565.66/kg, respectively.

Map 2: Maize prices (MWK/kg) in markets, 21 November to 24 November 2016



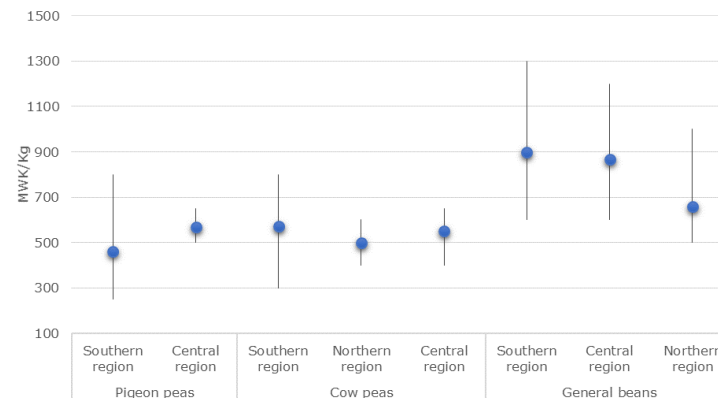
Source: mVAM, November 2016

Figure 5: Average maize price (MWK/kg) in 24 districts



Source: mVAM, November 2016

Figure 6: Pulses prices by region, 21 November to 24 November 2016



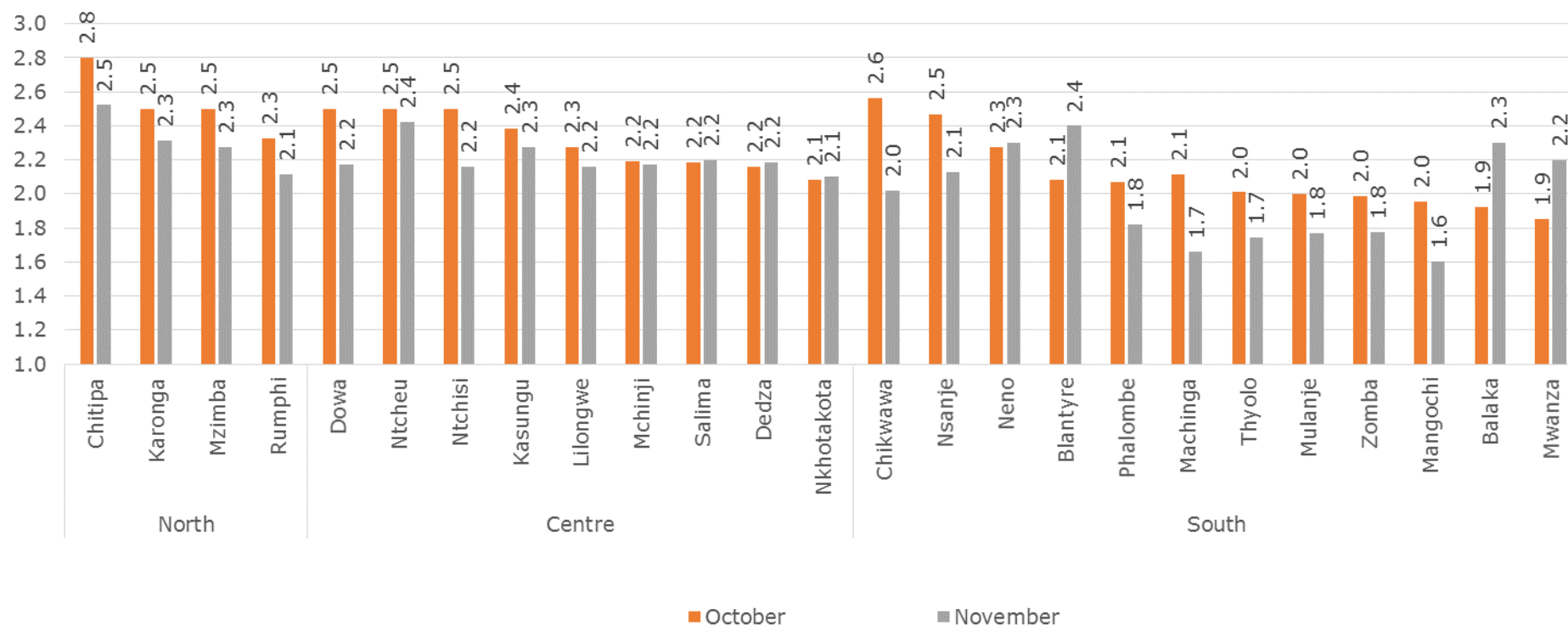
Source: mVAM, November 2016



Purchasing power continues to deteriorate in the north and central regions

The November national manual labour wage was MWK 465.67, a 13 percent decrease compared to the previous month. Purchasing power (measured in kilograms of maize per day of labour) deteriorated for the second consecutive month for districts in the northern and central regions except for Mchinji, Salima, Dedza and Nkhotakota which remained the same. This deterioration is mainly due to the fact that prices in the north and central regions are converging towards the high prices in the south because of market integration. The high concentration of humanitarian assistance in the south coupled with availability of maize in ADMARC markets and stock levels of private traders has led to stable maize prices. However, even though maize prices have been stable for the last four months, they remain unusually high compared to last year and the three year average price.

