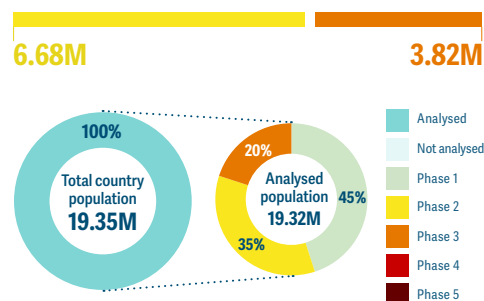


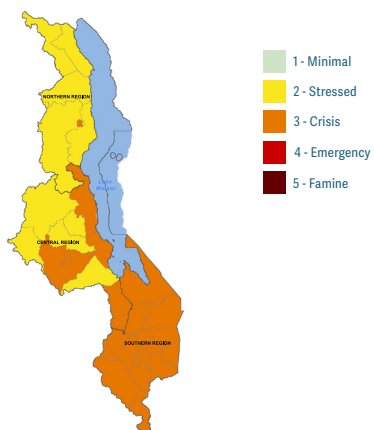
# Malawi

## ACUTE FOOD INSECURITY PEAK 2022/2023

**3.82M** people or **20%** of the analysed population in IPC Phase 3 or above, October 2022–March 2023



## IPC acute food insecurity situation, October 2022–March 2023



The boundaries and names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations.  
Source: Malawi IPC TWG, August 2022.

## Food crisis overview

The number of people in Crisis or worse (IPC Phase 3 or worse) during the October 2022–March 2023 lean period was 172 percent higher than the same period the previous year (1.4 million people in November–December 2021). This extreme deterioration in national food security reflects the adverse impacts of the war in Ukraine pushing up food and fertilizer prices, and consecutive below-average agricultural seasons as well as a catastrophic flood event, similar to that of cyclone Idai in 2019 (IPC, August 2022).

The total number of people in need of urgent food assistance during the 2022–2023 lean season was also 45 percent higher than the 2021 peak in January–March (2.64 million people), although increased analysis coverage from 90 percent to almost 100 percent also partly explains this rise. Although the extent of food insecurity is higher, its severity seems to have decreased as, unlike in January–March 2021, when 1 percent of the population was in Emergency (IPC Phase 4), no populations were in this phase during the 2022 peak (IPC, August 2022).

During the 2022–2023 lean season, 20 percent of the total population was in Crisis (IPC Phase 3), up from 15 percent of the analysed population in early 2021 and 13 percent in early 2020. In the southernmost districts of Chikwawa and Nsanje, 35 percent of the population was in IPC Phase 3. Twenty-one out of 32 areas were classified in IPC Phase 3, including all districts in Southern Malawi, four in the Central region – Lilongwe, Nkhhotakota, Ntcheu and Salima – and Mzuzu in the Northern region (IPC, August 2022).

Acute food insecurity in Malawi’s four cities worsened due to high inflation and high transportation costs. Blantyre, Lilongwe, Mzuzu and Zomba were all classified in IPC Phase 3 with 0.63 million inhabitants in this phase, representing 27 percent of the urban population (IPC, August 2022).

## Acute food insecurity since 2016

Malawi has been defined as a major food crisis in all editions of the GRFC since 2017, having surpassed the 1 million people in IPC Phase 3 or above threshold, largely due to the impact of weather extremes on harvests, high food prices and low household purchasing power. The share of the analysed population in IPC Phase 3 or above or equivalent decreased between 2018 (when it was 22 percent) to around 14–15 percent in 2020 and 2021, before increasing again to 20 percent by 2022. Its continual inclusion in the report reflects underlying structural problems that have left Malawi vulnerable to extreme weather events, particularly in the Southern region, where most rural livelihoods (90 percent) depend on rainfed subsistence farming and income from casual agricultural labour (WFP, 2022).

Over the past five years, the Southern region has had the highest number of highly food-insecure populations, particularly the districts of Balaka, Chikwawa and Nsanje, which have been consistently classified in IPC Phase 3. The situation has deteriorated in the Central districts of Lilongwe, Nkhhotakota, Ntcheu and Salima due to weather-related shocks (IPC, August 2022).

## Drivers of the crisis, 2022–23

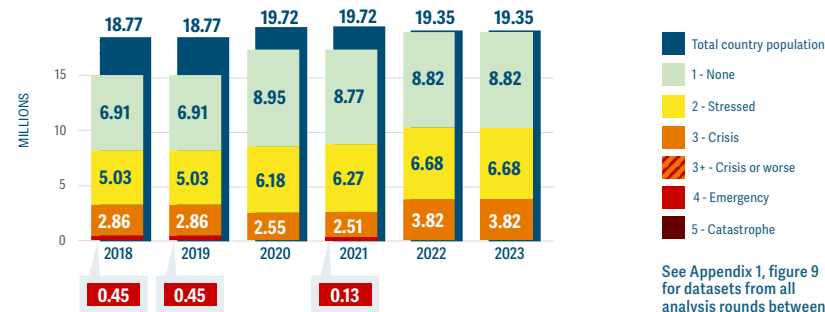
**Weather extremes** Torrential rains and flooding from tropical storm Ana in January 2022 caused extensive damage in parts of Southern Malawi. The five districts of Chikwawa, Nsanje, Salima, Phalombe and Mulanje were hit hardest, and around 222 302 people were directly impacted in Central and Southern regions. Around 91 700 hectares of agricultural land were flooded and 38 500 livestock injured or killed (FAO, February 2022).

