

# Malawi Fact Sheet

## Community and Household Surveillance (CHS)

### October 2007

#### Highlights of October 2007

- ⇒ Only about half (52%) of the sample households indicated they had **no cereal stocks** at the time of the survey. This is much lower than the 90% in Mar 07, 77% in Oct 06 and the 97% in March 2006.
- ⇒ About 86% of beneficiary households indicated that **food assistance** was their most important source of cereal while 48% of non-beneficiary households rely on purchase and 31% rely on own production for cereals.
- ⇒ About 14% of non-beneficiary and 19% of beneficiary households had received **food remittances** in the six months prior to the survey; 15% had received cash remittances and 4% had received agricultural inputs.
- ⇒ Round 9 showed that 4% of households **sold assets** to pay for food - a decrease from 9% in March 07. Only 5% sold assets to pay for health care compared to 4% in March 07.
- ⇒ Only 12% of the households had **borrowed money** in the 3 months prior to the survey, mostly to buy food or to pay for health care (bens) and most often from friends or relatives.
- ⇒ 91% of the sample households had access to agricultural land and nearly all plan to cultivate.

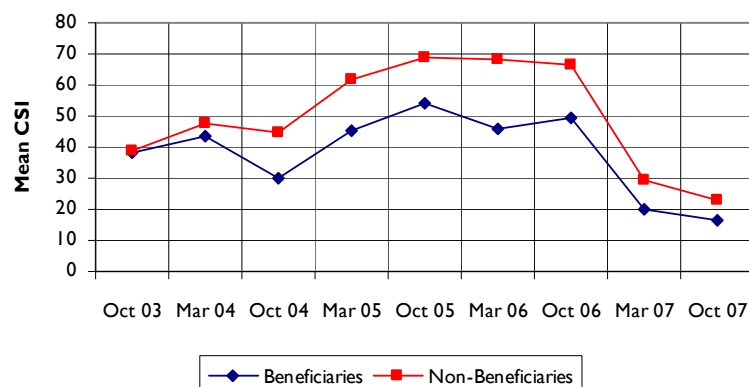
#### Effects of Food Assistance

Analysis of CHS data allows for comparison of WFP beneficiary and non-beneficiary groups on the basis of measures computed from the household data. The **Coping Strategies Index (CSI)** measures the **frequency** and **severity** of actions taken by households in response to the presence or threat of a food shortage. With the CSI, a lower score implies reduced stress on the household and thus, relatively better food security.

As indicated in the graph, the average CSI score for both beneficiary and non-beneficiary households has dropped further, indicating the improved food security situation in Malawi. This has been as a result of the good rains experienced in the past two growing seasons as well the government's fertilizer subsidy policy. Food assistance also appears to play a role in improving the food security situation in beneficiary households as indicated by the lower CSI.

- October 2007 shows decreases in CSI for both beneficiaries and non beneficiaries - the lowest ever for both. The mean CSI for beneficiaries (16) is significantly ( $p < 0.05$ ) lower than non-beneficiaries (23) which has been the case since October 2003, indicating the positive impact of food assistance.
- By programme activity, the average CSI was significantly lower ( $p < 0.05$ ) for HBC beneficiaries (12) than OVC beneficiaries (20).
- For the non-beneficiary households the mean CSI was highest in Nsanje and Kasungu districts, (32) followed by Phalombe (29) and Salima districts (23). For the beneficiary households, the average CSI was highest in Nsanje (28) followed by Phalombe (20), Kasungu (16) and Salima (14).

Trends in Coping Strategies Index - Malawi



#### Food Consumption Profiles

The **food consumption score** not only allows comparisons of dietary quality and diversity between beneficiary and non-beneficiary populations but also is used to establish a threshold of dietary quality against which to compare these populations. Research has shown that dietary diversity and frequency is a good proxy measure of household food security. The chart shows that there was one beneficiary household with poor consumption while the percentage of non-beneficiary households with poor consumption also decreased substantially compared to

March 2007. This further shows an improvement for all households in the food security situation.

For both beneficiaries non-beneficiaries, the percentage of households with adequate consumption substantially increased.

