



KINGDOM OF ESWATINI

ANNUAL VULNERABILITY ASSESSMENT & ANALYSIS REPORT

2021



July 2021



World Vision®



A. ACKNOWLEDGEMENT



The 2021 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 2021 Annual Assessment findings.

Makhosini S.Mndawe

Principal Secretary- Deputy Prime Minister's Office

B. EXECUTIVE SUMMARY

Faced with a number of challenges that had significant bearing on the vulnerability of the Swazi population, the COVID-19 pandemic significantly compromised the ability of a number of households to provide for their livelihoods. The country experienced a late onset of the rainfall seasons, with most rains received in the last week of October. November, December, and February had total monthly rainfall exceeding the corresponding long-term average. There were periods in the season which had dry spells, particularly mid-December, and end of January. This had an adverse impact on tasselling maize plants thus significantly affecting crop productivity.

The Annual assessment's objectives mainly were to understand the status of livelihood sources in the rural and urban areas, thus, to determine levels of food insecurity amongst populations, estimating vulnerable populations facing food insecurity and establish forms of coping mechanisms adopted during periods of food insecurity. The outputs from the assessment were further used to inform the Integrated Food Security Phase Classification (IPC), as direct and indirect evidence. The IPC Analytical Framework was used to further classify rural populations into Phases. The various types of data used to generate the outcome of food and livelihoods situation included the following; Food consumption, livelihood change, Food availability/accessibility/utilization/suitability, Household economy outputs, nutrition data, access to domestic water and hazard & vulnerability.

Analysis this year was conducted by livelihood zones which are geographic area wherein the overwhelming majority of households can be said to gain their food and cash income through the same methods. The basic principle underlying the livelihoods-based approach is that an analysis of local livelihoods is essential for a proper understanding of the impact of hazards at household level. Local production and market relations define nine Livelihood Zones (LZs) within the overall parameters of four agro-ecological regions in the country which will be used to present the results. A total number of 262,000 (22%) of the population classified on Phase 3 and 4 for the period June – September 2021 (current situation). For the period of September – March 2022 a total number of 317,000 will require support as they will be projected to be in in Phase 3 & 4. The worse off livelihood zone with significant livelihood and food shortage are the Lowveld Cattle and Maize and Peri urban areas.

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

D. TABLE OF CONTENTS

A.	Acknowledgement	i
B.	Executive Summary.....	ii
C.	Abbreviations and Acronyms.....	iii
D.	Table of Contents.....	iv
E.	List of Tables.....	v
F.	List of Maps	vi
G.	Table of Figures	vi
1.0	BACKGROUND AND OVERVIEW	1
1.1	Macro- Economic Indicators	1
1.2	Humanitarian Assistance	2
1.3	Health and Nutrition	3
1.4	Education Sector	4
1.5	Infrastructure	4
1.6	Market Access and Trade.....	5
2.0	OBJECTIVES AND METHODOLOGY	6
2.1	Assessment Objectives.....	6
2.2	The Methodology for the Monitoring Assessment 2021.....	6
2.3	Determination of Sample Size.....	6
2.4	The Annual Assessment Tool	9
2.5	Recruitment and Training of Field Staff.....	9
2.6	Data Management	9
2.7	Data Analysis.....	9
2.8	Livelihood zones.....	10
3.1	Rainfall Review	12
3.1.1	Spatial Rainfall Distribution.....	12
3.1.2	Temporal Rainfall Distribution	13
3.2	Agriculture Performance.....	14
3.2.1	Crop Performance	15
3.2.2	Maize Production Trends	15
3.2.3	Cereal Availability.....	16
4	FINDINGS.....	17
4.1	Demographics	17
4.1.1	Sex of Household Heads.....	17
4.1.2	Population Pyramid.....	18

4.1.3	Household Size	18
4.1.4	Employment Status of Household	19
4.1.5	Households Hosting Vulnerable Groups	20
4.1.6	Status of Children.....	20
4.2	Agriculture	22
4.2.1	Access to Arable land	22
4.2.2	Household Food Stocks.....	23
4.2.3	Shocks experienced in the household	25
4.3	Food Security	27
4.3.1	Food Consumption Score	27
4.3.2	Households Hunger Score.....	30
4.3.3	Household Dietary Diversity Score	31
4.3.4	Reduced Coping Strategy Index (rCSI)	33
4.3.5	Livelihood Coping strategies	35
4.4	Nutrition.....	37
4.4.1	Prevalence of Malnutrition in Children under 5 years.....	37
4.4.2	Body Mass Index for Women aged 15 – 49 Years.....	38
4.4.3	Feeding Practises for Children 6 – 23 months	39
4.5	Morbidity in children	41
4.6	Vitamin Supplementation	42
4.7	Measles vaccination.....	43
4.8	Deworming.....	44
4.9	Health.....	45
4.9.1	Mortality & Morbidity	45
4.9.2	COVID -19.....	45
4.10	Water and Sanitation.....	46
	Use of Improved Sanitation	49
5	Analysis of Acute Food Insecurity Situation.....	50
	5.1.0 National Level Results (Current Analysis - April – September 2021)	50
	Recommendations	54

E. LIST OF TABLES

Table 1: Sample Size Determination	7
Table 2: The Sample Allocation.....	7
Table 3: Seasonal Crop Production for 2021/22	15
Table 4: Food Balance Sheet 2019/20 - 2020/21.....	16

Table 5: Household Size by Livelihood Zone.....	18
---	----

F. LIST OF MAPS

Map 1: Eswatini Livelihood Zones.....	11
Map 2: Accumulated Rainfall October - March 2021	12
Map 3: OND Percentage of Normal Rainfall (2020).....	13
Map 4: JFM 2021 Percentage of Normal Rainfall (2021).....	13

G. TABLE OF FIGURES

Figure 1: Consumer Inflation	2
Figure 2: Temporal Rainfall Distribution 2020/21	14
Figure 3: Maize Production Trends (2016 - 2021)	16
Figure 4: Household Head Sex	17
Figure 5: Eswatini Population Pyramid	18
Figure 6: Employment Status of Households Head	19
Figure 7: Households hosting vulnerable groups.....	20
Figure 8: Parental Status of Children	21
Figure 9: School Enrolment.....	21
Figure 10: Access to Arable land by Region and livelihood zone.....	23
Figure 11: Access to arable land by sex of household head	23
Figure 12: Shocks experienced by rural households.....	26
Figure 13: Shocks experienced by urban households.....	26
Figure 14: Household's Food Consumption Score by Region and Livelihood Zone.....	28
Figure 15: Urban Food Consumption Score	28
Figure 16: FCS by Head of Households Sex.....	29
Figure 17: Household Hunger Score - Rural.....	30
Figure 18: Household Hunger Score - Urban	31
Figure 19: Rural Household Dietary Diversity Score (Regions and Livelihood Zones)	32
Figure 20: Urban Dietary Diversity Score.....	32
Figure 21: HDDS by Sex of Household Head	33
Figure 22: Rural Households rCSI by Regions and Livelihood Zones	34
Figure 23: Urban Households rCSI	34
Figure 24: rCS categories by Head of Household's Sex.....	35
Figure 25: Rural Livelihood Change Categories by Region and Livelihood Zones.....	36
Figure 26: Urban Households Livelihood Change Categories	37
Figure 27: Nutritional Status of children under 5 years.....	38
Figure 28: BMI Categories for Women Rural and Urban	39
Figure 29: Breastfeeding Practises for 6 - 23 months old by Region and Livelihood Zone	40
Figure 30: Meal Frequency for Children 6 - 23 months by Regions.....	40
Figure 31: Fever prevalence by Region and Livelihood Zone	41
Figure 32: Cough Prevalence	42
Figure 33: Acute Respiratory Infection prevalence	42
Figure 34: Vitamin A Supplementation.....	43
Figure 35: Measles Vaccination	44
Figure 36: Deworming by Regions and Livelihood Zones	44

Figure 37: Deaths in the last 12 months by Livelihood Zones	45
Figure 39: Access to Improved water source.....	47
Figure 40: Population Classification by Administrative Regions April - September 2021)	51

1.0 BACKGROUND AND OVERVIEW

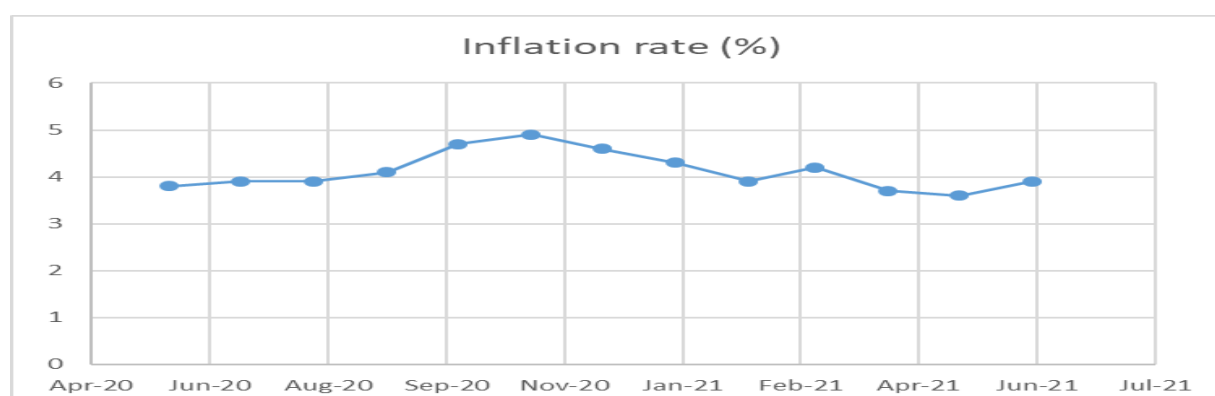
1.1 Macro- Economic Indicators

Amid the Covid-19 pandemic, the country's economy has been dealt a major blow as prospects for growth diminish due to influence from events and occurrences affecting both investment and income generating opportunities affecting both corporate entities and individuals. Formal employment was characterised by layoff and retrenchment of workers from various sectors. Relaxing some of the Covid-19 restrictions at the end of the fourth quarter of 2020 and the first quarter of 2021 as a balancing act influenced the rebound of the economy during the second wave of the pandemic. The impact of the restrictions hit various sectors by varying magnitudes as the demand for services continued to grow and the cost to provide such also escalated.

The medium-term outlook is engulfed by elevated uncertainty owing to a number of envisaged downside risks. The situation around the longevity and evolution of the pandemic remains the major threat to the outlook. Nonetheless, the domestic economy is expected to rebound with growth forecasted at 2.7 % in 2021, building on base effects, and envisaged to average 2.4 % in the medium-term, following a V-shaped recovery curve. The rebound is expected to be driven particularly by the 'manufacturing' and 'transport' sub-sectors; and continued momentum in the 'agriculture', 'ICT' and 'financial' sub-sectors (***Economic Review and Outlook Report, MEPD April 2021***).

Consumer inflation has remained relatively stable over the last twelve (12) months except peaking between October and December 2020, but still remained below the 5% mark as seen in figure 1 below.

Figure 1: Consumer Inflation



The Central Bank of Eswatini's (CBE) forecasts inflation to rise to 4.3 %, 4.7 %, and 4.9 % in 2021, 2022 and 2023, respectively. This upward trend is anticipated to be driven by envisaged hikes in domestic fuel prices as well as utility tariffs in the first half of the year 2021. Moreover, this outlook has considered external shocks that could possibly influence exchange rate developments as well as global oil prices. In particular, it is anticipated that the COVID-19 vaccine roll out will spur economic activity and consequently a rise in fuel prices increasing inflationary pressures in the medium term. Likewise, regarding exchange rate developments, depreciation of the domestic currency will imply a rise in the cost of imported goods, hence increasing inflationary pressures.

1.2 Humanitarian Assistance

In response to the COVID-19 pandemic, humanitarian assistance has been present in all four regions of the country since May 2020. This assistance has been received from the Government of the kingdom of Eswatini, mainly through the National Disaster Management Agency (NDMA) as well as partners that include World Food Programme, World Vision and Eswatini Red Cross. Humanitarian support has been seen to be mainly prevalent in the Lubombo and Shiselweni regions which have consistently had the highest number of food insecure people in the country. The predominant humanitarian assistance modality across the country has been mainly cash transfers, followed by food assistance. Government through the National Disaster Management Agency and the support of the United Nations World Food Programme has a total of 400 956 beneficiaries were reached through cash transfers during the period May to December 2020. Humanitarian agencies continued to provide cash

transfers to 223 873 beneficiaries from vulnerable households affected by the pandemic distributed between January 2020 and March 2021 as well in-kind food assistance to 33 234 beneficiaries.

The 2021 Annual livelihoods-based Vulnerability Assessment and Analysis will provide a current context on the state of affairs and the need for further programming for support into the foreseeable future, especially over the course of the consumption year.

1.3 Health and Nutrition

Health Status of the Population Eswatini is going through an epidemiological transition and experiencing a double burden of disease. The life expectancy at birth in Eswatini was estimated to be 45.9 years in 2017 (CSO, 2007). However, there are high rates of mortality such as the Infant Mortality Rate at 50 deaths per 1,000 live births (MICS, 2014); Under-Five Mortality Rate is 67 deaths per 1,000 live births (MICS, 2014) and the Maternal Mortality Rate is 593 deaths per 100,000 live births (CSO, 2012). Although Eswatini made excellent strides towards addressing high burden of communicable diseases including HIV/ AIDS and TB, these diseases are still major causes of morbidity and mortality. Similarly, significant strides in fighting malaria cases in the country have been made and Eswatini is part of the 8 countries in Africa that are working towards Malaria elimination by 2020.

The HIV prevalence in the general population still remains high at 27% and high co-infection with TB (>72%) has been the single most important contributor to HIV-related morbidity and mortality (2016 global TB WHO report). However, recent findings indicate a drop in new HIV infections by 44% since 2011 (SHIMS 2016). Non -Communicable Diseases (NCDs) such as diabetes mellitus, hypertension, cardio-vascular diseases (CVDs), cancers, psychiatric illnesses, trauma and injuries as well as other chronic diseases also significantly contribute to the country's burden of disease. Results from Steps Survey showed that 43.8% of the population was overweight while 20.5% was obese.

COVID-19 is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which was first detected in Wuhan China in December 2019. The World Health Organization (WHO)

declared the epidemic a Public Health Emergency of International Concern on 30th of January 2020, and a pandemic on 11th of March 2020. As of the 23rd July 2021, globally there have been 192, 284,207 confirmed cases of Covid-19 including 4, 136, 518 deaths reported to WHO (WHO, 2021).

The first case in Eswatini was diagnosed on the 14th of March 2020. The Government of the Kingdom of Eswatini declared the COVID-19 pandemic a National Emergency on the 17th of March 2020, thereby invoking Section 29 of the Disaster Management Act of 2006. As of the 23rd July 2021, there have been 23, 005 confirmed cases including 752 deaths reported to MOH (SITREP, 2021). Sixteen (16) months into the pandemic, the regulations against the spread of the Covid-19 are still in place and at times stronger restrictions are put in place to reduce the spread and to stimulate economic activity, relaxation measures are also considered from time to time.

1.4 Education Sector

Since the emergence of the Covid-19 pandemic the education sector has continued to be negatively affected across all levels in the country's education system. The closure and the partial reopening for some grades (those that would be taking external examinations) in 2020 provided temporary relief but the reality remained that the entire education system is threatened. In anticipation of a reduced impact in 2021, the school calendar was adjusted, but no sooner had operations returned to normal, the severity of the pandemic reared its head again in the form of a third wave and resurgence of new infection cases requires caution to prevent fatalities.

1.5 Infrastructure

The vulnerability of public infrastructure including housing and transportation infrastructure to extreme weather conditions as seen during Cyclone Eloise continues to be of major concern as disaster relief programmes hardly provide for rehabilitation. The country's road infrastructure including bridges provides means to access to markets and other social services. Cyclone Eloise came in the midst of a maintenance backlog, particularly for the

country's unpaved roads which are predominantly used as means of access for rural communities.

A programme for the upgrading and rehabilitation of some of the country's roads has been developed and ready for implementation, subject to availability of financial resources. Immediate rehabilitation of approximately 774.3 KM damaged by Cyclone Eloise at the beginning of the year got underway following a public outcry over the poor accessibility in some areas. Whilst addressing that, a further 975m² of bitumen sealed road portions was damaged by activities of unrest at the end of June through to early July 2021. Other public infrastructure that was affected includes private property, housing, businesses and public services. The cost of reconstruction and rehabilitation of these facilities runs into millions of Emalangen (SZL) which has not been budgeted for and further creating a strain on an already overburdened resource purse due to other pressing national socio-economic issues.

