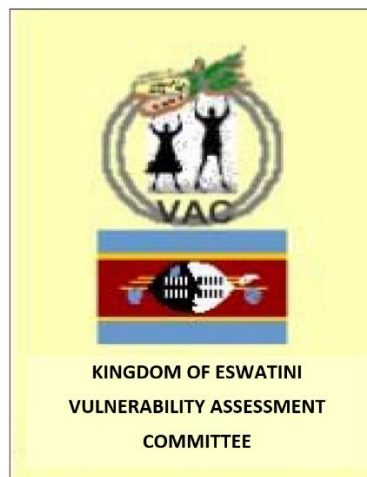




KINGDOM OF ESWATINI

ANNUAL VULNERABILITY ASSESSMENT & ANALYSIS REPORT

2019



July 2019



World Vision®



A. ACKNOWLEDGEMENT

The 2019 Annual Vulnerability and Livelihood Assessment covered all key sectors including; agriculture, health, nutrition and education in an effort to understand household vulnerability status in Eswatini. This multi-sectoral approach required that the Eswatini VAC team collaborates with Government departments, non-state actors and traditional structures for its success.

On behalf of the Eswatini Government, I would like to recognise the Government support throughout the annual assessment process. I also want to extend my sincere appreciation for the significant financial and logistical support contributed by Government cooperating partners, World Vision Eswatini, WFP and FAO through SADC Regional Vulnerability Assessment and Analysis (SADC RVAA) Programme.

Sincere gratitude is due to all the respondents and facilitators in the communities we visited, which these findings will be shared with and hope they will help to shape the development paths in their respective communities. Finally, may I also applaud the Eswatini VAC Core Team and the data collection teams that worked extremely hard to cover vast numbers of households in each region so to ensure representativeness of the 2019 Annual Assessment findings.

Khangeziwe Mabuza

Principal Secretary- Deputy Prime Minister's Office

B. EXECUTIVE SUMMARY

The context of the Eswatini Vulnerability Assessment and Analysis for the 2019/20 period was guided by the need to provide current food security and livelihoods information to inform policy and programming decisions in the country. Specific areas covered included agriculture, health and nutrition, water and sanitation, and education. The assessment took place at a time when there were a number of macro-economic challenges in the country, however an observable stability in consumer inflation reflected an opportunity for reduced vulnerability thus enhancing household food consumption. The Government of Eswatini's Strategic Roadmap (2019-2023) advocates for the development of social security policies which from the outcomes of this assessment, this process would benefit immensely.

Earlier predictions of the 2018/19 rainfall season were inclined towards an El-Nino occurrence and this resulted in misinterpretation of early warning messages. The performance ultimately turned out to be more rainfall received later on in the season, thus some areas received more rainfall than normal. The overall result was reduced agricultural production compared to the previous year. This rainfall pattern had a positive effect on water and pasture availability.

The decline in cereal production (approximately about 15%) compared to the 2017/18 season, coupled with other drivers such as increase in the cost of food and loss of employment resulted in an increase in the food insecure population which increased by 66%. At the household level, some food security indicators such as the Coping Strategy Index (CSI), Food Consumption Score (FCS) and the Household Hunger Scale (HHS) were assessed to give a perspective of the severity of food insecurity. The Lubombo Region has the highest CSI compared to the other regions, however all are below the five-year average. Most households show improvement in the FCS across all the regions (at acceptable) with the exception of Lubombo which showed an increase in the number of households showing poor and borderline consumption.

Indicators for malnutrition in the four Administrative Regions were also measured. Stunting levels range between 23% -28% and this is attributable to a wide range of factors including targeted interventions, lack of awareness and changes in livelihoods. Stunting was also noted to be higher among males compared to females. Among adults, there were notable trends of obesity in adult females and the Shiselweni region surpassing all the other regions. In view of

all these findings, medium to long term interventions should be put in place including addressing structural deficiencies, resilience and reducing dependence on non- home grown solutions.

C. ABBREVIATIONS AND ACRONYMS

AIDS	:	ACQUIRED IMMUNE-DEFICIENCY SYNDROME
ART	:	ANTI-RETROVIRAL THERAPY
ARV	:	ANTI-RETROVIRAL
CSO	:	CENTRAL STATISTICAL OFFICE
EA	:	ENUMERATION AREA
EHIES	:	ESWATINI HOUSEHOLD INCOME AND EXPENDITURE SURVEY
E- VAC	:	ESWATINI VULNERABILITY ASSESSMENT COMMITTEE
FAO	:	FOOD AND AGRICULTURE ORGANIZATION
GDP	:	GROSS DOMESTIC PRODUCT
GoE	:	GOVERNMENT OF ESWATINI
HIV	:	HUMAN IMMUNE-DEFICIENCY VIRUS
IPC	:	INTEGRATED FOOD SECURITY PHASE CLASSIFICATION
LZ	:	LIVELIHOOD ZONE (ALSO KNOWN AS FOOD ECONOMY ZONE)
MEPD	:	MINISTRY OF ECONOMIC PLANNING AND DEVELOPMENT
MICS	:	MULTIPLE INDICATOR CLUSTER SURVEY
MOA	:	MINISTRY OF AGRICULTURE
MT	:	METRIC TONNES
NEWU	:	NATIONAL EARLY WARNING UNIT
NHSSP	:	NATIONAL HEALTH SECTOR STRATEGIC PLAN
NMC	:	NATIONAL MAIZE CORPORATION
NMS	:	NATIONAL METEOROLOGICAL SERVICES
SADC RVAA	:	SOUTHERN AFRICAN DEVELOPMENT COMMUNITY REGIONAL VULNERABILITY ASSESSMENT AND ANALYSIS
VAA	:	VULNERABILITY ASSESSMENT AND ANALYSIS

WFP : WORLD FOOD PROGRAMME
WHO : WORLD HEALTH ORGANIZATION

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1.0 BACKGROUND AND OVERVIEW

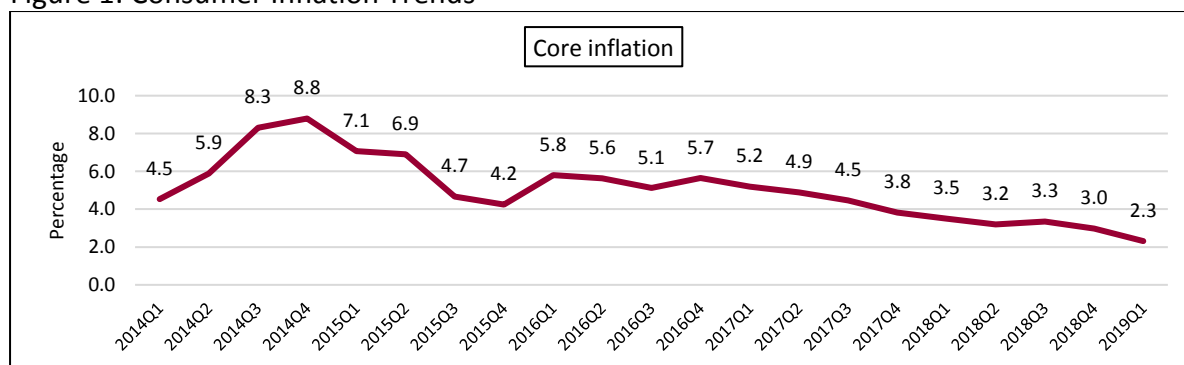
The 2019 Eswatini Vulnerability Assessment and Analysis was carried out between May and June 2019 with a view to provide information on the state of livelihoods and vulnerability with a particular emphasis on the rural areas of the country. The results presented in this report cover a wide range of issues across a number of sectors that have a bearing on the livelihoods context of Eswatini. Some programmatic recommendations are also proposed to help guide interventions and policy decisions aimed at improving the welfare of the most vulnerable. In the broader context, the vulnerability assessment and analysis process is a systematic approach that applies a set of technical steps aimed at providing credible information, in a timely and cost effective manner.

1.1 Macro- Economic Indicators

The rate of growth of the country's economy has been very weak over the last 3-5 years and this has had an effect on a number of productive and social sectors. Between 2016 and 2018, the recorded levels of growth fell below the 2 percent mark and into the medium term prospects of speedy recovery remain bleak owing to the persistent fiscal challenges experienced by Government, thus resulting in reduced economic activity.

The level of inflation continues to be on a downward trend up to the end of April 2019 and as a result of policy decisions meant to cushion the effect on consumers it has remained relatively low. The estimate for the month of June, 2019, was putting the rate of inflation at 1.8 percent. One of such policy interventions has been the freeze on increase in the price of utilities and services.

Figure 1: Consumer Inflation Trends



Source: Central Statistical Office

1.2 Agriculture

During the year under review the agriculture sector has recorded improved performance building on resilience measures which started after the 2016 drought season and still ongoing initiatives to continuously enhance production and productivity of the sector. Investments for increasing area under irrigated agriculture have been intensified, especially in the Lower Usuthu Smallholder Irrigation Project (LUSIP) where bulk water conveyance system is under construction targeting to irrigate an additional 5300 Ha to benefit more than 2000 households.

A number of coordinated programmes including the High Value Crop and Horticulture Project, Fruit tree project, Smallholder Market Led Project have started to generate significant output for farmers where they have been supported to diversify their production from the traditional sugar cane and maize production to horticulture and small stock production. This has seen a marked increased especially in local fruit production. Investments have been made to improve the marketing of such commodities through construction of aggregation and cold storage facilities in strategic locations of the country.

In the 2018/19 agricultural season, the Government has continued to support the input subsidy programme for maize, legumes and sorghum where farmers are subsidized at 50 percent of the required cost of inputs for 1Ha production and are provided with subsidized tractor hire services. Marked improvement had been realized in the livestock sector where the country had been able to put measures in place to reopen export of local beef to EU Markets. Local pork production has significantly increased due to support provided by government to improve access and availability pig breeding stock where there has been improve uptake and scaling up of pig production by local farmers including women and youth. Indigenous poultry production continues to grow and a number of marketing avenues had been established with a number of establishments including organized flea markets in all the country's urban areas.

There were no unusual mortalities and disease outbreaks reported in cattle, pigs, goats and sheep. Poultry was however the exception as Newcastle disease incidences in indigenous

chickens were discovered in the northern part of Eswatini, however quick interventions made by the Department of Veterinary and Livestock Services brought the situation under control. Most rangelands in the country, especially those that are in the Lowveld, lower Middleveld and Lubombo Plateau range from fair to good in condition showing an improvement compared to last year. However, the rangelands under these zones have high bush encroachment and Alien Invasive Plant Species which decrease the grazing capacity and value of the rangelands. Majority of the earth dams have average water levels. Some earth dams are however dry hence there is already water scarcity for livestock especially in areas around Lowveld. Rangelands from the Highveld and upper Middleveld range from poor to fair and are dominated by less palatable grass species. Water availability is good under these zones given the good rainfall received during the latter part of the season. The Eswatini Dairy Board supported 20 Farmer groups with approximately 300 beneficiaries in pasture establishment, feeding techniques and supplied baling boxes.

To promote maize productivity, the National Maize Cooperation has taken an initiative of providing maize extension officers in a number of areas in the country. The introduction of Assistant Farmer Development Officers (AFDOs) was successfully done in 8 constituencies (Hhukwini, Maphalaleni, Ntondozi, Mahlangatsha, Gege, Kukhanyeni, Motshane and Ludzeludze) which are known as high production areas.

1.3 Health and Nutrition

Eswatini is under constant threat from infectious diseases, food contamination, antimicrobial resistance, traffic accidents and other emergencies. Humanitarian crises due natural disasters, disease outbreaks and other hazards are a major and growing contributor to ill-health and vulnerability. The country has made significant progress in the health sector. The average life expectancy at birth stands at 59 years compared to 54 years in 2014. Infant mortality and under-five mortality rates have reduced from 79 and 104 per 1000 live births in 2014 to 42.7 and 56.3 per 1000 live births respectively. Despite these positive strides, maternal mortality ratio estimated at 320 per 100,000 live births in 2010 currently stands at 389 per 100,000 live births while neonatal mortality rate estimated at 19 per 1000 live births in 2014 stands at 19.5 per 1000 live births (WHO, 2018).

The HIV prevalence estimated at 26% among the sexually active population in 2014 now stands at 27%. However, the HIV incidence among adults and children per 1,000 uninfected populations which was 2.2 in 2014 has reduced to 1.85 and ART retention rate has increased from 82% in 2014 to 88%. Tuberculosis burden including Multi Drug Resistant (MDR-TB) declined by 30% with 70% of cases bacteriologically confirmed. TB treatment outcomes were 52% cured and 33% completed. Percentage of children who are fully immunized increased from 75 in 2014 to 89 in 2016. Malaria deaths per 1,000 of population have reduced from 0.006 in 2014 to 0.002. Non-Communicable diseases particularly hypertension, diabetes and cancers are becoming a growing problem and have not received adequate attention in the last years (WHO, 2018). The disparity in access to social services and gender distribution of wealth and social services is an important determinant for health.

Malnutrition, which affects both children and adults, has significant adverse consequences by impaired cognitive development and reduced adult productivity leading to poor economic performance. According to the Cost of Hunger report of 2013, Eswatini lost about 783 Million emalangenani (3.1 percent GDP) in the year 2009 as a results of under-nutrition.

Chronic malnutrition, whose prevalence is about 20 percent (EHIES 2017) among children under the age of two years, has remained high. A recent shift in malnutrition indicators has been noticed around the four regions in the country. The prevalence of stunting and overweight in children is high in Hhohho region which is a region that is known to perform well when it comes to food and nutrition security issues.

Although data on nutritional status of the male population is not available, evidence shows that women of child bearing age are also affected by malnutrition as they are either overweight or obese with a few being under-weight. Based on BMI sample survey measures, about 2.2 percent were underweight and 32.3 percent were overweight and 28.8 percent obese (Comprehensive Health and Nutrition Survey, 2017). Furthermore, evidence indicates that there is a link between malnutrition and non-communicable diseases such as diabetes and hypertension.

1.4 Education Sector

The Education sector is among the top priorities in terms of resource allocation. According to the 2019/2020 State Budget, the Ministry of Education and Training was allocated E3.5 billion of the state budget, this is a 7.5 percent increase on 2018/19. In terms of basic education, the Ministry supports 854 public schools comprising of both primary and secondary. Beyond the academic investment towards basic education, government also funds a school feeding program which contributes effectively towards food security covering all public schools. The National school feeding Programme can be said to be an important major investment in human capital and the local economy that the country has ever made. Its contribution to meeting the emergency food needs of the children. The impacts of the school feeding on enrolment and attendance has been noted, the programme has encouraged Children to attend school and assisted them in concentrating in class. It is also worth noting that the school feeding framework provides for the cultivation of backyard gardens to sustain the programme in schools thereby enhancing the diversity of food commodities in the school feeding programme. To further enhance the school feeding program, the ministry and World Food Program are in the process of establishing a Home Grown School Feeding program that is expected to stimulate local crop production.

According to the Ministry's 2018/2019 performance report, the primary school Net Enrolment Ration (NER) stood at 94 percent whilst the completion rate was noted to reach 100%. The secondary school NER stood at 46 Percent while the completion rate recorded 74 percent. A significant drop in the completion rate could be indicative of increased vulnerability in a particular period hence the keen interest to continuously monitor NER and completion rate along with the contributing factors.

2.0 METHODOLOGY

2.1 Objectives

The main purpose of the Eswatini Annual Vulnerability Assessment and Analysis (VAA) was to generate both current and projected context of livelihoods and vulnerability in the country over the 2019/20 period.

The assessment aimed to:

- i. Determine the status of livelihood sources (income and food sources) in rural settings.
- ii. Determine levels of food insecurity amongst rural and peri-urban (fast growing areas around cities) populations and estimate vulnerable populations facing food insecurity.
- iii. Establish forms of coping mechanisms households adopt during periods of food insecurity.
- iv. Identify and understand underlying causes of food and nutrition insecurity.
- v. Describe and propose actions most appropriate as intervention measures against food insecurity.

2.2 Survey design

The vulnerability assessment and analysis exercise was carried out using both qualitative and quantitative approaches covering all four administrative regions of the country covering both food security and nutrition. Quantitatively, a total of 163 enumeration areas (EAs) were randomly sampled across the four administrative regions and at least 1951 households were interviewed, using the 2017 population and housing census sampling frame from the Central Statistical Office. A total number of 1845 children under five were observed for nutrition status.

On the qualitative approach, key informants and focused group discussions were held in all the seven rural livelihoods zones spread across the four administrative regions using Household Economy Approach (HEA). The assessment also benefited from secondary data ranging from rain fall, inflation, crop production. The purposively sampled areas were those identified as hot spots for inclusion in the baseline monitoring of 2015/2016 updates. A total

of 48 interview areas were selected for monitoring whereby each economy zone was allocated at most 8 sites proportionate to estimated size.

2.3 Sample design

The sample design included sample size determination, allocation of enumeration areas to the regions, number of households and individuals to be covered especially the under 5 year olds. The 2019 VAA used a formula to determine the sample size as illustrated below. A prevalence of 23 percent for stunted children in the country was used.

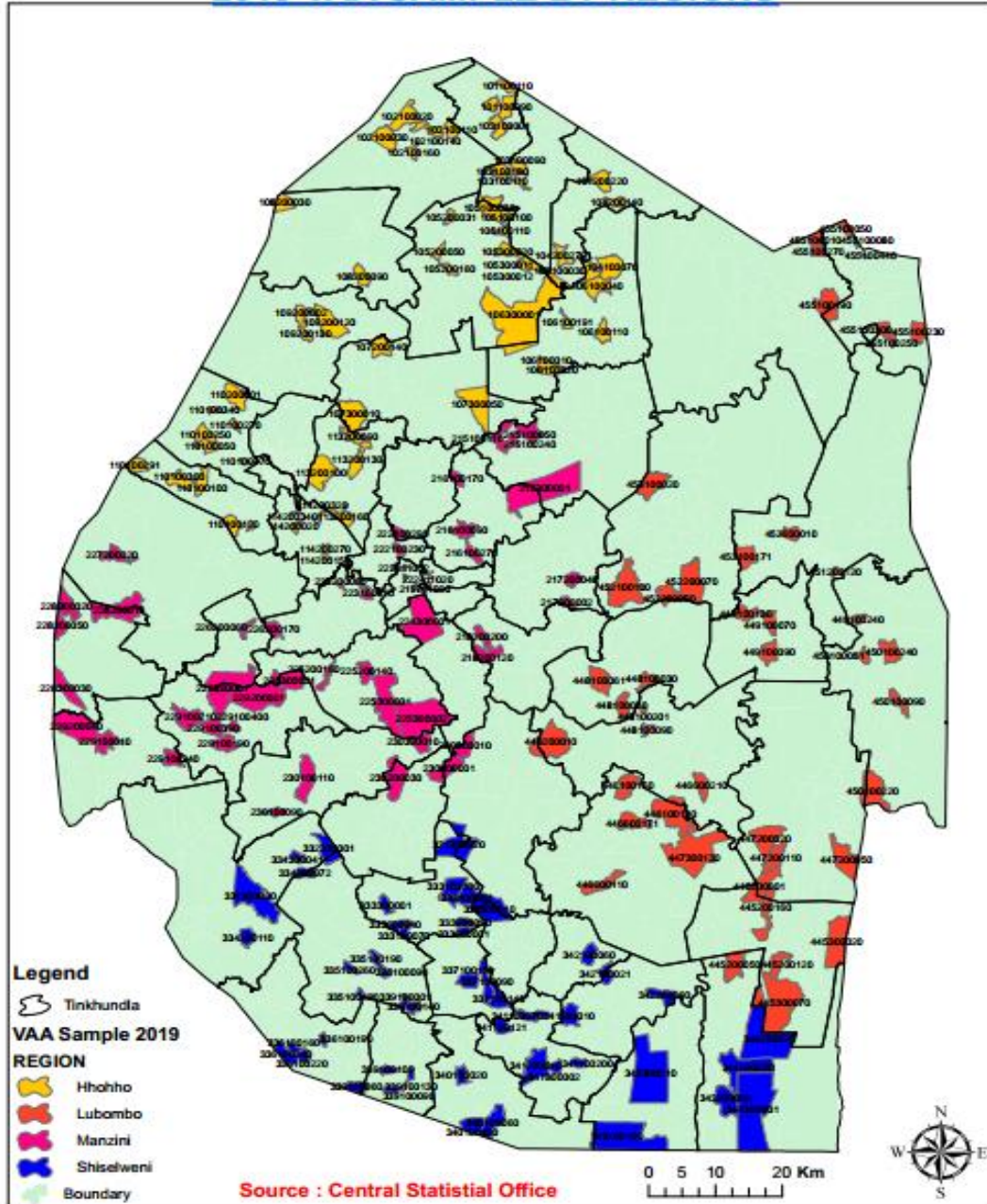
Sample Size Calculation

$$n = \frac{4 \times r \times (1-r) \times deff}{(RME \times r)^2 \times pb \times AveSize \times RR}$$

Table 1 Sample size calculation parameters

Parameter	Symbol	Value
Predicted value of indicator (in target/base population), prevalence of stunting in the country	<i>r</i>	0.210
Design effect	<i>deff</i>	1.5
Relative margin of error at 95% confidence	<i>RME</i>	0.12
Proportion of target/base population in total population, proportion of children under 5	<i>pb</i>	0.119
Average household size	<i>AveSize</i>	5.0
Household response (or completion) rate ^A	<i>RR</i>	0.90
Number of cluster in the sample	<i>n</i>	163
Number of households selected per cluster		12
Children age 0-4 years		0.119
Confidence limits (at 95% confidence)	Upper	0.2352
	Lower	0.1848
Standard error (se)		0.0126
Number of children age 0-4 years, representativeness		1567

2019 VAA SAMPLE BY REGIONS



Map 1: Rural Enumerated Areas

Eswatini VAA is amongst countries that integrated a number of issues in the analysis including amongst others, nutrition, IPC, Household Economy Approach and household survey. In general, two set of instruments were used for the 2019 assessment.