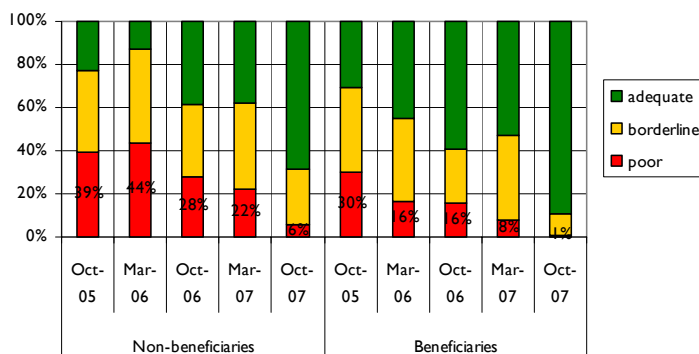
By programme activity, nearly all of the HBC beneficiaries had adequate consumption compared to 83% under the OVC programmes.

#### Consumption classifications

Using a 7-day recall period, information was collected on the variety and frequency of different foods and food groups to calculate a weighted food consumption score. Weights were based on the nutritional density of the foods.

Households were then classified as having either 'poor', 'borderline' or 'adequate' consumption based on the analysis of the data.

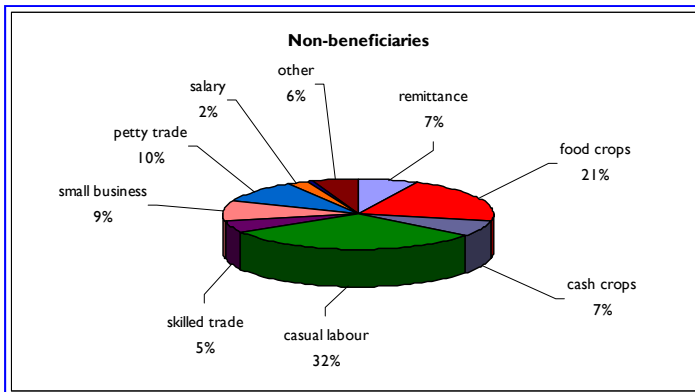
Households with **'borderline'** consumption are eating the equivalent of cereals and vegetables on a daily basis plus pulses and oils about 4 times per week. Those with **'poor'** consumption managed to eat the equivalent of only cereals and vegetables on a daily basis. This is considered a bare minimum and is a sign of extreme household food insecurity.



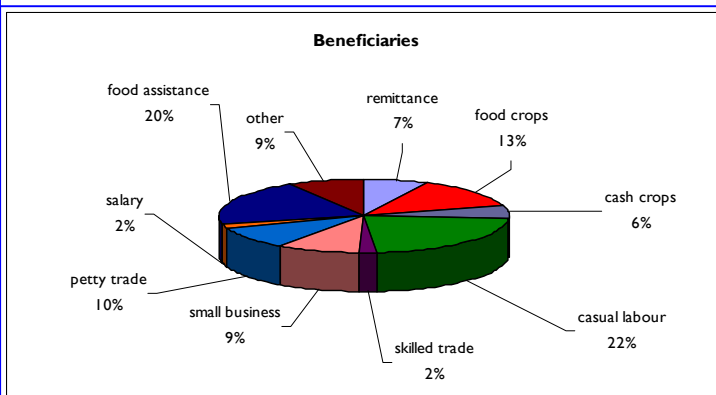
## Contribution to Total Income

In order to better understand the relative importance of different livelihood sources the heads of households were asked to estimate the contribution of each source to the total household income.

The graph on the right shows that for **non-beneficiary** households the greatest contribution to total income is also from casual labour (*ganyu*) (32%) followed by food crop production (21%), petty trade (10%), small business (9%), cash crop production (8%) and remittance (7%). Compared to last round the non-beneficiary households have registered a decline in reliance on casual labour, (43% to 31%) but an increase in production and/or selling of food crops (21% from 17%).



The graph below shows that for **beneficiary** households, *ganyu* (22%), food assistance (20%), sales of food crops (13%) and petty trade (11%) have the greatest contribution to total income. Remittances make up 7% of total income. Compared to last round beneficiaries have reduced their reliance on food assistance, *ganyu*, and remittances. Reduction in relying on *ganyu* shows an improvement in the access to food since most of the households go for *ganyu* to buy food. When comparing the two groups, there are significant differences in share from sales of food crops, casual labour and food assistance.



