



Understanding the health, nutrition and population situation in Dzaleka Refugee Camp

A Comparative Analysis of Malawi Demographic and Health Survey Data





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May 2026

Preface and Acknowledgements

The 2024 Malawi Demographic and Health Survey (2024 MDHS) fully integrated the Dzaleka Refugee Camp into its national sampling frame. Households within the camp were included alongside households from the rest of the country, and the survey collected high-quality demographic and health data from the camp population using the same standards and methodologies applied nationwide.

This report builds and expands on the findings that were presented in the 2024 MDHS Final Report. The comparative analysis draws on the fully integrated data to provide a deeper understanding of the population, health, and nutrition status of residents of Dzaleka Refugee Camp.

The microdata from Dzaleka is available, together with all other MDHS datasets, for researchers to conduct further analysis.

It is expected that findings from this analysis will strengthen the ability of analysts and policymakers to address priority issues affecting the Dzaleka population.

The report was prepared in consultation with the United Nations Refugee Agency (UNHCR) and the National Statistical Office (NSO) of Malawi. This report is published with technical assistance and financial support from the Joint Data Center on Forced Displacement, a World Bank - UNHCR collaboration.

The report was prepared by Rathavuth Hong, Isaac Chirwa, Precious Nkoka, Harouna Koche, Ruilin Ren, and Mohamed Ayad. The authors wish to thank Carole Steere Ayad and Felix Schmieding for their insightful comments, and Isabella Matias for her thoughtful work on the report's design.

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A general view shows Dzaleka refugee camp, 2024

Executive Summary

Introduction

A representative sample of households and individuals from Dzaleka Refugee Camp was included in the 2024 Malawi Demographic and Health Survey (MDHS). The Dzaleka sample covered 720 households, and it used the same MDHS tools and instruments to collect data on population, health, and nutrition; among others.

Key findings

Electricity access is better in Dzaleka (25%) than in the rest of Malawi (16%). Cement floors are more common in Dzaleka (70%) than in the rest of Malawi (30%). However, access to basic water services remain a challenge: only 30% of households in Dzaleka have access to basic water services. However, the camp's sanitation is better in Dzaleka than in the rest of Malawi.

The average household size is 5.1 in Dzaleka, compared to 4.2 in the rest of Malawi. The total prevalence of orphans is 6%. Double orphans in Dzaleka make up 4% of the relevant age group, compared to 2% in the rest of Malawi. Dzaleka's population is younger, with a high proportion of persons under the age of 15. The camp has higher birth registration rates than the rest of Malawi (90% compared to 80%).

Literacy rates in Dzaleka are comparable to the rest of Malawi among women (75% vs 77%), but higher among men (97% vs 87%). Internet use is higher in Dzaleka for both men and women. Health insurance coverage is almost non-existent in the camp.

Electricity access is better in Dzaleka (25%) than in the rest of Malawi (16%). Cement floors are present in Dzaleka (25%) but not in the rest of Malawi (16%). Literacy rates in Dzaleka are comparable to the rest of Malawi among women (75% vs 77%), but higher among men (97% vs 87%). Internet use is higher in Dzaleka for both men and women. Health insurance coverage is almost non-existent in the camp.

Employment is lower in Dzaleka than in the rest of the country, among both men and women. Disability prevalence in general is similar, although severe disabilities are reported more frequently in Dzaleka. Violence against women is significantly lower in Dzaleka compared to the rest of Malawi: 12% and 32%, respectively, for physical violence; 8% and 17%, respectively, for sexual violence.

Fertility rates in Dzaleka are higher than in the rest of Malawi, with 4.9 children per women compared to 3.7 children per women. Contraceptive use among married women is much lower in Dzaleka than in Malawi (37% and 68%, respectively). The unmet need for family planning is 20% in Dzaleka, compared to 11% in the rest of Malawi.

Vaccination rates for children aged 12 to 23 months are higher in Dzaleka (80%) than in the rest of Malawi (67%). HPV vaccine coverage in the camp is low (17%). Child nutrition indicators are comparable. Anaemia in children is lower in Dzaleka (41%) than in the rest of Malawi (56%).

Antenatal care visits are higher in Dzaleka (78%) compared to the rest of Malawi (62%). Facility deliveries are nearly universal in both populations. Malaria infection is negligible (less than 1%) in the camp but 23% in the rest of Malawi.

Challenges facing Dzaleka

Living conditions in the camp include severe overcrowding (57,000 people living in a space intended for 12,000), as well as inadequate services related to food, water, healthcare, and housing. Restrictive policies limit movement and employment. Recent funding cuts are exacerbating the situation. Long-term residents lack opportunities for integration or return.

Conclusion

Despite difficult conditions, Dzaleka shows positive outcomes in areas like vaccination, antenatal care, and sanitation. However, gaps in fertility control, employment opportunities, and certain services point to an urgent need for targeted support and better refugee management policies.



Introduction

The Dzaleka Refugee Camp site was fully incorporated into the 2024 Malawi Demographic and Health Survey (2024 MDHS). The survey collected data from a representative sample of households residing in the camp. Data collection in the camp was undertaken from 12 May to 31 August 2024.

The primary objective of including Dzeleka in the MDHS was to generate demographic, health, and nutrition indicators for the camp population using standard DHS methodology. In addition to core survey modules, anthropometry, anemia and malaria testing were also conducted among women and children as well as water quality testing. The data collected are intended to support policymakers and program managers in evaluating and designing programs and strategies for improving the health and well-being of the Dzaleka population.

Importantly, the Dzaleka sample was not implemented as a stand-alone survey. The camp was incorporated into the national sampling frame, and households were selected and interviewed using standard DHS procedures, ensuring full comparability with the rest of Malawi. As such, the survey was well aligned with international recommendations on generating survey data on refugees, including the International Recommendations on Refugee Statistics (EGRIS 2018) and the UN Handbook of Surveys on Households and Individuals (Kveder and Schmieding 2026).

This report builds and expands on the data for Dzaleka camp that was presented in Appendix D of the 2024 MDHS final report (NSO 2025).

1.1 Sampling design

According to the 2018 Malawi Population and Housing Census, Dzaleka camp is classified as a rural residence and comprises 12 enumeration areas (EAs). Nine larger EAs were segmented into 21 primary sampling units (PSUs) or clusters, while the three smaller EAs, each constituted a single PSU. In total the Dzaleka sample consisted of 24 clusters, all of which were selected into the sample – effectively making the sample design unclustered. A fixed number of 30 households per cluster were randomly selected from updated household listings, resulting in a total of 720 households. This sample was designed to produce reliable estimates of key population, health, and nutrition indicators for the Dzaleka population within the framework of the national MDHS.

1.2 Survey Instruments

The 2024 MDHS included four standard questionnaires:

- 1 The Household Questionnaire
- 2 The Woman's Questionnaire
- 3 The Man's Questionnaire
- 4 The Biomarker Questionnaire

Biomarker tests included anthropometric measurements, anaemia testing, malaria rapid diagnostic testing (RDT), micronutrient markers, food fortification testing, and water quality assessments. Results for micronutrient and food fortification will be released in 2026.

1.3 Challenges in managing Dzaleka Refugee Camp

Dzaleka refugee camp faces significant operational and humanitarian challenges, including chronic underfunding, severe overcrowding, limited basic services, restrictive movement policies, and increasing insecurity. These pressures intensified in 2025 following significant reductions in international assistance to the United Nations Refugee Agency (UNHCR). The cumulative effects of these constraints disproportionately affect the most vulnerable residents, including women and children.

Funding crisis and its impacts

By July 2025, UNHCR had received approximately 18 percent of the \$26.3 million required for Malawi, resulting in scaled-back operations and staff. Reductions in international assistance, including cuts to USAID funding, have also severely impacted the World Food Programme's support in Malawi. Direct results of funding cuts include:

- Basic services are degrading.
- Food assistance has been critically reduced, increasing potential risks of malnutrition.
- Health facilities lack essential medicines and staff. In addition, UNHCR is unable to support some hospitals that treat refugees.
- The suspension of cash grants for school fees is jeopardizing access to education for refugee children.
- Funding pressures have also heightened vulnerabilities in the camp, with increased risks of exploitation, including criminal activity and human trafficking.

Overcrowding and infrastructure constraints:

- Dzaleka refugee camp was established in 1994 for 10,000 to 12,000 people. The camp currently hosts more than 57,000 refugees, placing substantial pressure on infrastructure and service provision.
- Key challenges include inadequate sanitation, water shortages, and substandard housing conditions, all of which strain existing systems and affect living conditions.

Movement restrictions

- Under Malawi's encampment policy, refugees are required to reside in the camp and face restrictions on movement and formal employment outside the camp, limiting opportunities for self-reliance.
- In 2023, thousands of refugees who had been residing and working in urban areas were required to return to Dzaleka.

Protracted displacement

- Dzaleka is a long-standing camp, and many refugees have lived there for decades. Limited access to higher education, employment, or durable solutions has constrained long-term socioeconomic integration.