1.6 Market Access and Trade

The supply of goods and commodities to local markets has continued uninterrupted over the last twelve months (June 2020 - May 2021). The travel restrictions and limited trading hours imposed to reduce the spread of the Covid -19 pandemic implied that the adoption of new practices would be the order of doing things during the outbreak. Restrictions to market access have been notably reduced due to reduced income earning opportunities for some households, and this has continued to pose a threat to livelihoods and food security.

2.0 OBJECTIVES AND METHODOLOGY

2.1 Assessment Objectives

The main purpose of the Annual Vulnerability Assessment was to generate a current context of livelihoods vulnerability both in rural and urban areas and specifically:

-  To establish the status of livelihoods in rural and urban settings.
-  To determine the severity of shocks on food security and other vulnerable population needs.
-  To propose actions most appropriate as intervention measures to address livelihood vulnerabilities.
-  To establish the contribution of social safety net programs on livelihoods.

2.2 The Methodology for the Monitoring Assessment 2021

The assessment covered areas coming from both rural and urban areas of the Kingdom of Eswatini (KE) from the four administrative regions. A two-stage sample is used to select households for the assessment. The first sample entails selecting the enumeration areas while the second stage is the selection of the households to be in the sample.

2.3 Determination of Sample Size

The sample size was determined using a formula, where a target population in this case was children under five and the prevalence rate will be the stunting rate, which current stands at 23%, according to the latest statistics. The reason for choosing the target population is that the KEVAC uses both food and nutrition insecurity frameworks, hence the nutrition indicators. The choice of the prevalence detects that it should be an indicator that would not give a large sample nor the one that would give a small, thus an indicator less 10 % and above 40 % should not be chosen.

Sample size:

$$4 * r * (1-r) * deff$$

n = -----

$$(RME * r)^2 * pb * AveSize * RR$$

Standard error (se): $(r * RME) / 2$

Table 1: Sample Size Determination

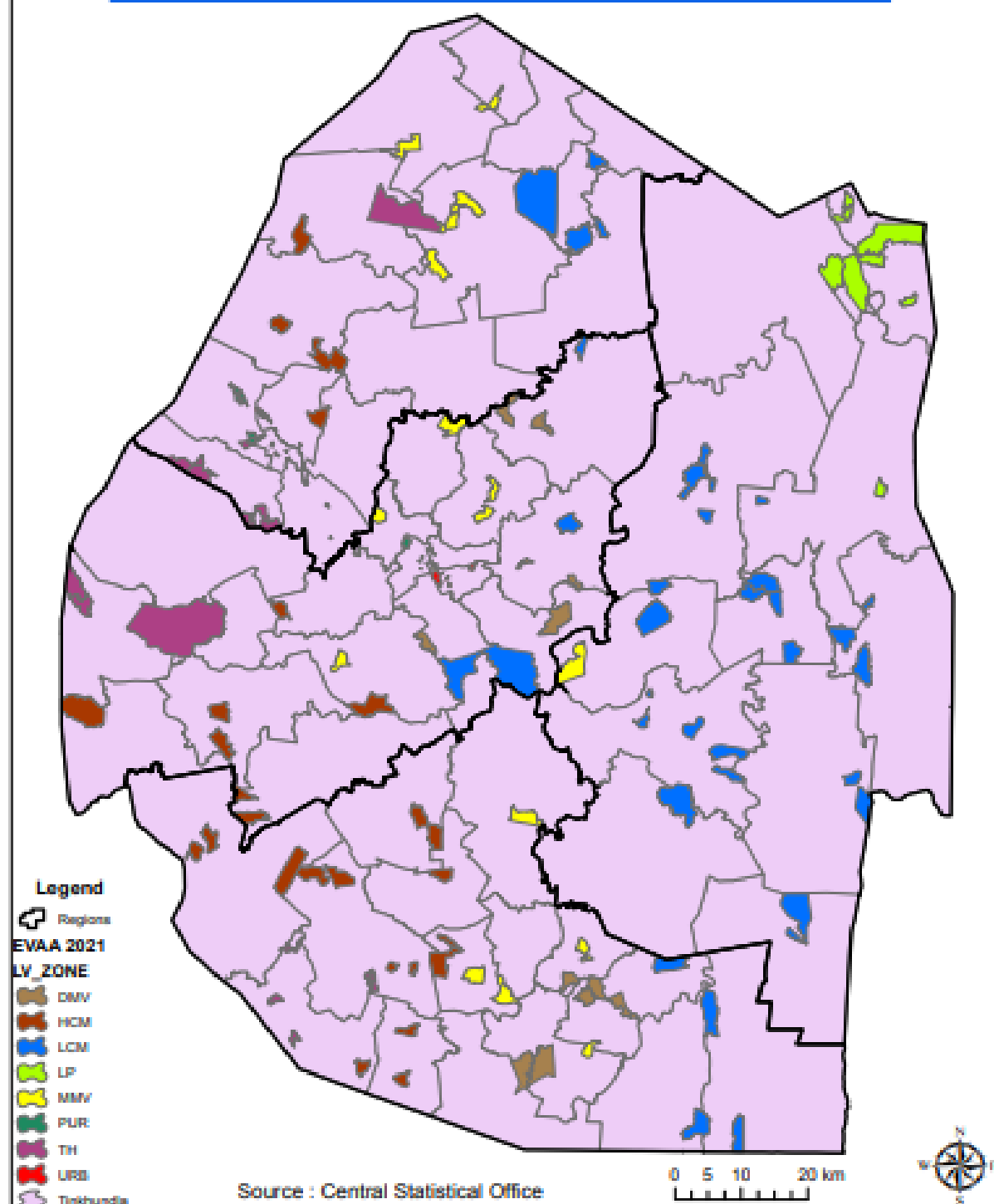
Parameter		Value
Predicted value of indicator (in target/base population)	<i>r</i>	0.230
Design effect	<i>deff</i>	1.5
Relative margin of error at 95% confidence	<i>RME</i>	0.12
Proportion of target/base population in total population	<i>pb</i>	0.11
Average household size	<i>AveSize</i>	4.0
Household response (or completion) rate	<i>RR</i>	0.95
Number of EAs		126
Expected numbers of completed observations:		
Effective number of households		2114
Number of household members		8454
Number of children age 0-4 years		930

Table 2: The Sample Allocation

	Number of Clusters	Households per cluster	Expected Number of Households
Hhohho Rural	26	10	260
Manzini Rural	27	10	270
Shiselweni Rural	29	10	290
Lubombo Rural	26	10	260
Hhohho Urban	19	10	190
Manzini Urban	21	10	210
Shiselweni Urban	9	10	90
Lubombo Urban	9	10	90
Total	166		1660

A total of 8 domains of study, totalling to 166 clusters were visited during the 2021 assessment. There were 108 clusters from the rural areas and 58 clusters from the urban areas. Eswatini is rural predominantly rural as 76 % of the population reside in rural areas and only 24 % reside in the urban areas.

EVAA 2021 SAMPLE BY LIVELIHOOD ZONES



Map 1: Sampled Enumeration Areas

2.4 The Annual Assessment Tool

The development of the annual assessment tool was informed by stakeholder's consultative meetings, which are led by the National Disaster Management Department in the Deputy Prime minister's Office. Among the sections collected for the assessment is general information of the households, water, sanitation and hygiene, food stocks, food consumption and sources, consumption-based coping strategies, livelihood based coping strategies, food insecurity experience scale, household hunger scale, humanitarian support, market access, impacts of Covid 19 on households' food security, nutrition and health.

2.5 Recruitment and Training of Field Staff

For data collection, CSPro was used to develop application to collect data from the field using tablets. A team of six field teams of four was recruited from the KE-VAC stakeholders and later deployed in the regions to conduct a face-to-face interview with respondents. The 2021 VAA used mobile technology to collect data and data would be downloaded on a daily basis. The team was residing on the areas close to their workstations to curtail fuel and traveling costs.

2.6 Data Management

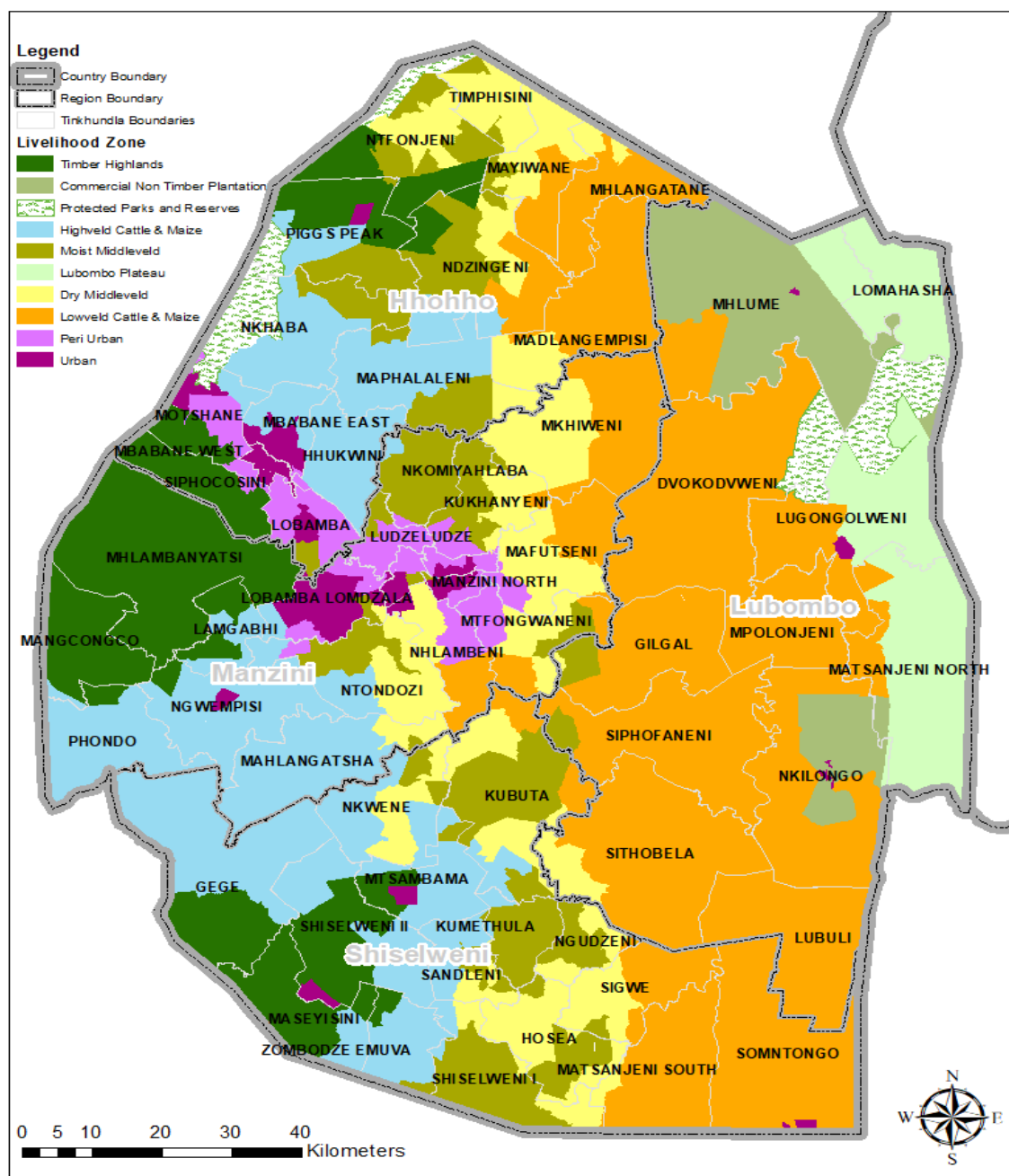
After collection, the data was processed and moved to SPSS for further processing and tabulations. The data processing and tabulation follows shortly after completion of data collection and will be done by the KE-VAC core team. The output tables are produced for both rural and urban areas.

2.7 Data Analysis

Data was analysed and presented for both rural and urban settings. In both settings, the administrative regions became the unit of analysis. For in-depth understanding of the situation, rural livelihood zones were also used as unit of analysis for the purposes of revealing the problems that are masked if only administrative regions are used.

2.8 Livelihood zones

A livelihood zone (sometimes also known as a food economy zone) is a geographic area wherein the overwhelming majority of households can be said to gain their food and cash income through the same methods. The population of each Livelihood Zone is sub-divided into three socio-economic groups: poor, middle and better off. The basic principle underlying the livelihoods-based approach is that an analysis of local livelihoods is essential for a proper understanding of the impact of hazards at household level. Local production and market relations define nine Livelihood Zones (LZs) within the overall parameters of four agro-ecological regions in the country. The idea of livelihood baseline information is to capture essential facts on local livelihoods and coping strategies, making it possible for a combined analysis on relative vulnerability following the impact of hazards or shocks. The rationale behind the approach is that a good understanding of how people have survived in the past provides a sound basis for projecting into the future. The patterns of livelihoods outlined in the map below provide an evidence base for geographical areas and socio-economic groups that are more vulnerable to social and economic decline. This thereby provides a platform for developing appropriate policies and interventions that can reduce poverty and ensure food security of rural and peri-urban Eswatini. This information aids in the process of identifying vulnerable areas and groups across Swaziland and the types of response that may be appropriate.



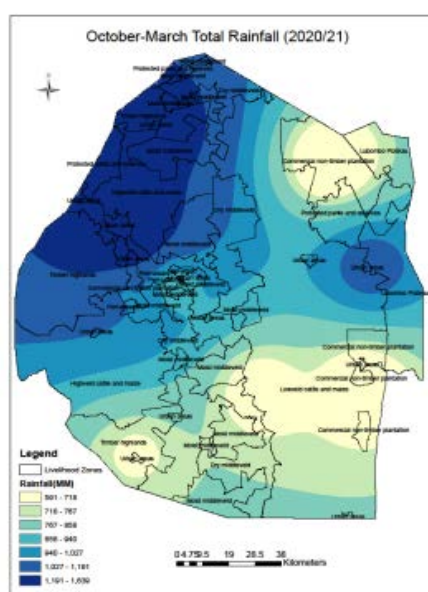
Map 2: Eswatini Livelihood Zones

3.0 SEASONAL PERFORMANCE

3.1 Rainfall Review

Rainfall-fed agricultural activities are a major source of livelihood in rural Eswatini, but the effects of climate change are increasingly making it a less desirable livelihood choice. The rainfall performance of the past season provides clear evidence on the negative impact of the climate change phenomena. Eswatini experienced late onset of the rainfall season and this was further compounded by reoccurring dry spells. Then there were the devastating effects of Tropical Cyclone Eloise at the end of January which damaged crops and infrastructure. All these incidences are occurring in increasing frequencies thereby making rain fed agricultural activities a less productive source of livelihood for the population in rural Eswatini. This section looks at the rainfall performance in the 2020-21 season both in time and space.

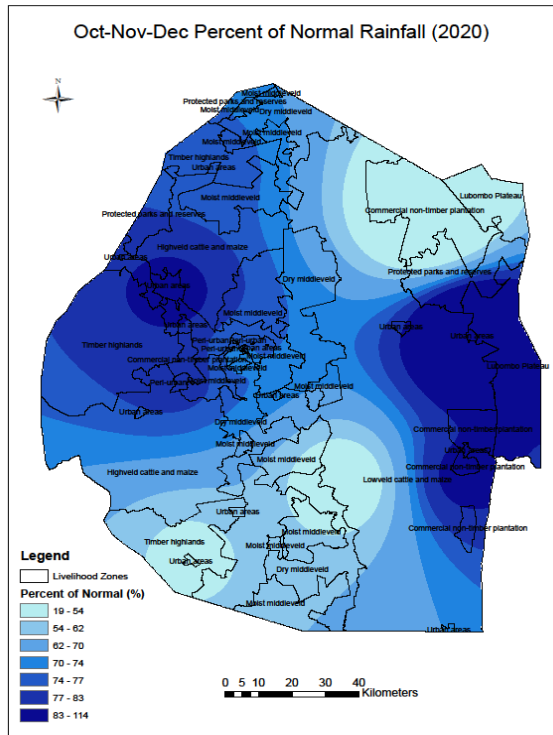
3.1.1 Spatial Rainfall Distribution



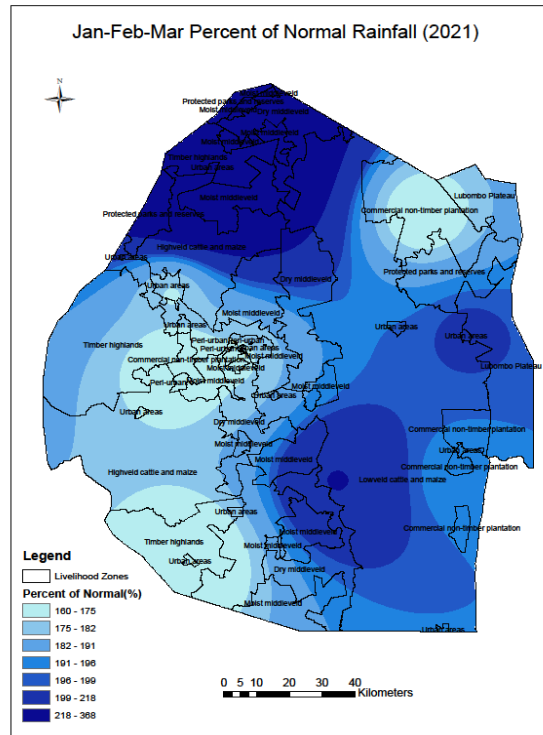
Map 3: Accumulated Rainfall October - March 2021

The cumulative country rainfall received fell in the ranges of Normal to Above Normal for the period from October 2020 to March 2021. Receiving the least amounts of rainfall were areas in the south west of Eswatini, including areas in the Lubombo plateau also received rainfall in the region of 100-130 % the rainfall normally received by these areas. Large parts of the Lowveld, the Plateau and the Northern Hhohho received good rainfall with most of them falling in the category between 130 to 170 % normal.