### Information is collected on:

- Household demographics
- Household livelihood strategies
- Coping strategies
- Food aid outcomes
- Food consumption & sources of food consumed
- Vulnerable Groups
  - \* Orphaned children
  - \* Chronically ill
  - \* Female headed households
  - \* Elderly headed households
- \* Asset poor
- \* Disabled
- Targeting observations
- Household wealth and income
- Detailed household expenditure
- Maternal health and nutrition (body-mass index—BMI)
- Child health and nutrition (anthropometric measurements)

## Livelihood Sources and Expenditure

### Main livelihood sources of households

Beneficiaries	Non-beneficiaries
'Ganyu' (42%)	'Ganyu' (54%)
Food assistance (31%)	Food crop sales (35%)
Food crop sales (28%)	Petty trade (22%)
Petty trade (25%)	Cash crop sales (14%)

Casual labour or '*ganyu*' was the most common livelihood source for both beneficiary and non-beneficiary households. However the percentage of both types of households relying on this source was lower than in past rounds.

The percentage of beneficiary households naming food assistance as a main livelihood source was lower than in March 2007 (47%) and in October 2006 (37%). The main livelihood sources are in the table to the left.

- More **non-beneficiary** households named only one livelihood source (37%) when compared to beneficiary households (29%) who can count food assistance as a source.
- About half the households in the Lilongwe district sample named only **one livelihood source** followed by 45% in Balaka and 37% in Machinga and compared to 23% in Phalombe.
- Nearly 10% of HBC beneficiary households rely on **remittances** as compared to 7% of OVC beneficiaries.
- Reliance on remittances from HBC has increased from March 2007 but has decreased for OVC beneficiary households.

### Avian Influenza Issues

Poultry and sales of poultry products are important sources of income in some rural households in Malawi. The October 2007 CHS again attempts to investigate the potential impact of an outbreak of avian influenza on these households.

- In Round 9, 52% of **non-beneficiary** and 50% of **beneficiary** households reported owning at least one chicken which is a bit higher than last round.
- For **all** households, those without poultry are significantly more likely to be **asset poor** but not to have **poor food consumption**.
- Over 20% of the households had **consumed chicken or eggs** in the week prior to the survey, up from 15% in March 07.

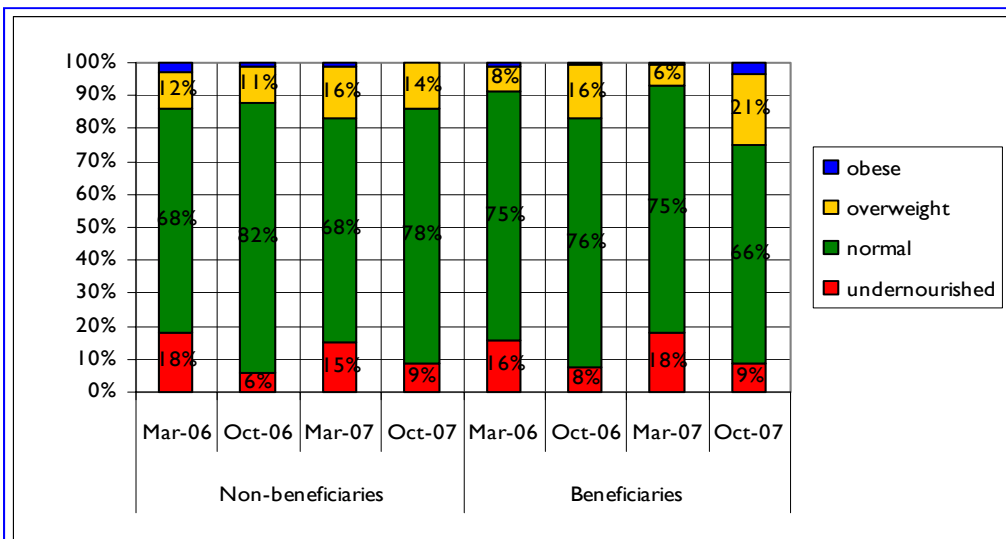
**Expenditure information** was collected for the third time in Round 9.

- Beneficiary households had a significantly ( $p < 0.001$ ) lower share of monthly expenditure for **food** (49%) than non-beneficiaries (63%) although for both, this share is higher than March 2007.
- However, beneficiaries allocated a significantly greater ( $p < 0.05$ ) share of monthly expenditure for **medical** (3.9% vs. 2.0) and **funerals** (0.8% vs. 0.4%).
- Monthly **per capita expenditure** was MK 352 for beneficiaries and MK 446 for non-beneficiary households which was not significantly different.
- Share of monthly expenditure for food was around 49% for OVC beneficiaries and 48% for HBC. HBC beneficiary households had a significantly higher share of expenditure for medical than OVC beneficiary households. The per capita monthly expenditure for OVC beneficiary households was significantly less ( $p < 0.001$ ) than HBC beneficiaries.
- Households with **poor consumption** a higher share of monthly expenditure for food than those with borderline or adequate consumption.
- **No significant differences were observed in the asset low, medium and rich households** in their expenditures except that the asset rich tend to have a higher per capita expenditure.