Maize production in 2022 was higher than the five-year average and only slightly lower than the bumper crop year of 2021 (FAO-GIEWS, July 2022).

**Economic shocks** High prices for basic food and non-food commodities and low levels of household income compromised households’ food access (WFP, May 2022).

Malawi is dependent on oil and fertilizer imports, and the spike in global food and fuel prices in March, underpinned by the war in Ukraine, pushed up domestic fuel and food prices in the first half of 2022. Additionally, the 25 percent devaluation of the national currency in

## Numbers of people by phase of acute food insecurity, 2017–2023



Source: Malawi IPC TWG.

May 2022 and high international prices caused further inflationary pressure (FAO-GIEWS, July 2022).

In May 2022, the national average price of the staple food, maize, was an estimated 60 percent higher than year-earlier prices. It was highest in Southern districts, notably in Nsanje, where prices were 10 percent higher than in Northern and Central areas (FAO-GIEWS, July 2022).

By November 2022, maize prices ranged from 142–224 percent higher than the November five-year average (FEWS NET, December 2022).

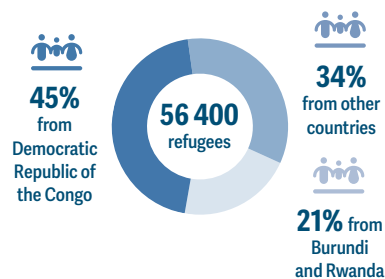
In Southern Malawi, many poor households were subsisting on limited income from sales of non-timber forest products, such as firewood and thatch grass, and remittances from family members in Mozambique, while consuming only one or two meals per day. In some cases, households resorted to eating maize husks (FEWS NET, October 2022).

At the end of 2022, labour demand and wage rates were below normal, as middle and better-off households had fewer resources to hire labour, especially in Central and Southern Malawi (FEWS NET, December 2022).

By January 2023, maize grain prices were at another record high due to currency weakness, high global commodity prices and lower domestic supplies (FAO, February 2023)

**DISPLACEMENT**

**Refugees and asylum-seekers, end 2022**



Source: UNHCR, 2022.

**Refugees** As of 30 November 2022, 56 400 refugees and asylum-seekers – 48 percent of whom are children – were registered in Dzaleka camp, which was originally built for 10 000–12 000 people (WFP, October 2022). While many have been in the country for decades, refugees from Burundi and the Democratic Republic of the Congo continue to arrive at an average rate of 400 individuals per month (UNHCR, 2022).

Refugee assistance was underfunded in 2022. Around 48 000 refugees received monthly e-payments from WFP (WFP, October 2022). In October 2022, protests erupted at the camp due to a delay in assistance (Voa News, October 2022). According to a March 2022 survey, just over 44 percent of refugee households had a borderline food consumption score (FCS), and 30 percent had poor consumption (SENS, March 2022). While wasting levels were 'low' in Dzaleka, stunting levels were 'high' at 27.3 percent, with 5.2 percent severely stunted.

Exclusive breastfeeding of infants under 6 months was on target at 76.5 percent, but anaemia in children under 5 years was a medium public health concern at 24.3 percent (SENS, March 2022).

The water system is only sufficient for 20 200 people – about 38 percent of the population of the camp. WASH conditions are poor and enable disease outbreaks, including a cholera outbreak (OCHA, February 2023), and contribute to malnutrition challenges.



**IDPs** Following tropical storm Ana in January 2022, an estimated 945 700 people were displaced to 217 camps in Chikwawa, Mangochi, Mulanje, Neno, Nsanje, Phalombe and Zomba districts.

From April 2022, most camps were decommissioned except some in Chikwawa and Nsanje where about 1 200 households stayed until July 2022 (IFRC, December 2022).

Due to the magnitude of the impact, most returnees were still struggling to recover from this shock in early 2023, although some managed to relocate to higher areas (IFRC, December 2022).

**NUTRITION**



The most recent national-level data found a wasting prevalence of 2.6 percent among children under 5 years, which is considered a 'low' prevalence, while 0.7 percent were severely wasted. Stunting prevalence among under 5 year-olds remains 'very high', at 35.5 percent (MICS, 2019).

**Drivers of undernutrition**



**Inadequate maternal and child-feeding practices** Child-feeding practices remain worrisome in Malawi, with only 8.7 percent of children accessing a Minimum Acceptable Diet (MICS, 2019–2020).

Around 64 percent of children under 6 months had exclusive breastfeeding, which is considered an Alert level. Anaemia among children aged 6–23 months is a severe public health concern, at 55.1 percent prevalence (WHO, 2019). Anaemia levels among pregnant and lactating women were 31.4 percent, considered a moderate public health problem (UNICEF, 2021).



**Poor household environment** Tropical storm Ana in Southern Malawi in January 2022 and cyclone Gombe caused floods leading to the displacement of a population with low pre-existing immunity who then lacked access to safe water, sanitation and hygiene. According to the latest national-level data, 70.5 percent of the population had access to basic drinking water in 2020 (UNICEF, 2020). At least eight out of ten households use improved sanitation, and only around half (52.8 percent) had soap available at handwashing facilities (MICS, 2019–2020).



**High prevalence of infectious diseases** A cholera outbreak started in March 2022, affecting 27 out of 29 districts. It represents the largest outbreak reported in Malawi in the past ten years (WHO, November 2022; OCHA, February 2023).