The household tool covered the following sections:

1. Identification
2. Household Characteristics
3. Demographics
4. Water and sanitation
5. Food Sources and Consumption
6. Agricultural Production Nutrition
7. Household and Productive Assets
8. Inputs to Livelihood
9. Shocks and Food Security
10. Consumption-based Coping Strategies
11. Livelihood Based Coping Strategies
12. Food Insecurity Experience Scale
13. Nutrition and Health

2.4 Field work Operation and Data Quality

A total of 52 enumerators were engaged for the fieldwork of which 18 were engaged for the HEA and 34 for the household survey. The training of enumerators was over a period of three days.

2.5 Data Processing and Analysis

The household data was collected using tablets gadgets equipped with CSPro mobile software. Statistical Package for Social Surveys (SPSS) and Emergency Nutrition Assistance (ENA) for SMART was used for data cleaning and analysis. Paper questionnaires were used to collect HEA data with the Livelihood Integrated Analyses Spreadsheets (LIAS) used to analyse both primary and secondary data.

2.6 Further Analysis for Classification

The Integrated Food Security Phase Classification (IPC) Framework was used for further analysis from the household surveys and HEA outputs. The IPC analysis was conducted by the IPC Technical Working Group (TWG) comprising multi-sectoral disciplines both from government and non-state actors. The analysis covered only rural and peri-urban populations.

3.0 SEASONAL PERFORMANCE

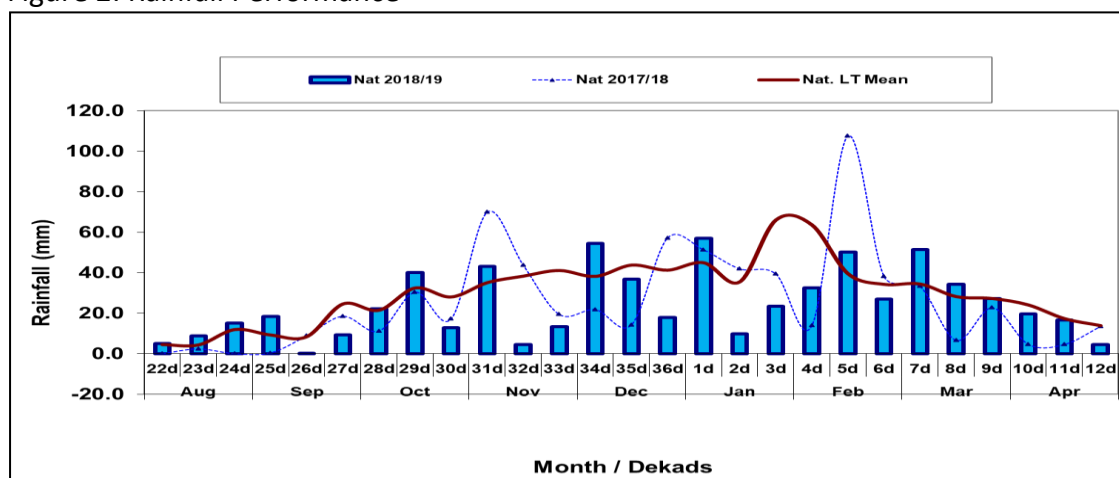
3.1 Seasonal Rainfall and Temperature Performance

This section presents the 2018/19 seasonal rainfall and temperature performance of the Kingdom of Eswatini. A large proportion of the population residing in rural Eswatini derive their Livelihood through rain fed agricultural activities. The geographic spread of rainfall and the amounts received have a bearing on the levels of vulnerabilities experienced by this segment of the population. The behaviour of rainfall and temperature, temporally and spatially, in the period between August 2018 and April 2019, as described below.

3.1.1 Temporal Distribution of Rainfall

Eswatini had a relatively good, but erratic, rainfall season. The rains started in August however, effective rains for ploughing were received first dekad of October. Intermitted periods of dry, or less than 5mm rainfall per 10 day periods (dekad) were observed in mid-November. The second dry spell was in the second dekad in January. These may have negatively impacted crops which were planted early. Towards the end of the season there was also a significant improvement in the amounts and temporal distribution of rainfall. The prolonged wet periods from February until the end of April may have also had a negative impact on the maize crop which was already in its drying stages and caused damage to the harvest in storages.

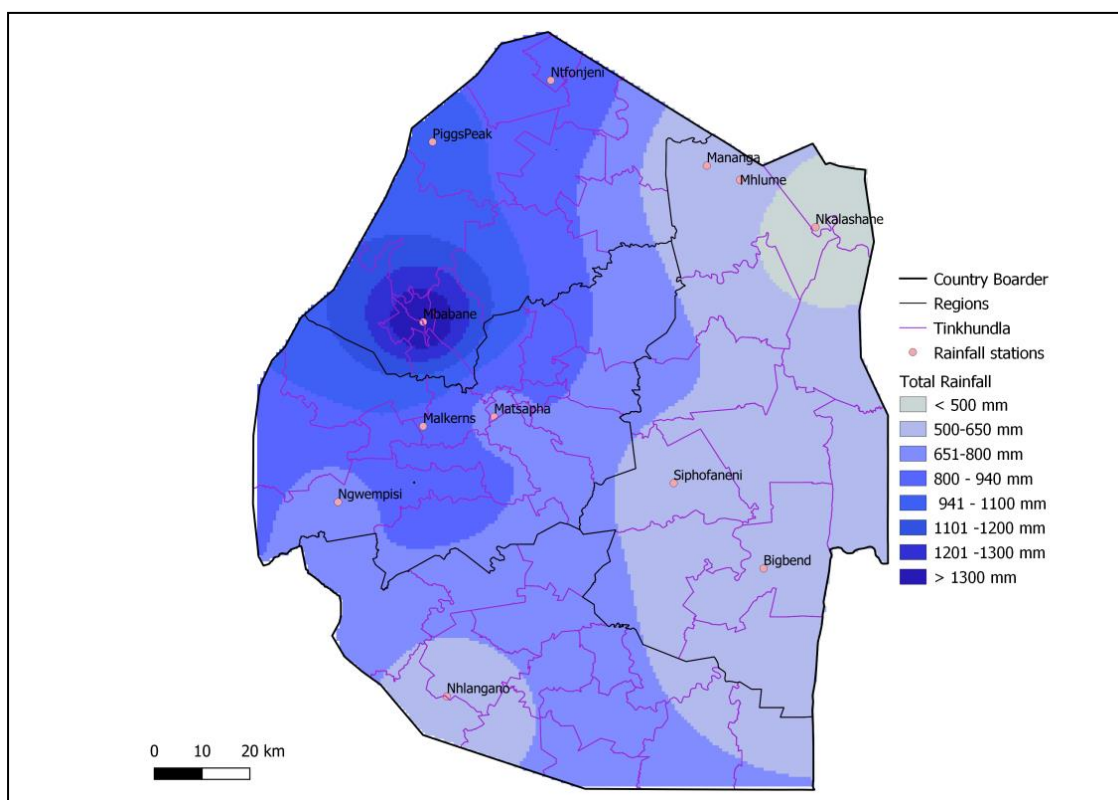
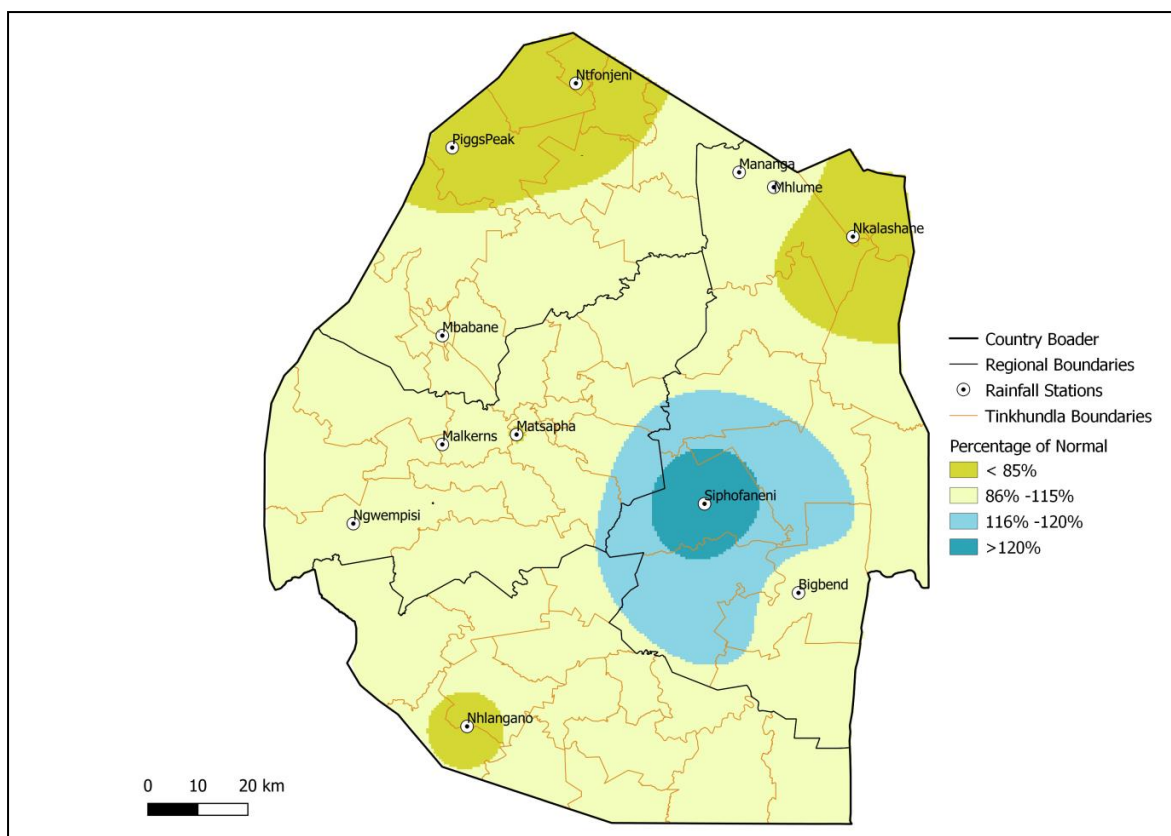
Figure 2: Rainfall Performance



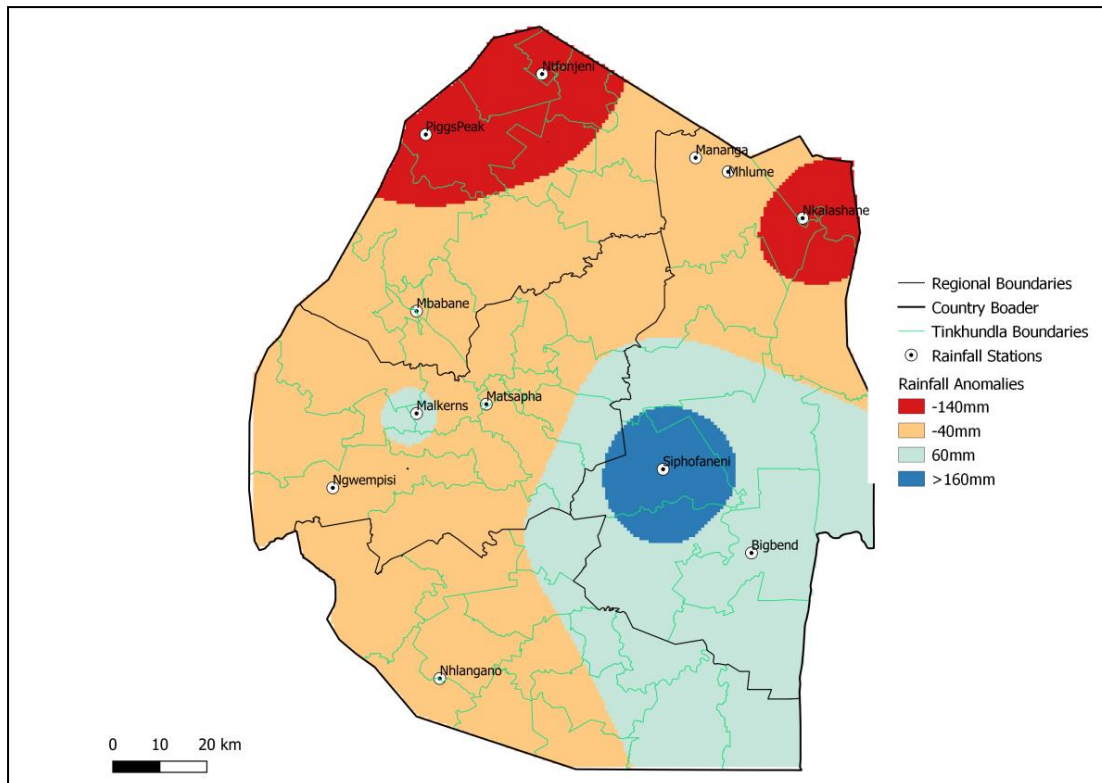
Source: Department of Meteorology

3.1.2 Spatial Distribution of Rainfall

Total accumulated rainfall of the 2018/19 rainfall season indicates that a majority of areas in the kingdom experienced normal rainfall. These, however, were in the deficit side of the percentage of normal as they fell slightly short of the long term average total rainfall accumulation of the same period. Ntfontjeni and surrounding areas in the northern Hhohho, Nkalashane in the Lubombo and a few areas in the Shiselweni region received significantly lower than average rainfall. The central and south eastern Lowveld surprisingly, recorded higher than average rainfall accumulation for the reporting period. These are areas which traditionally receive the least amount of rainfall and include Siphofaneni, Sithobela, Big-bend and surrounding areas. These areas received a majority of its rains in the February-March period and they could not yield a positive impact on crop production as these areas had a relatively dry start to the rainy season. The maps below depict the total rainfall accumulation, percentage of normal and rainfall anomalies in the period under review.



Source: Department of Meteorology



Map 4: Rainfall Anomalies

Source: Department of Meteorology

3.1.3 Temperature Trends (2018/19)

The countries temperature overview is depicted in the graphs below. No significant temperature extremes were recorded in the 2018/19 monitored period. September, December and March observed maximum temperatures higher then corresponding long term observations. The rest of the months had lower than average temperatures. Night-time temperatures were cooler than normal in most months. Only September, March and April had minimum temperatures above their long term mean.

Figure 3: Average Maximum Temperatures

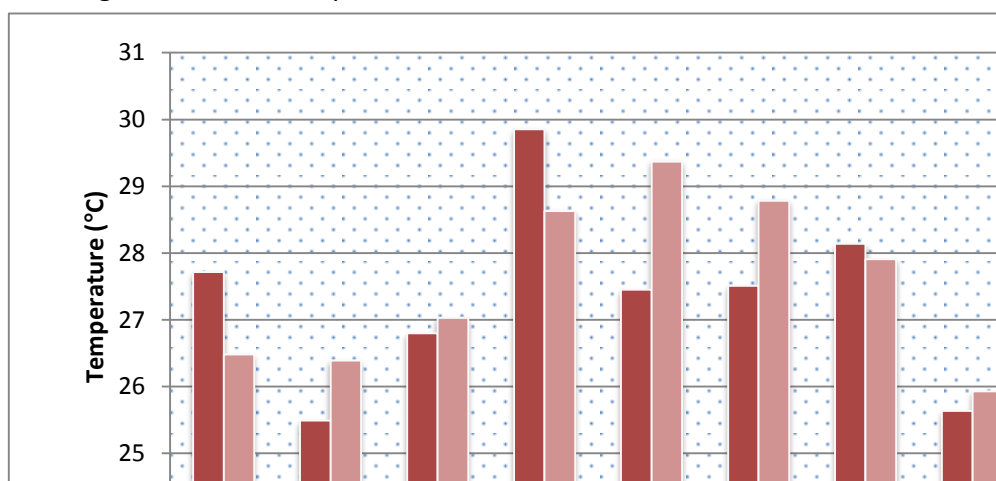
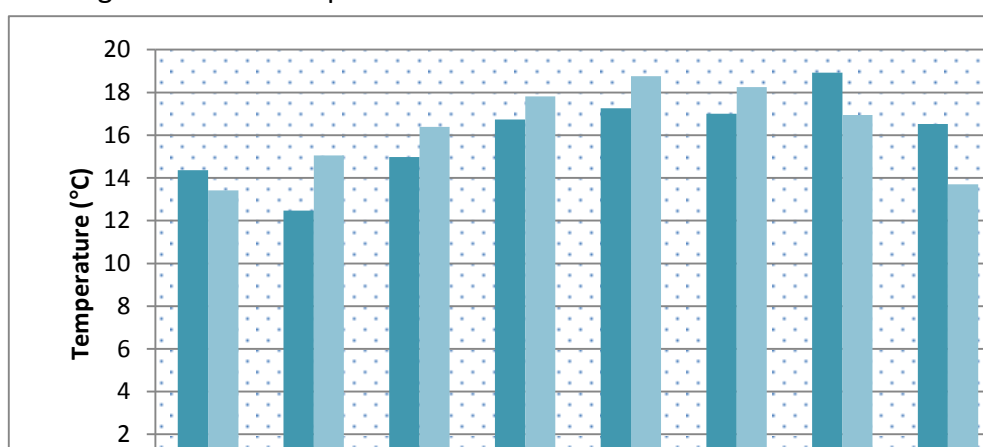


Figure 4: Average Minimum Temperatures



3.2 Agriculture Performance

3.2.1 Cereal Production

Eswatini cereal total domestic availability (maize, wheat, rice) stands at 96,773 MT for the 2019/20 season. The current cereal domestic availability 167,882 MT is 15% lower than last season's availability of 114,120 MT, with a bias domestic shortfall of 71,109 MT.

Table 2: National Cereal Balance Sheet 2019-20

Eswatini National Cereal Balance Sheet for 2019/20 Consumption Year				
	Maize	Wheat	Rice	All
Domestic Availability	95,988	0	785	96,773
Gross Domestic Requirement	128,160	35,336	4,386	167,882
Domestic Shortfall/Surplus	-32,172	-35,336	-3,601	-71,109
Planned Imports	28954	35336	3,162	67,452
Food Aid	0	0	0	0
Uncovered Gap/ Unallocated Surplus	3,218	0	439	3,657

3.2.2 Livestock Production

After four years from the devastation effects of the drought on livestock production, farmers are still struggling with restocking. No significant increase in cattle population was observed as a 0.1 percent increase was observed. Goats increased by 0.4% and sheep decreased by 1%. Pigs and chickens showed a significant increase of 6.1% and 14.5% respectively. The Ministry of Agriculture through its Veterinary and Livestock services department seek to promote small ruminant's production, since they can tolerate harsh conditions. Livestock production is expected to increase in 2019 given the good rainfall received during the latter part of the season which has greatly improved pasture and water availability in most areas.