Most of the rainfall in Eswatini occurred in the months of January and February where there was a lot of tropical cyclone activity including TC Eloise, which caused widespread damages to crops and infrastructure. These rains masked the poor start of the rainfall season hence the whole country shows a good picture as far as the rainfall for the 2020/21 season in concerned. The maps below show the total spatial distribution in October to March period.



Map 5: OND Percentage of Normal Rainfall (2020)



Map 4: JFM (2021) Percentage of Normal Rainfall

The above map depicts the rainfall performance

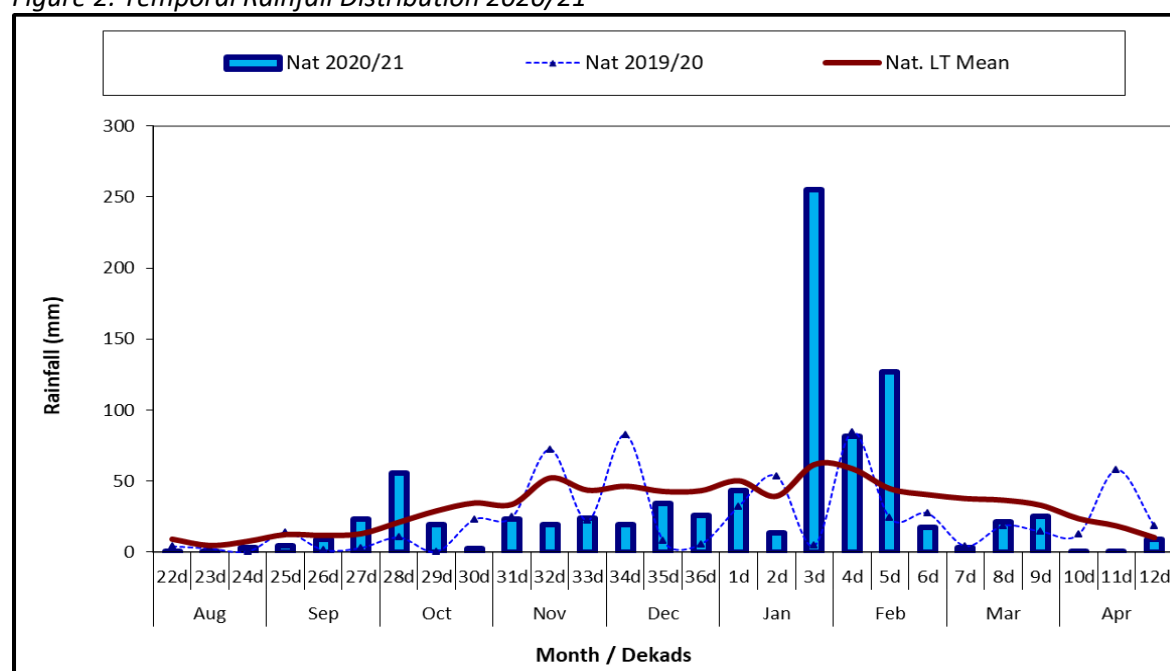
expressed as a percentage of normal rainfall in the half seasons. The first half (OND) received below normal tonormal rains while the second half received far above normal rainfall. More than 160 % of normal rainfall was received countrywide most of it being received in January and February. Although January is the peak of our rainfall season, the effects of tropical cyclone Eloise was responsible for the far above normal rainfall received in this period.

3.1.2 Temporal Rainfall Distribution

A poor start of the season was experienced in the months of October to December where received monthly rainfall was below the long term mean and fell in the last quartile. This had a negative impact on agricultural activities as a most of the farmers who rely of rainfall did not resume ploughing. A significant increase in rainfall was then observed in the month of January and February where the monthly totals were ranked 2nd and 3rd respectively in the period from 1981. Contributing to this upsurge was the tropical cyclone activities in the Indian Ocean and their interplay with the rain bearing systems common in Eswatini during this period. A significant drop of rainfall was also evident towards the end of the rainfall season where monthly rainfall totals for March fell below those normally observed in an average

rainfall season. The graph below depicts the decadal (10 day) rainfall totals from August 2020 to April 2021.

Figure 2: Temporal Rainfall Distribution 2020/21



3.2 Agriculture Performance

The 2020/21 farming season started at a low note, as a result of the poor start of the Agricultural season as rainfall received in the first two months namely October and November 2020 were below normal. The below normal rains resulted in farmers that planted early experiencing crop losses and not replanting due to the prevailing dry conditions. Above normal (above average) rainfall were received in the second half of the season January – March 2021 where the country experienced tropical cyclone Eloise. Farmers that planted late benefited from these rains. The high rainfalls were significant on the maize crops but a disadvantage to legumes, sorghum, and sweet potatoes. The high rainfalls resulted to a decreased crop harvest for legumes, sorghum, and sweet potatoes.

The high rainfalls received greatly improved water availability for livestock and the pasture conditions. This will likely result in adequate availability of water and pasture for livestock for a better part of the dry season.

The effect of COVID 19 was not significant in the agricultural sector as most activities proceeded uninterrupted. Slight challenges on supply chain timelines for export good was reported. Employment opportunities were slightly reduced. In the projected period the

unrest in the country poses a threat in the food security system. In addition, the unrest in South Africa adds to the threat of the country's food systems since we depend on 80% of Agricultural products from South Africa. This includes milk and milk products, legumes, meat and meat products, vegetables, livestock feed and feedstocks and farming inputs.

3.2.1 Crop Performance

The high rainfalls resulted to a skewed production in crops, resulting to a bias to maize. The national maize production according to the Ministry of Agriculture stands at 100,041.6 MT in the cropping season 2021/2022. Bean's production stands at 659.23 MT, sorghum at 90.96 MT, cow peas at 3.18 MT, cassava at 3.29 MT, sweet potatoes at 3,449.3 MT and groundnuts at 247.46 MT. The table below depicts crop production in the four administration regions.

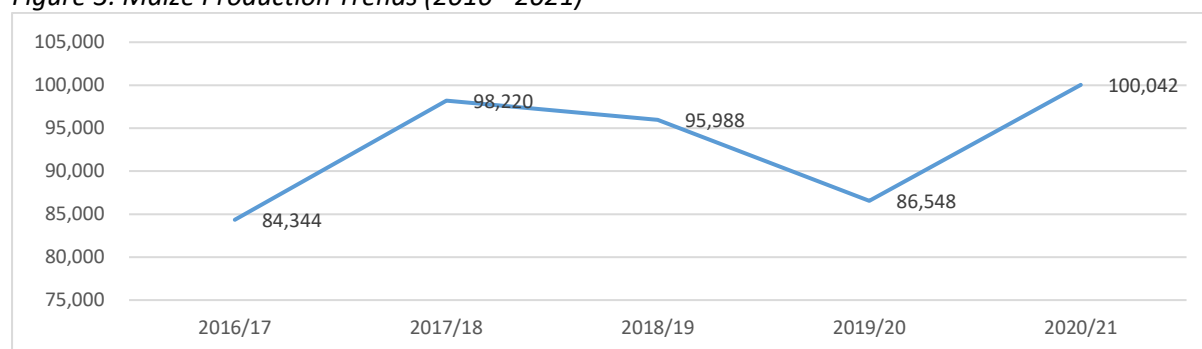
Table 3: Seasonal Crop Production for 2021/22

Region	Maize (MT)	Beans (MT)	Sorghum (MT)	Cow Peas (MT)	Jugo beans (MT)	Cassava (MT)	Sweet potatoes (MT)	Groundnuts (MT)
Manzini	51,323.51	258.8	0	0	0	0	659	40.6
Shiselweni	25,912.68	177.95	0	0	0	0	1,360.95	72.3
Lubombo	4,727.62	118.23	90.96	3.18	0	3.29	257.35	19.06
Hhohho	18,077.80	104.25	0	0	0	0	1,172	115.5
National	100,041.6	659.23	90.96	3.18	0	3.29	3449.3	247.46

3.2.2 Maize Production Trends

In the cropping season of 2021/22, the maize production was reported to be the highest for the past 5 years. This can be associated to the high amount of rainfall received. The current maize production is 7% more than the five-year average and 26% less than the national kilocalories requirements for the 1,160,363 total population.

Figure 3: Maize Production Trends (2016 - 2021)



3.2.3 Cereal Availability

The overall country's requirement for cereals (maize, wheat and rice) is 269,570 MT, while the domestic availability is 107.48 (Table 4). This translates to a domestic shortfall of 162,100MT which needs to be met through imports. Food imports are, therefore, estimated at 162,100MT. The cereal uncovered gap is 6,720MT.

Table 4: Food Balance Sheet 2019/20 - 2020/21

Figures in '000 Metric Tonnes								
Period	2020/2021				2019/2020			
	Maize	Wheat	Rice	All	Maize	Wheat	Rice	All
A. Domestic Availability	107.48	0	0	107.48	91.39	0	0	91.39
B. Gross Domestic Requirement	179.35	52.54	37.68	269.57	162.32	51.98	37.26	252.56
C. Domestic Shortfall/Surplus	71.88	52.54	37.68	162.1	71.93	51.98	37.26	161.17
D. Planned Imports	71.88	52.54	37.68	162.1	61.71	44.88	33.72	140.31
Uncovered Gap/Unallocated Surplus	2.01	4.5	0.21	6.72	10.22	7.1	3.54	20.86

4 FINDINGS

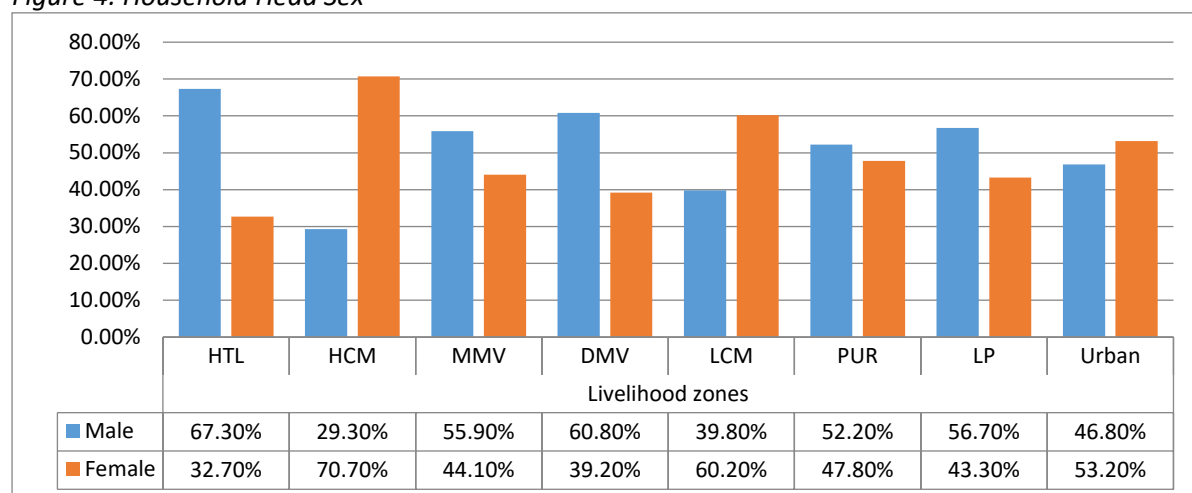
4.1 Demographics

The demographic characteristics of the households are one of the key variables in any assessment and in many instances, form part of the basic variables with which the rest of the variables are cross-tabulated. The ESVAC 2021 collected a number of demographic variables including sex of household head, age, education level, household size, and marital, among others. The demographic variables collected are presented below.

4.1.1 Sex of Household Heads

There are differences between female headed and male headed households in terms of their vulnerabilities and resilience to crises. This implies that household gender provides important information on the susceptibilities or proneness to vulnerability of households. The statistics in this section gives a picture on the situation in terms the sex of household in the different livelihood zones in the Kingdom of Eswatini.

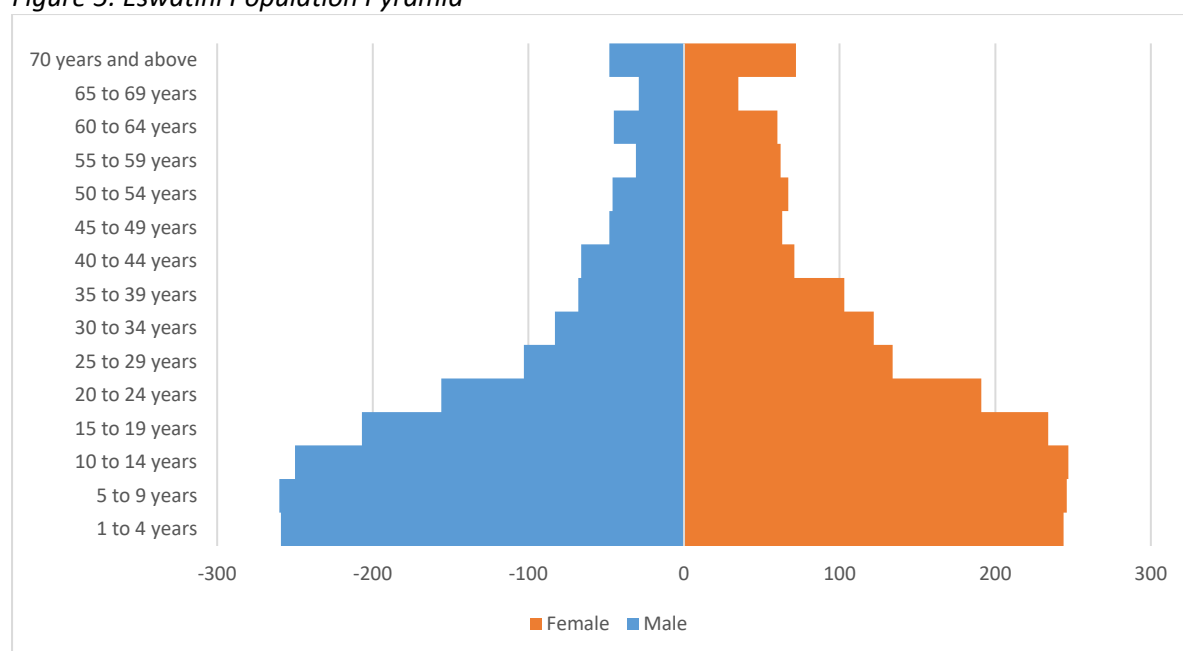
Figure 4: Household Head Sex



The ESVA 2021 assessment results indicate that most livelihood zones in rural Eswatini are headed by males. Strong cultural and/or traditional structures tend to be patriarchal and dominant in the rural areas. Only the Highveld Cattle and Maize (70.7%), and Lowveld Cattle and Maize (60.2%) were livelihoods that showed higher percentages of households headed by females. In the Urban areas, a majority of households are headed by females (53.2%). This may be due to the fact that households in the urban areas tend to be more liberal and more females are likely to be in formal employment and are independent.

4.1.2 Population Pyramid

Figure 5: Eswatini Population Pyramid



The Kingdom of Eswatini has a broad-based population pyramid as shown in the graph above. Results from the sampled households in the ESVAC 2021 assessment shows that Eswatini is a young population. A large proportion of the population is under the age of 17yrs. This implies that households are stressed due to the high dependency ratio. There are fewer working-class adults who may not be able to support the bigger household sizes due to amongst other factors the lack of employment opportunities.

4.1.3 Household Size

Household size is one of the major determinants of food insecurity; hence it was necessary to capture this variable to measure households' vulnerability, stress and exposure to food insecurity. Food security studies show that the larger the household size, the more food is needed to sustain the household, hence the indicator was found to be important in this food security assessment.