Figure 7: Purchasing power by district (kg of maize per day's labour)



Source: mVAM, November 2016



New admissions into malnutrition treatment programmes affected by referral challenges and lack of food stocks

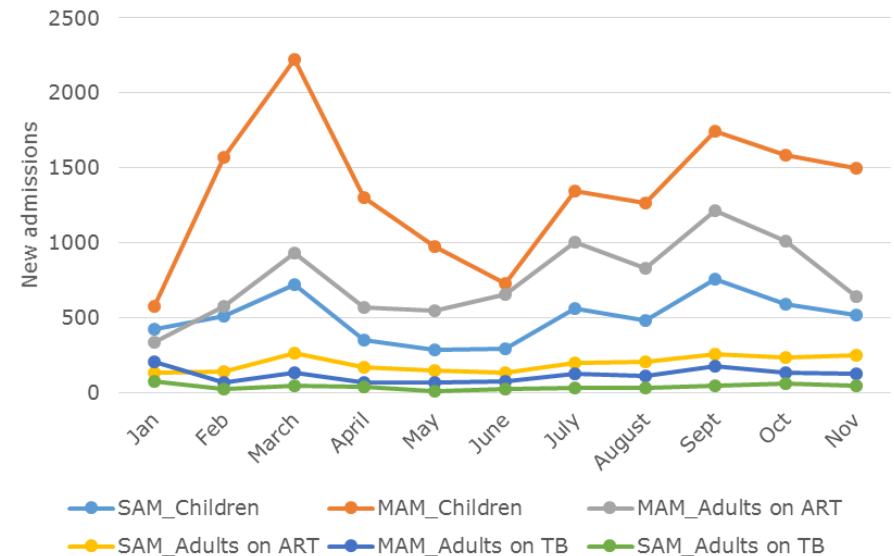
Health and nutrition monitoring continued in November for the 70 sentinel sites in the areas most affected by the El Nino-induced food insecurity. The monthly mass screening for malnutrition among children under five was done in 84 percent of the sentinel sites.

There was an increase in new admissions to the malnutrition treatment programmes among malnourished children, adolescents and adults in September 2016, when a mass screening exercise started in some districts. Between October and November, new admissions (new incidences) decreased by 36.6 percent for moderate acute malnourished (MAM) among those on antiretroviral therapy (ART). Among adolescents and adults on tuberculosis (TB) treatment it decreased by 5.3 percent and 23.4 percent for MAM and severe acute malnourished (SAM), respectively.

While the mass screening continued in some districts, where it is positively identifying malnourished cases at the community level, there have been some challenges in accessing services at Health Facilities. Some identified malnourished children did not report to the health facilities, due to distances from facility, lack of motivation of the mothers to take children to the health facilities and the fact that some sites have run out of stocks. However, for the nutrition care and support treatment there was a 5.5 percent increase in the admissions of SAM adolescents and adults on antiretroviral therapy (ART). At the start of December, the nutrition cluster led by the Department of Nutrition, HIV/AIDS (DNHA) convened a meeting to strategize and institute mechanisms to ensure that partners follow up with the identified cases. This will ensure that the identified malnourished people are supported with transportation and follow-up so that they can access services at the facilities.

During the time of assessment, November 2016, the Ready-to-Use therapeutic supplies had not yet been received. MAM supplies had arrived but 69 percent of sites still had no stocks. WFP is now delivering all the super cereal, vegetable oils and Ready-to-Use therapeutic supplies across the country and prepositioning stock to ensure that stocks will be available from January through March in some of the inaccessible sites.

Figure 8: Trend in new admissions Jan-Nov 2016 (41 sentinel sites from January-June and 70 sites from July-November)



Source: mVAM, November 2016



In the words of the respondents

"Very scarce. This situation is making most of the children go to school on an empty stomach which is really disturbing their education as it is the key" - Bembeke-Dedza -Male Adult

"It is very difficult to have enough food because it is very expensive." - Mitundu Lilongwe-Female Adult

"Food is really scarce. People struggle to get maize hence most families sleep on empty stomach after trying their best to get money through 'ganyus'." Female Adult Chilomoni-Blantyre

"People in my community now eat little amount of food they had found once a day and sometimes they eat only mangoes so that life goes on" - Phwanyama-Male Adult

"Shortage of food due to shortage of land for cultivation as more land is being occupied for settlement purposes." Male adult-Embangweni-Mzimba

Figure 9: Word cloud



Source: mVAM, November 2016

Methodology

Details on methodology are available online at the mVAM monitoring site:

http://vam.wfp.org/sites/mvam_monitoring/malawi.html

Conclusion: The food security situation remains fragile as negative coping levels slightly increase across the country, mostly in the districts of Dowa, Ntchisi, Kasungu, Mchinji, Mangochi and Machinga. Purchasing power deteriorated for the second consecutive month for the northern and central region districts except for Mchinji, Salima, Dedza and Nkhotakota which remained the same. Meanwhile, new admissions into MAM treatment programmes were affected by referral challenges and lack of food stocks.



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mVAM Resources:

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Blog: mvam.org

Toolkit: <http://resources.vam.wfp.org/mvam>