Table 3: Livestock Statistics Figures

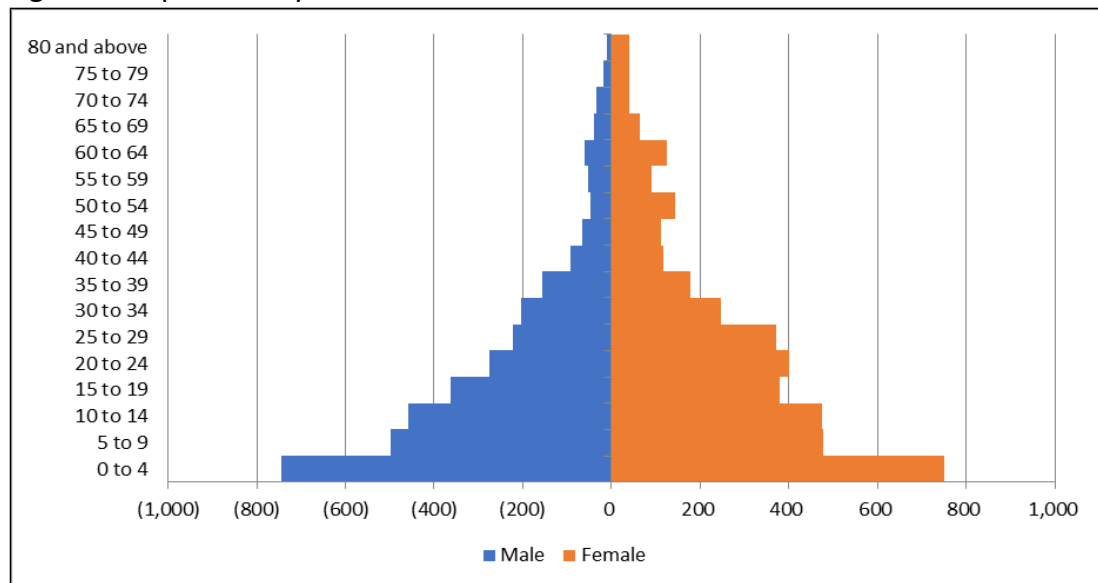
<i>Year</i>	Cattle	Goats	Sheep	Pigs	Chickens
2015	594240	443218	14969	38513	2415138
2016	531450	501496	16841	42852	1594079
2017	501369	478919	16264	38335	1535219
2018	501643	480678	16103	40689	1758325

4.0 KEY FINDINGS

This section focuses on the analysis outcomes of the 2019 assessment in relation to the indicators that formed part of the data collection tool.

4.1 DEMOGRAPHICS

Figure 5: Population Pyramid



The Eswatini population is young as portrayed in the population pyramid above (Figure 5). It is also evident that numbers of females are higher than their male counterpart. For the economically active population, Eswatini population is dominated by females. However, a high proportion of the females are unemployed compared to their male counterparts (Figure 6). This illustrates that more women are in self-employment which is a true reflection of the rural economic dynamics of Eswatini.

Figure 6: Employment Status of Head of Household

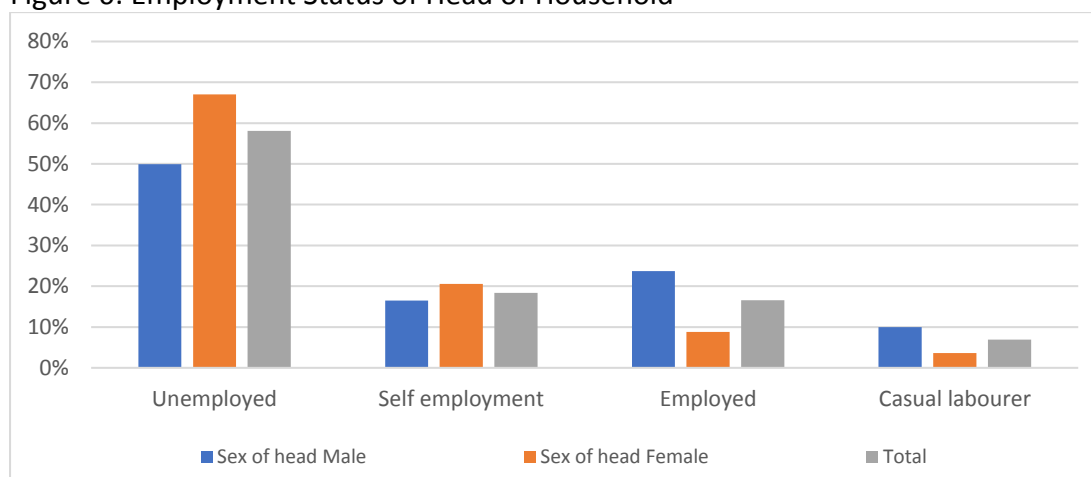
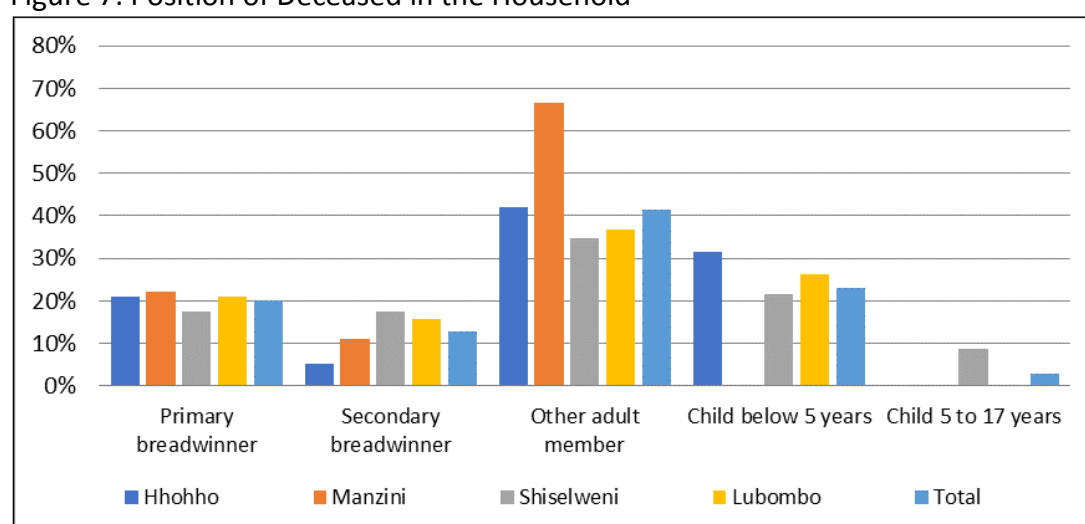


Figure 7: Position of Deceased in the Household

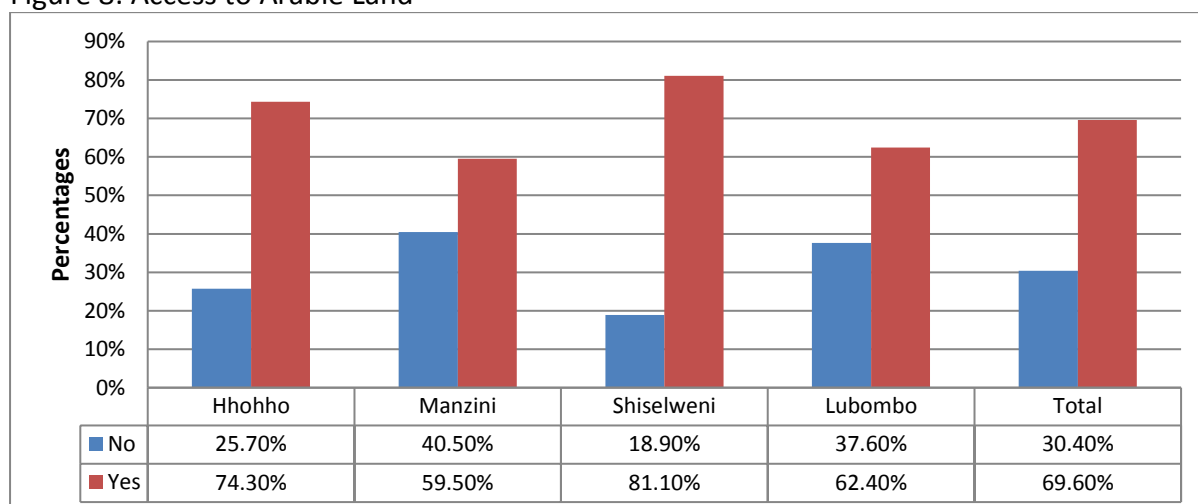


Death of a household breadwinner is one of the drivers of vulnerability in Eswatini. Figure 7 above reveals the percentages of deaths amongst family members. Approximately 15 percent of rural households experienced death of both primary and secondary bread winners across all regions of the kingdom. This has a food insecurity implication in the affected households in terms of food access and availability. Also the death of any household member has a bearing on vulnerability as it depletes the available resources for households such that they are exposed to food insecurity challenges.

4.2 ACCESS TO ARABLE LAND

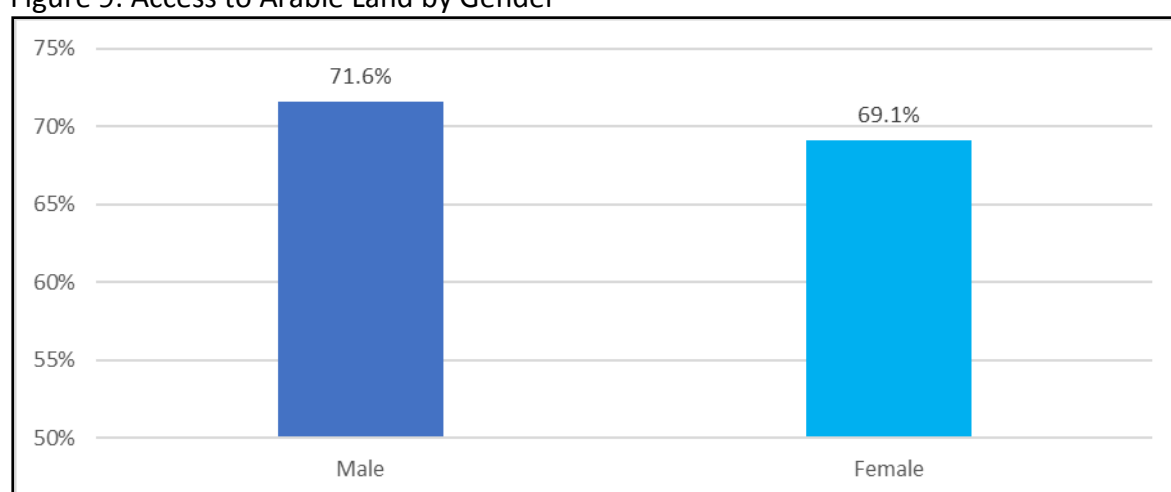
Nationally, 70 percent households reported to have access to arable land, while 30 percent have no access. The Shiselweni region had the highest access to arable land with 81 percent, while Manzini had the least access to land with 60 percent as presented in figure 8 below. Generally, in all the regions access to arable land was above 50 percent which indicated a good sign to availability of arable land for crop production.

Figure 8: Access to Arable Land



Male headed households have higher access to arable land as compared to female headed households as shown in the graph below. This are some of the gender related challenges in the country which affects the ability of households to produce their own food especially the female headed households.

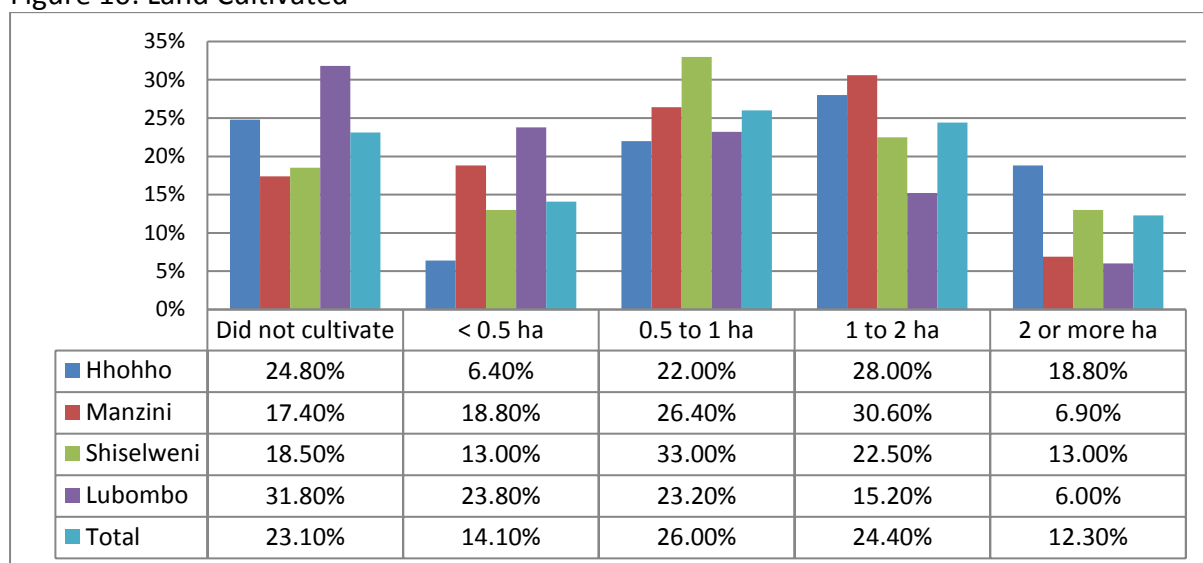
Figure 9: Access to Arable Land by Gender



4.2.1 Land under Cultivation

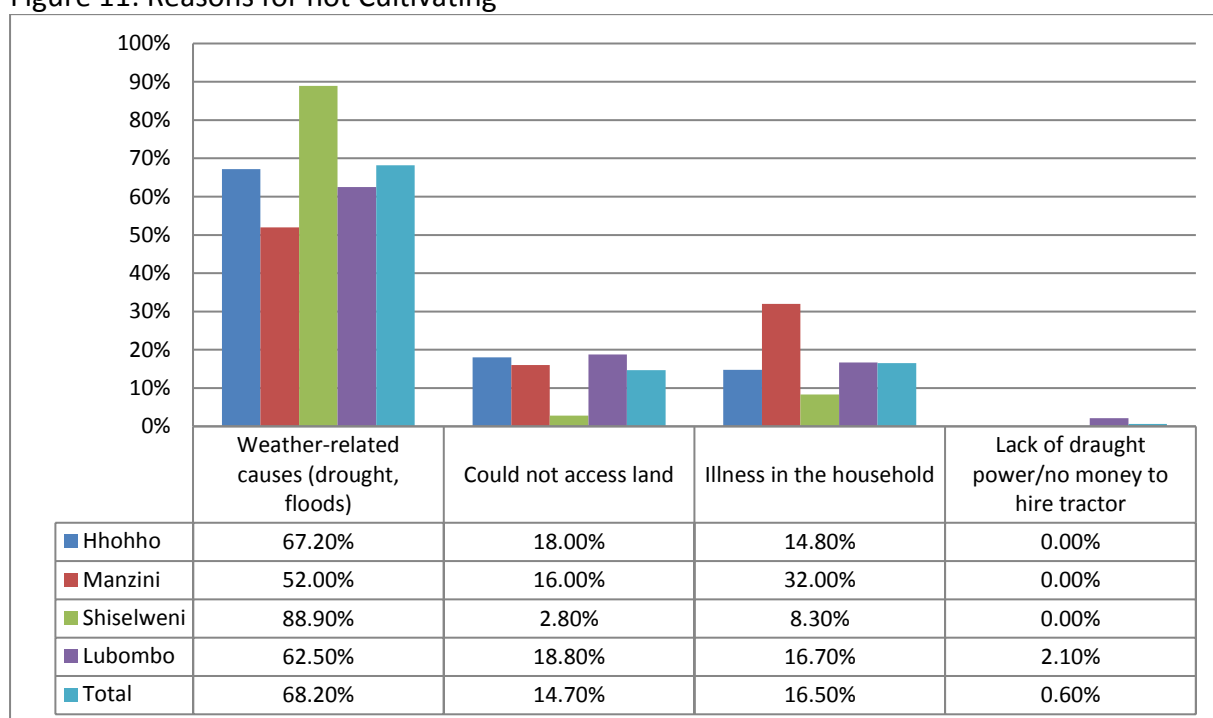
Out of the 70 percent of households with access to arable land 23 percent reported not to have cultivated, 65 percent were observed to have cultivated between less than 0.5ha to 2ha of land, while 12 percent recorded to have cultivated more than 2 hectares of land as shown in the figure 10 below. Hhohho had the highest land under cultivation at 19 percent while Lubombo had the least land under cultivation of 6 percent

Figure 10: Land Cultivated



The households that did not cultivate while they had access to arable land sighted four weather-related causes, no access to land, illness in the household and lack of draught power/ no money to hire tractor as reasons for not cultivating. Weather related (68%) accounted for the major causes reported by households, followed by illness in the household (17%) as presented in figure 11 below.

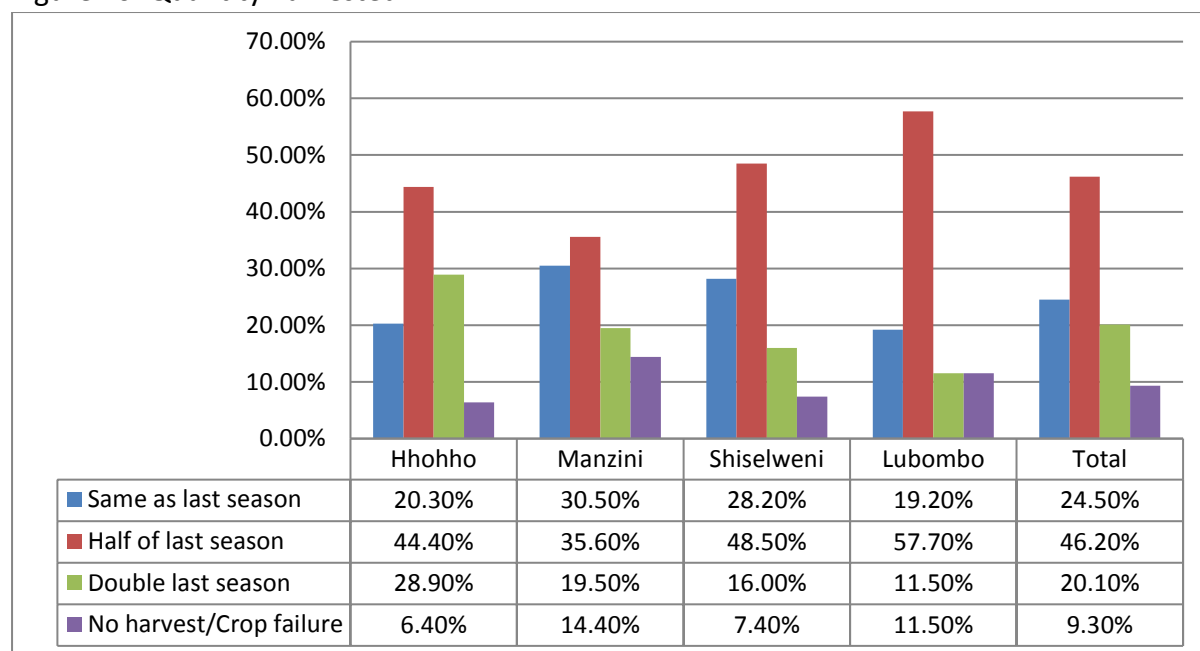
Figure 11: Reasons for not Cultivating



4.3 FOOD AVAILABILITY

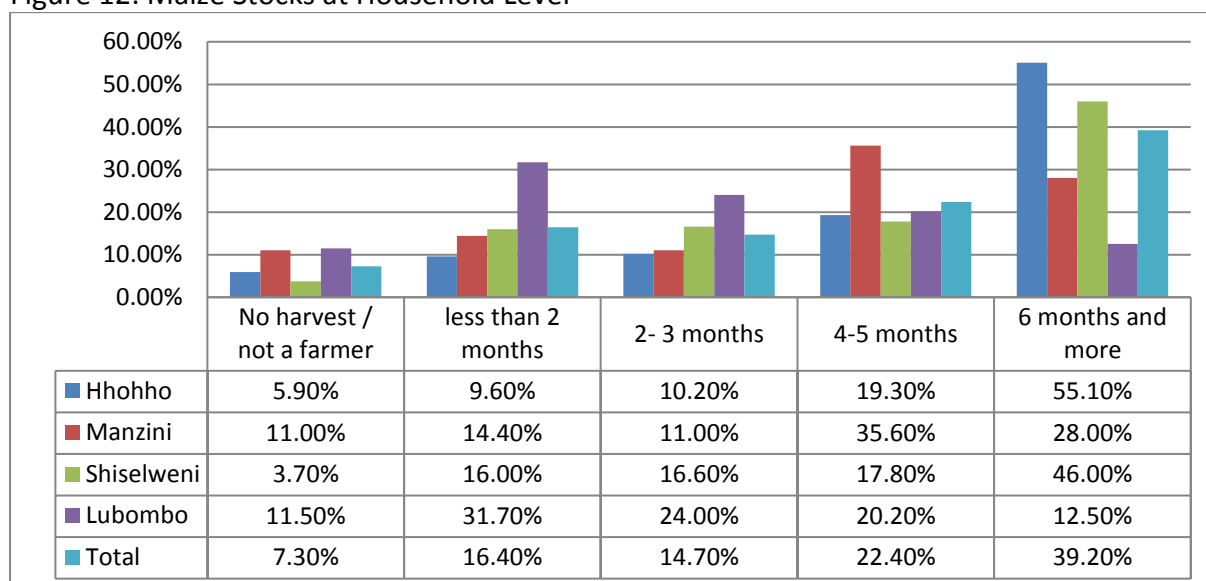
A decrease in the current seasons harvest is observed when compared last season. About 46 percent households reported to have harvested half of last season, 25 percent harvested same as last season, 20 percent harvested double of last season and 9.30% had no harvest/crop failure.