## Nutrition trends of Women

The graph below shows the trends in nutritional status of women in the CHS sample by beneficiary status. It is clear that there are seasonal trends in women's nutrition in Malawi as indicated by the nearly identical levels of undernourished women found in the March rounds and in the October rounds for both groups. For beneficiaries, the percentage of women in the 'normal' range (18.5 kg/m<sup>2</sup> to 25.0 kg/m<sup>2</sup>) has remained consistent over the rounds until October 2007 with increases in overweight (25-30 kg/m<sup>2</sup>) in the October round for both years. There are almost no women who are classified as being obese in any of the rounds.

By **programme type**, women from OVC beneficiary households are more likely to have undernourished women (10%) as compared to those from HBC (8%) beneficiary households. Women from OVC beneficiary households are more likely to be overweight or obese (26%). By **district**, the highest percentages of underweight women were found in Phalombe (18%), followed by Salima (10%), Lilongwe (9%) and Nsanje (8%). There were **no** women in Balaka or Machinga who were undernourished.



### Health and Nutrition in CHS

The CHS has been collecting and analyzing health and nutrition information on women of reproductive age (15-49 years) and on children 0-59 months of age since Round 6 in March 2006.

For non-pregnant women, the body-mass index (BMI) is calculated. For Malawi, the majority of women in the sample have been 'normal' with BMI 18.5-24.9 kgs/m<sup>2</sup>.

For children, age, sex, weight and height/length are collected and z-scores are calculated using Epi-Info software. Then children are classified as being moderately wasted, underweight or stunted with a z-score < -2 SD.

WFP partners with the Ministry of Health in design, collection and analysis of this information.

So far data are available for four rounds, allowing for some initial trend analysis.

### Education and illness of women

- In the Round 9 sample, 39% of the beneficiary women had **no education** compared to 27% of non-beneficiaries. Only 4% overall had achieved secondary or better education levels.
- The median BMI **decreases** with **increased education** in this sample of women meaning that women without education having a media BMI of around 22.9 kg/m<sup>2</sup> compared to about 22.0 kg/m<sup>2</sup> for the others.
- Nearly 20% of women reported having **diarrhoea** in the 2 weeks prior to the survey. This was than the 17% in October 2006.
- Women in Phalombe (28%), Salima (25%) and Kasungu (24%) were more likely to have experienced recent diarrhoea.
- More than 40% of the women reported having **fever** in the 2 weeks prior to the survey compared to 50% in March 2007, 28% in October 2006 and 55% in March 2006.
- More than 50% of the women sampled in Lilongwe had reported recent fever, followed by 47% in Salima and 46% in Kasungu.
- There was no relationship between drinking **water** and **sanitation** and nutritional status or illness although women with poor quality housing were much more likely to have experienced recent fever.
- Women with recent diarrhoea were significantly ( $p < 0.001$ ) more likely to be malnourished while women with recent fever are significantly more likely to be underweight ( $p < 0.05$ ).

## Nutrition & HH food security

*In this round, several interesting relationships were found between household food security and nutrition outcomes of children that link chronic malnutrition to poverty.*

- With regards to health, children whose caretakers had experienced recent diarrhoea were significantly ( $p < 0.05$ ) more likely to also have diarrhoea.
- Children from households with an elderly head were significantly ( $p < 0.05$ ) more likely to have experienced acute respiratory infection. However children from a household headed by a woman were significantly less likely to have ARI.
- Children from households using drinking water from an unimproved source were also significantly ( $p < 0.05$ ) more likely to have ARI.
- Children from **asset poor** households were significantly ( $p < 0.05$ ) more likely to be stunted or to have recent fever.
- Households with an **underweight child** allocate a significantly ( $p < 0.05$ ) lower share of expenditure for food. They also have a significantly ( $p < 0.05$ ) lower share of income from sales of food crops yet a significantly ( $p < 0.05$ ) higher share from casual labour. Lastly, these households have a significantly ( $p < 0.05$ ) higher share of food consumption coming from gifts.
- Households with stunted children derive a significantly ( $p < 0.05$ ) lower share of income from salaries.