Table 5: Household Size by Livelihood Zone

Livelihood Zone	HTL	HCM	MMV	DMV	LCM	PUR	LP	Urban
Household Size	6	6	6	6	6	4	6	5

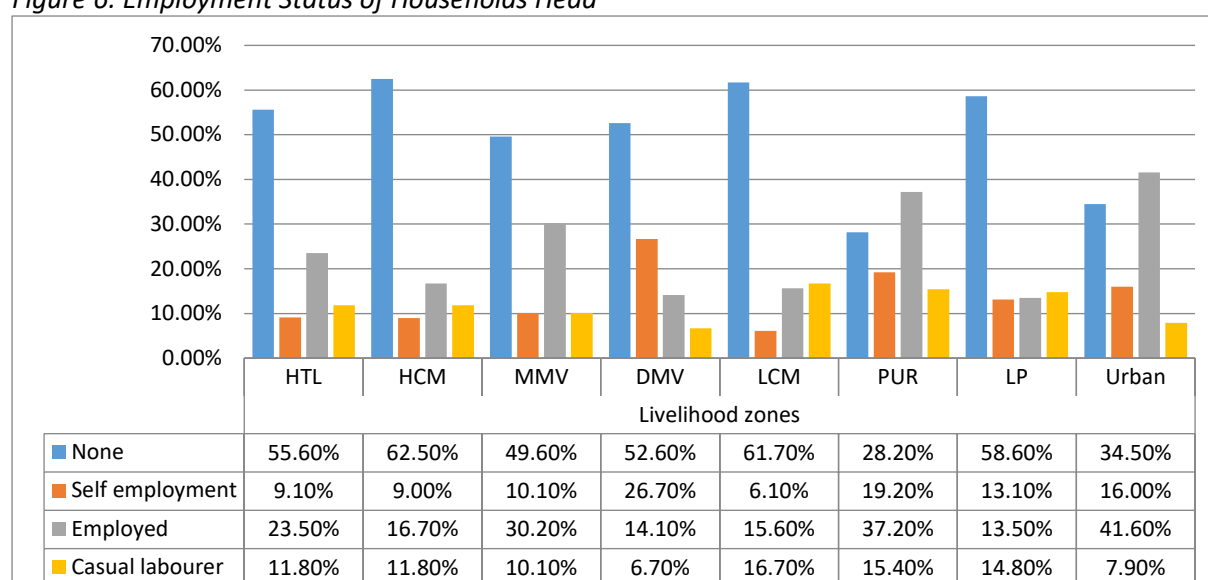
This year's assessment points to an average household size of eight (8) in rural areas of

Eswatini across all livelihood zones. The peri-urban and urban areas had lower household sizes of 4 and six respectively. This is an expected trend as people in urban areas tend to be more educated and are aware of birth control methods. They are also more likely to utilise family planning methods as the cost of living in urban areas tend to be higher.

4.1.4 Employment Status of Household

The employment status of the household head is also an indicator that can be used in order to establish household's vulnerability. If the household head is employed, the vulnerability of that household is said to be low compared to those with unemployed household heads. The assumption is that most households consider paid employment as their main livelihood.

Figure 6: Employment Status of Households Head

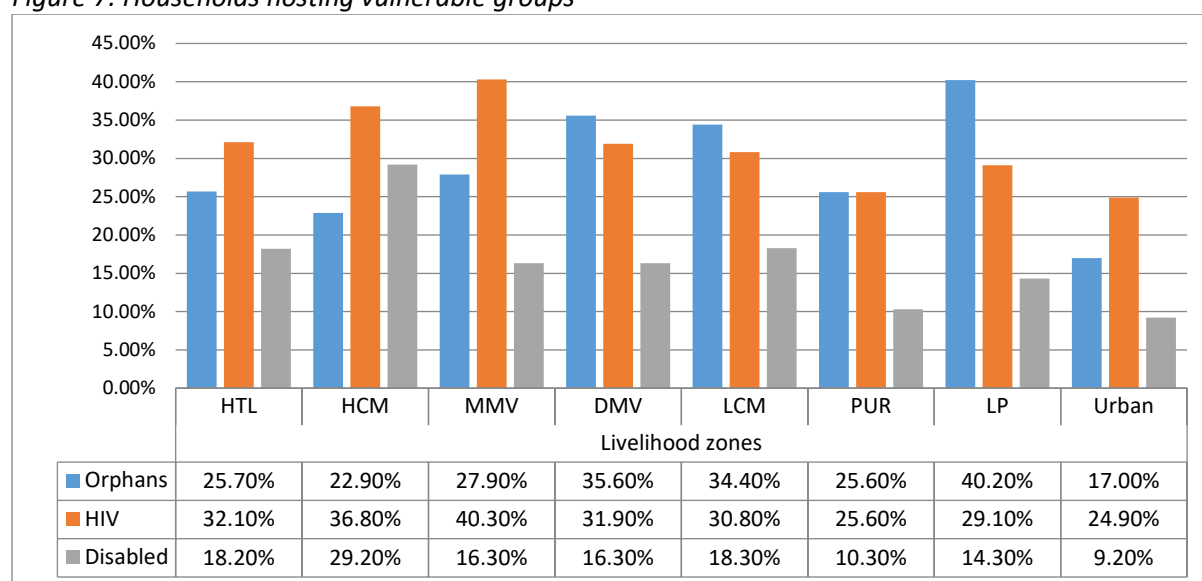


The emerging picture from this year's assessment indicates that a large proportion (over 50%) of households in rural Eswatini are not employed across all livelihood zones. This however is not the case in the Peri-urban and Urban areas where a significant proportion (37.2% and 41.6% respectively) of the households are in some formal employment. In the Peri-urban and Urban areas, self-employment is the second most dominant form of employment. This could be attributed to the availability of market for the livelihood activities that are used by the self-employed from the employed. In the rural areas, across most livelihood zones, casual labour is the second most prevalent form of employment. The exception to this trend is the Dry Middle Veld where self-employment (26.7%) is the leading form of employment by the household head. This is followed by formal employment (14.1%) and casual labour (6.7%).

4.1.5 Households Hosting Vulnerable Groups

Household hosting vulnerable groups such as members with chronic illnesses, disabilities and orphans are disproportionately affected by food insecurity. The higher the percentage of household hosting members of the vulnerable groups, the higher the chances that food insecurity will be a problem in that livelihood zone. The 2021 Vulnerability assessment looked at percentages of households hosting vulnerability groups to gain an understanding as to which areas are likely to experience food insecurity.

Figure 7: Households hosting vulnerable groups



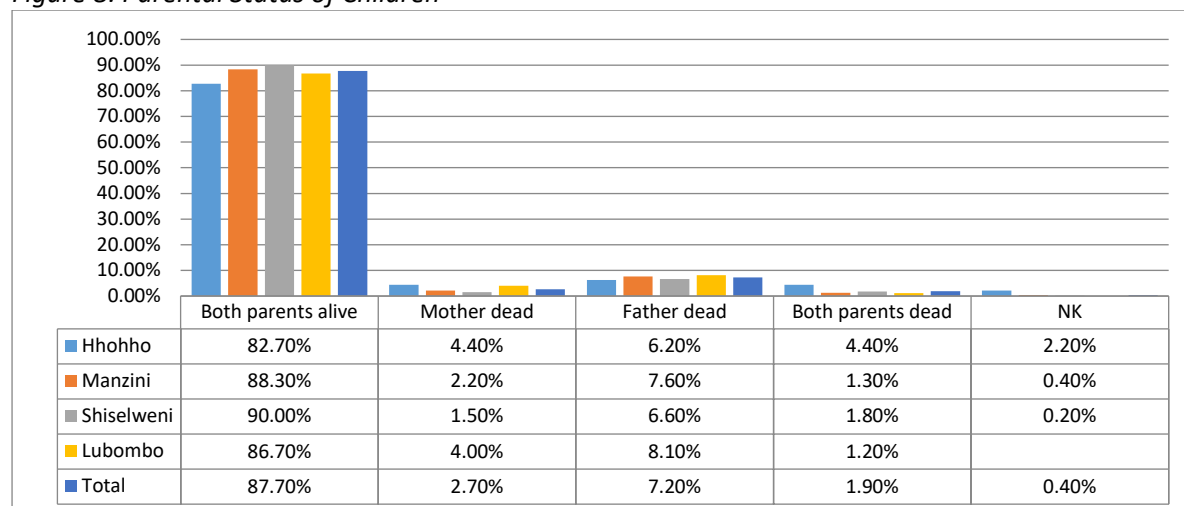
Most households in Eswatini host an HIV positive member. The Moist Middleveld has the highest proportion of households hosting HIV positive member (40.3%). This livelihood zone has a lot of textile-based industries which require women labour. These then attract a lot of women from the rural areas seeking employment opportunities. Failure to gain these opportunities often results in the women employing harmful coping strategies including prostitution, which may account for the high HIV prevalence in this region. The Lubombo Plateau has the highest percentage of households hosting orphans at 40.2%. Most household that had members who were disabled are found in the Highveld Cattle and Maize livelihood zone.

4.1.6 Status of Children

Children are one of society's most vulnerable groups. Their vulnerability is usually an outcome of the interaction of various individual and environmental factors. This group is dependent on

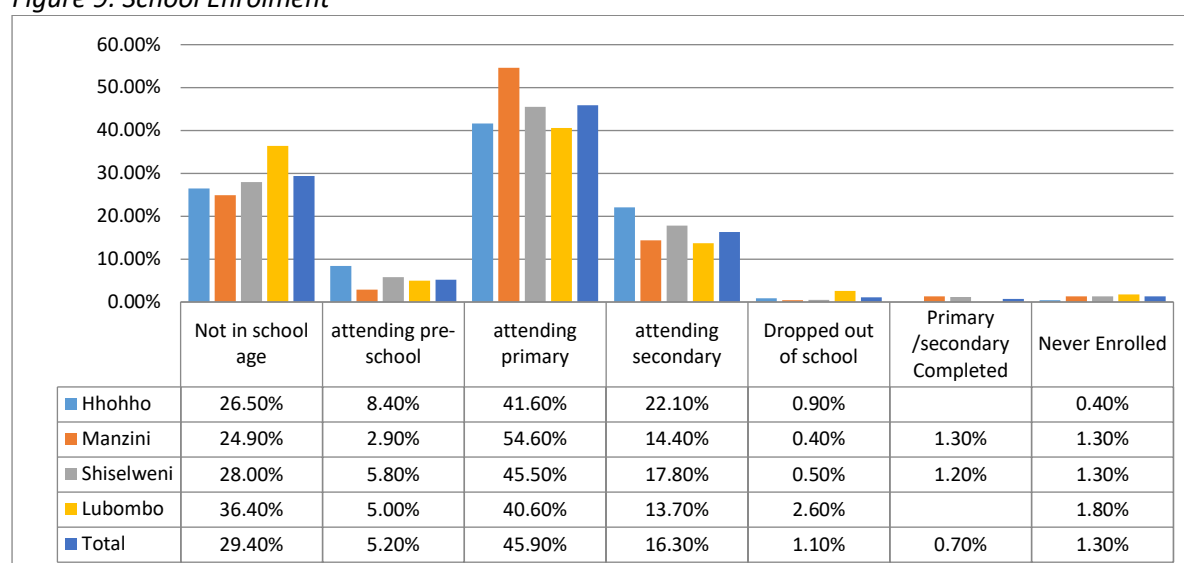
their parents for their livelihood. The KEVAC incorporated the status of children less than 18 years in the country. Here the focus was mainly to discover their parental status and school enrolment.

Figure 8: Parental Status of Children



Above 80% of the households in the current assessment had children who had both parents still alive. Shiselweni had the highest proportion of households with both living parents at 90% while Hhohho had the least at 82%. The results from the assessment also shows that on average, more children had deceased fathers (7.2%) than mothers (2.7%). Households hosting children where both parents were deceased were less than 2%, but the Shiselweni had a significantly higher percentage of both parents deceased at 4.4%.

Figure 9: School Enrolment



The majority of children in the kingdom in the households interviewed are attending primary school with the most enrolment in the Manzini region (54.6%). There is a significant disparity between children not in a school going age, attending pre-school and those attending primary school. There are more children who are not of school going age (29.4%) and those attending primary school (45.9%) than those who are attending pre-school (5.2%). This indicates that there is a significant proportion of pre-school school going age children who do not attend pre-school. On average, 1% of children in the households interviewed had dropped out of school with the Lubombo region having the most dropouts (2.6%). The Lubombo region traditionally houses the most vulnerable households which could account for the high drop-out rate in this region.

4.2 Agriculture

4.2.1 Access to Arable land

The cropping season of 2020/21 is characterised by an area planted of 70,870 hectares is 4% of the five-year average and 8% translating to below than last year's area planted. The assessment gathered that nationally, 59% of households have access to arable land for farming, while 41% had none. Out of the 59% households reported to have access to arable land 57% of them are females, while 61% are males. The Hhohho region has the highest number of households with access to arable land, at the same time region Lubombo had the smallest. The HCM and MMV livelihoods have the highest number of households with access to arable land, and livelihood PUR has the least. This is inclined with the livelihoods earning a living through farming.

The assessment pointed out that fewer females have access to arable land, which is against the findings of many studies done by FAO/WFP stating that females are the main providers of food in households through farming in most African countries. This is bias as females are the main providers of food at households thus more arable land should be in their hands for the improvement of food security in the country.

Figure 10: Access to Arable land by Region and livelihood zone

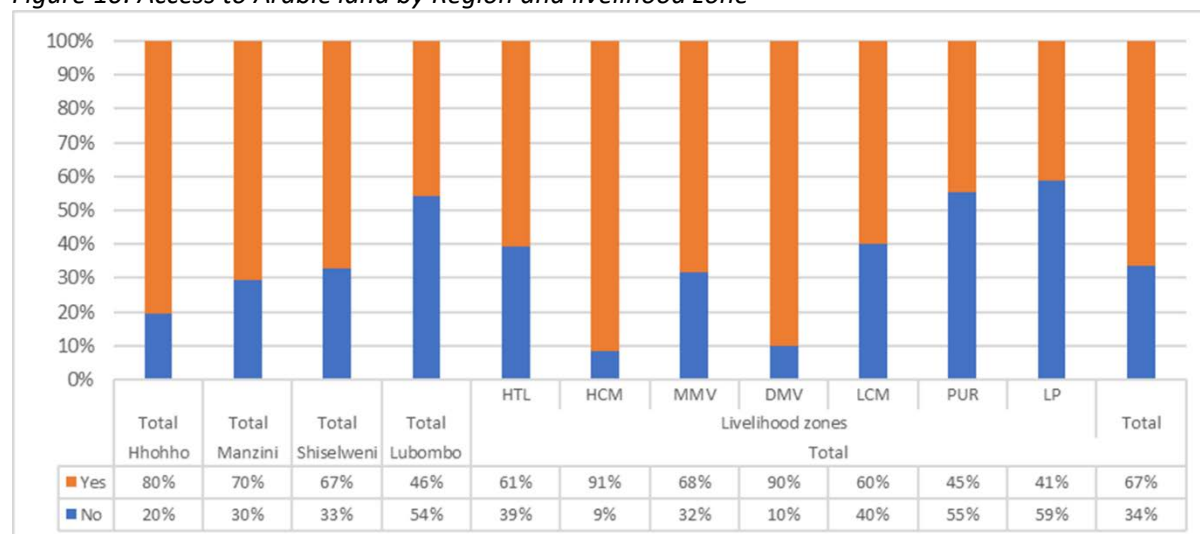
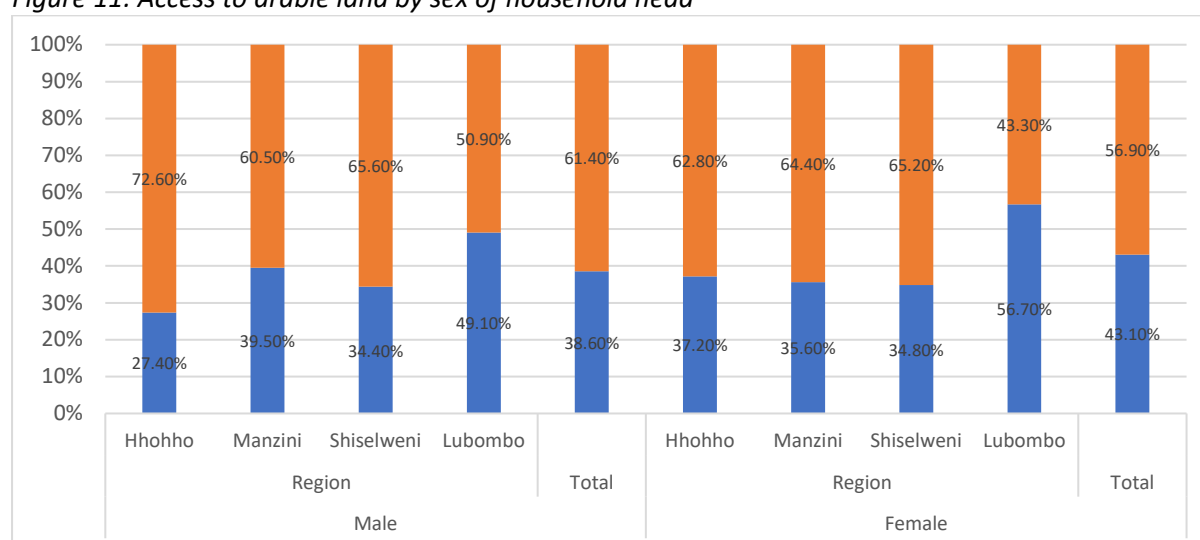