Environmental shocks

- Droughts and floods have destroyed small-scale agricultural activities undertaken by refugees.

1.4 Data

Table 1.1 presents the sample size and response rates for the Dzaleka component of the survey. A total of 720 households were selected for the Dzeleka sample, of which 691 were found to be occupied. Of the occupied households, 681 were successfully interviewed, yielding a household response rate of 99 percent. In the 691 interviewed household, 825 women aged 15 to 49 were identified as eligible for interview, and 738 were successfully interviewed, resulting in a response rate of 90 percent. Men aged 15 to 54 were interviewed in a subsample of 50 percent of households. Among these, 407 men were identified as eligible and 330 consented to be interviewed, yielding a response rate of 81 percent.

Table 1.1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted) in Dzaleka, Malawi DHS 2024

Household interviews

Households selected	720
Households occupied	691
Households interviewed ¹	681
Household response rate ¹	98.6

Interviews with women age 15-49

Number of eligible women	825
Number of eligible women interviewed	738
Eligible women response rate ²	89.5

Household interviews in subsample

Households selected	360
Households occupied	354
Households interviewed	351
Household response rate ¹	99.2

Interviews with men age 15-54

Number of eligible men	407
Number of eligible men interviewed	330
Eligible men response rate ²	81.1

[1] Households interviewed/households occupied

[2] Respondents interviewed/eligible respondents

1.5 Presentation

This report is organized into six chapters:

- Chapter 2: Household and household population characteristics
- Chapter 3: Fertility and contraception
- Chapter 4: Vaccination and nutrition
- Chapter 5: Maternal and child health
- Chapter 6: Social development

The primary objective of this comparative report is to provide evidence on the population, health and nutrition of the Dzaleka population, and to inform policy and program responses within existing resource constraints.



Children rush to be on time to their class at one of the primary schools in the Dzaleka refugee camp.

Household and Household Population Characteristics

2.1 Household Characteristics

One in four households (25 percent) in Dzaleka have electricity compared to an average of 16 percent of Malawian households. In the camp, 70 percent of household flooring materials are cement and 28 percent are earth and sand. In contrast, 63 percent of households in Malawi have earth and sand flooring and 30 percent have cement (Table 2.1).

Table 2.1 Household characteristics

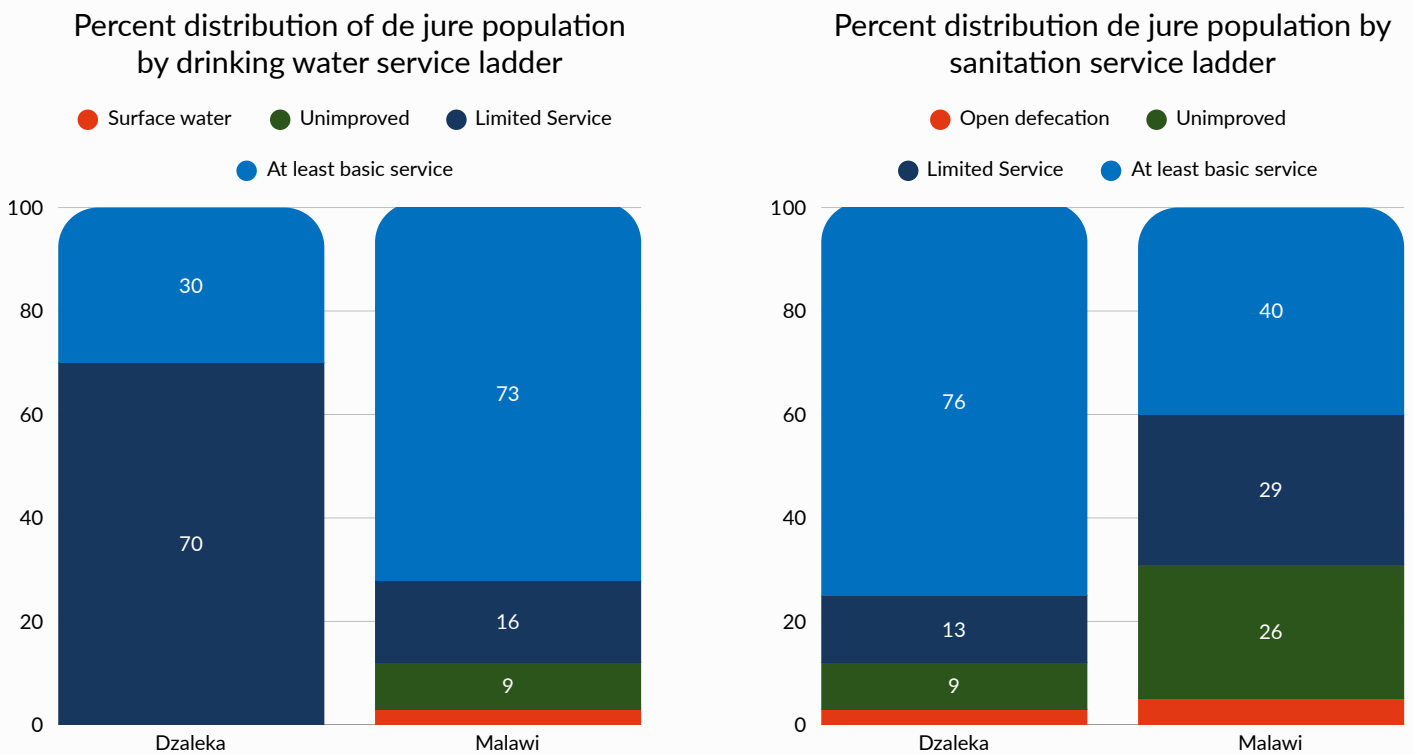
Percent distribution of households by housing characteristics, Malawi DHS 2024

Characteristic	Dzaleka	Malawi
Electricity		
Yes	25.2	15.8
No	74.8	84.2
Total	100	100
Flooring material		
Earth, sand	28.4	63.4
Dung	0.3	5.4
Wood/planks	0.2	0.2
Parquet or polished wood	0.3	0.1
Ceramic tiles	0.4	0.9
Cement	69.8	30.2
Carpet	0.1	0.0
Other	0.4	0.1
Total	100.0	100.0
Number of households	681	22,414

2.2 Water and Sanitation

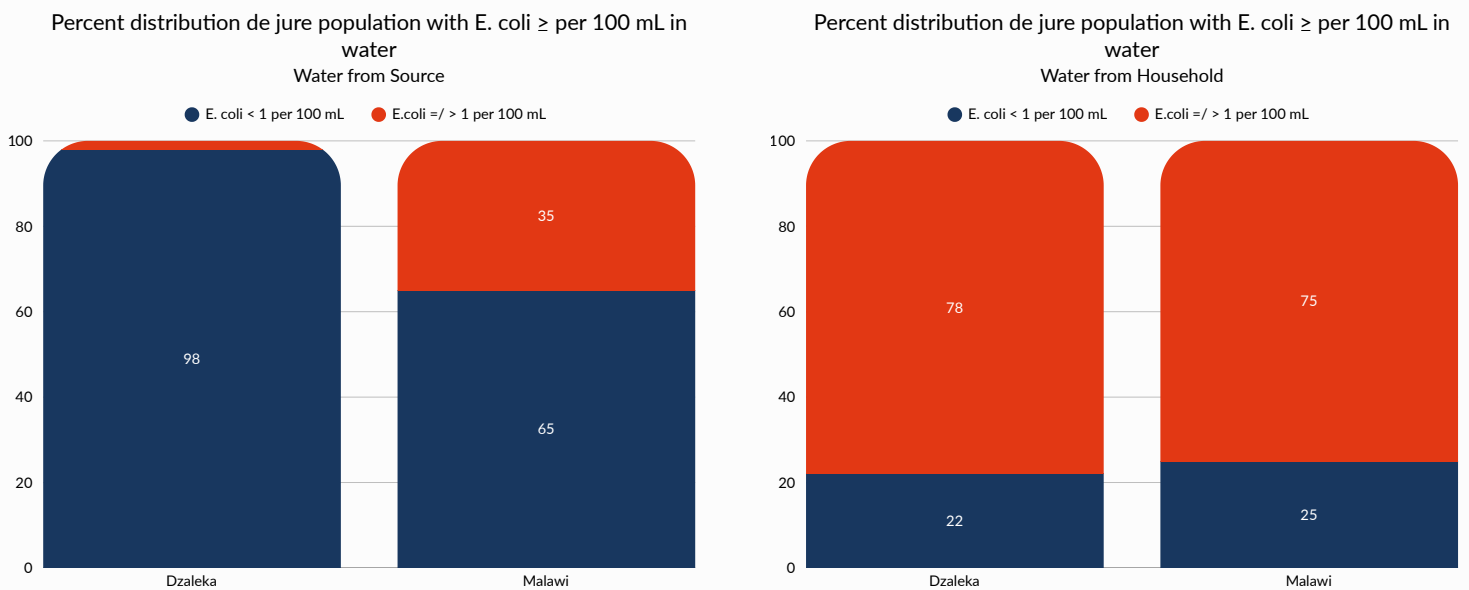
The Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has devised a five-rung drinking water service ladder to benchmark and compare progress towards Sustainable Development Goal (SDG) targets (WHO/UNICEF 2018). Dzaleka data captures information on two of the five rungs, while the rest of Malawi data captures four out of the five rungs. Only 30 percent of households in Dzaleka receive at least a basic service; the remainder (70 percent) receive limited services. In Malawi, households are 2.5 times more likely to receive at least a basic service than those in Dzaleka.