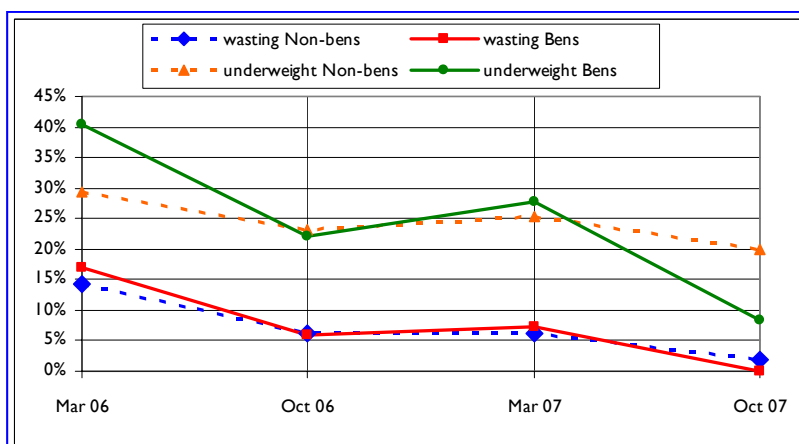
## Children's health and nutrition

In Round 9, only 117 children 6-59 months were weighed and measured. Of those, 1.0% were **wasted** or low weight-for-height, while 14.3% were **underweight** (low weight-for-age) and 44.3% were chronically malnourished or **stunted**. This compares with 6.2% wasting, 26.2% underweight and 43.3% stunting in the October 2006 sample. Trend-wise acute malnutrition has decreased in the past year although the samples are not nationally representative but rather indicative of the situation in programme areas. When comparing **beneficiary** children to non-beneficiaries, the beneficiary children were less likely to be wasted or underweight (see chart below) with less difference in stunting levels.

By **programme activity**, none of the beneficiary children were acutely malnourished. However, 17% of the children from HBC beneficiary households were underweight compared to only 3% from OVC beneficiary households. In addition, only 33% of the children from HBC households were stunted (n = 18) while 47% of children from OVC beneficiary households were chronically malnourished (n = 30).

For children 0-59 years 28% had experienced **diarrhoea** in the 2 weeks prior to the survey with no difference by beneficiary status. This compares to 30% from October 2006. Beneficiary children were slightly more likely to have experienced recent **fever** (55%) when compared to non-beneficiary children (49%). Reported fever was higher than October 2006 (44%). Lastly, 10% of the children had suffered from **acute respiratory infection** with no difference between groups. However, this was much lower than in October 2006 (21%).

In this round, children from households using **improved sources of drinking water** (UNICEF definition) were no less likely to be malnourished. However, they were less likely to have had a recent fever and significantly less likely ( $p < 0.05$ ) to have had acute respiratory infection. There were also no differences in nutritional status when considering **sanitation** but children from households with poor sanitation were more likely to have had acute respiratory infections.



## Preferred Type of Assistance

### Types of assistance

In order to learn more about the needs of beneficiaries, the households were asked if they preferred food, cash or a combination of both food and cash. In addition, they were also asked to give up to three reasons for their preferences.

These new questions were added to inform the WFP regional Special Initiative on Cash and Vouchers Programme (SICVP) which began in late 2006.

They also provide empirical information on beneficiary needs and perceptions for planning and decision making in WFP operational areas.

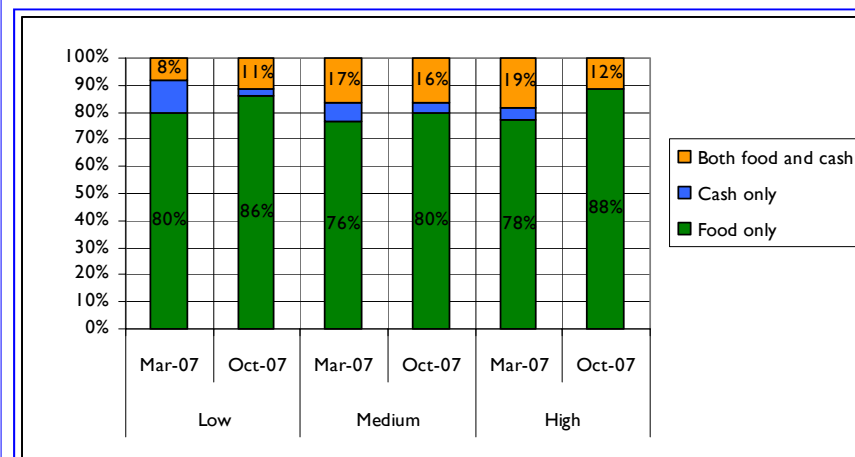
For the sample, 82% of the households said they preferred **food only** for the following reasons:

- Satisfies household food shortages (95%)
- Better for children (21%)
- Better managed by women (18%)
- Market supply of food unpredictable (17%)
- Food prices are unpredictable (14%)

Of the 3% who prefer **cash only**, most said it was because they could purchase food and other items (77%), or it could be used for other expenses (69%), or they could purchase a variety of foods. (69%). For those who preferred **both cash and food** (15%), it was mainly because the combination meets seasonal needs (97%) or improves the households' ability to cope (42%).

By **programme type**, the OVC were most likely to prefer food only (87%) compared to 74% of HBC beneficiaries. HBC beneficiaries were more likely to prefer both food and cash (23%). Non-beneficiaries were likely to prefer cash only than the beneficiaries while non of the OVC beneficiary households preferred cash only.

Based on **vulnerability**, most households preferred food only. However, 4% of the low vulnerability households preferred cash only, 12% of high vulnerability preferred both cash and food. **High food prices** were a concern for high vulnerable households while **unpredictability of food prices** was a concern for those with medium or low vulnerability.



The chart shows that for all levels of vulnerability, there has been an increased interest in food only while the preference for both cash and food assistance has increased for low and medium vulnerability households.

## Vulnerability

### Demographic indicators

	Beneficiaries	Non-beneficiaries
HH size*	4.9	4.4
% Effective dependents*	72%	58%
Female head*	43%	30%
Elderly head	19%	13%
Disabled member	13%	8%
Keeping orphans*	77%	35%
Member died in past 3 months	11%	9%
Chronically ill member*	31%	4%
Asset poor	51%	49%

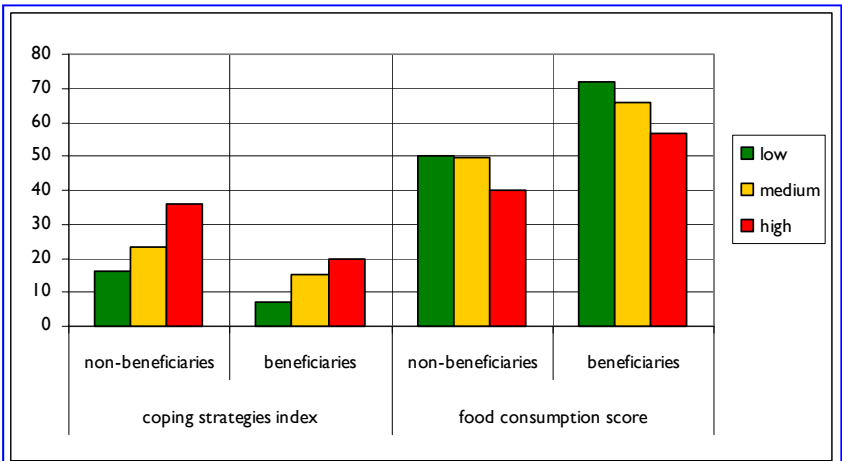
\*statistically significant difference

**Asset wealth** is defined on the basis of the number of different types of productive and / or non productive assets owned by a household. Groups are classified as:

- Asset Poor = 0 to 4 different types of assets
- Asset Medium = 5 to 9 different types of assets
- Asset Rich = 10 or more different types of assets

In this round, vulnerability was assessed by considering the number of vulnerable characteristics (out of 12) each household had. Asset poverty, female or elderly head, chronically ill member, hosting orphans, disabled member, recent death of a member, 80% or more effective dependents, poor housing, unsafe water or sanitation and having no livestock were used. Households were described as having either low (0-1 characteristics), medium (2-5) or high (6+) **vulnerability**.