Figure 11: Access to arable land by sex of household head



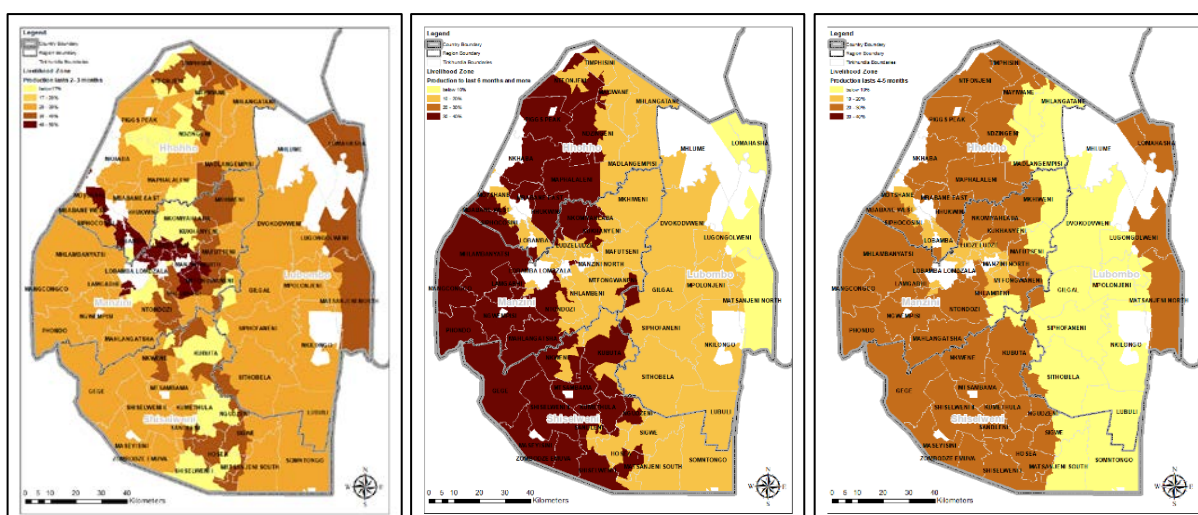
4.2.2 Household Food Stocks

Nationally there are 22.20% of households which reported to have same as last year's harvest, 39.60% has half of last year, 27.50% double as last year, 10.80% no harvest. The household food stocks no harvest (4.10%), less than 2 months (17.90%), 2-3 months (24.40%), 4-5 months (25.30%) and 6 months (28.30%). According to livelihoods the LCM has the highest number of households with no harvest, with males headed households at the highest (17.40%), while the HTL has few households with no harvest. Also, the LCM has the highest number of households that will last less than 2 months (36.40%) and the HCM has less (8.30%). On stocks lasting 2-3 months the PUR showed households with high, with males having high number of food stocks. The MMV has the least households with stocks lasting for

a period of 2-3 months. With stocks lasting 4-5 months the MMV has the largest number of households (30.10%) and most of the households are female headed, on the other side of the coin the LCM has small number of households (18.20%) and with too many females (19%) headed households. The MMV (35.60%) has the highest number of households with stocks lasting 6 months and more and most of them are male headed households. The LP has the least households with stocks lasting 6 months or more (4.80%) and majority of the households are male headed households.

The issue of land ownership by gender plays a major role in crop production for food security, it can be seen that most of the households that will have food stocks lasting 6 months and more are mostly male headed households, this defeats the purpose of achieving food security at a household level.

In a nutshell a quarter of the households will be able to sustain themselves for a period of 4-5 months while the other quarter will have stocks for a period of 6 months and more. This means that half of the households in the country will have food stocks lasting less than 3 months. Half of the households will quickly deplete their stock in less than 3 months, thus the rest of the year they will depend on purchasing (see maps below).



Map 5: Household Food Stocks

4.2.3 Shocks experienced in the household

The 2021 VAA results revealed that households experienced a number of shocks which had an adverse impact on the household's ability to provide for their food and nutritional requirements. Both urban and rural households reported to have been exposed to shocks with a slight variation to the type of shocks experienced. As shown in figure 12, Dry spells/irregular rains (33.7%) were the highest reported shock in the rural areas followed by loss of or reduced employment (13.2%) and reduced income (15.5%). Urban areas on the other hand mainly experienced loss of or reduced income (28.8%) followed by reduced income (20.70%) and death of a family member (14.4%) as depicted in figure 13. It should be noted that although both rural and urban households experienced shocks, urban households tend to be more vulnerable to shocks employment and income related shocks than rural households. The urban population relies almost exclusively on wage employment which could have led to their high exposure to shocks with the closure or downscaling of some businesses leading to retrenchments layoffs, which can be attributed to the COVID-19 lockdown and restrictions. According to the Ministry of Labour and Social Security 1702 employees were retrenched and 27 397 were layoff between the period January 2020 – March 2021.

Figure 12: Shocks experienced by rural households

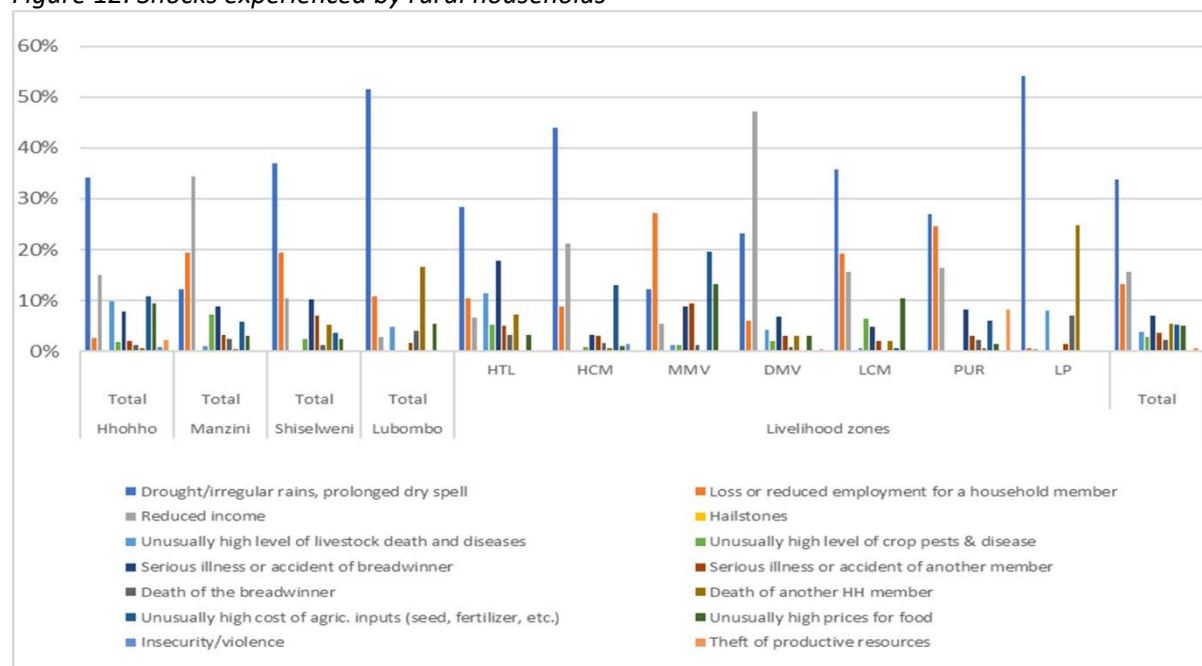
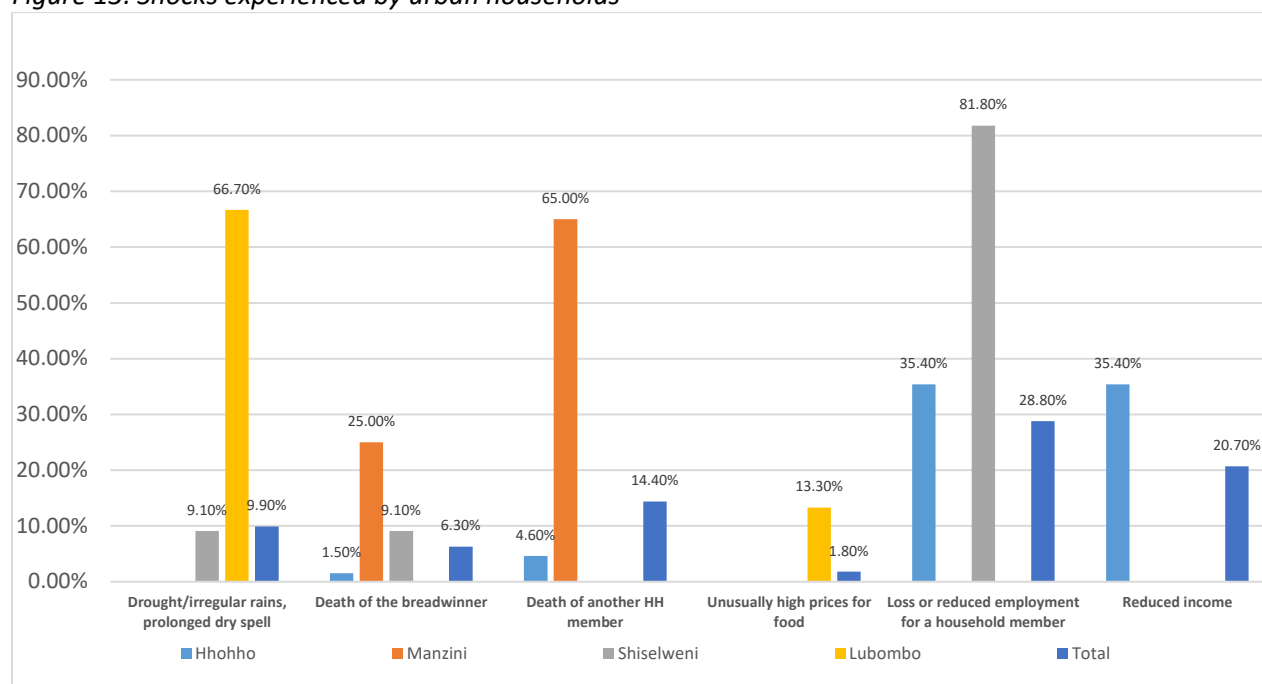
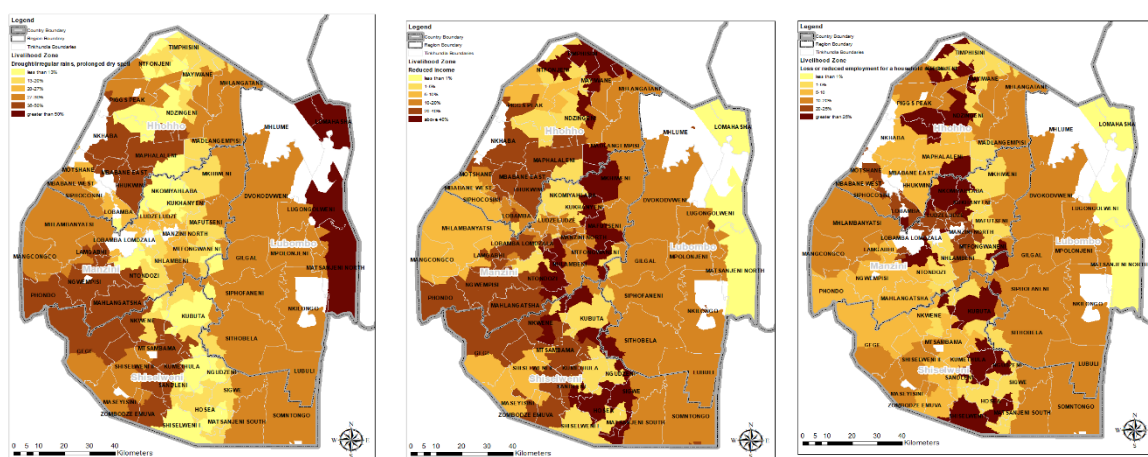


Figure 13: Shocks experienced by urban households



Also, important to note is that the level of vulnerability of shocks to livelihood zones tends to vary, with the Lubombo plateau mainly found in the Lubombo region reporting to being more vulnerable to irregular rains/prolonged dry spells (map 6). Over 40% of respondents as shown in map 2, in the dry Middleveld reported to have experienced reduced income during the reporting period.



Map 6: Magnitude of shocks of shocks (irregular rains; reduced income and loss of employment) by livelihood zone

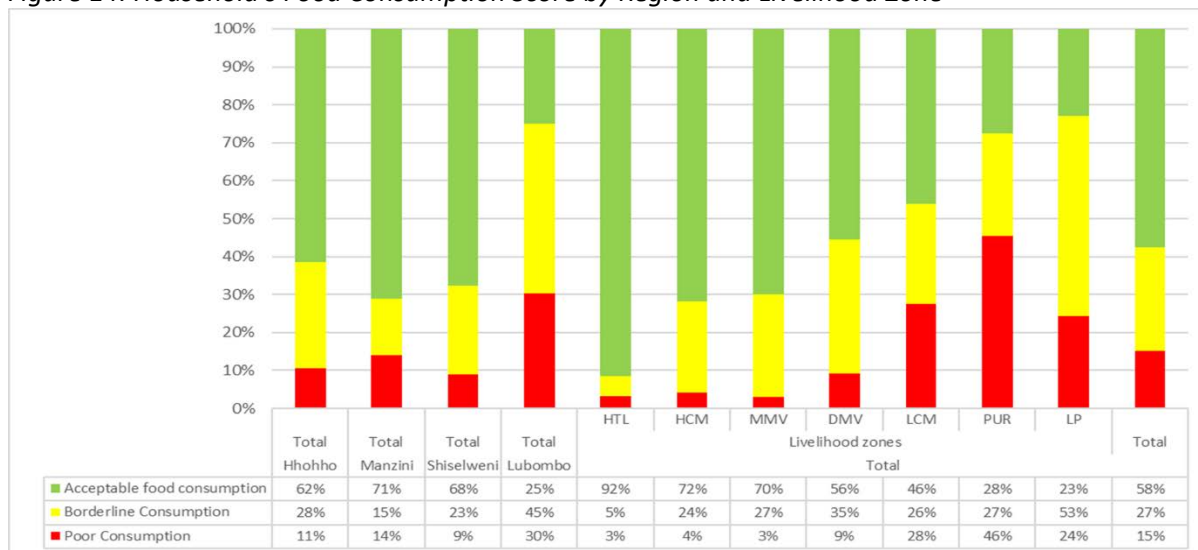
Loss of or reduced employment as shown in map 3 below was mainly experienced in the moist Middleveld where over 25% of the households interviewed reported this shock. It is worth noting that respondents in urban and peri urban areas also reported to have lost employment during the reporting period.