Figure 2.1 Household population drinking water and sanitation service ladder



In contrast, 76 percent of the Dzaleka population have at least a basic sanitation service, while 13 percent have a limited service, 9 percent have unimproved sanitation, and 3 percent have no sanitation facility or practice open defecation. The sanitation service ladder in the camp is better than in the rest of Malawi, where only 40 percent of the population have at least a basic sanitation service, 29 percent have a limited service, 26 percent have unimproved sanitation, and 5 percent have no sanitation facility or practice open defecation.

Figure 2.2 Water quality.



Regarding the quality of drinking water, the source of drinking water in Dzaleka is largely free of contamination, with only 2 percent of the population getting water from contaminated sources compared to 35 percent among the rest of Malawi’s population. However, the data suggests that drinking water is contaminated during transportation, storage, or utilization. About three-quarters of drinking water in both Dzaleka (78 percent) and Malawi (75 percent) is contaminated once it reaches the point of consumption within the household (**Figure 2.2**).

Table 2.2 Household composition

Percent distribution of households by sex of head of household, mean size of households; and percentage of households with orphans and children under age 18 not living with a biological parent, Malawi DHS 2024

Characteristic	Dzaleka	Malawi
Household headship		
Male	65.1	15.8
Female	34.9	84.2
Total	100.0	100.0
Number of usual members		
Mean size of households	5.1	4.2
Percentage of households with children under age 18 who are orphans or not living with a biological parent		
Double orphans	6.4	1.6
Single orphans ¹	14.5	10.8
Children not living with a biological parent ²	15.8	27.3
Orphans and/or children not living with a biological parent	24.9	31.1
Number of households	681	22,414

Note: Table is based on de jure household members, i.e., usual residents.

[1] Includes children with one dead parent and an unknown survival status of the other parent

[2] Children not living with a biological parent are those under age 18 living in households with neither their mother nor their father present

2.3. Demographic Characteristics

Table 2.2 shows that women head 35 percent of households in Dzaleka camp (compared to 38 percent of households in Malawi). The average household size is 5.1 persons in Dzaleka, almost one person more than the average Malawian household at 4.2 persons. The percentage of children under the age of 18 who are double orphans (6 percent) and single orphans (15 percent) is higher in the camp than in the general population at 2 percent and 11 percent respectively.

Figure 2.3 shows the percentage of children under the age of five whose birth has been registered. Approximately 9 in 10 children under the age of five in the camp have had their birth registered, compared to approximately 8 in 10 children in the general population.

Figure 2.3 Birth Registration

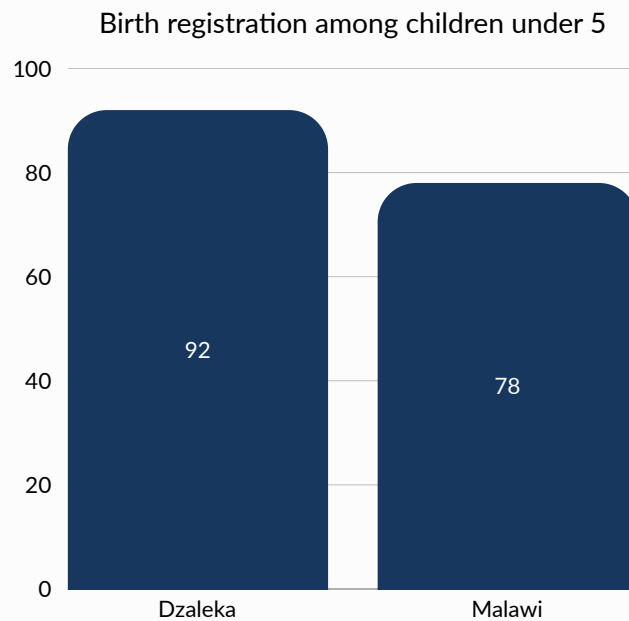
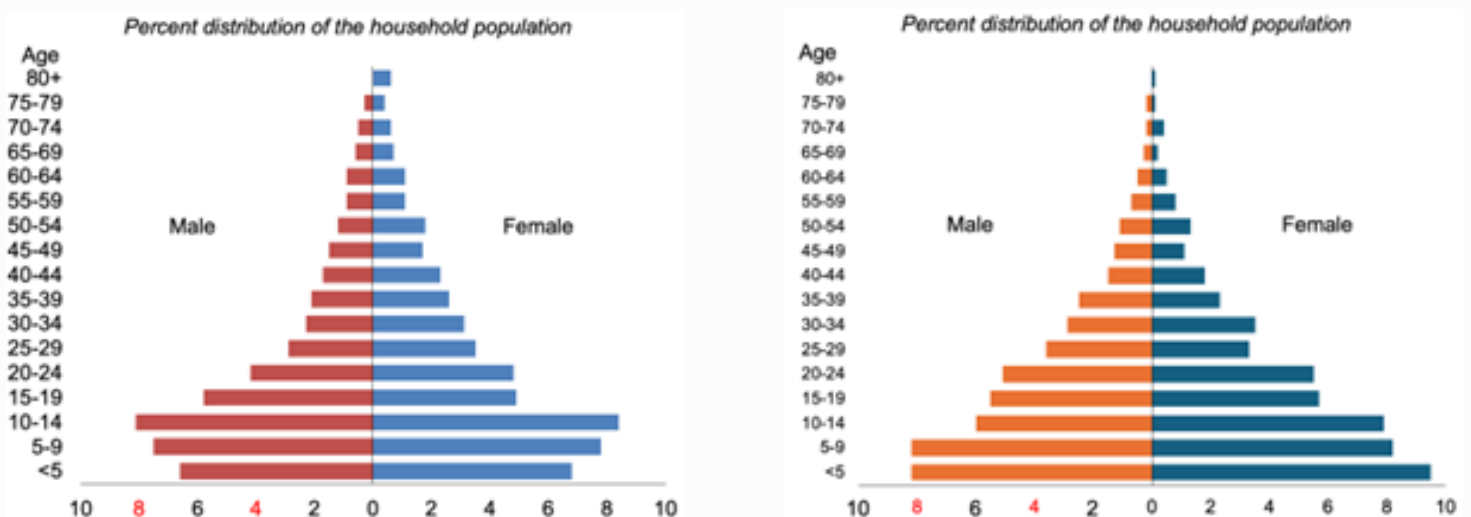


Figure 2.4 shows the population pyramids for Dzaleka and the rest of the Malawi population. These figures indicate that the camp population appears to be younger with a shorter life expectancy than the general population, as its population pyramid has a broader base with a shorter and slimmer apex.

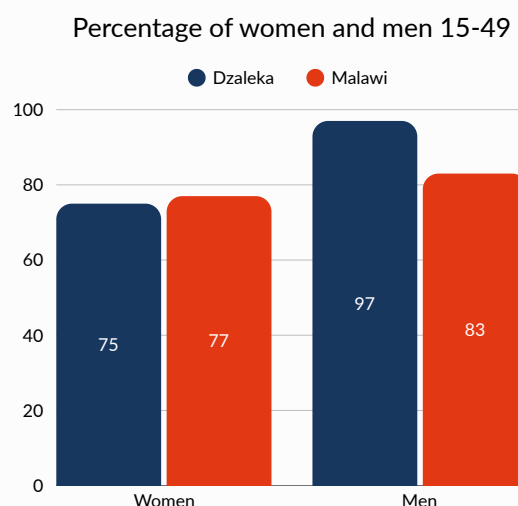
Figure 2.4 Population pyramid



2.4 Socioeconomic Characteristics

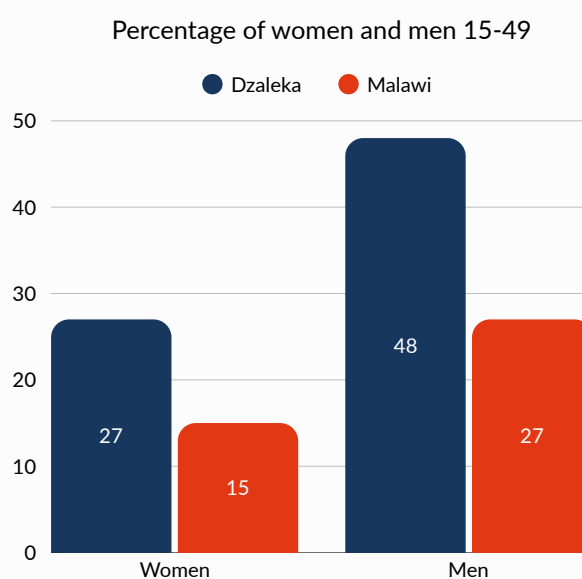
Respondents who had attended higher than secondary school were assumed to be literate. All other respondents were considered to be literate if they could read all or part of a sentence shown to them. The literacy rate in Dzaleka is comparable with the rest of Malawi for women aged 15 to 49, at 75 percent and 77 percent, respectively. However, the literacy rate among men aged 15-49 in Dzaleka at 97 percent is higher compared to the same age cohort in the rest of Malawi (**Figure 2.5**).