Figure 10: Quantity harvested



Available food resources from harvested crop varies across in the four regions. Nationally, 39 percent of households reported to have food stocks that will last 6 months and more, while 22 percent have food stocks that will last for 4 to 5 months (Figure 12). With over 38 percent of households either having harvested no food or having stocks that will last not more than 3 months, a greater percentage of households will have to use other means access the food they require. This implies the role that markets and other coping means will play for this affected households. Poor and very poor households under this category will require food support to be able to meet their food requirements during this period.

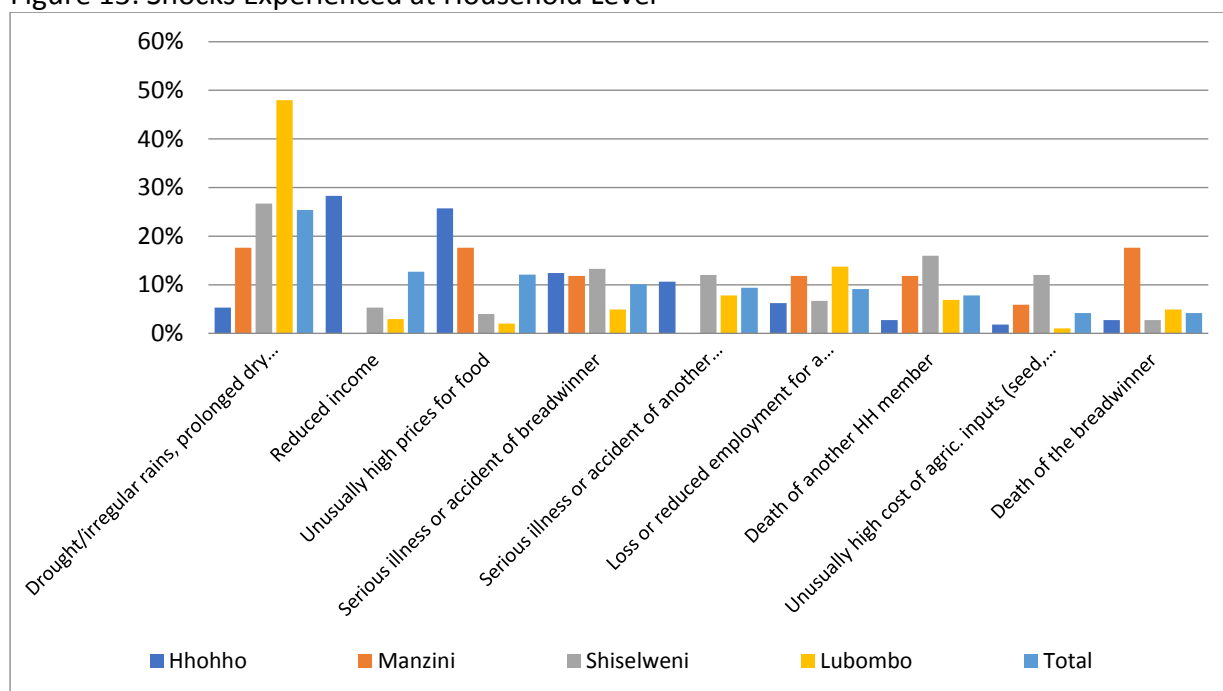
Figure 12: Maize Stocks at Household Level



4.4 SHOCKS EXPERIENCED BY HOUSEHOLDS

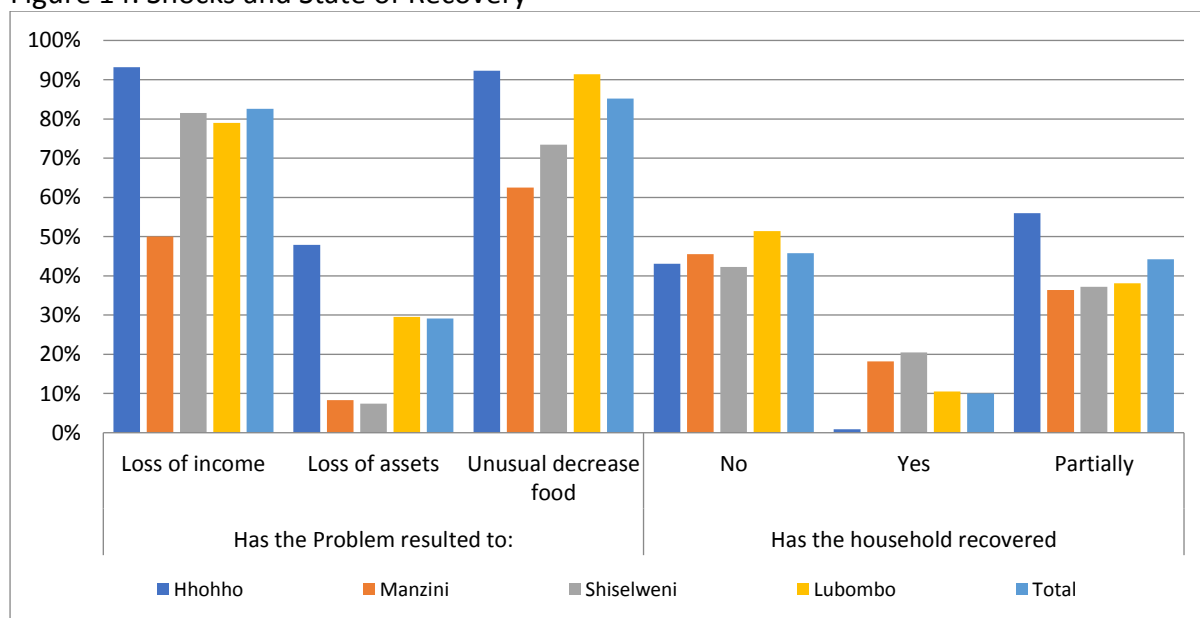
According to the 2019 VAA results households experienced a number of shocks which had an adverse impact on the household's ability to provide for their food and nutritional requirements. Weather related shocks (28.3 percent) (drought, irregular rains and prolonged dry spells) constituted a higher percentage of the shocks experienced by households shown by Figure 13. This was more evident in Lubombo region as 48 percent of households indicated drought as the major shock that was experience over the season, this causing wide spread crop failure and poor growth eventually leading to poor yields. Increase in commodity prices was also key especially in Hhohho (26%) and Manzini (18%). Manzini had the highest number of households that reported the death of a household's breadwinner. All of this greatly reduced the ability of households to provide the required food resources and also its ability to cope with food insecurity challenges.

Figure 13: Shocks Experienced at Household Level



Due to the shocks experienced by households, loss of income, loss of assets and unusual decrease in available food was experience (Figure 14). Hhohho region was the most affected by all these shocks followed by Lubombo region. This will mean a number of households in this regionals will be faced with food insecurity.

Figure 14: Shocks and State of Recovery



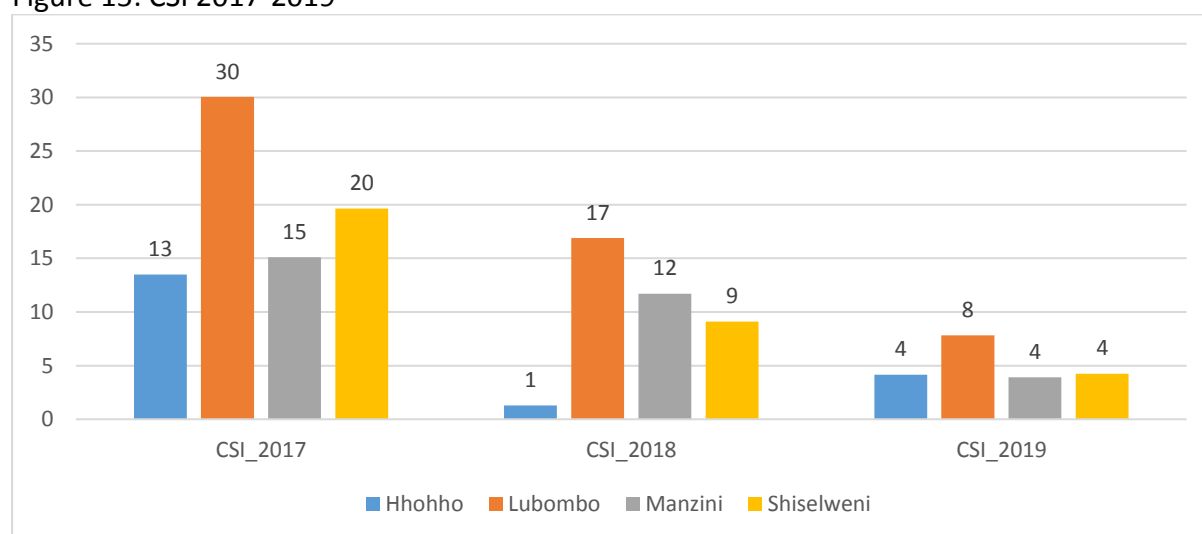
4.5 FOOD SECURITY INDICATORS

4.5.1 Coping Strategies (CSI)

The CSI measures behaviour: the things that people do when they cannot access enough food. There are a number of fairly regular behavioural responses to food insecurity or coping strategies that people use to manage household food shortage, the strategies that were mostly used to manage food shortage were borrowing money to buy food, spending savings and begging. These coping strategies are easy to observe. It is quicker, simpler, and cheaper to collect information on coping strategies than on actual household food consumption levels. Hence, the CSI is an appropriate tool for emergency situations when other methods are not practical or timely.

Overall coping levels have decreased in most regions when compared to the previous years. On note is the Hhohho region when the CSI has increased when compared to the previous year, however levels are below 5-year average. This is a sign of increased food insecurity challenges faced by the region, as its population is having challenges meeting their food needs. The Lubombo region still has the highest level of coping as presented in figure 15 below.

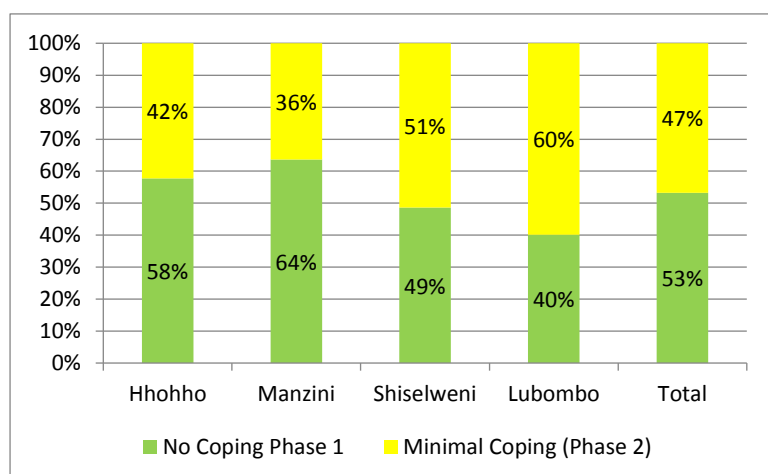
Figure 15: CSI 2017-2019



4.5.2 Reduced Coping Strategy (rCSI)

The Reduced Coping Strategy Index (rCSI) measures behaviour and strategies that people or households employ when they cannot access enough food. The reduced CSI uses a standard set of five individual coping behaviours that can be employed by any household, anywhere over a recall period of seven days. It is very useful for comparing across regions and countries, or across income/livelihood groups, because it focuses on the same set of behaviours. An increasing rCSI indicates a worsening food security condition.

Figure 16: Reduced Coping Strategy Index



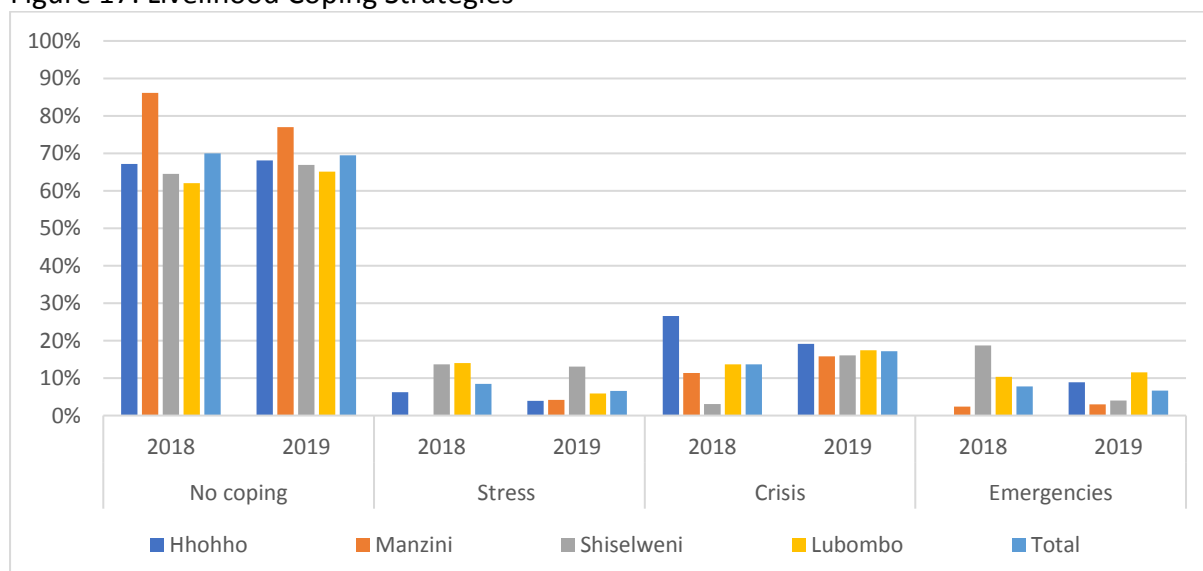
Overall, 53 percent of households reported not be engaged in any food based coping strategies over the analysis period, while 43 percent engaged in minimal coping strategies and classified in IPC Phase 2. Regionally, Lubombo region (60%) had the highest proportion of households engaged in minimal food based coping.

Manzini region had the highest proportion of households not engaged in any food based strategies indication minimal food insecurity challenges faced in the region.

4.5.3 Livelihood Coping Strategies

The livelihood coping strategies are used to better understand longer-term coping capacity of households and are divided into 3 categories i.e. Stress, Crisis and Emergency. Responses are used to understand the stress and insecurity faced by households and describes their capacity regarding future productivity. Unlike the consumption based coping strategies, the recall period is 30 days instead of 7, and it does not capture the number of times each strategy was undertaken.

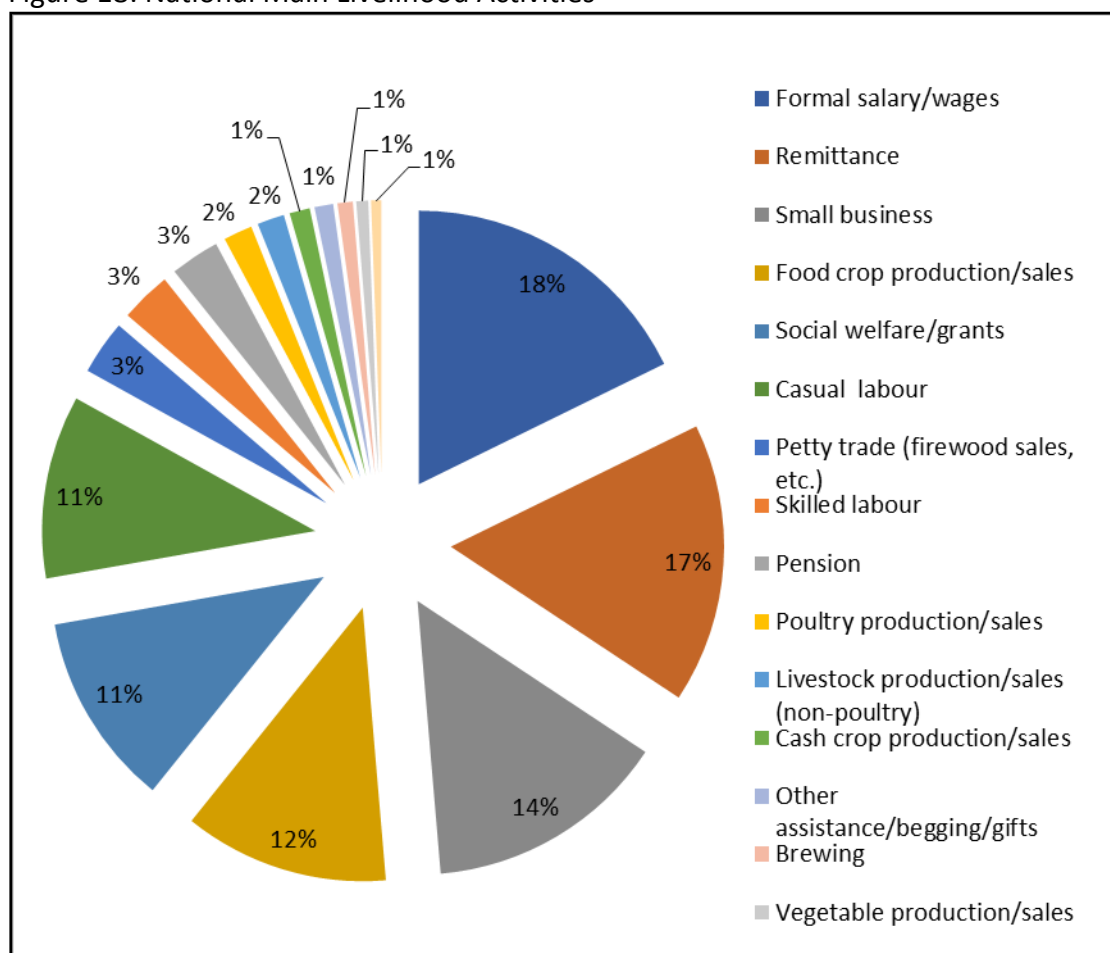
Figure 17: Livelihood Coping Strategies



Households engaged in the use of livelihood copying strategies has remained almost at the same level in the country. As presented in figure 17 above households not engaged in any coping strategies slightly increase when compared to the previous year. A sign that households had been faced with

less challenges in meeting their food needs, this is in line with the reduction the CSI across the regions. However, households engaged in crisis emergencies i.e. the selling of assets increased when compared to last year. Households engaged in emergency coping was low, however an increase was observed in the Lubombo region, where it increased from 10 percent to 12 percent.

Figure 18: National Main Livelihood Activities



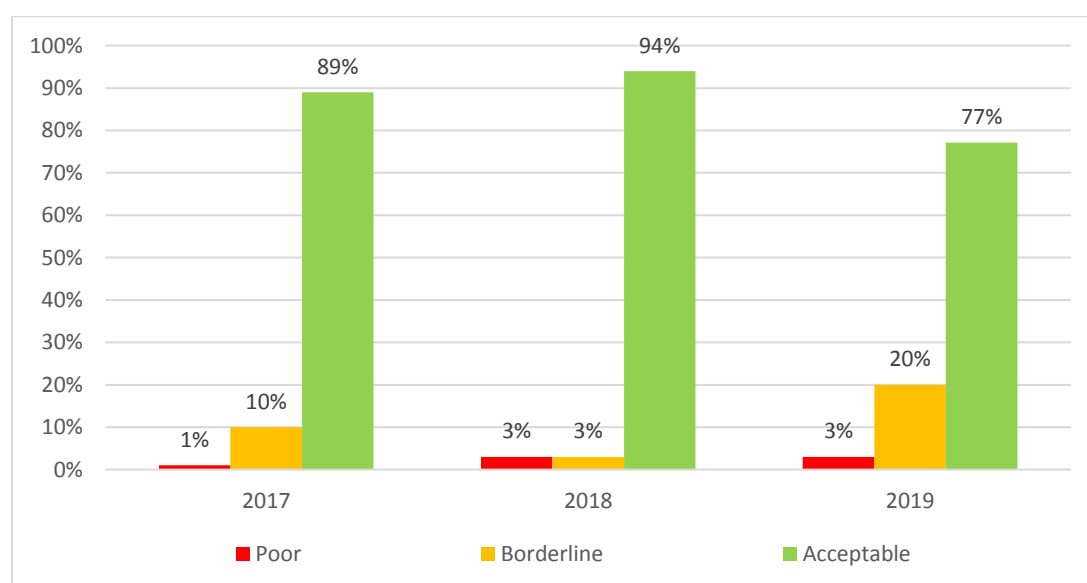
Formal labour (18%); Remittances (17%); and small business (14%); Food crop production (12%); Social grants (11%) and casual labour (11%) constitutes the major livelihood activities for households. Reported key drivers of food insecurity i.e. lose of employment, drought/prolonged dry spells and death of household breadwinner and other external factors will significantly affect the household sources of livelihood.