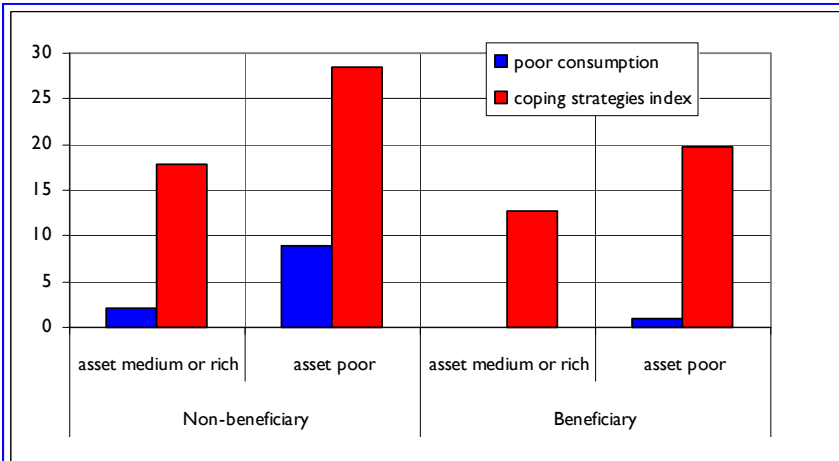
- Significantly more ( $p < 0.01$ ) **beneficiary** households had high vulnerability (27%) as compared to non-beneficiary households (9%), a situation which has remained the same since last round.
- The chart below compares the mean coping strategies index (CSI) and food consumption score (FCS) by vulnerability level and beneficiary status. For both groups the relationship between FCS and vulnerability is clearly illustrated with all beneficiaries having better consumption than non-beneficiaries regardless of vulnerability.
- For CSI, it appears that food assistance reduces the risky coping strategies for beneficiaries because it is lower in each vulnerability category when compared to non-beneficiaries.
- By district, 38% of beneficiary households in Kasungu had high vulnerability, followed by 30% each in Nsanje and Lilongwe with the lowest found in Machinga (18%) and Phalombe (20%).



## Targeting Efficiency

Targeting of programmes should be improved for Salima, Machinga and Phalombe districts as there are few or no differences in demographic characteristics between beneficiary and non-beneficiary households.

In total, 50% of sampled households were asset poor households with no difference between beneficiaries and non-beneficiaries. For **non-beneficiary** households, the **asset poor** were significantly ( $p < 0.05$ ) more likely to have poor food consumption levels and to use risky coping strategies ( $p < 0.01$ ). There was a lesser yet still significant ( $p < 0.05$ ) relationship between coping for **beneficiary** households but not for poor food consumption.



The highest number of asset poor households were found in Salima (68%), followed by Lilongwe (65%), Kasungu (60%) and Nsanje (47%).

- In **Salima**, there was only **one significant difference** between beneficiaries and non-beneficiaries in vulnerability characteristics while in Phalombe and Machinga there were only significant differences in **two characteristics**.
- **The best targeting** was found in Kasungu and Nsanje districts where 4-5 vulnerability characteristics were found to be significantly different.

## 2007/08 Agriculture Season

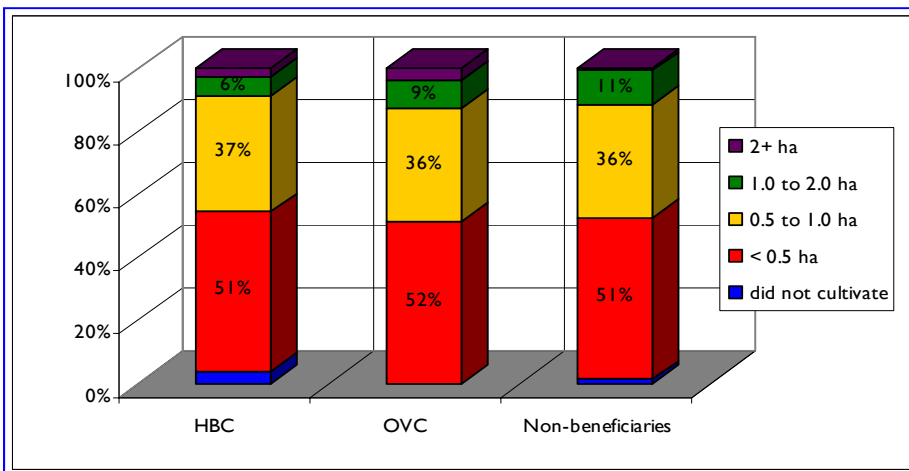
Overall, 91% of the sample households had access to agricultural land with Nsanje as the least with 82% and Balaka the highest with 100% of households.