Figure 2.5 Literacy.



More than 1 in 4 women (27 percent) and nearly half of men in Dzaleka had accessed the internet in the past 12 months. Respondents in Dzaleka were more likely to use the internet than respondents in the rest of Malawi (see **Figure 2.6**).

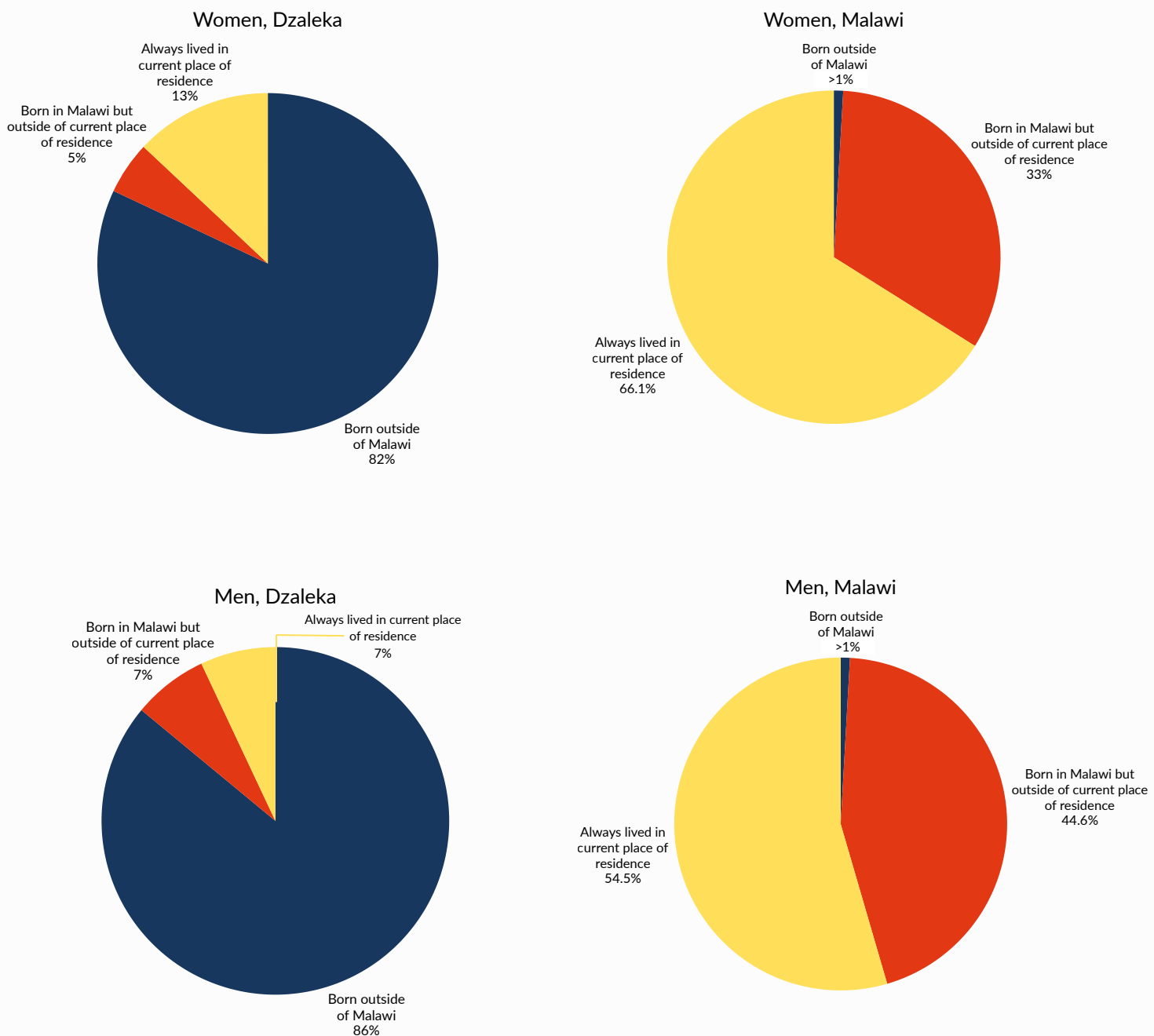
Figure 2.6 Access to internet in past 12 months



Less than 1 percent of women and no men at all living in the camp reported that they are covered by any type of health insurance.

Migration data directly reflect the nature of the camp. Eighty-two percent of women and 86 percent of men were born outside of Malawi (in other countries). Thirteen percent of women and 7 percent of men who reported always living in the camps include those who were born outside the camp but moved into it at a very young age. In contrast, 99 percent of Malawi respondents were born in the country.

Figure 2.7 Migration





A refugee from Burundi selling Tomatoes in Dzaleka Refugee camp.

Fertility and Contraception

3.1 Current Fertility

The total fertility rate (TFR) in Dzaleka is 4.9 children per woman for the three-year period preceding the survey. Fertility is higher in the camp (4.9 children per woman) than in the general population (3.7 children per woman) (**Table 3.1**). Other fertility indicators, such as the crude birth rate (CBR) per 1,000 population and general fertility rate (GFR) per 1,000 women aged 15- 44, are also higher in Dzaleka camp compared to the rest of Malawi.

Table 3.1 Current fertility

Age-specific and total fertility rates, general fertility rate, and crude birth rate for the 3 years preceding the survey, Malawi DHS 2024

Age group	Dzaleka	Malawi
10-14	(15)	3
15-19	64	133
20-24	222	178
25-29	216	157
30-34	263	135
35-39	(158)	90
40-44	(48)	44
45-49	-	12
TFR (15-49)	4.9	3.7
GFR	168	133
CBR	36.9	28.4

Notes: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1-36 months preceding the interview.

Rates for the 10-14 age group are based on retrospective data from women aged 15-17

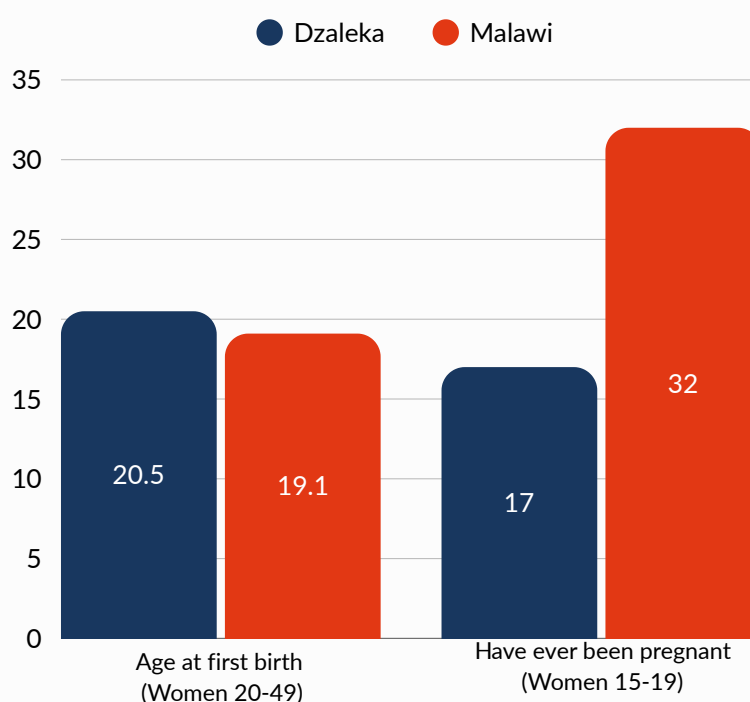
TFR: Total fertility rate expressed per woman

GFR: General fertility rate expressed per 1,000 women aged 15-44

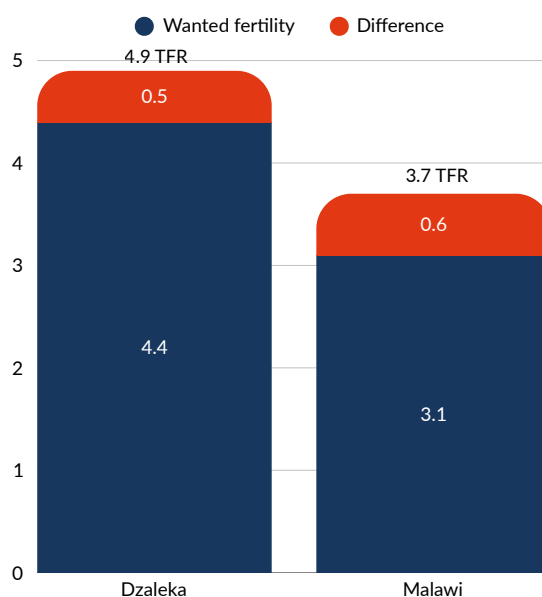
CBR: Crude birth rate, expressed per 1,000 population

The median age at first birth among women aged 20 to 49 in Dzaleka is 20.5 years. The median age at first birth among women of the same age group in the rest of Malawi is 19.1 years. The percentage of women aged 15 to 19 who have ever been pregnant in Dzaleka is 17 percent, compared to 32 percent in the rest of Malawi. Even though these two indicators show that delayed fertility is higher among women in Dzaleka, conversely the TFR in Dzaleka is higher than in Malawi (Figure 3.1).