4.5.4 Food Consumption Score

The food consumption score is reported based on the standard thresholds: Poor food consumption (0—21), Borderline food consumption (21.5—35), Acceptable food consumption (> 35). Food consumption levels still remains adequate in the country as presented in Figure 19. Over 77 percent of households have acceptable food consumption; 23 percent with borderline and poor consumption

levels. Compared to the previous year, a worsening situation is presented as a drop is observed in households with acceptable consumption levels, dropping from 94 percent to 77 percent (17% drop). Households with borderline consumption increased by 17 percent while those with poor consumption remained the same at 3 percent. Increased acute food insecurity incidents at household levels can be attributed to as the major cause of increase in households with stressed food insecurity. Thus increasing the need for support as expected that due to food shortage these proportion of households faced with borderline consumption might increase with some falling to the poor category.

Figure 19: Food Consumption Score 5 Year Trend (2017 - 2019)

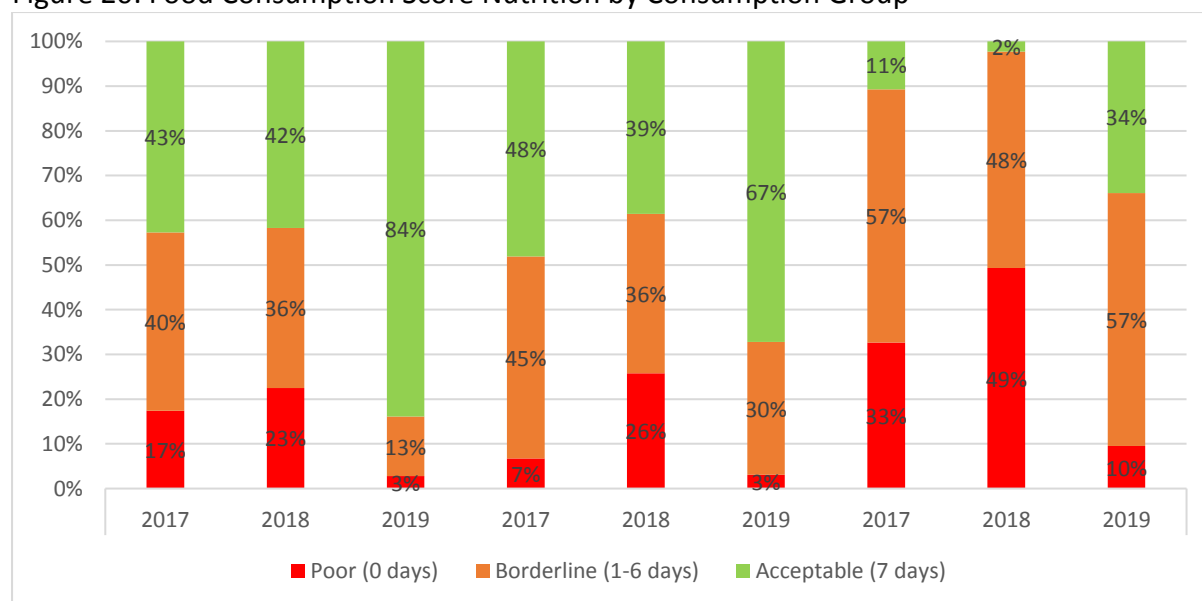


Regionally consumptions levels have deteriorated when compared to the previous year (Figure 20). Following the national trends, the proportion of households with borderline consumption has increased, while those with poor consumption levels have decreased. Households with acceptable consumption has decreased indicating increased food insecurity stress faced by households. Regions (Hhohho and Manzini) that over the years had low number of food insecured population had increases observed. Lubombo and Shiselweni regions still have the highest proportion of vulnerable population when compared to the other regions. These regions have faced recurrent drought conditons of which it is perceived that the nature of food insecurity in these regions is now chronic.

4.5.5 Food Consumption Score – Nutrition

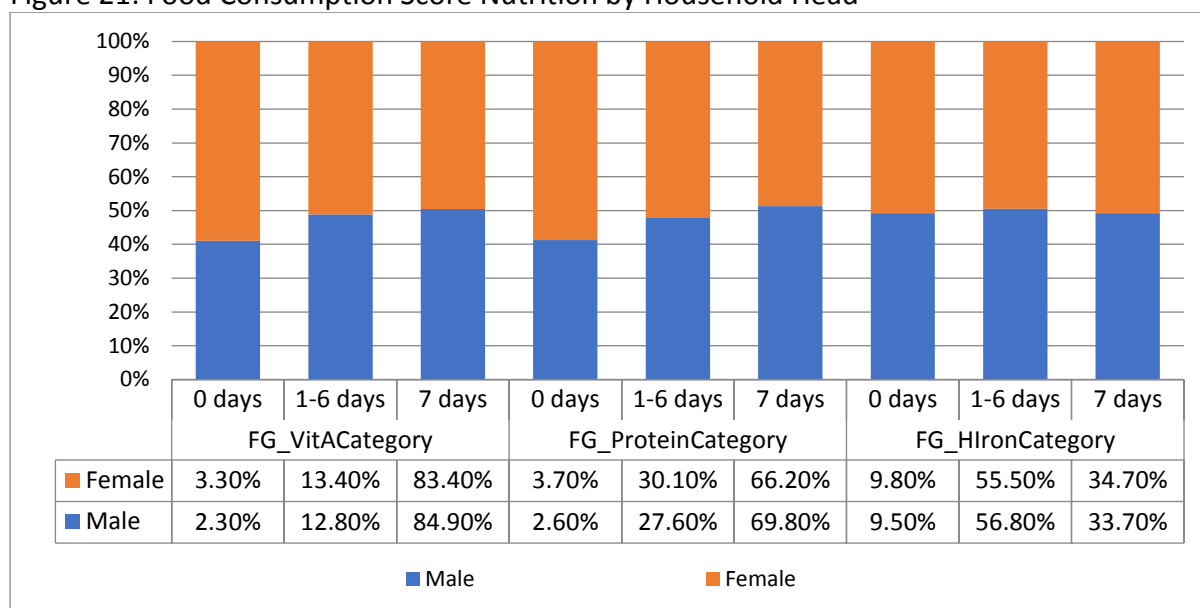
There is an improvement in the consumption of nutrient rich food as presented in Figure 21. Households with an acceptable consumption level (7 days) of vitamin A rich food increased from 42 percent to 84 percent. This was also evident in the consumption of protein rich foods where those with acceptable levels increased from 39% in 2018 to 67% in 2019. Iron rich food consumption increased from 2% in 2018 to 34% in 2019. Household access to diverse food and increased nutrition knowledge has contributed in the observed increase.

Figure 20: Food Consumption Score Nutrition by Consumption Group



Consumption of nutrient rich food by household head shows that female headed households have consumed less nutrient rich food when compared to male headed households. About 60 percent of female headed households reported not to consume both vitamin A and protein rich food when compared to male headed households (40%).

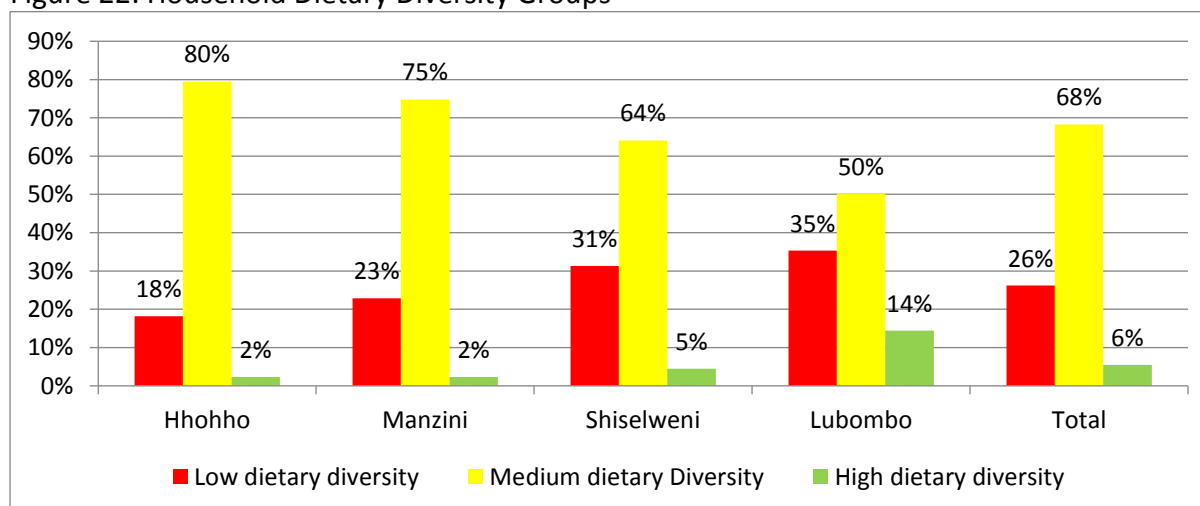
Figure 21: Food Consumption Score Nutrition by Household Head



4.6 Household Dietary Diversity

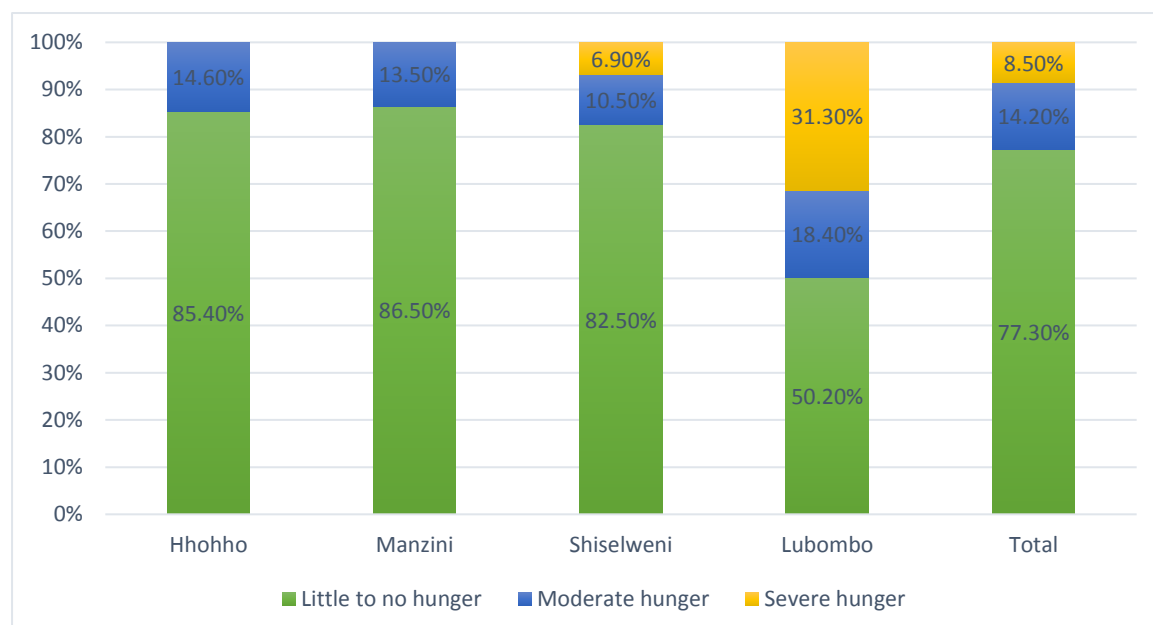
The consumption of nutritionally diverse food groups still remains low in the country. Nationally 6 percent of households reported to have a high HDDS (consuming more than 6 food groups), 68 percent with medium (consuming 3 – 6 food groups) and 26 percent with a lower HDDS (consuming less than 3 food groups). Overall households' access to various food groups has decreased when compared to last year 2018 Figure 23. The deteriorating levels of consumption is observed across all the regions Hhohho region Access to a variety of food groups has improved in the country when compared to last year. Lubombo (35%) and Shiselweni (31%) still has the highest levels of households with poor dietary diversity when compared to the Hhohho (18%) and Manzini (23%) regions. This shows the high chronic food insecurity in this regions which has been evident over the years.

Figure 22: Household Dietary Diversity Groups



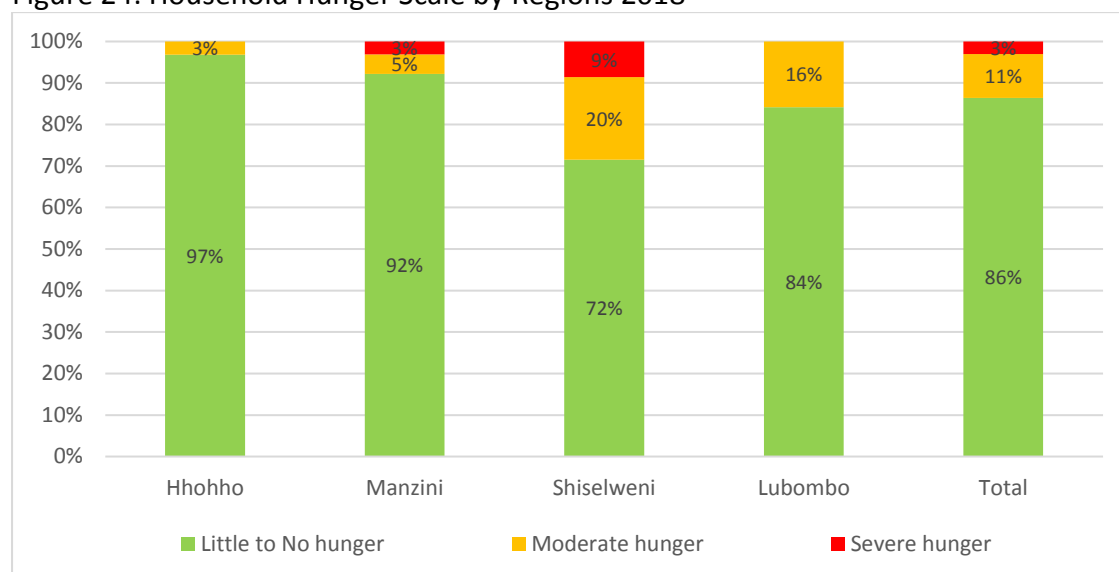
4.7 Household Hunger Scale

Figure 23: Household Hunger Scale by Regions 2019



Nationally 77.3 % percent of households have reported not to be faced with hunger, while 14.2% percent indicated to be faced with moderate hunger and 8.5% were faced with severe hunger over the past months (Figure 24). Regionally, Shiselweni and Lubombo are still faced with food insecurity challenges as the region had a proportion of households faced with moderate hunger and severe hunger, with Lubombo having the highest proportion. It should be noted when compared to last year (Figure 25), households seem to have engaged more coping means to be able to meet their food requirements of the the period. The Lubombo and Shiselweni Regions which has been experiencing chronic nature of food insecurity still has households that cannot meet their food requirements thus faced with hunger challenges. Overall proportion of household faced with severe hunger had decreased, with some regions reporting no sever hunger over the past 30 days during the data collection period.

Figure 24: Household Hunger Scale by Regions 2018



4.8 NUTRITIONAL STATUS

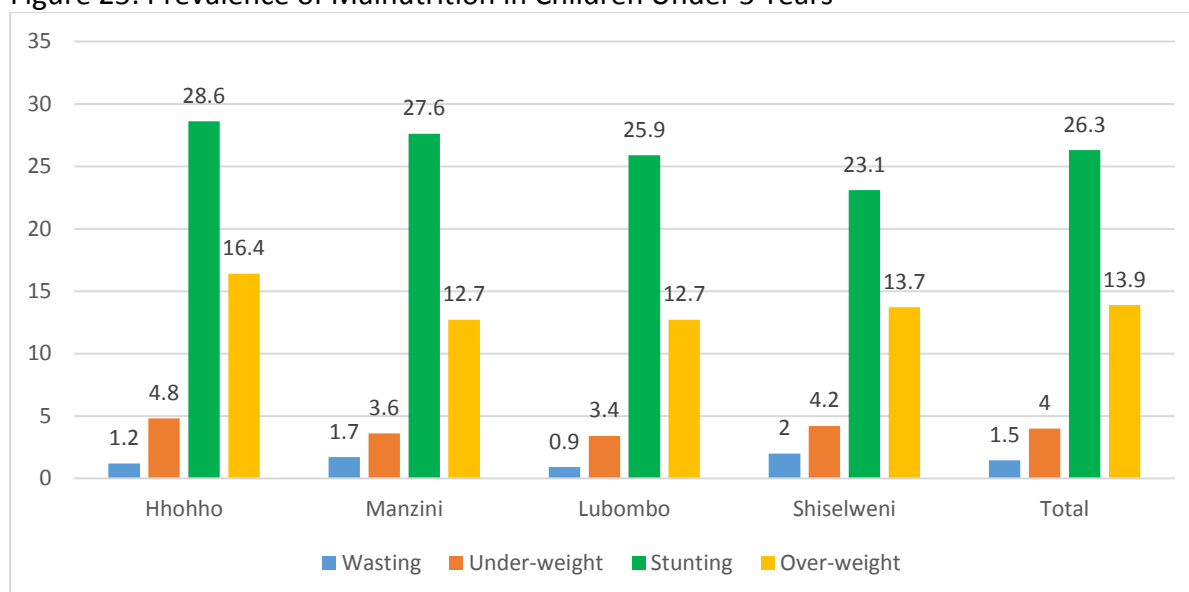
Malnutrition is a condition that describes a deficiency, excess or imbalance of nutrients, resulting in a measurable adverse effect on body composition, function and clinical outcome. Malnutrition manifests as either undernutrition (acute or chronic) or over nutrition.

Acute malnutrition, also known as wasting is characterized by weight loss or failure to gain weight. It is a result of inadequate food, intake, incorrect feeding practices, disease, infection or a combination of these factors. It results in a child's weight being substantially lower than the standard of a healthy child. Chronic malnutrition, also referred to as stunting is an impaired growth and development in children. It develops over a long period as a result of prolonged inadequate nutrition during the first 1000 days of life, poor infant & young child feeding practices, and/or recurrent or chronic illness. Stunting is associated with increased morbidity and **mortality**, loss of physical growth potential, reduced mental developmental and cognitive function, reduced productivity and an increased risk of chronic disease in adulthood. Unlike wasting, stunting develops through a slow cumulative process and may not be evident for some years.

4.8.1 Prevalence of malnutrition in children under 5 years

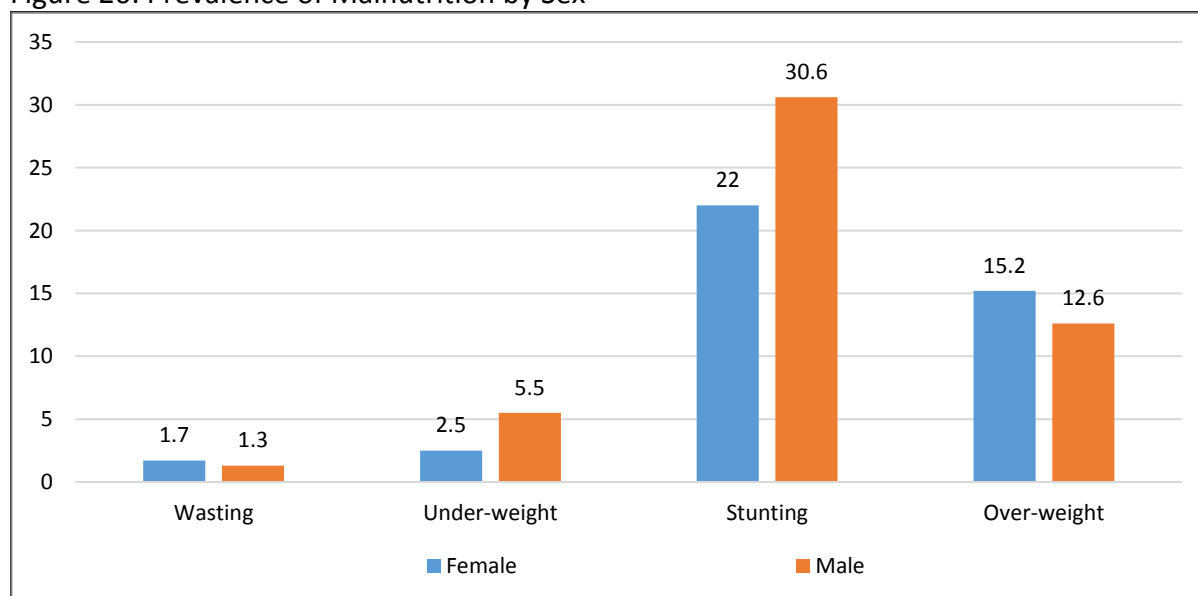
Overall, the prevalence of undernutrition in children under 5 as measured by stunting, wasting and underweight was 26.3 percent, 4 percent and 1.5 percent respectively. The Global Acute Malnutrition (GAM) rate of 1.5 percent (severe acute malnutrition 0.4 percent and moderate malnutrition 1.1%) is well within the rate considered acceptable by WHO i.e. < 5%). Hhohho Region had the highest rate of chronic malnutrition (28.6%) and underweight (4.8%) whereas Shiselweni had the highest prevalence of wasting (2%). Hhohho and Manzini's chronic malnutrition rates were above the national average. The national prevalence of overweight was 13.9 percent. In addition, Hhohho region had rates of over nutrition (16.4%) above the national average. Compared to the 2018 VAC, chronic malnutrition seems to have increased by 5 percentage points while GAM rate declined by 0.9 percent. Additionally, overweight also decreased by 1.7 percent compared to VAC 2018. These increased levels of stunting in Manzini and Hhohho (above the national average) can be attributed to the food insecurity in these regions moving from from Stressed (Phase 2) to Crisis (Phase 3). Stunted children (27.2%) were more likely found in households with IPC 3 and above (crisis, emergency and famine) compared to non-stunted children (24.1%)

Figure 25: Prevalence of Malnutrition in Children Under 5 Years



Disaggregating malnutrition by sex found chronic malnutrition (stunting) more prevalent in males than females (30.6% vs 22%) (Figure 27). This trend was similar to last year's statistics (VAC 2018). However, the converse was evident on wasting where more females were wasted than males (1.7% vs 1.3%). Interestingly, more females than males were overweight (15.2% vs 12.6%). It was worth noting that female headed households (51.3%) had more stunted children compared to male headed households (48.7%). Additionally, stunted children were more likely to reside in households with poor or borderline food consumption score.