4.3 Food Security

4.3.1 Food Consumption Score

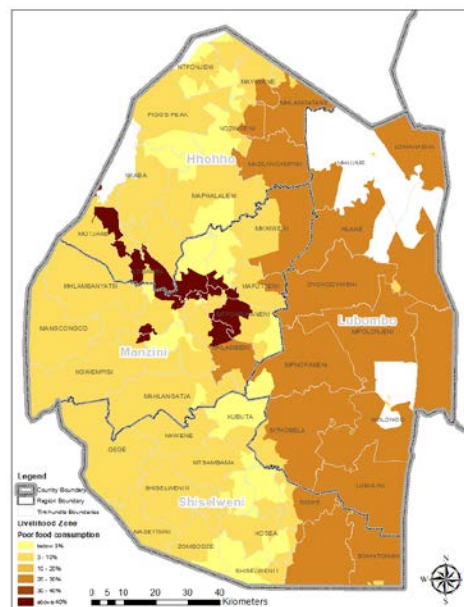
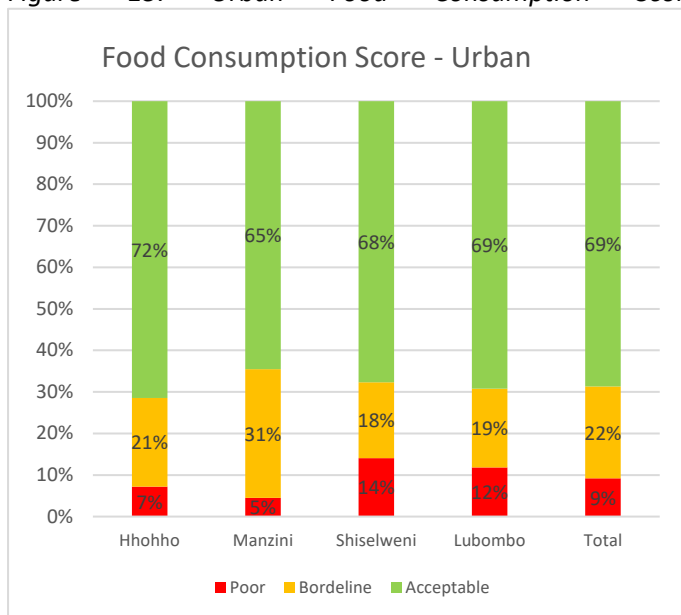
The 2021 result indicates that 15% of rural households have a poor consumption pattern, with 27% at borderline indicating that 42 % are vulnerable in being unable to meet their food needs (Figure 14). Lubombo (30%) has the highest proportion of households with poor consumption, where also 45 % households have borderline consumption. 14 % households in the Manzini region reported to have poor consumption, however the region has the highest proportion (71%) of households with acceptable consumption levels. Hhohho has 39 % households with borderline or worse consumption pattern (IPC Phase 3+). Analysis by Livelihood Zones points to higher food insecurity in the Peri-Urban Areas, where 73 % of households are at borderline or worse consumption patterns where 46 per cent of households have poor consumption patterns. The Livestock Cattle and Maize (LCM) have 54 % of households with borderline or worse consumptions levels, where 28 % with poor consumption. The Highveld Timber lands livelihood had the highest proportion of households with Acceptable consumption (IPC Phase 1 and 2) and indicative of high food security levels in the livelihood zone.

Figure 14: Household's Food Consumption Score by Region and Livelihood Zone



The picture (Figure 15) in urban areas has remained stable, where 31 % of households have borderline or worse consumption (IPC Phase 3+). Shiselweni urban areas have the highest proportion of households with poor consumption (14%) while Manzini urban areas have the highest proportion of households with borderline consumption patterns and indicative of the high stress being experienced by households in these areas meeting their daily food needs. Map below shows the overall picture in the country with regards to poor food consumption levels were areas in the Peri-urban areas seen as the mostly affected in the country.

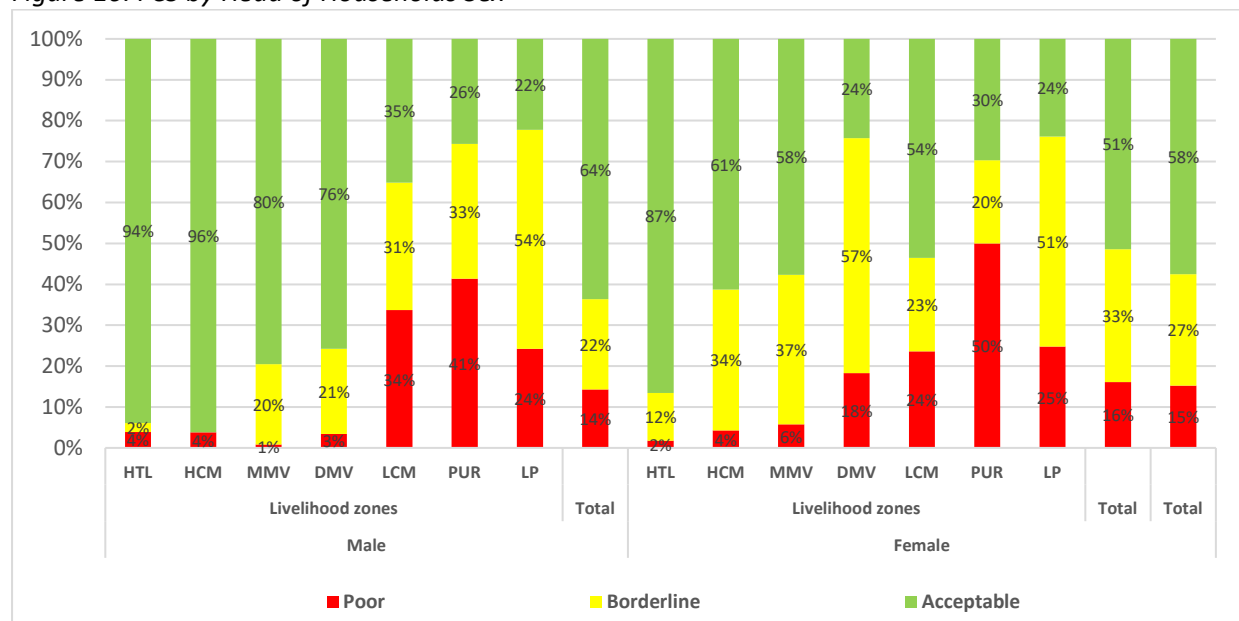
Figure 15: Urban Food Consumption Score



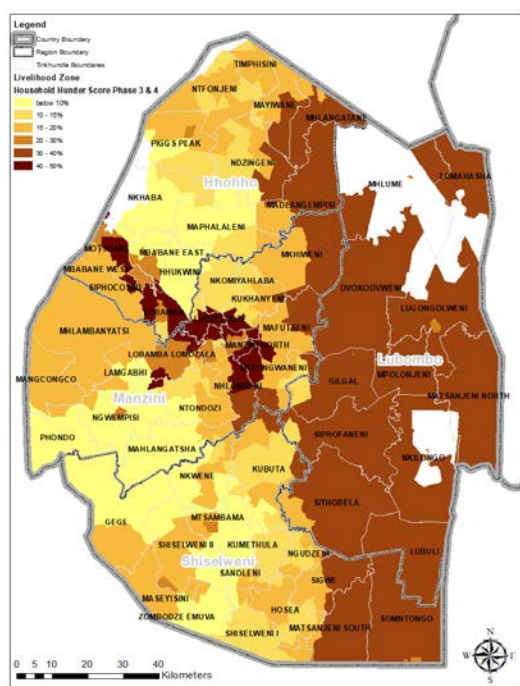
Map 7: Proportion of Households faced with Poor FCS

Variation in food consumption patterns were also seen when comparing male and female headed households. Only 51 % female headed households had been found to have acceptable consumption levels, with 33 % with borderline and 16 % with poor consumption. The situation in the mostly affected Livelihood Zones (Peri-Urban), 50 % of female headed households have poor consumption levels compared to 41% in male headed households. Overall, in all the other livelihood zones, female headed households show constraints consumption patterns when compared to male headed households.

Figure 16: FCS by Head of Households Sex



4.3.2 Households Hunger Score

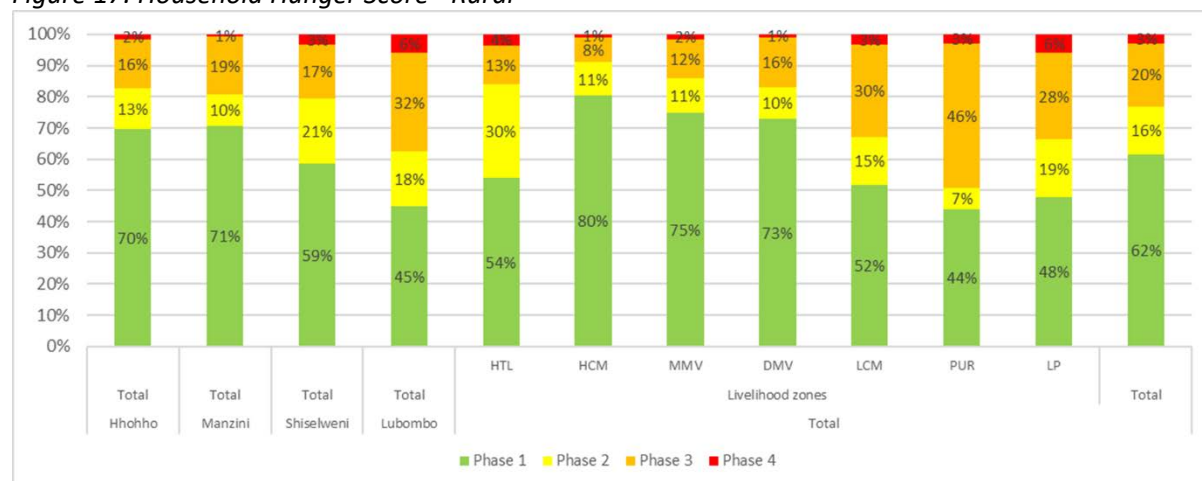


Map 8: Proportion of Households in Phase 3 or 4 HHS

household hunger score, were its shown severe in urban and peri-urban areas.

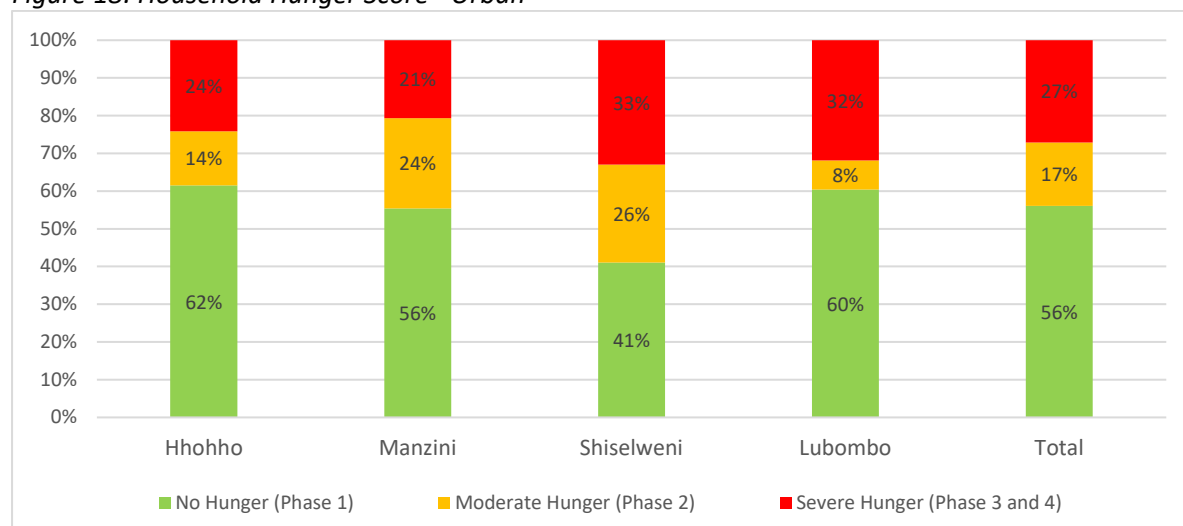
As a proxy for food access, the Household Hunger Score is built on 3 basic questions about perceptions on the number of times a household has experienced hunger within the past 30 days. Overall, 23 % of households in rural areas have indicated to be faced with severe hunger, with 16 % faced with moderate and 62 % faced with no hunger (Figure 17). Regionally, Lubombo remained with the highest proportion of households faced with severe hunger (38%), followed by Shiselweni with 21 % under this category. Over the years this are the regions that have been perceived to be faced with high food insecurity. Manzini and Hhohho had 70 % proportion of households indicating being faced with no hunger. The Peri-urban livelihood zone still shows signs of high food insecurity as 49 % of

Figure 17: Household Hunger Score - Rural



Urban households indicatively are faced with more hunger when compared with rural households. As presented in the figure below, the proportion of households faced with severe hunger in urban areas is 27 % compared to 23 % in rural areas. Compromised access and availability of food in urban areas due to high prices and loss of income and employment are some of the challenges faced by households.

Figure 18: Household Hunger Score - Urban



4.3.3 Household Dietary Diversity Score

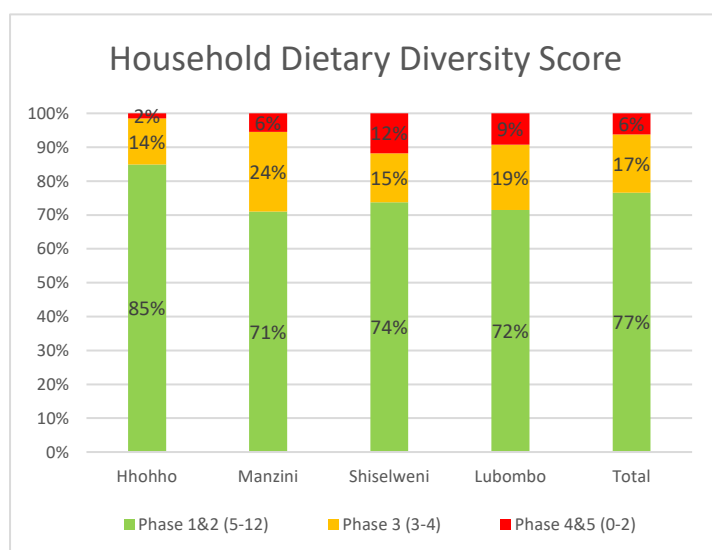
The Household Dietary Diversity Score (HDDS) is a qualitative measure of food consumption that reflects household access to a variety of foods. An increase in the average number of different food groups consumed at household level provides a quantifiable measure of improved household food access and nutrition at household level.

Overall, 61 % of rural households have reported to be consuming between 5 – 12 food groups (IPC Phase 1&2), 36% consuming 3-4 food groups (IPC Phase 3). Only 3% have reported poor/low dietary diversity. Lubombo (6%) remains with the highest proportion of households with the low HDDS when compared to the other regions and by livelihood zones the Lubombo Plateau has the highest proportion. The Livestock Cattle and Maize, Peri-Urban has the highest proportion of households with moderate HDDS which points to stress being experienced by households accessing diversified food groups. The situation is expected to slightly improve given the upcoming consumption period as access to food expected to increase most especially from own production in most rural areas.

Figure 19: Rural Household Dietary Diversity Score (Regions and Livelihood Zones)



Figure 20: Urban Dietary Diversity Score

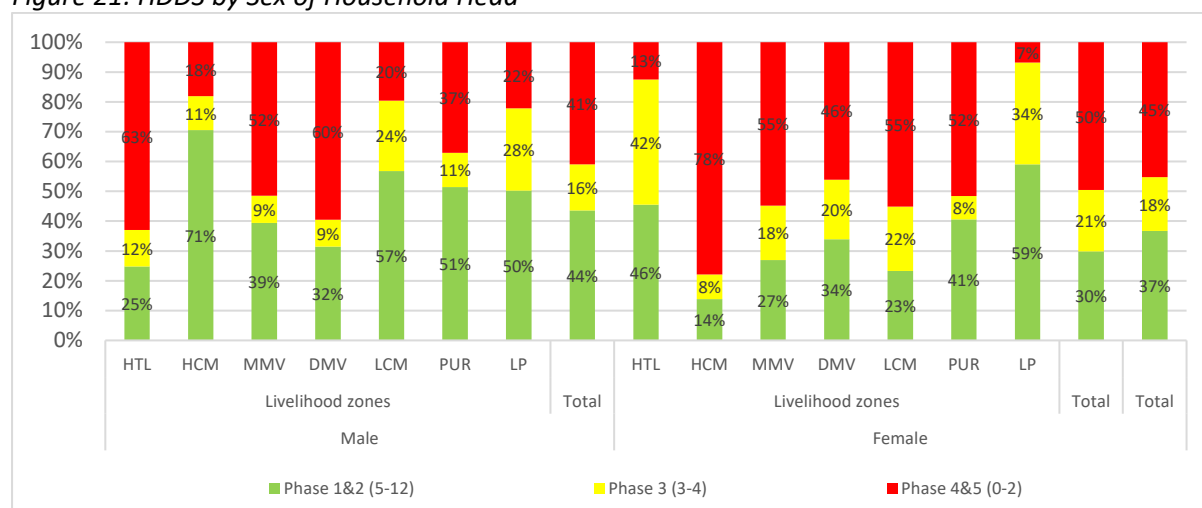


Consumption of Diversified food groups within urban areas is high as 77 % have reported to be consuming 5 – 12 groups, with only 6 % with a poor HDDS. Manzini urban areas have the highest proportion of households in IPC Phase 3+ HDDS (30%) when compared to other regions. Given the monogamous nature of households in the country consumption of more

diversified diets will remain limited, however it's not a limiting factor for food insecurity at household level.

Consumption of diversified food groups by Female headed households was poor when compared to male headed households. Overall, 50 % of female headed households reported to have poor HDDS compared to 41 % male headed households. 44% of male headed households have a High HDDS compared to 30% with female headed households. The data shows the extent of vulnerability faced by women headed households, bringing the extent to gender in households food insecurity analysis.

Figure 21: HDDS by Sex of Household Head



4.3.4 Reduced Coping Strategy Index (rCSI)

The Reduced Coping Strategy Index has over the years been used to measure the use of food based coping strategies during times of food shortages and scarcity at household's level. The high use of the strategies is an indicative of high food insecurity in the household. rCSI combines: (i) the frequency of each strategy (how many times each strategy was adopted?); and (ii) their (severity) (how serious is each strategy?) for households reporting food consumption problems.