Figure 3.1 Age at first birth and teenage pregnancy.



The desired fertility among women aged 15-49 in Dzaleka is 4.4, while for women in the rest of Malawi it is 3.1 (Figure 3.2). This indicates that actual fertility exceeds wanted fertility by approximately 0.5 to 0.6 births per woman in both Dzaleka and Malawi.

Figure 3.2 Desired and actual fertility

3.2 Contraception

Thirty-seven percent of currently married women in Dzaleka are using a method of contraception; 33 percent are using a modern method, and 4 percent are using a traditional method. The contraceptive prevalence rate (CPR) among married women in Dzaleka is much lower than the CPR among married women in the rest of Malawi at 68 percent. Injectables and implants are the two most popular methods among women in both populations (**Table 3.2**).

Table 3.2 Current use of contraception

Percent distribution of currently married women age 15-49 by contraceptive method currently used, Malawi DHS 2024

Age	Modern method											Traditional method			Total	Number of women
	Any method	Any modern method	Female sterilization	IUD	Injectables	Impants	Pill	Male Condom	Emergency contraception	LAM	Any traditional method	Rhythm	Withdrawal	Not currently using		
Dzaleka	36.9	33.1	4.4	0.2	16.3	6.7	1.7	1.7	1.5	0.6	3.8	2.4	1.4	63.1	100	377
Malawi	68.2	66.4	9.1	1.2	33.5	18.5	2.3	1.3	0.1	0.2	1.8	0.6	0.9	31.8	100	12,600

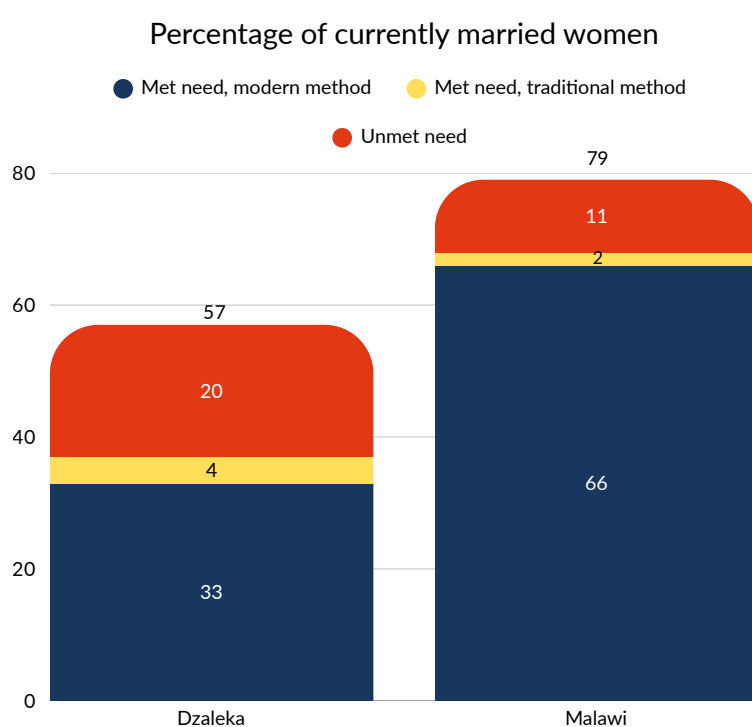
Note: If more than one method is used, only the most effective method is considered in this tabulation.

SDM = Standard days method

LAM = Lactational amenorrhea method

The total unmet need for family planning among married women in the camp stands at 20 percent, almost double that of married women in the rest of Malawi at 11 percent. The total demand for family planning is 57 percent among currently married women in Dzaleka compared to 79 percent in Malawi (Figure 3.3). The fertility determinants and contraception indicators may contribute to the higher TFR among women in Dzaleka.

Figure 3.3 Unmet need, met need and total demand





A member of the host community sprays pesticides in his tomato farm near Dzaleka refugee camp.

Vaccination and Nutrition

4.1. VACCINATION

At the time of the survey, close to 80 percent of children aged 12 to 23 months in Dzaleka were fully vaccinated against all basic antigens, and 74 percent were fully vaccinated according to the national schedule. These figures indicate higher vaccination coverage among children aged 12 to 23 months than in the rest of Malawi (67 percent and 47 percent, respectively). However, among children aged 24 to 35 months, only 34 percent were fully vaccinated according to the national schedule. This figure is similar across Dzaleka and the rest of Malawi (**Table 4.1**).

Table 4.1 Vaccinations for young children

Percentage of children aged 12-23 months and children aged 24-35 months who are fully vaccinated (basic antigens), percentage fully vaccinated (according to national schedule), and percentage who received no vaccinations, Malawi DHS 2024

	Children aged 12-23 months				Children aged 24-35 months	
	Fully vaccinated (basic antigens) ¹	Fully vaccinated (according to national schedule) ²	No vaccinations	Number of children	Fully vaccinated (according to national ³ schedule)	Number of children
Dzaleka	79.8	74.1	0	129	33.8	80
Malawi	66.7	46.6	1.3	2,503	33.3	2,125

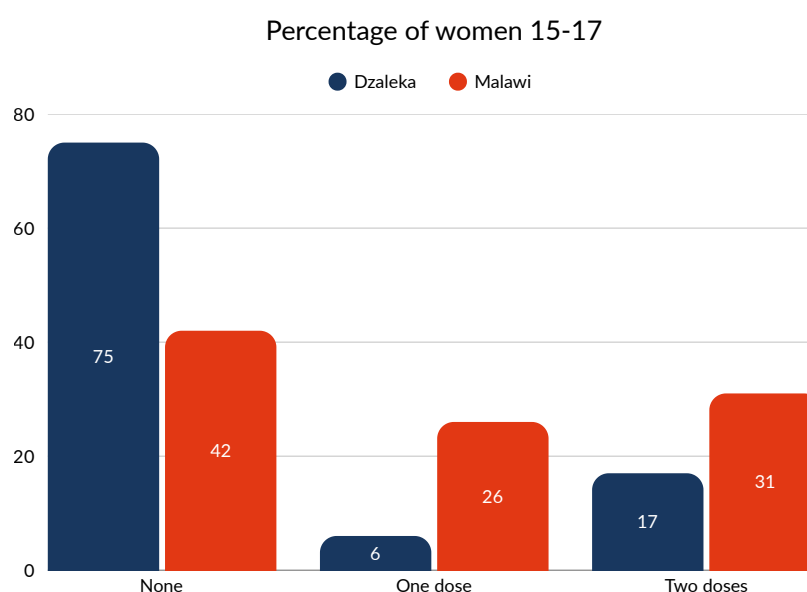
[1] BCG, three doses of DPT-HepB-Hib, three doses of polio vaccine (excluding polio vaccine given at birth), and one dose of measles-rubella vaccine.

[2] BCG, three doses of DPT-HepB-Hib, four doses of polio vaccine, one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of measles-rubella vaccine.

[3] BCG, three doses of DPT-HepB-Hib, four doses of polio vaccine, one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and two doses of measles-rubella vaccine.