Comparing the beneficiary and non-beneficiary households, there is a slight difference in **land access** with 94% and 87% respectively. However by programme activity, there was no significant difference in access between the two groups.

From the graph below, half of both beneficiary and non-beneficiary households indicate that they intend to cultivate the **less than half an acre** then the upcoming season. Practically no household had tractors for draught power and very few (1%) used cattle and donkey with the majority (99%) indicated that they used none, indicating that the majority in Malawi use man power as the source of labour.

Nearly all cultivating households indicated that they are planning to **grow maize** in 2007/2008 season - 95% of non-beneficiaries and 90% of the beneficiaries. Other crops to be grown include groundnuts (30%), beans (27%), rice (21%) and sorghum (20%).

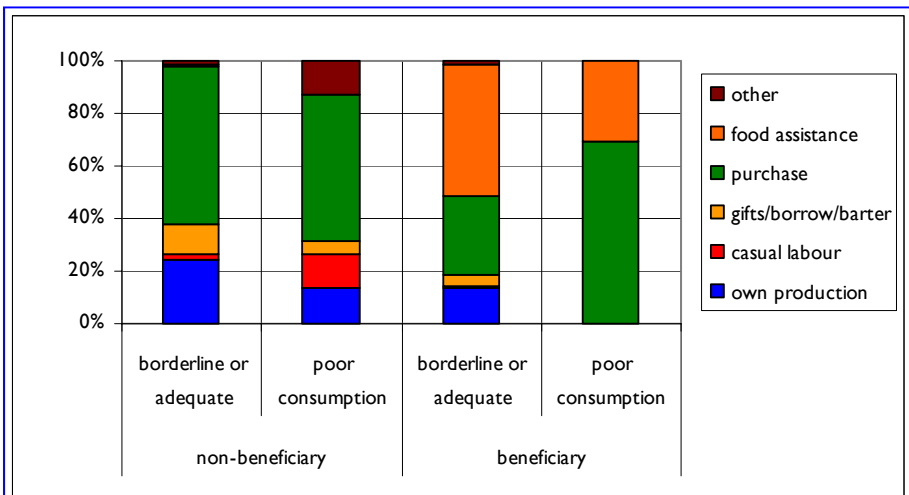
About half of all households indicated they will use subsidized chemical **fertilizers** on their crops in the coming season.



## Sources of Food Consumed by Households

Identifying and monitoring major sources of food over time is critical to understand the principal factors affecting food security of households. As illustrated in the chart below:

- In this round unlike the previous rounds, **non-beneficiary** households accessed most of their food from purchase followed by own production; those with poor consumption relying significantly more ( $p < 0.05$ ) on *casual labour* to access food. Compared to March 2007, slightly more is coming from own production and less from purchase.
- Beneficiary households** relied mostly on food assistance for their food, followed by purchase. Hardly any households had poor consumption. Access from purchase has increased greatly compared to March 2007 while access from food assistance has remained the same.



### Education in Round 9

- For beneficiaries 82% of eligible boys and 91% girls are attending school compared to 87% (B) and 83% (G) in March 07 and 86% (B) and 86% (G) in October 2006 and 91% (B) and 88% (G) in March 2006.
- When comparing by beneficiary status, there are no differences in enrolment for either boys or girls.
- However, by programme activity, 87% of eligible girls from OVC beneficiary households were enrolled and attending, compared to 96% for the HBC beneficiary households.
- Just like Round 8, there were no real differences in enrolment by programme activity for boys.
- By orphan status, it appears that the enrolment rates are similar between orphans and non-orphans until the age of about 15 years where it appears that orphans are more likely to remain enrolled and attending than non-orphaned children.

### Households obtain food in one or more of the following ways:

- ⇒ Grow and consume from their own stocks
- ⇒ Purchase from markets
- ⇒ Transfers from relatives or members of the community
- ⇒ Casual labour
- ⇒ Transfers in the form of food aid
- ⇒ Gathering wild foods

Understanding how these patterns differ across groups, provides a general starting point for understanding the nature of food insecurity.

(Source: FANTA)

### For comments or queries, please contact:

Kang'ombe Building,  
Floors 1/5/8, City Centre  
P.O. Box 30571—Capital City, Lilongwe 3  
**Malawi**

Phone: (00265) | 77 4666/535

Fax: (00265) | 77 3785

Website: [www.wfp.org](http://www.wfp.org)