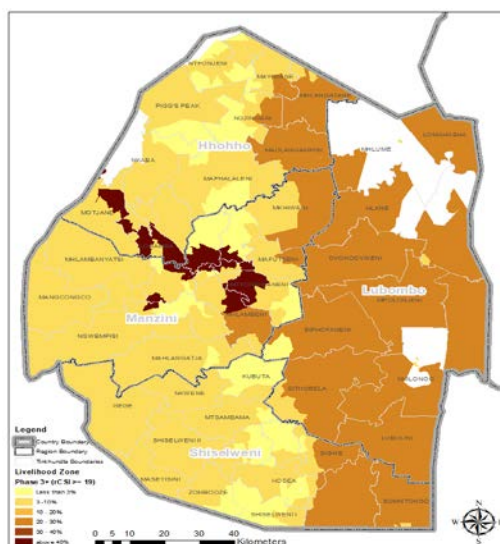
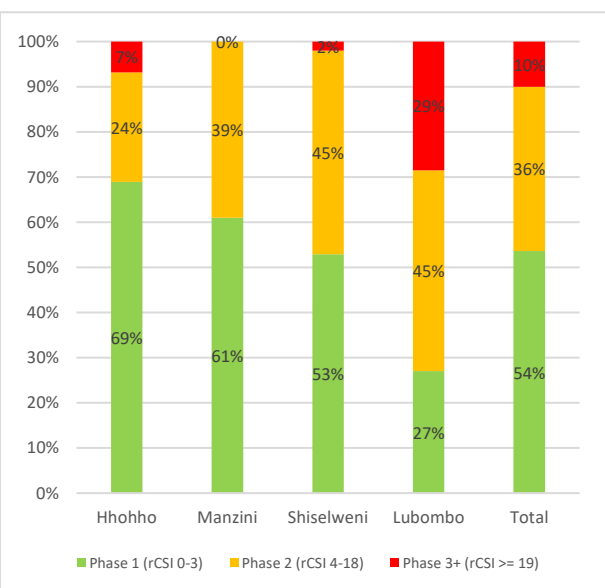
Overall, 16% of households in rural areas have been found to be engaged in severe coping strategies, with 38% engaged in moderate coping. The level of coping using food-based strategies remained high in most areas with no significant variation from 2020. Lubombo (30%) remained with the highest population engaged in using severe coping strategies which includes skipping meals and reducing number of meals consumed each day. Major issues are observed in the Peri-urban livelihood zone where 46 % of households reported to be engaged in severe coping strategies an indication of high food insecurity in the livelihood zone. The Peri-urban livelihood zone is followed by the Livestock Cattle and Maize livelihood zone with 28 % of households. Highveld Cattle and Maize has the highest proportion of households engaged in moderate coping strategies an indication of increased pressure faced by households to meet their daily food requirement.

Figure 22: Rural Households rCSI by Regions and Livelihood Zones



The picture for urban areas shows improvement when compared to last year (2020). Overall 10 % households are engaged in severe strategies. Lubombo urban areas have the highest proportion of household engaged in severe coping strategies. The Map below shows the severity in the use of food-based coping strategies which is severe in peri-urban areas.

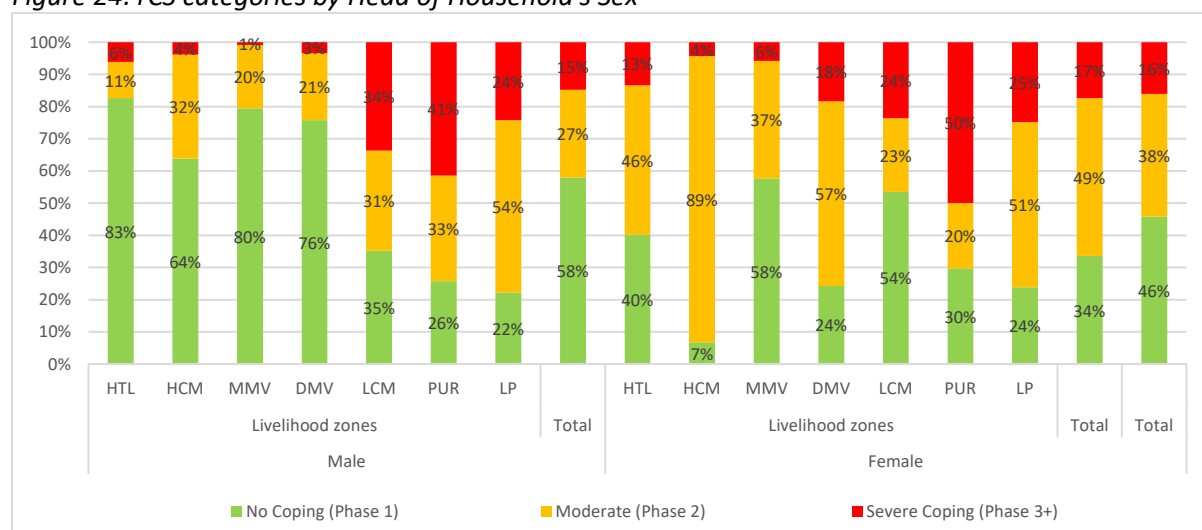
Figure 23: Urban Households rCSI



Map 9: Distribution of Households engaged in Crisis rCSI (IPC Phase 3)

Female headed households continue to be engaged in high coping strategies when compared to male headed households. 17 % of female headed households reported using severe coping strategies compared to 15 % male headed households. Also, overall 49% engaged in moderate strategies compared to 27% for male headed households. This is indication of high vulnerability of women headed households to food insecurity when compared to male headed households.

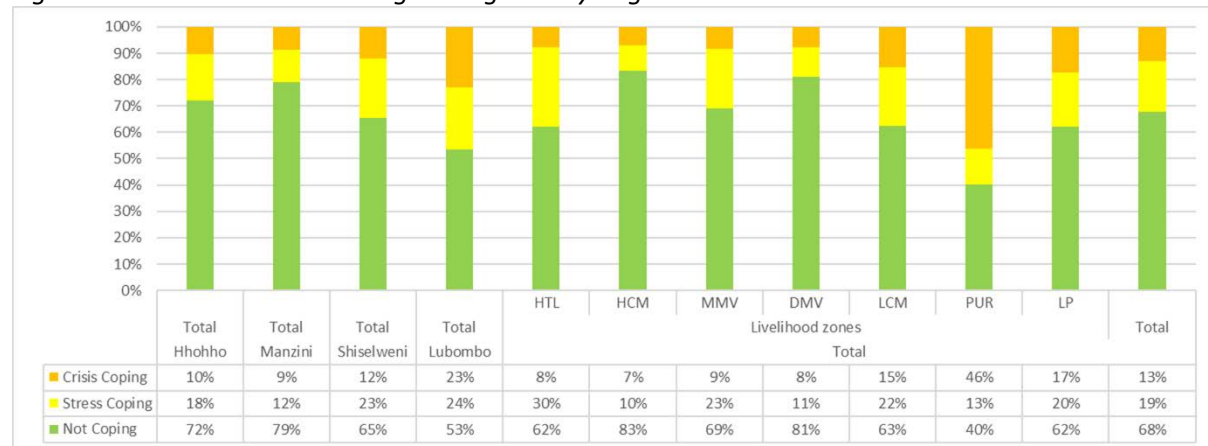
Figure 24: rCS categories by Head of Household's Sex



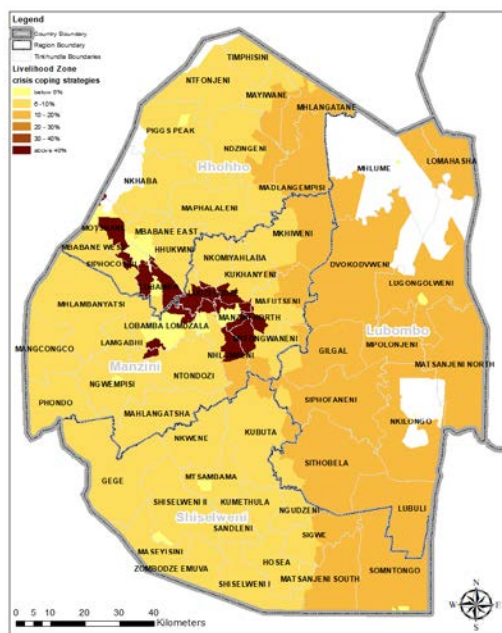
4.3.5 Livelihood Coping strategies

The livelihood coping strategies engaged by the rural population during food shortages were also captured. The results indicate that majority of the population (68%) do not engage in any coping strategy with the remaining proportion (32%) engaging either stressed (19%) or crisis (13%) coping strategies in order to ensure access to food. It is important to note that rural Manzini (79%) and Hhohho (72%) regions were found to have more people who were not engaging in any means of coping with food crisis, especially in the HCM zones. On the contrary, Lubombo (53%) and Shiselweni (65%) regions were found to have fewer people, by comparison, who do not engage in any coping strategy. Instead, these two regions are home to a large proportion of people who engage in stressed (24%-Lubombo and 23% Shiselweni) and crisis coping strategies (23%-Lubombo and 12%-Shiselweni). It is important to also note that a large proportion (49%) of people who engage in crisis coping strategies were found in the PUR livelihood zone of Hhohho and Manzini regions which are considered to be less food insecure, by comparison (Figure 25).

Figure 25: Rural Livelihood Change Categories by Region and Livelihood Zones



A spatial distribution of the population employing crisis livelihood strategies indicate that most of this population is found in the peri-urban zone towards the north-eastern part of the



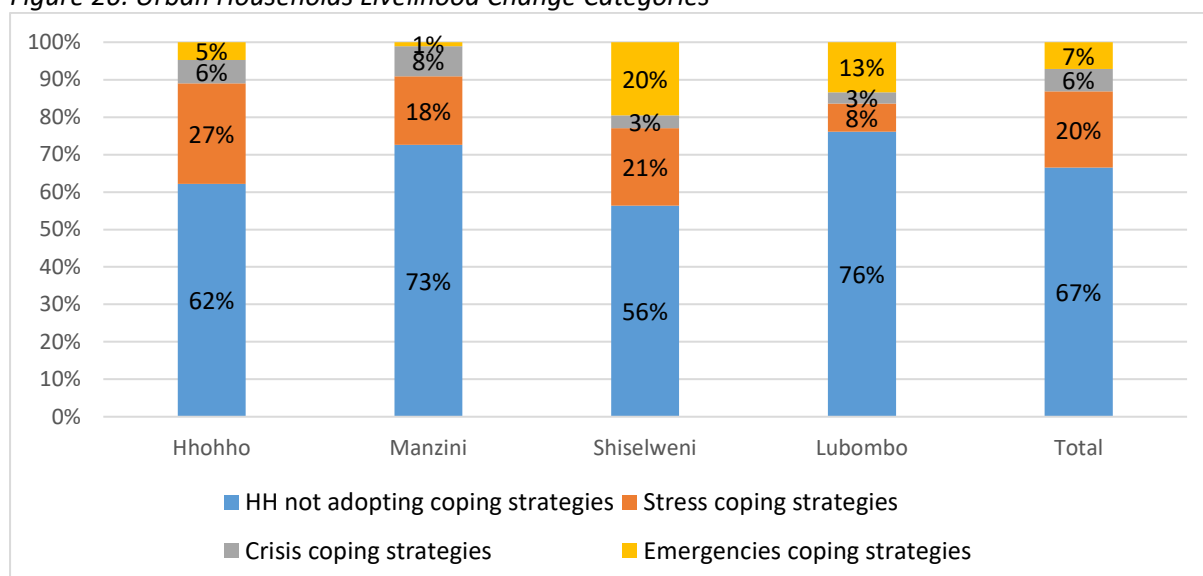
Map 10: Distribution of households engaged in crisis coping strategies

country in areas such as Motshane, Lobamba, Siphocosini and Lundzeludze, among other areas, where more than 40% of the rural population was found to employ crisis coping strategies. It is worth noting that crises coping strategies also characterize areas in the eastern part of the Kingdom of Eswatini, areas such as Dvokodvweni, Lomahasha, Siphofaneni and Lubulini, to mention a few (Map 10).

The urban picture is also not that different from the rural image. A majority of the urban population (67%) just like the rural population do not engage in any coping strategy to ensure food availability in the urban

space. A large proportion (20%) was found to engage stressed coping strategies, more so in the Hhohho region. Shiselweni region is marked with a larger proportion (20%) who engage in emergency coping mechanisms and Manzini is home to 8% of the urban population who engage in crisis coping strategies (Figure 26).

Figure 26: Urban Households Livelihood Change Categories



4.4 Nutrition

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.

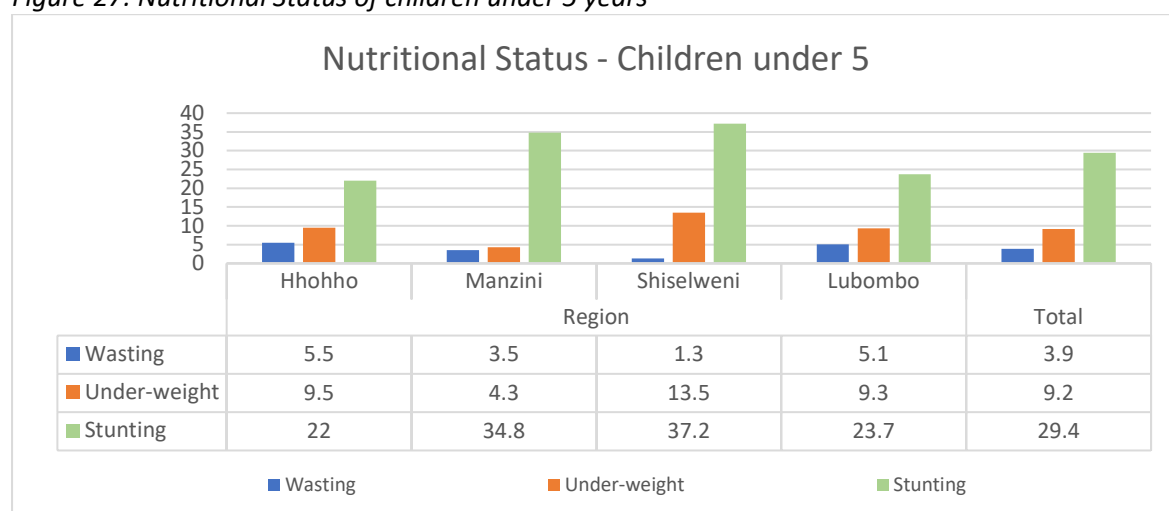
Acute malnutrition, also known as wasting, is characterized by weight loss or failure to gain weight. It is a result of inadequate food, intake, incorrect feeding practices, disease, infection or a combination of these factors. It results in a child's weight being substantially lower than the standard 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.

4.4.1 Prevalence of Malnutrition in Children under 5 years

Overall, the prevalence of malnutrition in children >5 years measured by stunting, wasting and underweight was at 29.4%, 3.9%, and 9.2% respectively (Figure 27). The Global Acute Malnutrition (GAM) rate (severe and moderate malnutrition) of 3.9 is well within the WHO

acceptable thresholds of <5%. However, concerns are there in the observed major increases in some of the regions, where some averaged above the WHO thresholds. Hhohho (5.5%) and Lubombo (5.1%) are of major concern. Observed increases in the stunting rates is noted as overall at 29.4% compared to 24.4% recorded in 2020. Shiselweni and Manzini have recorded the highest percentages on prevalence of chronic malnutrition (37.2 and 32.8% respectively). Disruptions in safety nets programmes and increased food insecurity levels at household levels have contributed in the observed deterioration of under 5 nutrition in the country.