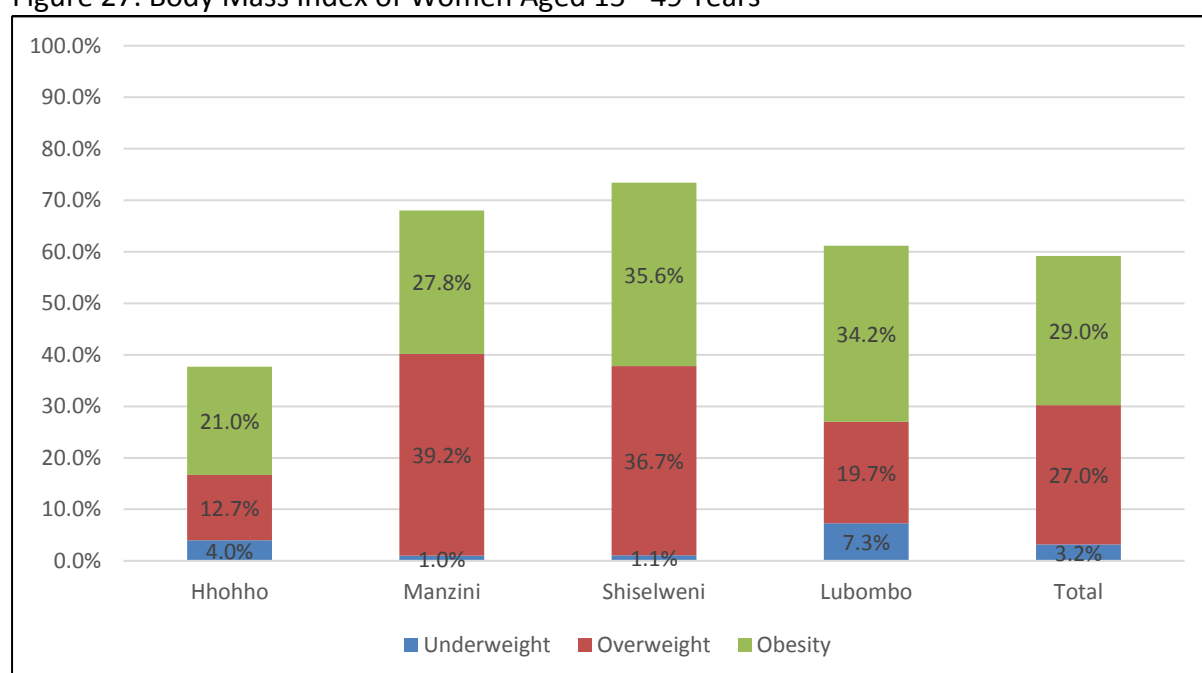
Figure 26: Prevalence of Malnutrition by Sex



4.8.2 Body Mass Index for women aged 15 – 49 years

Overall, 3 percent of adults aged 15-49 years were underweight whereas 27 percent were overweight and 29 percent obese. Close to one-third of these adults were obese. Underweight was more prevalent in Lubombo followed by Manzini where the rates were higher than the national average. Overweight and obesity was highest in Shiselweni where overweight or obesity was 72 percent. Hhohho had the lowest prevalence of overweight or obesity (33.7%) as illustrated in figure 28 below. The data points to an increase in undernutrition (2.8%) and decrease in overweight (32.2%) and obesity (31.1%) compared to last year (VAC 2018).

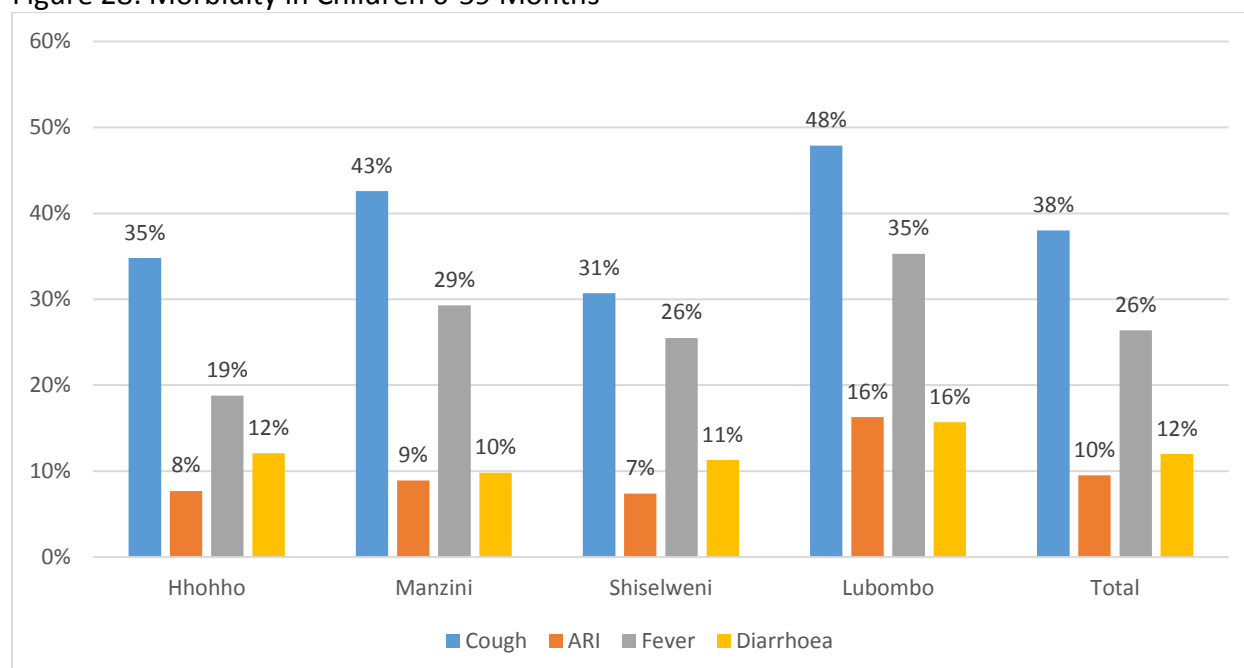
Figure 27: Body Mass Index of Women Aged 15 - 49 Years



4.8.3 Morbidity in children

Childhood illnesses were established using a two-week period of recall. Similar to 2018, Lubombo region had more sick children than the other regions. Overall, 38 percent of children had cough, 26 percent fever, 12 percent diarrhoea and 10 percent had Acute Respiratory Infection (ARI) (Figure 29).

Figure 28: Morbidity in Children 6-59 Months



4.8.4 Infant and young child feeding for children 6-23 months

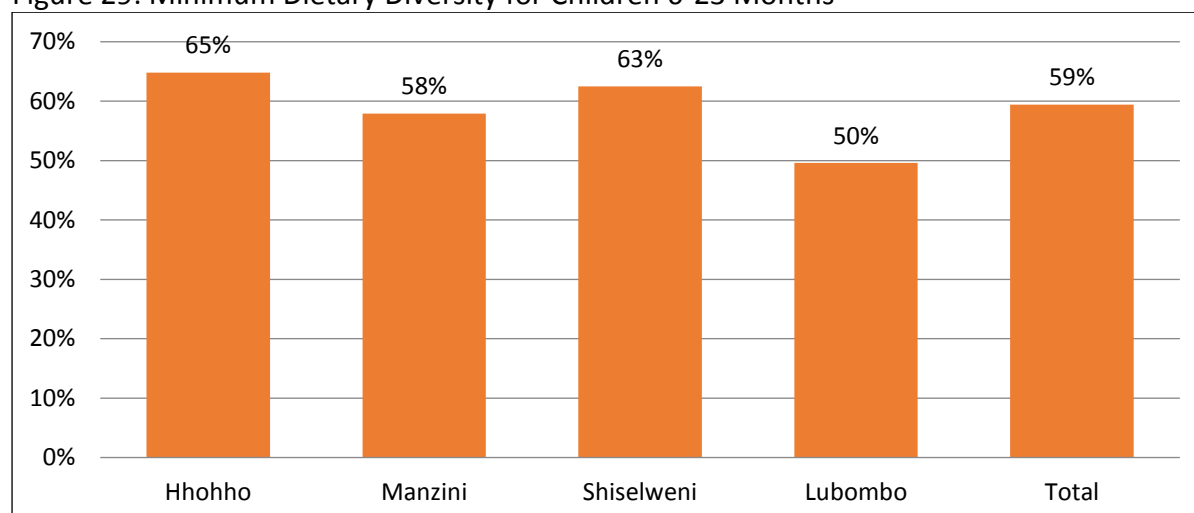
Three indicators namely minimum dietary diversity (MDD), minimum meal frequency (MMF) and minimum acceptable diet (MAD) were used to measure the rate of complementary feeding in children 6-23 months

4.8.4.1 Minimum dietary diversity

MDD is used to assess diet diversity as part of infant and young child feeding practices among children 6-23 months old. It is measured as the proportion of children 6–23 months of age who during the last day or night received foods from 4 or more food groups.

The assessment established that 59 percent of children 6-23 months received food from at least 4 food groups the previous day. Hhohho had the highest achievement at 65 percent while Lubombo had the lowest at 50 percent

Figure 29: Minimum Dietary Diversity for Children 6-23 Months

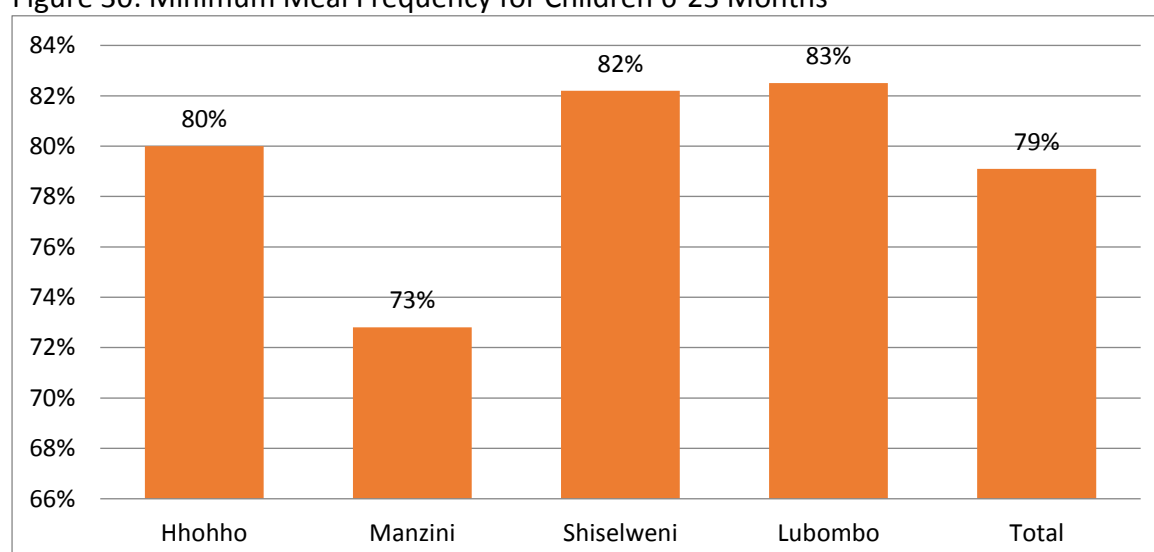


4.8.4.2 Minimum meal frequency

Minimum meal frequency is an indicator that captures the caloric sufficiency of a child's diet. It is measured as the proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more.

The assessment established 79 percent of children 6-23 months were frequently fed thus achieved sufficient caloric intake as shown in figure 31 below. Only Manzini at 73 percent had rates lower than the national average.

Figure 30: Minimum Meal Frequency for Children 6-23 Months

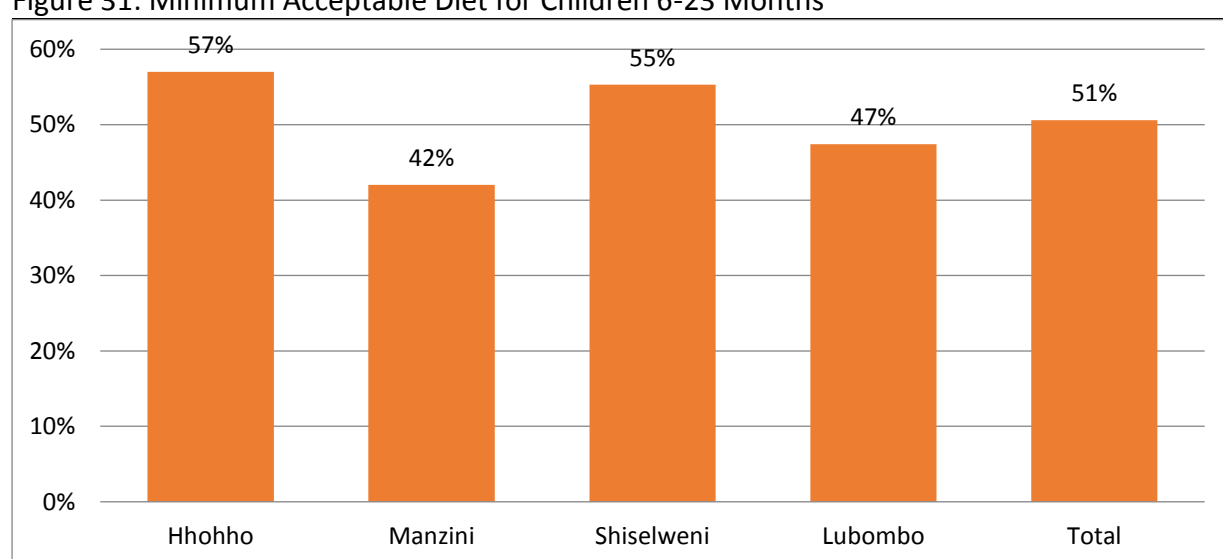


4.8.4.3 Minimum acceptable diet

MAD captures a child's diet as a proxy of energy adequacy and micronutrient density, combined, while for non-BF children also whether they received at least 2 milk feeds. It thus measures the proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk).

The results established that 51 percent of the children received an acceptable diet as per the Infant and Young Child Feeding standards. Hhohho (57%) and Lubombo (55%) regions had rates above the national average as depicted in figure 32 below.

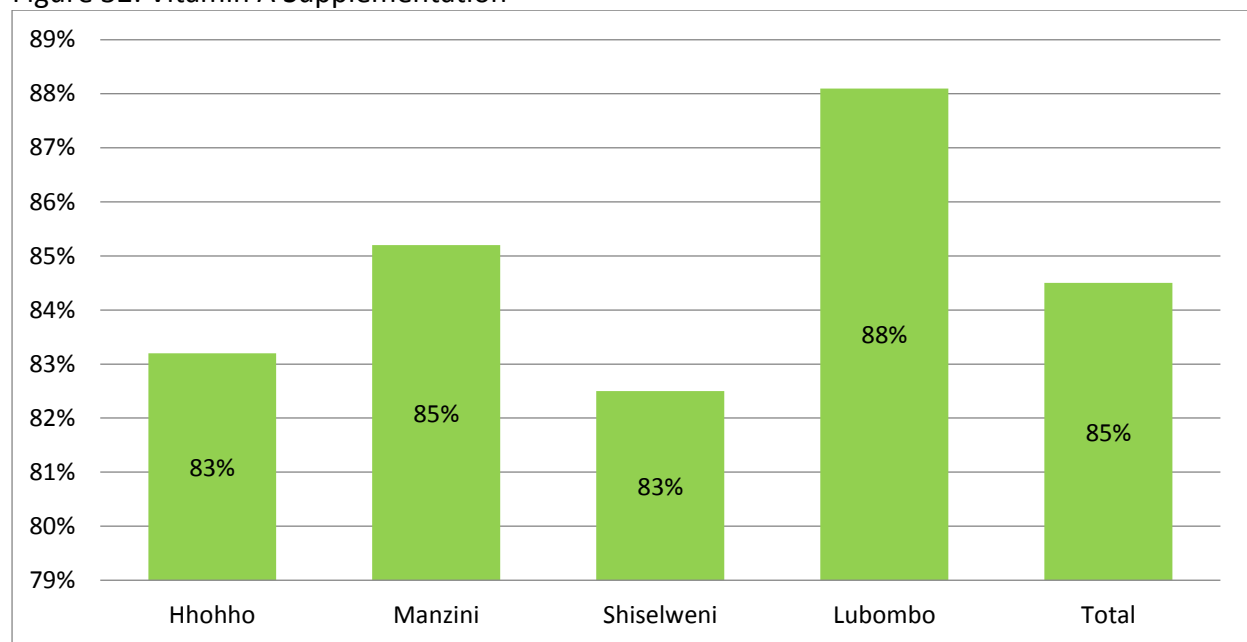
Figure 31: Minimum Acceptable Diet for Children 6-23 Months



4.8.5 Vitamin A supplementation

Figure 33 shows that Vitamin A supplementation was higher than 80 percent. However, only Lubombo region (88%) had a supplementation rate higher than the national average (85%). The lowest supplementation rate was found in Hhohho and Shiselweni (both 83%). These results depict a worrisome drop compared to last year when all the regions had above 90 percent supplementation rates (VAC 2018).

Figure 32: Vitamin A Supplementation



4.9 WATER AND SANITATION

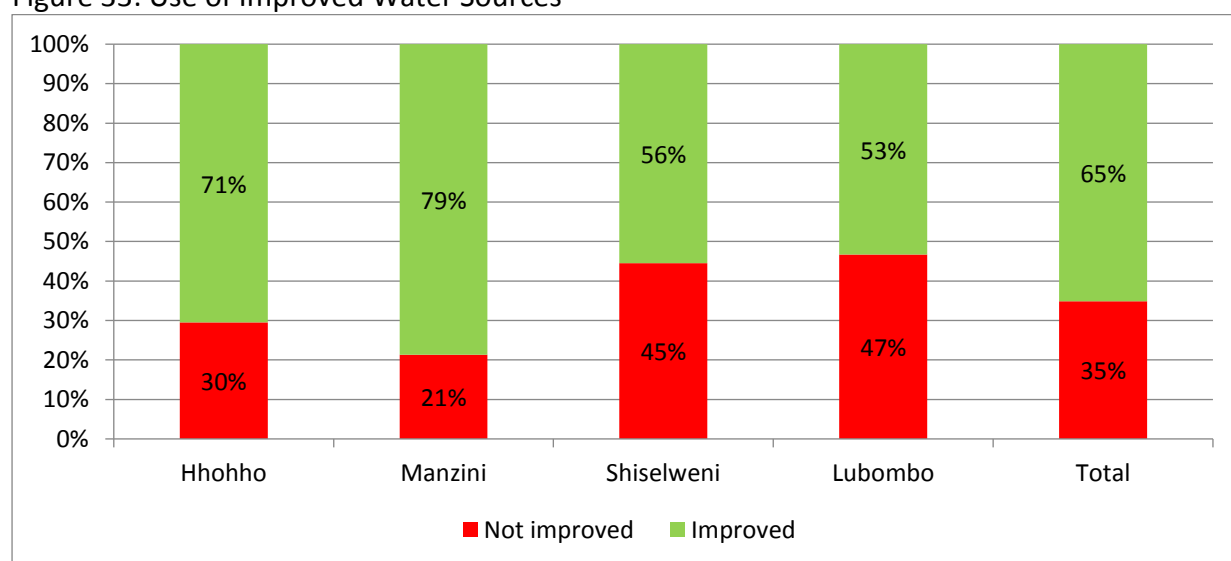
The access to safe and sustainable water supply, improved sanitation and good hygiene are fundamental for a healthy, productive and dignified life. Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant determinant of diseases such as cholera, typhoid, and schistosomiasis. Drinking water can also be contaminated with chemical and physical contaminants with harmful effects on human health. Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio and is an important determinant for stunting.