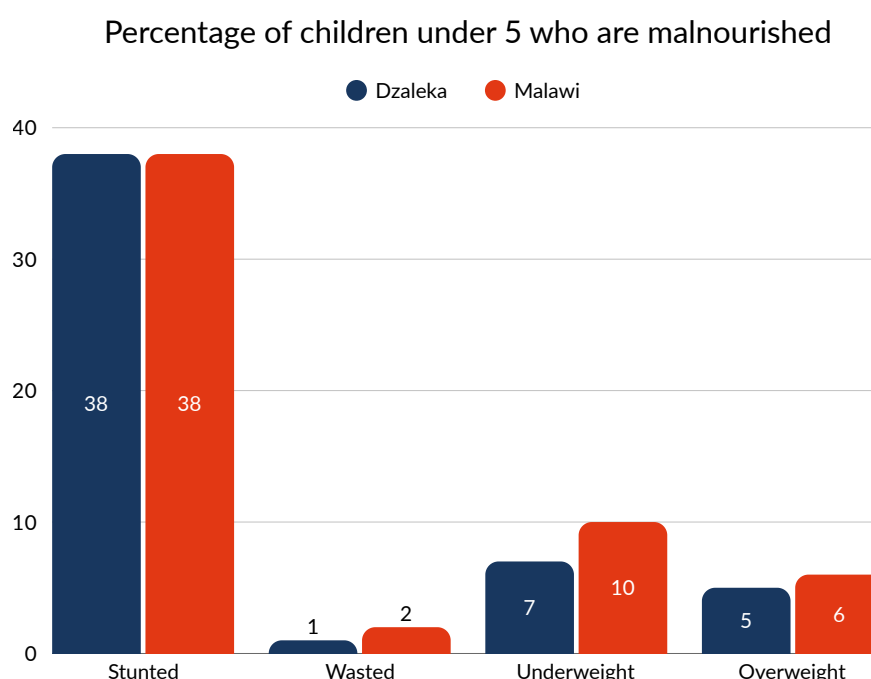
Human papillomavirus (HPV) is a common virus that can cause cervical, anal, and oropharyngeal cancers later in life. The HPV vaccine is therefore advised for preteens, both boys and girls. In Malawi, the HPV vaccine was introduced nationwide in 2019 and is primarily administered in schools. According to the survey results, only 17 percent of women aged 15 to 17 received two doses in Dzaleka, while 6 percent received a single dose. This coverage of HPV vaccines in Dzaleka is much lower compared to women in the same age cohort in the rest of Malawi. **(Figure 4.1)**

Figure 4.1 Human Papillomavirus Vaccination



4.2. NUTRITION

The distribution of height and weight among children under the age of five was compared with the WHO Child Growth Standards reference population. Stunting, or low height-for-age, is a measure of growth faltering; wasting, or low weight-for-height, is a measure of acute undernutrition; underweight, or low weight-for-age, is a composite index of weight-for-height and height-for-age; and overweight or high weight-for-height indicates excessive body weight relative to height (WHO 1995, 2001, 2006, and 2007). **Figure 4.2** shows the nutritional status of children under the age of five according to the four anthropometric indices. Thirty-eight percent of children under the age of five are stunted, 1 percent are wasted, 7 percent are underweight, and 5 percent are overweight in Dzaleka. These indices show that the nutritional status among Dzaleka children is equal to or slightly better than that of children in the rest of Malawi.

Figure 4.2 Nutritional status of children

Among women aged 20 to 49, data on height and weight were used to calculate two measures of nutritional status: height and body mass index (BMI). The results show that 2 percent of women aged 20 to 49 are shorter than 145 cm in Dzaleka. A total of 4 percent of women are thin, most of whom are mildly thin; less than 1 percent are moderately or severely thin. Conversely, 28 percent of women are overweight or obese in Dzaleka, with 20 percent being overweight and 18 percent being obese. Obesity is significantly higher in the camp compared to women in the rest of Malawi (Table 4.2).

Table 4.2 Nutritional status of women age 20-49

Among women age 20-49, percentage with height below 145 cm, mean body mass index (BMI), and percentage with specific BMI levels, Malawi DHS 2024

Background characteristic	Short stature			Body Mass Index ¹							Number of women
	Height below 145 cm	Number of women	Mean body mass index (BMI)	18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17 (moderately or severely thin)	>=25.0 (total overweight or obese)	25.0-29.9 (overweight)	>=30.0 (obese)	
Dzaleka	1.8	311	25	58.3	3.9	3.7	0.2	37.9	19.7	18.2	250
Malawi	2.5	7,845	23.5	66.6	5.3	4.3	1.1	28.1	19.9	8.2	7,216

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).

[1] Excludes pregnant women and women with a birth in the preceding two months

4.3 Anemia

Approximately 2 in 5 (41 percent) children aged 6 to 59 months in Dzaleka are classified as anaemic: less than 1 percent are severely anaemic, 19 percent are mildly anaemic, and a further 22 percent are moderately anaemic. In contrast, anaemia is more prevalent among children in the rest of Malawi. More than half of children aged 6 to 59 months (56 percent) are anaemic; 3 percent are severely anaemic, 27 percent are mildly anaemic, and an additional 27 percent are moderately anaemic (**Figure 4.3**).

When it comes to women aged 15 to 49, thirty-five percent of women are anaemic; 19 percent are mildly anaemic, 13 percent are moderately anaemic, and 4 percent are severely anaemic (**Figure 4.4**). The anaemia prevalence among Dzaleka women is similar to women in the rest of Malawi. (35 percent versus 36 percent respectively).

Figure 4.3 Anemia in children

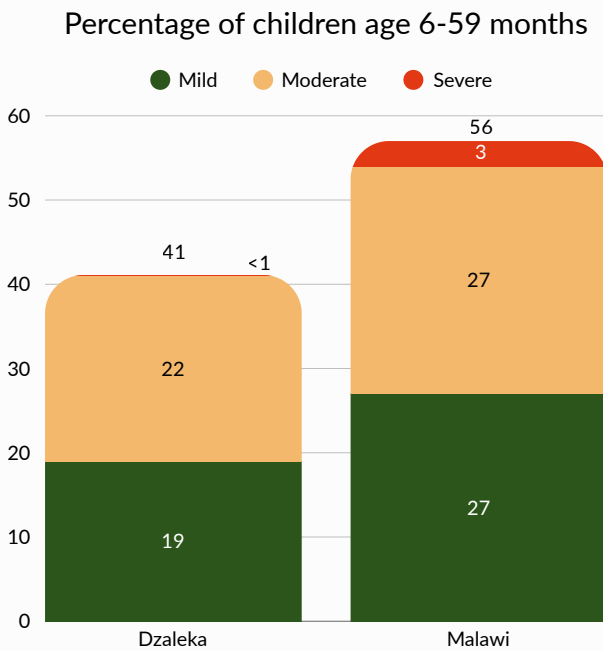
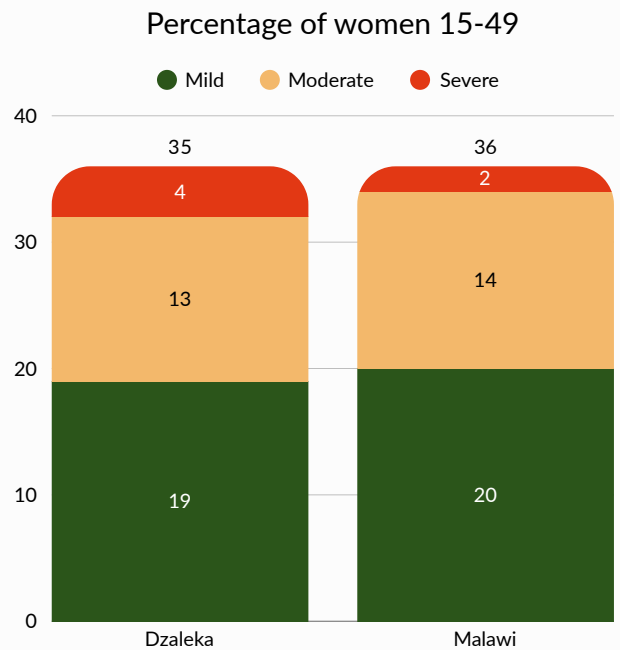


Figure 4.4 Anemia in women





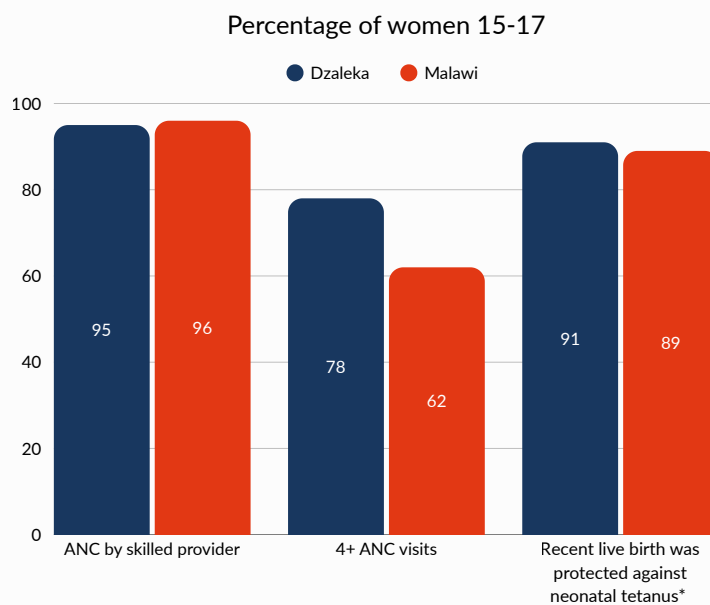
Girlfriends meet during a break in the yard of one of the secondary schools in the Dzaleka refugee camp.

Maternal and Child Health

5.1 Antenatal care

Overall, 95 percent of women aged 15 to 49 in the camp received antenatal care (ANC) from a skilled provider for their most recent birth; 78 percent made four or more ANC visits and 91 percent received sufficient tetanus toxoid injections so that their most recent live birth was protected against neonatal tetanus. (Figure 5.1). The percentage of women in Dzaleka who made four or more ANC visits is higher than women in the rest of Malawi (78 percent versus 62 percent). The other two indicators are similar.

Figure 5.1 Antenatal care

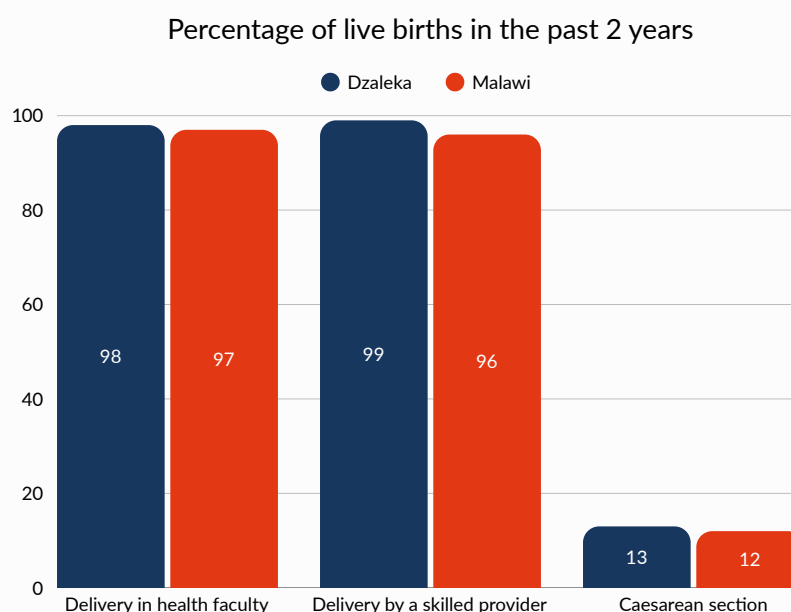


*Includes women with two injections during pregnancy for the most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the most recent birth.

5.2 Delivery

Close to 100 percent of all live births in the two years prior to the survey in Dzaleka were delivered at a health facility and assisted by a skilled provider (98 percent and 99 percent, respectively). Thirteen percent were delivered by caesarean section. These delivery indicators are similar between the Dzaleka and rest of Malawi populations.

Figure 5.2 Delivery



5.3 Malaria

Thirty-nine percent of households in Dzaleka own at least one insecticide-treated net (ITN); on average one household has only 0.6 ITN. These figures are much lower than those in the rest of Malawi's households. In Dzaleka, 13 percent of households had at least one ITN for every two persons who stayed in the household in the night prior to the survey, compared to 26 percent in the rest of Malawi's households (**Table 5.1**).

Table 5.1 Household possession of mosquito nets

Percentage of households with at least one mosquito net (treated or untreated) and insecticide-treated net (ITN); average number of nets and ITNs per household; and percentage of households with at least one net and ITN per two persons who stayed in the household last night, Malawi DHS 2024

Background characteristic	Percentage of households with at least one mosquito net		Average number of nets per household		Number of households	Percentage of households with at least one net for every two persons who stayed in the household last night ¹		Number of households with at least one person who stayed in the household last night
	Any mosquito net	Insecticide - treated mosquito net (ITN) ²	Any mosquito net	Insecticide - treated mosquito net (ITN) ²		Any mosquito net	Insecticide - treated mosquito net (ITN) ²	
Dzaleka	38.8	38.8	0.6	0.6	681	12.5	12.5	678
Malawi	59.7	58.5	1	1	22,414	26.9	25.8	22,366

[1] De facto household members

[2] An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2010 MDHS, 2012 MMIS, 2014 MMIS, and MDHS 2015-16 this was known as a long-lasting insecticidal net (LLIN).

In Dzaleka, 32 percent of children under the age of five and 44 percent of pregnant women slept under an ITN the night before the survey. Children under the age of five in Dzaleka are less likely than those in the rest of Malawi's households to sleep under an ITN. The difference in ITN use is smaller among pregnant women in Dzaleka and the rest of Malawi. (Table 5.2).

Table 5.2 Use of ITN by children and pregnant women

Percentage of children under age 5 who slept under an ITN the night before the survey; and percentage of pregnant women who slept under an ITN the night before the survey, Malawi DHS 2024

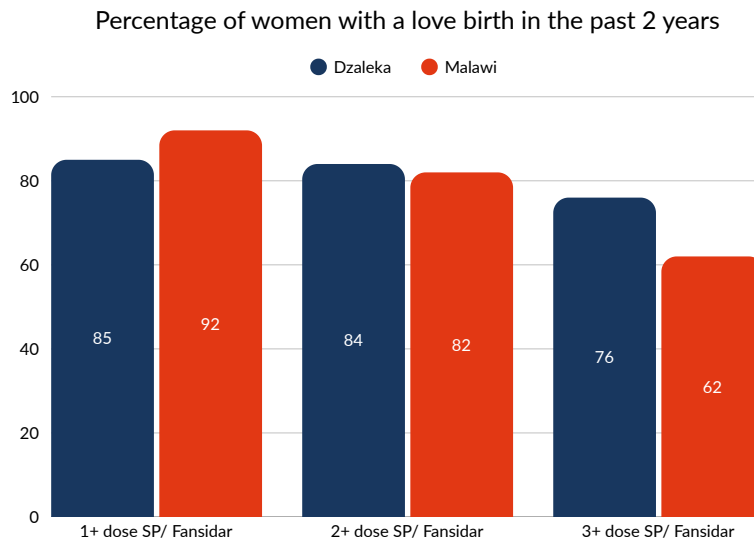
Background characteristic	Among children under age 5 in all households		Among pregnant women age 15-49 in all households	
	Percentage who slept under an ITN ¹ last night	Number of children	Percentage who slept under an ITN ¹ last night	Number of pregnant women
Dzaleka	32.1	608	43.5	70
Malawi	52.9	12,772	46.5	1,181

Note: Table is based on children who stayed in the household the night before the interview.

[1] An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2012 Malawi MIS and 2014 Malawi MIS, this was known as a long-lasting insecticidal net (LLIN).

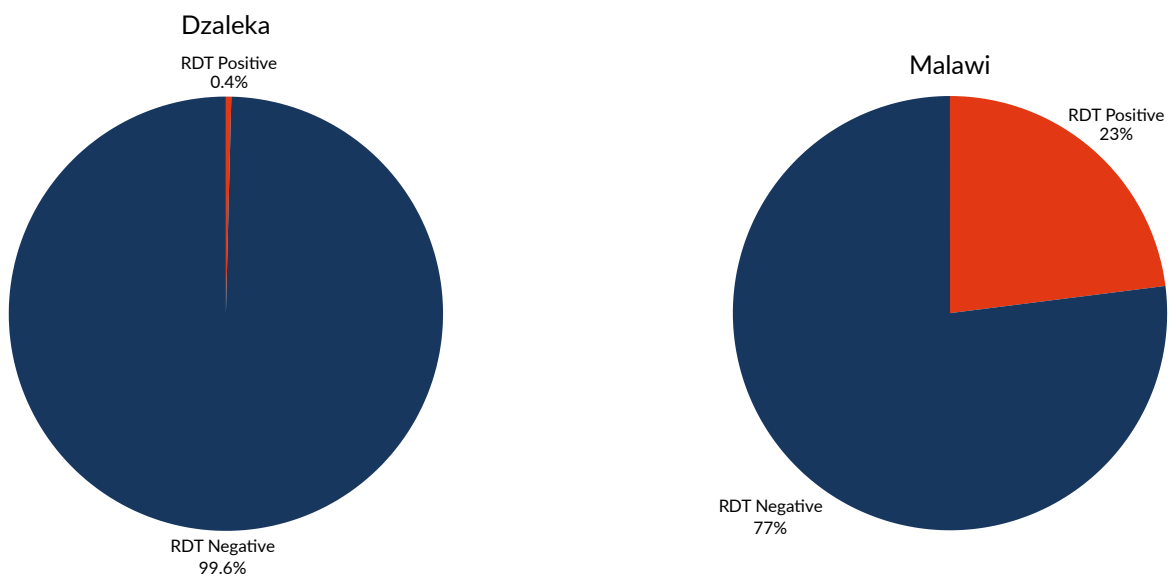
Figure 5.3 shows the percentage of women with a live birth in the past two years who received sulfadoxine–pyrimethamine/Fansidar for Intermittent Preventive Treatment in Pregnancy (IPTp) to prevent malaria infection during pregnancy. The data show that more pregnant women in the rest of Malawi received one or more doses of IPTp than women in Dzaleka (92 percent versus 85 percent, respectively). However, in Dzaleka, the percentage of women who returned for subsequent doses is higher than those in the rest of Malawi.

Figure 5.3 Intermittent preventive treatment in pregnancy (IPTp)



Malaria infection is negligible among the camp population. Some 23 percent of children under the age of five in the rest of Malawi tested positive for malaria through rapid diagnostic test (RDT), compared to less than 1 percent of their counterparts in Dzaleka (**Figure 5.4**).