This section focuses on the use of improved water sources, unimproved water sources, improved sanitation facilities and unimproved facilities.

4.9.1 Use of Improved Water Sources

The distribution of the population by main source of drinking water is shown in Figure 34. The population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, compound, yard or plot, to neighbour, public tap/standpipe), tube well/borehole, protected well, protected spring, and rainwater collection. Overall, 65 percent of the population uses an improved source of drinking water. The situation in remains high in the Manzini region with 79 percent of the households having access to improved water source. Manzini region is followed by Hhohho with 71 percent of households using improved water source. Shiselweni and Lubombo regions had the lowest percentages when compared with the other two regions (56 percent and 53 percent respectively).

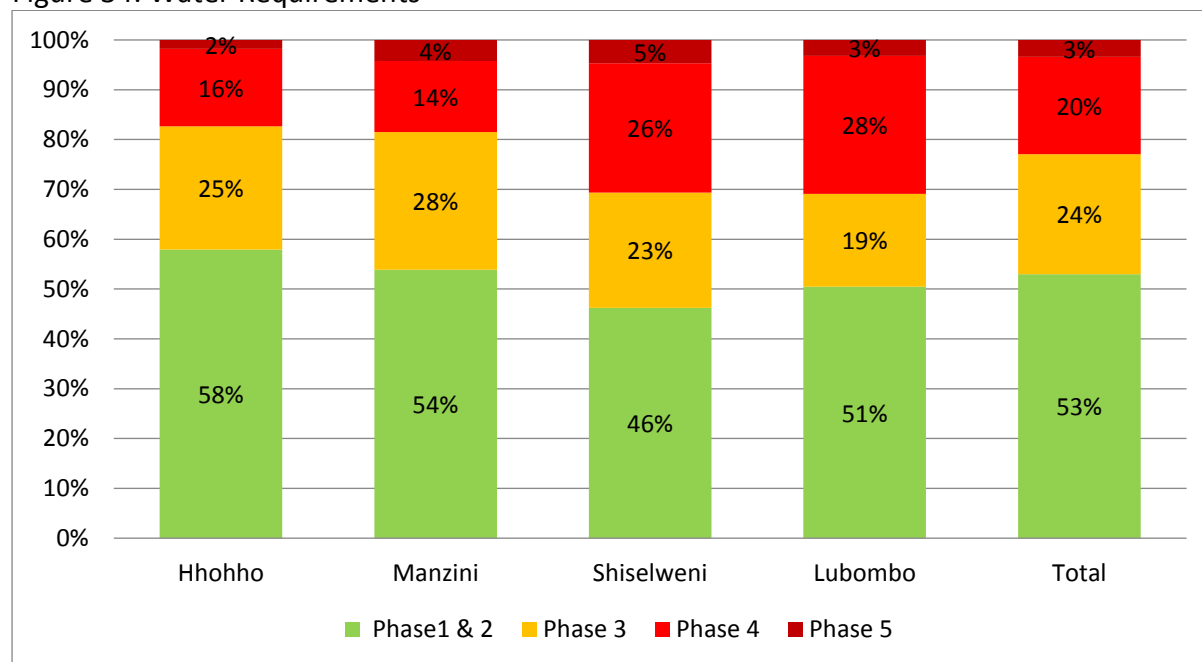
Figure 33: Use of Improved Water Sources



4.9.2 Water Requirement

The consumption of water varies across the regions. In terms of water requirements 53 percent of households are in the acceptable levels of water requirements (phase 1 and 2), 24 percent in Phase 3, 20 percent in phase 4 and only 3 percent in phase 5 as shown in figure 35 below. Lubombo and Shiselweni had the highest proportion of household's poor access to water as more than 30 percent of households are in Phase 4 and 5 with water requirements.

Figure 34: Water Requirements



The amount of time it takes to obtain water during the dry season is presented in Figure 36 and during the rainy season in Figure 37. The results refer to one roundtrip from home to drinking water source. Information on the number of trips made in one day was not collected. Overall, 68 percent of household population travels for about 30 minutes or less to get to the water source and bring water during the dry season as shown in Figure 36 below. Overall about 18 percent of the household population uses the drinking water from a source which is within premises.

Figure 35: Time Taken to Source of Water in the Dry season

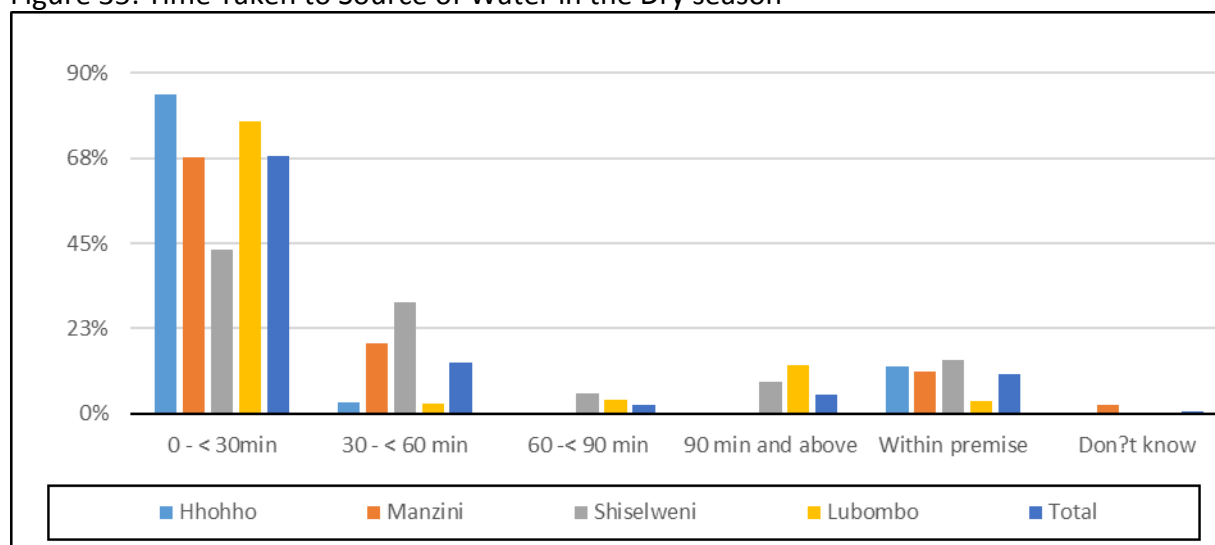
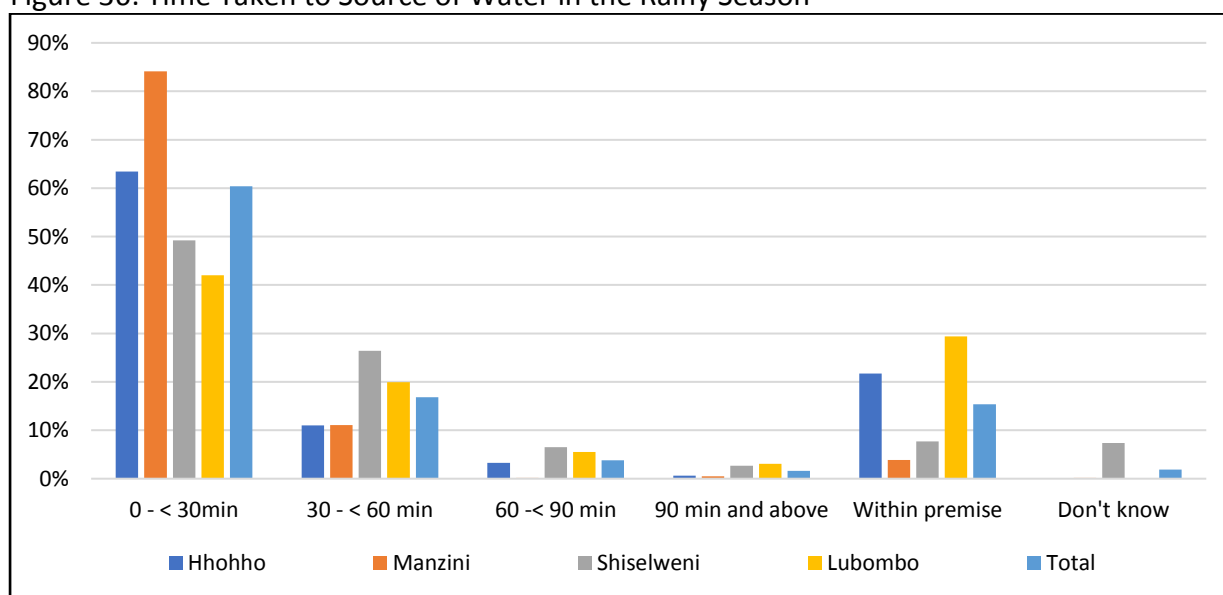


Figure 36: Time Taken to Source of Water in the Rainy Season

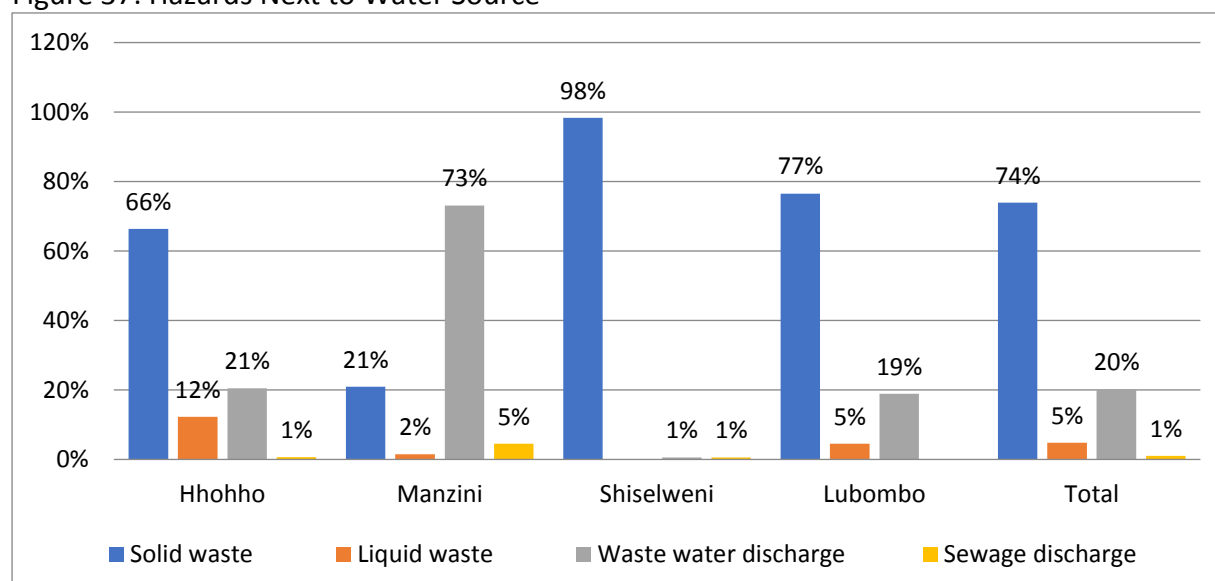


4.9.3 Hazards next to water source

Health hazards near water source indicates likelihood of unsafe water for consumption. Overall, 74 percent of households indicated likelihood of unsafe water source (Figure 38). Solid waste, which includes chemicals, hazardous substances and toxic contamination account for the major hazard near water sources in the country, 74 percent of households reported the presence of solid waste near their water sources. Shiselweni (98%) had the highest proportion of households with solid waste, followed by Lubombo (77%) and Hhohho (66%). The presence of waste water discharge near water

sources in another key concern in the country. Manzini had the highest proportion of households with a waste water discharge near their water increasing possibilities of water contamination.

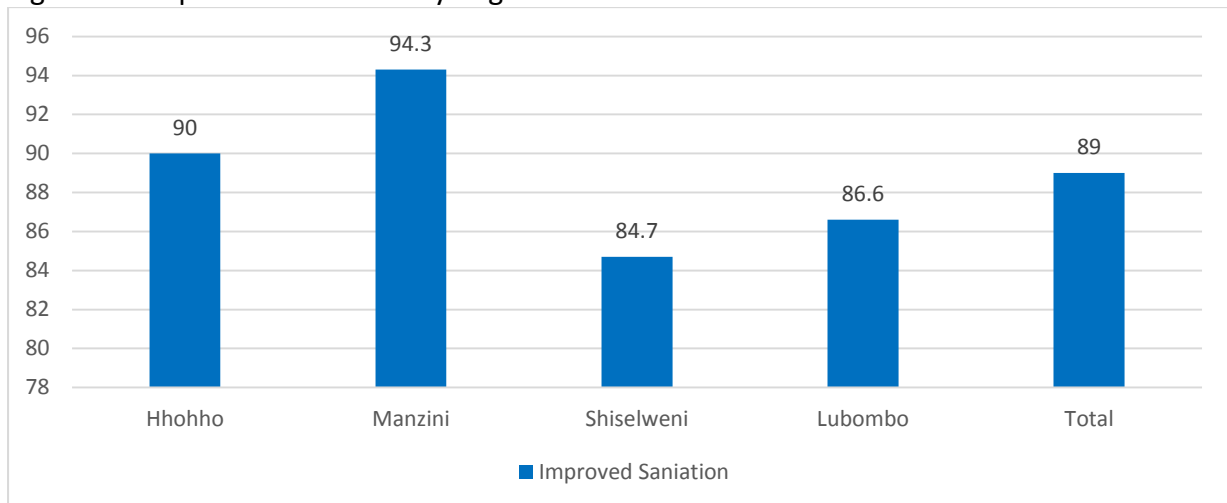
Figure 37: Hazards Next to Water Source



4.9.4 Use of Improved Sanitation

An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank, or pit latrine; ventilated improved pit latrine, pit latrine with slab, and use of a composting toilet. Inadequate disposal of human excreta and personal hygiene are associated with a range of diseases including diarrhoeal diseases and polio and are important determinants of stunting. Improved sanitation can reduce diarrhoeal disease by more than a third, and can substantially lessen the adverse health impacts of other disorders among millions of children in many countries.

Figure 38: Improved Sanitation by Region



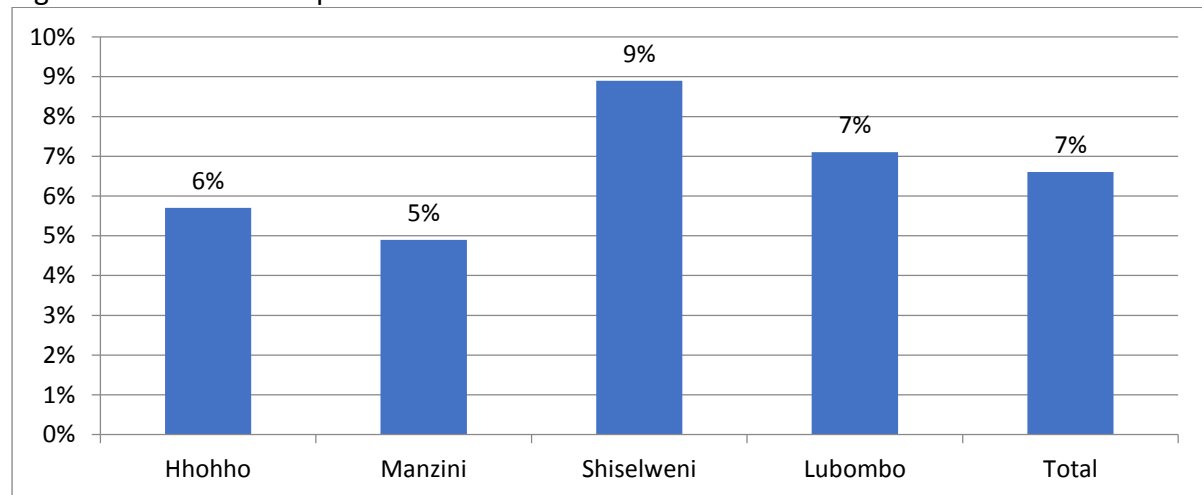
In Figure 39, Overall 89 percent of the households are using improved sanitation facilities and 11 percent are using un-improved sanitation facilities. The Manzini region has a high percentage of households with improved sanitation at 94 percent with the Shiselweni region showing the least at 85percent.

4.10 HEALTH

4.10.1 Morbidity and Mortality

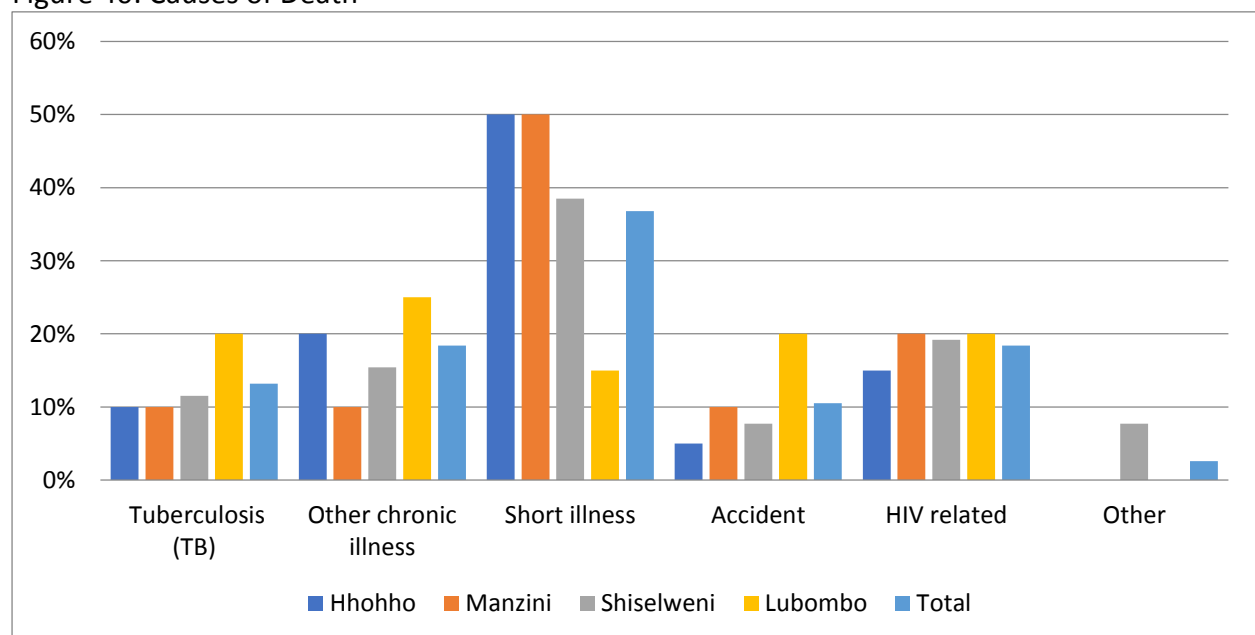
Across the regions households have experienced death of a household member in the past 12 months. 8.9 percent of the households are in the Shiselweni region, 7.1 percent in Lubombo region, 5.7 percent in Hhohho region and 4.9 percent in Manzini region as indicated in the figure below.