Figure 5.4 Rapid diagnostic test (RDT) for malaria





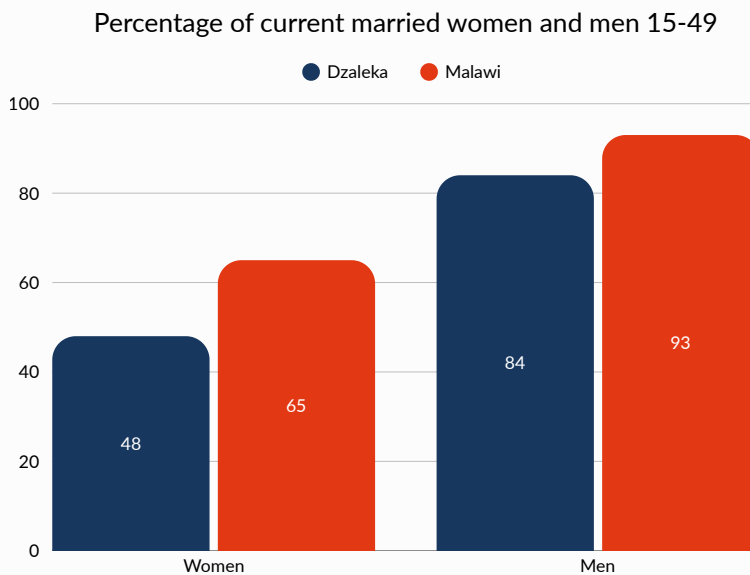
A refugee from the Democratic Republic of Congo holds peanut butter jars ready for sale in Dzaleka refugee camp.

Social Development

6.1 Employment

Forty-eight percent of currently married women aged 15 to 49 and 84 percent of currently married men aged 15 to 49 in Dzaleka were employed in the 12 months prior to the survey. Compared with currently married women and currently married men aged 15-49 in the rest of Malawi (65 percent and 93 percent, respectively), women and men in Dzaleka were less likely to be employed in the previous 12 months (**Figure 6.1**).

Figure 6.1 Employment in the past 12 months

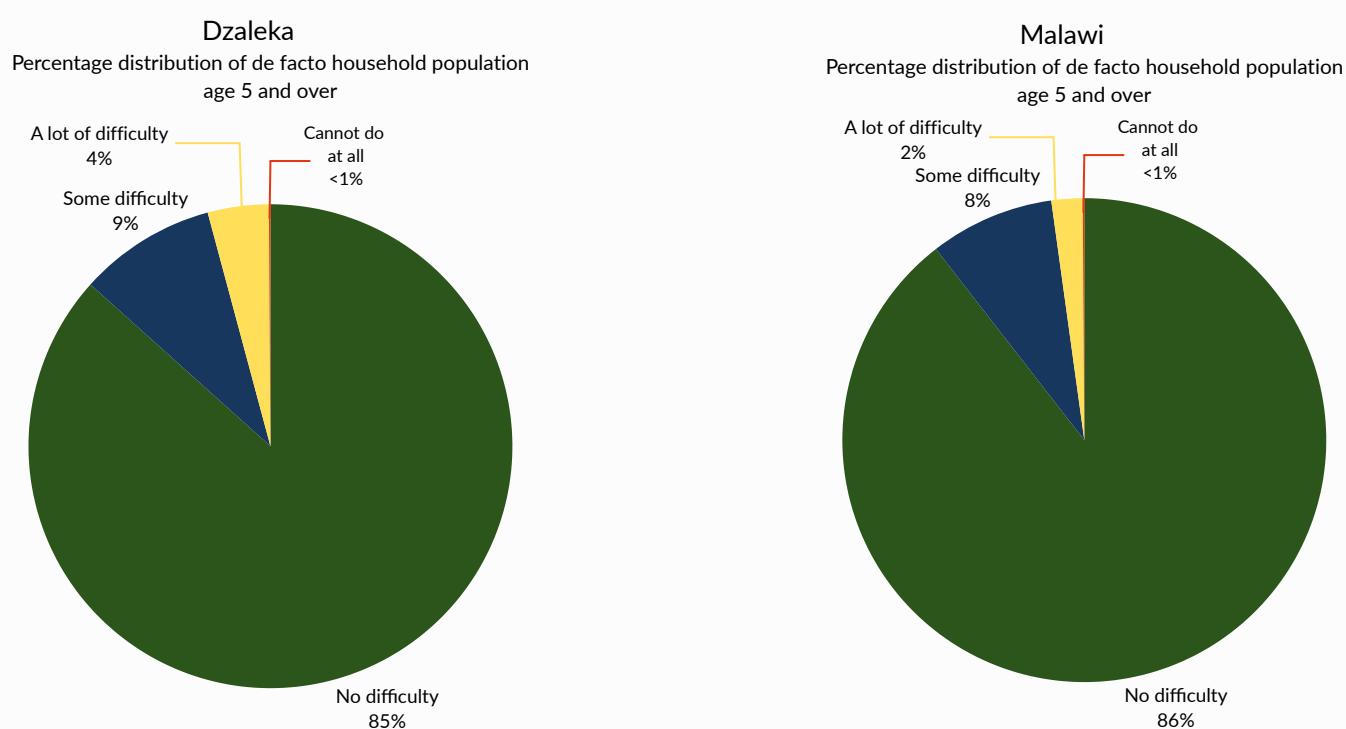


6.2 Disability

Respondents were asked to provide information for all household members aged five and above as to whether they had no difficulty, some difficulty, a lot of difficulty, or no ability at all in any of the following functional domains: seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing or dressing. Eighty-five percent of household members aged five or older in Dzaleka have no difficulty in any of the functional domains, 9 percent have some level of difficulty in at least one domain, 4 percent have a lot of difficulty, and less than 1 percent cannot function at all in at least one domain.

Dzaleka figures are comparable with the rest of Malawi figures, except that the percentage of household members who have a lot of difficulty in at least one of the functional domains is twice as high in Dzaleka than in the rest of Malawi (4 percent versus 2 percent, respectively) (Figure 6.2).

Figure 6.2 Degree of difficulty in functional domains



6.3 Gender-based violence

Gender-based violence is defined by the United Nations as any act of violence that results in physical, sexual, or psychological harm or suffering to women, girls, men, and boys; as well as threats of such acts, coercion, or the arbitrary deprivation of liberty (United Nations 2006). Twelve percent of women in Dzaleka had ever experienced physical violence and 8 percent had ever experienced sexual violence by any perpetrator. These percentages are less than half of those reported among the rest of Malawian women (32 percent and 17 percent, respectively). About 3 percent of women had ever experienced sexual violence by a non-intimate partner (other than a husband or partner). The same proportion of women in the rest of Malawi (3 percent) reported they had been subjected to sexual violence by a non-intimate partner (Table 6.1).

Table 6.1 Experience of sexual violence by any perpetrator

Percentage of women aged 15-49 who have ever experienced physical violence and sexual violence by any perpetrator and percentage who have experienced sexual violence by a non-intimate partner, Malawi DHS 2024

Background characteristic	Experienced physical violence since age 15	Experienced sexual violence by any perpetrator	Experienced sexual violence by any non-intimate partner	Number of women
Dzaleka	11.9	7.5	2.7	516
Malawi	32.2	17.2	2.7	16,263

In Dzaleka, 21 percent of women who have ever had a husband/intimate partner reported having experienced emotional, physical, or sexual violence by their current or most recent husband/intimate partner. This includes 13 percent who experienced physical violence, 7 percent who experienced sexual violence, and 15 percent who experienced emotional violence. This figure is about half of the prevalence reported by women in the rest of Malawi (41 percent). Regarding most recent experience, 16 percent of women who have ever had a husband/intimate partner reported experiencing violence in the 12 months preceding the survey in Dzaleka. In the rest of Malawi, 29 percent of women experienced such violence in the 12 months preceding the survey. Overall, women in the rest of Malawi reported higher levels of any form of violence in the last 12 months compared with women in Dzaleka (Table 6.2).

Table 6.2 Various forms of violence perpetrated by intimate-partner

Percentage of women age 15-49 who have ever had a husband or intimate partner who have experienced various forms of intimate-partner violence ever or in the 12 months preceding the survey, perpetrated by a husband or intimate partner, Malawi DHS 2024

	Ever experienced		Experienced in the last 12 months	
	Dzaleka	Malawi	Dzaleka	Malawi
Physical violence	13.4	28.3	8.2	15.2
Sexual violence	7.7	17.2	6.1	12.2
Emotional violence	15.2	24	12.4	18.1
Any form of physical or sexual violence	16.9	35.2	12.2	21.8
Any form of emotional or physical or sexual violence	20.7	41.1	16.4	28.5
Number of women ever married or never married who ever had an intimate partner	365	14,856	365	14,856

Notes: The term husband includes a partner with whom a woman is living as if married. Husband/intimate partner refers to the current husband for currently married women, the most recent husband for divorced, separated or widowed women, the current intimate partner for never married women who currently have an intimate partner, and the most recent intimate partner for never married women who do not currently have an intimate partner but had one in the past.
na = Not available

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Cover photo: A refugee from the Democratic Republic of
Congo walks to her shelter after receiving cloth donation in
Dzaleka refugee camp.

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