Figure 39: Death in the past 12 month



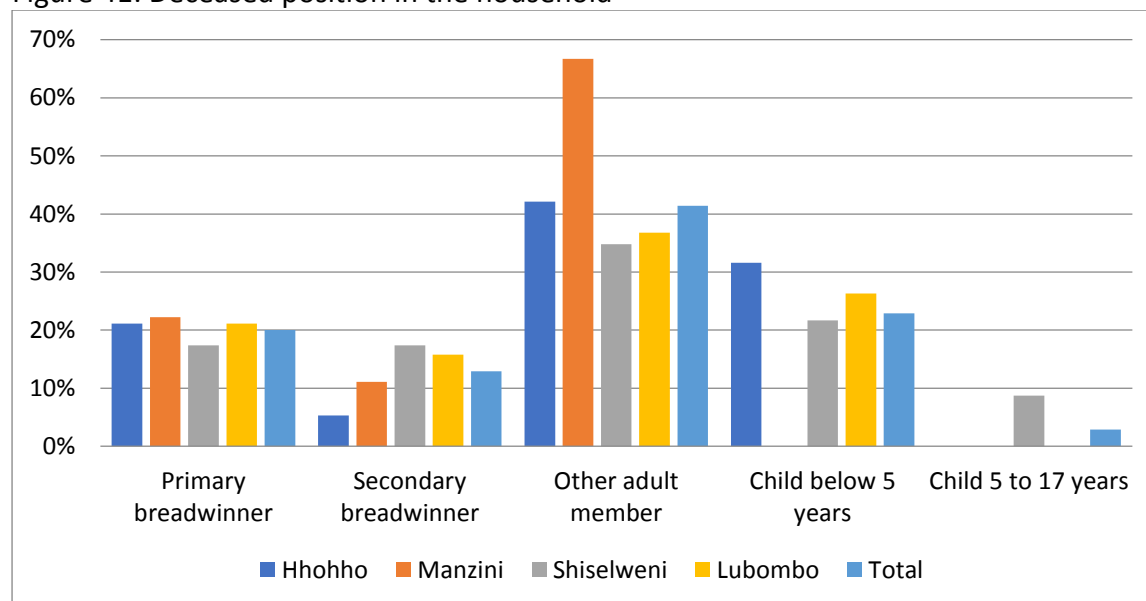
The cause of death in the households has been attributed to HIV related illnesses, TB, accident and other illnesses as indicated in figure 41 below. Deaths as a result of short illnesses accounts for a higher proportion of deaths at household's level.

Figure 40: Causes of Death



The findings have shown that households indicated that the death experienced in the past 12 months resulted in losing a primary breadwinner and a secondary breadwinner. Manzini region is leading with 22 percent households who have lost primary breadwinner, 20 percent in Hhohho and Lubombo regions respectively; and 18 percent in Shiselweni region as shown in the figure 42 below.

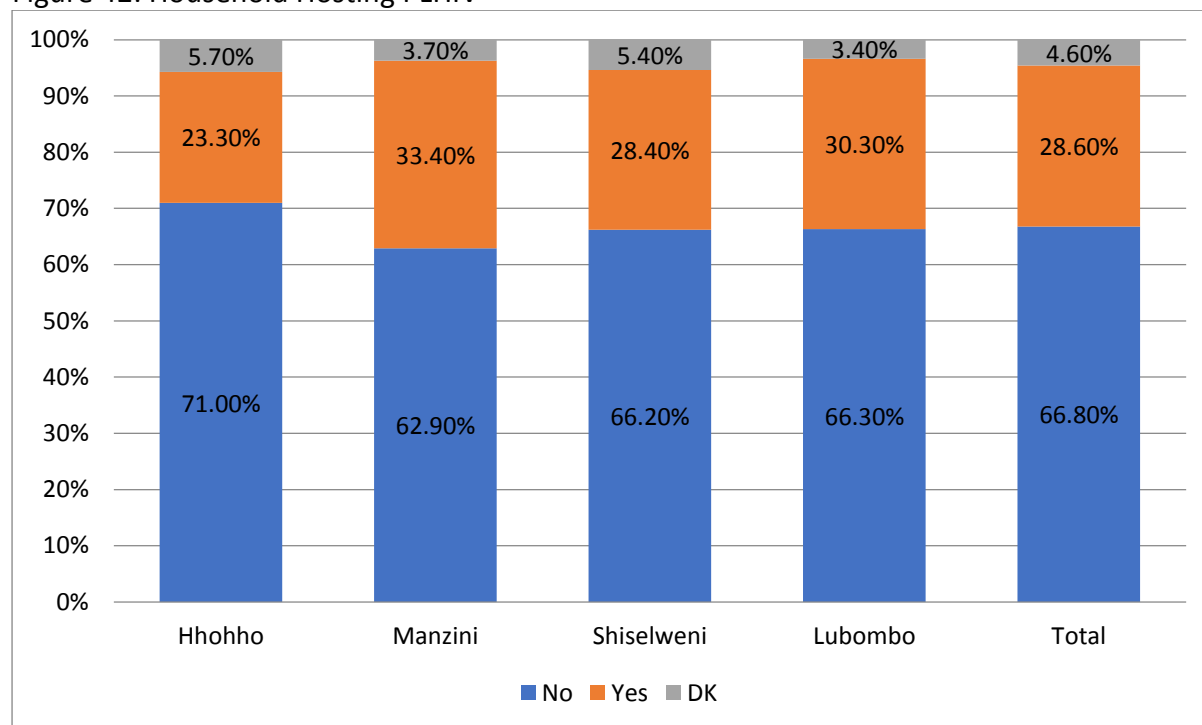
Figure 41: Deceased position in the household



4.10.2 HIV/AIDS and Gender

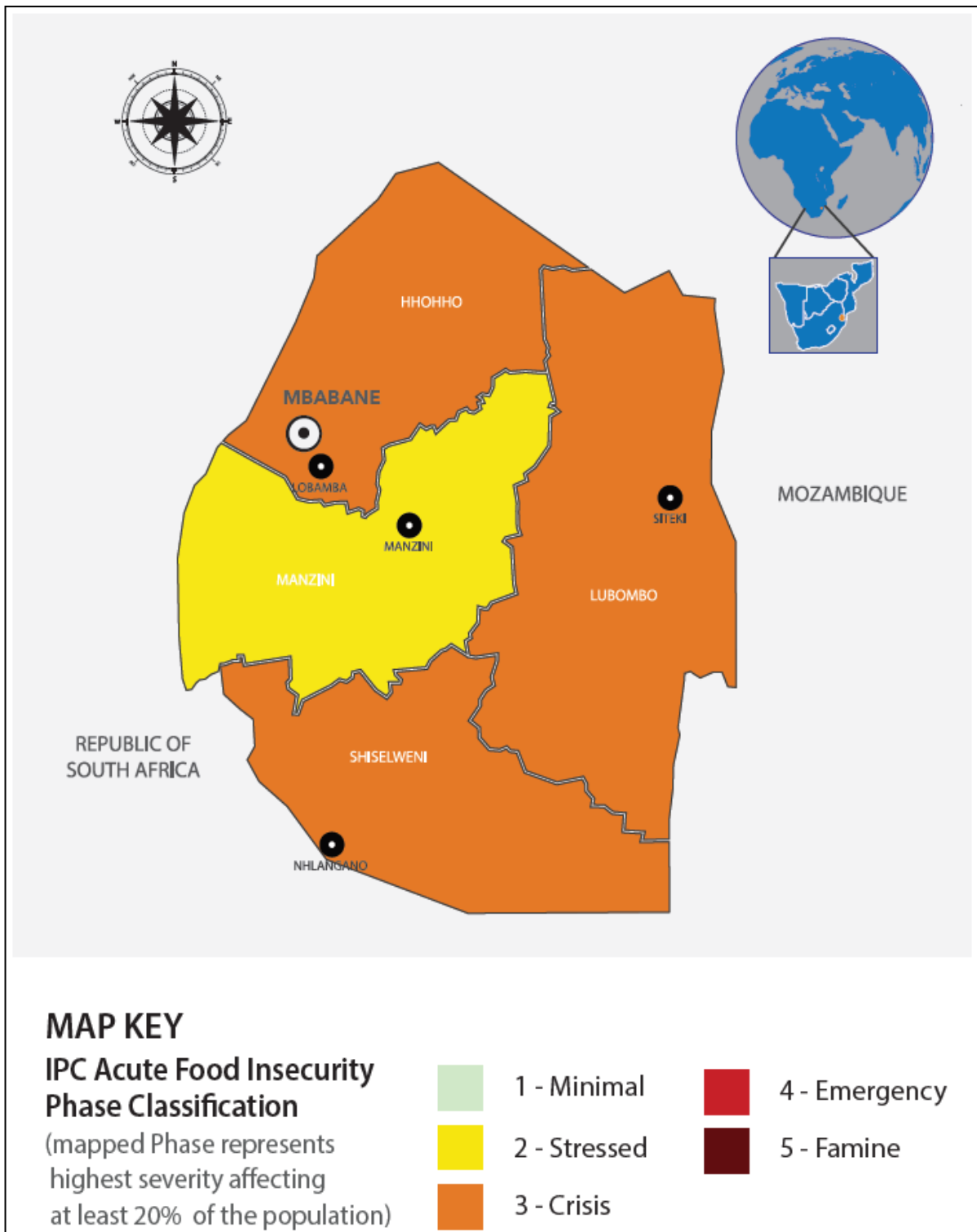
Households are affected by chronic illnesses and the direct costs of HIV/AIDS can be measured in the lost income of those who die or who lose their jobs because of chronic illness. Household savings fall, consumption on items and expenditure patterns are distorted as households struggle to cope with the burden of illness. When looking at households hosting a person living with HIV (PLHIV), overall, 28.6 percent of households reported to be hosting PLHIVs in the last 12 months. Manzini region ranks the highest with households hosting PLHIV in the last 12 months (33.4%), Lubombo with 30.3 %, Hhohho 23.3% and Shiselweni 28.6% as shown in Figure 41 below.

Figure 42: Household Hosting PLHIV



5.0 ANALYSIS OF ACUTE FOOD INSECURITY SITUATION

5.1 Current Situation Overview



Map 5: Food Insecure Population

Acute outcome analysis for the period June to September 2019 indicate that an estimated population of **200,000** (20 % of the rural population) in the country are experiencing severe acute food insecurity, out of which **157,000** people are facing a Crisis situation (IPC Phase 3) and **47,000** people are facing an Emergency situation (IPC Phase 4). **370,000** people are also in a Stressed situation (IPC Phase 2). This overall food insecurity can be attributed to the following factors: Last year, all regions experienced dry spells during the start of the season (November - December). These dry spells coupled with early warning messages on the possibility of a drought, led to a high proportion of farmers choosing not to plant fields resulting in significantly reduced area planted. The implications for reduced area planted were that agricultural casual labour opportunities were limited and food production was drastically compromised. As a mitigation measure, food aid in the form of maize and beans was provided to some households in three of the four regions (Hhohho, Shiselweni and Lubombo) between January and April meeting only about a quarter of the daily caloric requirement. A more in-depth description of the situation in each region is as follows:

5.1.1 Manzini Region

Compared to 2018/2019 agricultural season, a shift in Phase classification from being food secure (Phase 1) to being Stressed (Phase 2) has been observed in the current year 2019/2020. In this current period, approximately two thirds of the rural population have adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies. There is a notable increase in the population facing severe acute food insecurity, findings also indicate that the population classified to be in a Crisis situation has doubled compared to last year (2018/2019). Households hosting chronically ill members especially those with living with HIV, Cancer and TB are among the most affected. Within the region, the most affected livelihood zones include; Dry Middleveld, Lowveld and Peri-Urban. Key factors driving the overall food insecurity are the high unemployment rate, high food prices and heavy reliance on rain fed agriculture. All these key factors result in lower food stocks, affecting food access and availability.

5.1.2 Hhohho Region

Similar to the Manzini region, Hhohho has shifted from Stressed (Phase 2) to Crisis (Phase 3) in terms of its classification in the current analysis period. An estimated quarter of the rural

population is only able to minimally meet their food needs. If no assistance for this population in crisis is not provided, they will be forced to deplete essential livelihood assets or engage in crisis coping strategies. The key drivers contributing to the acute food insecurity include the following: dry spells experienced in November and December; unusual high prices of food commodities, and reduced production due to limited area planted, and delay in provision of mechanization from the National Maize Corporation, which further compounded amount of land cultivated, and reduced agricultural labour opportunities. The population that will be severely affected most are mainly the poor and poorest wealth groups situated in the following livelihood zones; Dry Middleveld, Lowveld, Cattle and Maize. It is anticipated that these groups will run out of food stocks during the June and September 2019 period.

5.1.3 Shiselweni Region

Like the other two regions described above, Shiselweni has also shifted from Stressed (Phase 2) to Crisis (Phase 3). It is estimated that a quarter of the population are currently be experiencing acute food insecurity. It has been noted that this vulnerable population is already mitigating moderate to large food consumption gaps by employing crisis emergency coping strategies. The food security crisis is further exacerbated by the high reliance on subsistence agriculture which highly is susceptible to climatic shocks. The increase in staple maize meal prices further erodes food access by particularly poor and very poor households. The households that are most affected are in the following zones; Dry Middleveld, Lowveld, and Cattle and Maize.

5.1.4 Lubombo Region

This region has maintained its Phase classification of Crisis (Phase 3) during the June to September 2019 period. Significant parts of the region chronically experience low levels rainfall resulting in poor production of the staple food. The chronic vulnerability experienced by population living in the drier parts of the region are exacerbated by other factors such as HIV, poverty and unemployment. The high HIV prevalence in the region (30%) affects its food and income productive capacity. Over a third of the population in the region live below the extreme poverty line. These populations have also been noted to have limited access to arable land (38%). Nearly half of the population will run out of food stocks in less than two months. The region has been found to have experienced 14 percent loss of employment for the

household head, pushing the unemployment rate up to 28.6 percent, and reducing remittances to 13 percent. Only 16 percent of the population is engaged in casual labour. The region has about 15 percent of its earth dams dried up affecting livestock production, especially ruminants. The livelihood zones facing severe food insecurity include; Dry Middleveld, Lowveld, Cattle and Maize and Moist Middleveld. Severely affected wealth groups across all these livelihood zones are the very poor and poor households.

Figure 43: Current Acute Food Security Situation (June 2019 - September 2019)

Level 2 Name	Total # (pp)	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3 and Higher	
		#	%	#	%	#	%	#	%	#	%		#	%
Hhohho	255,616	102,246	40	89,466	35	51,123	20	12,780	5	0	0	3	63,904	25
Lubombo	182,851	54,855	30	82,283	45	36,570	20	9,143	5	0	0	3	45,713	25
Manzini	314,261	125,704	40	141,417	45	31,426	10	15,713	5	0	0	2	47,139	15
Shiselweni	191,107	85,998	45	57,332	30	38,221	20	9,555	5	0	0	3	47,776	25
Grand Total	943,835	368,803	39	370,498	39	157,340	17	47,191	5	0	0	3	204,531	22

5.2 Projected Situation Overview

Between October 2019 and March 2020, around 232,000 people (25% of the rural population) are estimated that they will likely experience severe acute food insecurity, out of which an estimated 185,000 people will likely face a crisis situation (IPC Phase 3), and 47,000 people will likely be in an emergency situation (IPC Phase 4). Around 370,000 people will also be in a stressed situation (IPC Phase 2). Compared to the current analysis, around 28,000 people are likely to slip into Crisis (IPC Phase 3). This projected situation is based on the following assumptions: Above average rainfall conditions are expected country-wide between October and December, leading to an increase in water availability and improved pasture, but also the possibility of some disease outbreaks such as cholera, malaria and Acute Watery Diarrhoea. Animal disease outbreaks, mainly affecting cattle, are also expected. The Fall Armyworm will still remain a major threat and Alien Invasive Plant Species could affect rangelands, livestock and crop production and water availability. Maize and legume prices are expected to increase. Furthermore, all households will have depleted their food stocks before the end of the year.

Based on certain assumptions and historical trends, the Phase 2 classification (Stressed) in Manzini is expected to be retained, as well as the populations in each phase. Although most households, especially the poor and the very poor, will run out of food stocks early in the season, leading to the depletion of their assets, casual labour available in the rainy season

should be able to provide them with income for food access, and so it is not expected that the situation will further deteriorate, unless rainfall is below average.

In the projection period, **Hhohho** is also likely to retain its Phase 3 classification (Crisis), as well as the populations in each phase. Aside from the expected shocks of running out of food stocks early in the season, and the high prices of maize and legumes, other limiting factors of food security affecting this region are flash floods, and Alien Invasive Plant Species, which will likely affect livestock and crop production, and water availability. Zones that are likely to have problems are the Dry Middleveld and the Low Cattle and Maize, because they are the drier zones and usually do not receive enough water. The zones that are likely to receive enough water and provide labour opportunities are the Highveld, Cattle and Maize, the Timber Highlands and the Moist Middleveld. Since the rainfall situation is expected to improve, the sale of wild foods will provide income, improving food access. It is therefore expected that the situation will also not deteriorate in Hhohho, unless rainfall is below average.

Between October 2019 and March, the **Shiselweni** region is also expected to retain the Phase 3 classification (Crisis). However, it is likely that the population in Phase 3 will increase by about a thousand people (5% of population), with many households, especially the poor and the very poor living in the drier parts of the region, likely facing high food insecurity and loss of assets. The situation is expected to be more severe in populations living in the drier parts of the region; the Dry Middleveld and Lowveld, Cattle and Maize areas. The uncertainty surrounding the tractor hire situation may also negatively affect planting for the next season. Increased availability of wild foods and seed and fertilizer subsidies may help to slightly improve food availability. Overall, however, food access and availability is expected to deteriorate.

In **Lubombo**, it is expected that although the population in Crisis (Phase 3) will increase by about 18,000 people (10% of the population), the region will still retain the same Phase classification. The planting season and starting of rains will increase the availability of wild foods and petty trade, as well as casual labour opportunities. Improved livestock production is anticipated during the rainy season due to improved pasture conditions and water availability, however livestock diseases and parasites are likely to increase. Possible dry spells

could affect rain-fed agriculture, which could lead further increase unemployment. Overall, food access and availability is expected to deteriorate.

Figure 44: Projected Acute Food Security Situation (October 2019-March 2020)

Level 2 Name	Total # (pp)	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3 and Higher	
		#	%	#	%	#	%	#	%	#	%		#	%
Hhohho	255,616	102,246	40	89,465	35	51,123	20	12,781	5	0	0	3	63,904	25
Lubombo	182,851	36,570	20	82,283	45	54,855	30	9,143	5	0	0	3	63,998	35
Manzini	314,261	125,704	40	141,417	45	31,426	10	15,713	5	0	0	2	47,139	15
Shiselweni	191,107	76,443	40	57,332	30	47,777	25	9,555	5	0	0	3	57,332	30
Total	943,835	340,963	36	370,497	39	185,181	20	47,192	5	0	0	3	232,373	25
Grand Total	943,835	340,963	36	370,497	39	185,181	20	47,192	5	0	0	3	232,373	25

5.2.1 Key Drivers

Figure 45: Eswatini VAC Key Vulnerability Drivers 2019



6.0 CONCLUSION AND RECOMMENDATIONS

In order to address Eswatini's food and nutrition insecurity, the following interventions are recommended:

- Humanitarian assistance is in the form of food or cash for those in Phases 3 and 4;
- Promotion and strengthening of livelihood programmes;
- Strengthening and increase in school feeding programmes with more focus on Home Grown School Feeding to support smallholder farmers;
- Promote nutrition education at household level to ensure the consumption of diversified food groups;
- Promote healthy lifestyles and behaviour;
- Encourage exclusive breastfeeding for the first 6 months;
- Construction of earth dams to improve water irrigation;
- Upscaling water harvesting techniques at household level;
- Encouraging the principle of work for food;
- Encouraging species diversification in livestock production especial small ruminants, which adapt easily to harsh weather conditions;
- Enhancing extension services to educate on the growing of drought tolerant crops;
- Provision of farm inputs which are more area focused; and
- Improving of Government tractor hire services.
- Develop an interface mechanism to facilitate a two-way communication in the delivery of early warning messages.

7.0 ANNEX

7.1 Food Insecure by Tinkhundla

Region	Inkhundla	Male	Female	Total
Hhohho	Mandlangempisi	7 091	7 184	14 275
	Maphalaleni	836	401	1 237
	Mayiwane	5 883	6 028	11 911
	Mhlangatane	9 667	10 192	19 859
	Ntfonjeni	4 846	4 929	9 775
	Timphisini	3 420	3 427	6 847
	Total	31 743	32 161	63 904
Manzini	Mafutseni	7 486	7 957	15 443
	Mkhiweni	10 049	11 129	21 178
	Mtfongwaneni	4 534	5 088	9 622
	Nhlambeni	456	440	896
	Total	22 525	24 614	47 139
Shiselweni	Hosea	5 946	7 218	13 164
	Lavumisa	1 557	1 911	3 468
	Matsanjeni South	6 267	7 272	13 539
	Nkwene	1 448	1 526	1 448
	Sandleni	2 457	2 557	5 014
	Sigwe	4 432	5 184	9 616
	Total	22 107	24 142	46 249
Lubombo	Dvokodvweni	2 212	2 348	4 560
	Hlane	1 053	1 154	2 207
	Lomahasha	3 245	3 649	6 894
	Lubuli	1 583	1 808	3 391

Lugongolweni	540	549	1 089
Matsanjeni North	1 718	2 052	3 770
Mpolonjeni	2 749	3 067	5 816
Nkilongo	450	477	927
Siphofaneni	3 350	3 634	6 984
Sithobela	4 758	5 316	10 074
Total	21 658	24 054	45 712