Figure 27: Nutritional Status of children under 5 years

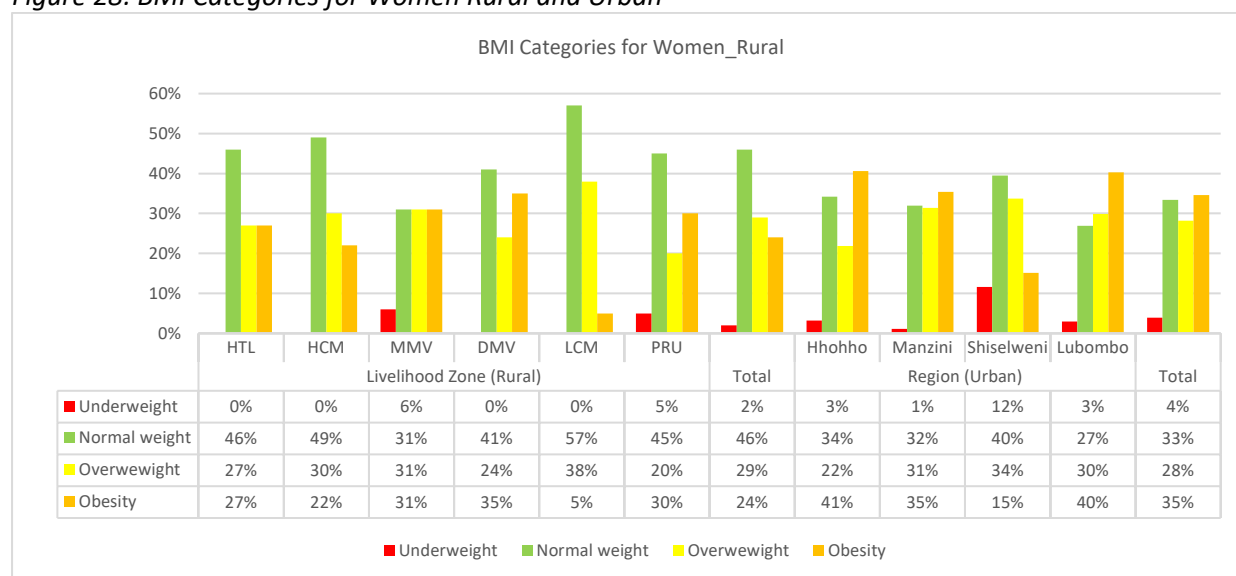


4.4.2 Body Mass Index for Women aged 15 – 49 Years

Overall, 2% of adult woman aged 15 – 49 years in rural areas were underweight, where 20% overweight and 24% Obese (Figure x). Underweight was more prevalent in the Moist Middleveld zone (6%) and the Peri-urban zone (5%), which were far higher than the National average of 2%. Obesity rates were high in the Dry Middle Veld zones (35%) and Overweight high in the Lowveld Cattle and Maize Zone (38%).

The picture in urban areas shows high obesity rates when compared to rural. Hhohho and Shiselweni (40%) had the highest rates, with Hhohho having the least rates. Eating habits and access to high calories food has been identified as one of the contributors of the high obesity rates. Shiselweni urban areas had the highest prevalence of underweight, where 12 % of the adult female population underweight.

Figure 28: BMI Categories for Women Rural and Urban

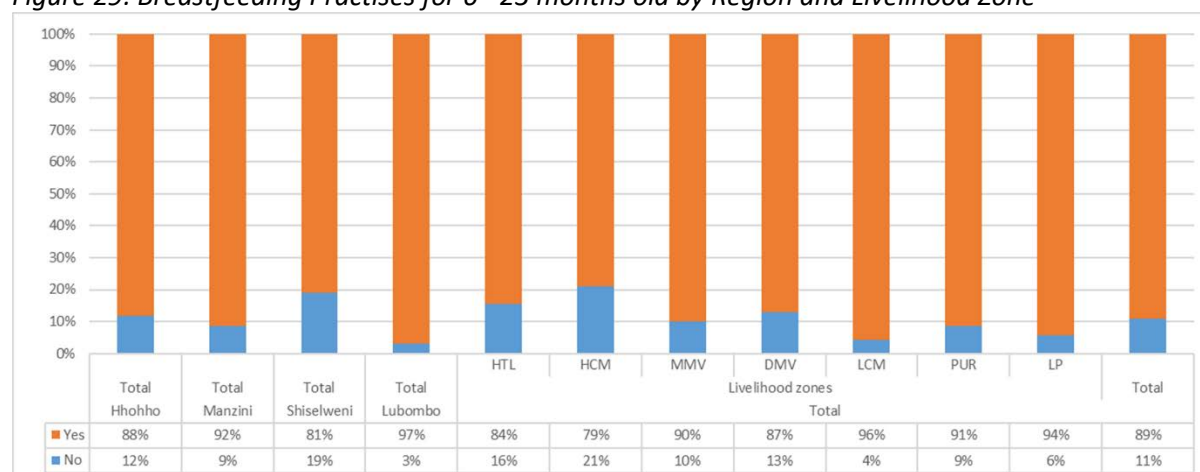


4.4.3 Feeding Practises for Children 6 – 23 months

4.4.3.1 Breastfeeding Practises

On average 89 % of children between the ages 6 – 23 months been breastfed. This contrasts with the 11 % that have not been breastfed for various reasons. Regionally, Lubombo has the highest proportion of children that have been breastfed followed by Manzini. Shiselweni had the highest proportion of children that have not been breastfed followed by Hhohho. This has a bearing in the overall development of children given the importance of breast milk for the first 1000 day of a child's life. According to the World Health Organization (WHO) breast milk is an important source of energy and nutrients in children aged 6 - 23 months, it's also a critical source of energy during illness and reduces mortality among children who are malnourished.

Figure 29: Breastfeeding Practises for 6 - 23 months old by Region and Livelihood Zone

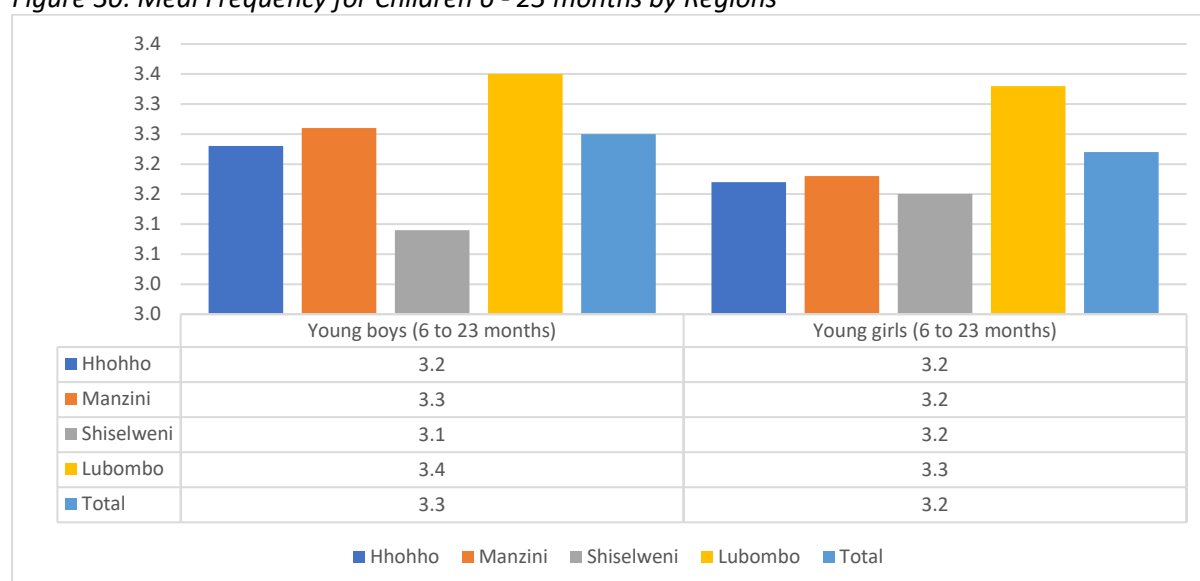


4.4.3.2 Minimum Meal Frequency

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 results show that on average children between the ages 6 – 23 months received on average 3 meals per day (Figure 30). This is regarded as an acceptable level for the country. Small disparities by gender as young boys observed to be being fed 3.3 meals when for girls on average is 3.2.

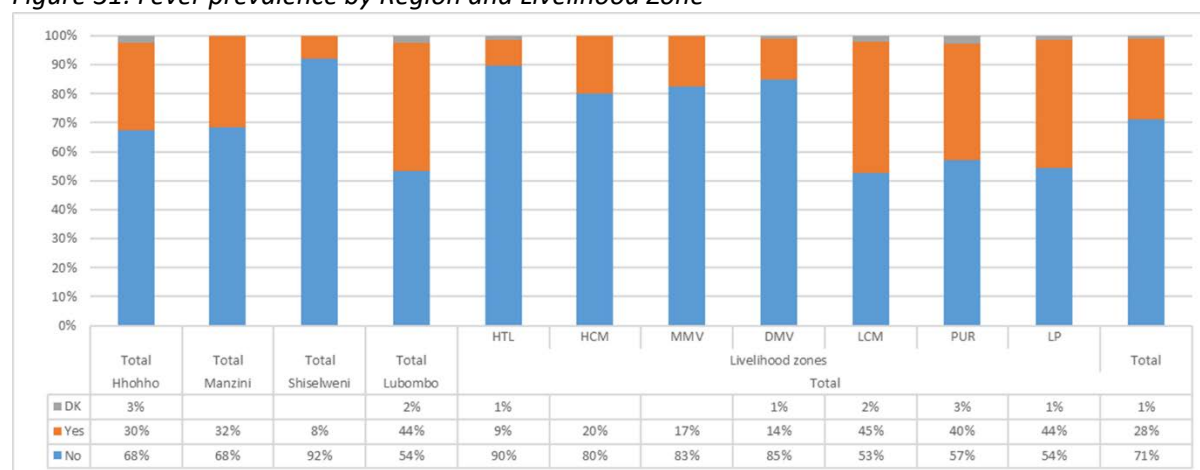
Figure 30: Meal Frequency for Children 6 - 23 months by Regions



4.5 Morbidity in children

Child morbidities/illness are a major cause of mortality in children in Eswatini. UNICEF indicates that over the years there has been considerable progress made in reducing under 5 mortality in developing countries like Eswatini, improving child survival remains a major developmental concern. In reviewing morbidity in children, the following disease: fever, cough, acute respiratory Infection, and diarrhoea. Figure 31, 32 and 33 present the proportion of children reported to have been affected by the various diseases. Overall, 28 % of those reported to have had fever, where the Lubombo region (44%) had the highest proportion of those affected. By livelihood zones, the Lowveld cattle, and maize has the highest children affected by fever followed by the Lubombo Plateau (44%).

Figure 31: Fever prevalence by Region and Livelihood Zone



41 % of children reported to have cough and Manzini (47%) had the highest proportion. The Peri-urban livelihood zone had the highest proportion of children with cough. The Hhohho and Manzini region which have the highest population in the Peri-urban areas had the highest proportion by regions. Acute Respiratory Infections accounted for 7% of children suffering from it. (Figure 33). Regionally Hhohho (10%) and Lubombo (10%) had the highest proportion of children reporting ARI during the reporting period.

Figure 32: Cough Prevalence

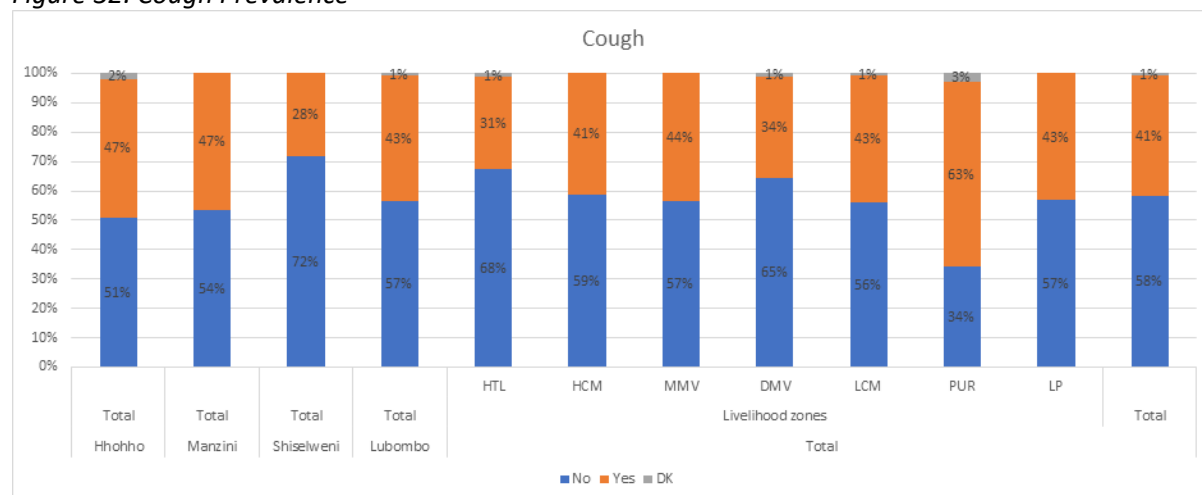
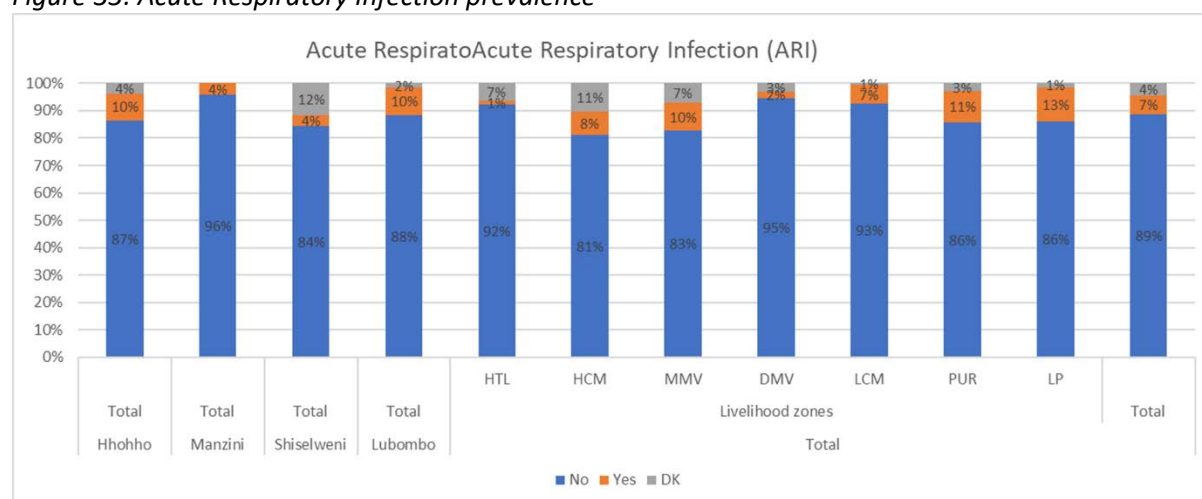


Figure 33: Acute Respiratory Infection prevalence



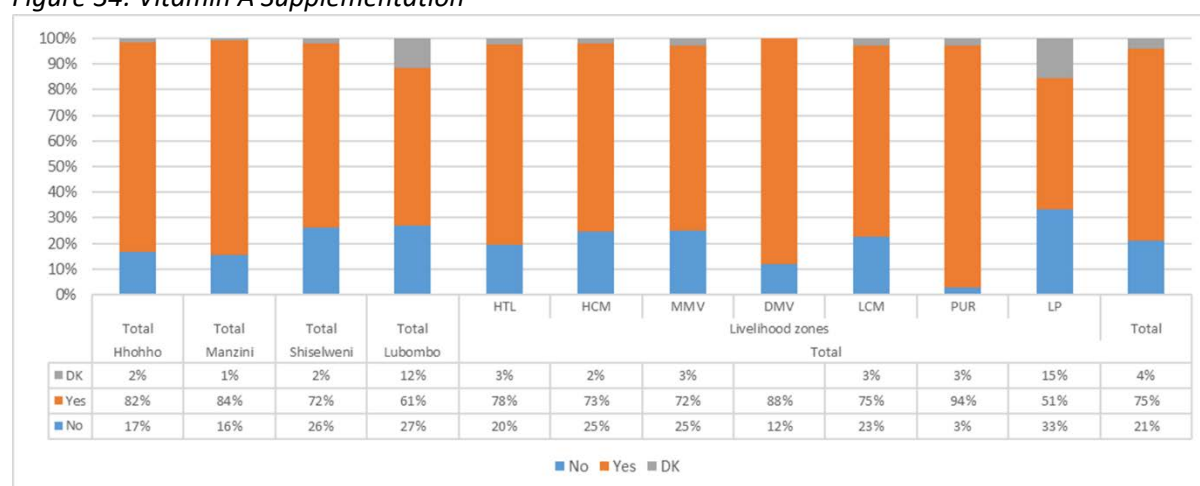
4.6 Vitamin Supplementation

Vitamin A supplementation reduces child morbidity and mortality and is recommended for infants and children 6–59 months especially when Vitamin A is a public health problem. Vitamin A is essential to support rapid growth and to help combat infections. According to WHO inadequate intakes of vitamin A may lead to vitamin A deficiency which can cause visual impairment in the form of night blindness and may increase the risk of illness and death from childhood infections, including measles and those causing diarrhoea.

Data shows that 75% of children have received a dose of Vit A supplements (Figure 34). The Lubombo region had the lowest supplementary rates which is a concern for the health and

wellbeing of children in the region. This is also evident in the Lubombo Plateau livelihood zone as only 51% of children have reported to have receive Vit A supplements. All the other livelihood zones have averaged above 70%.

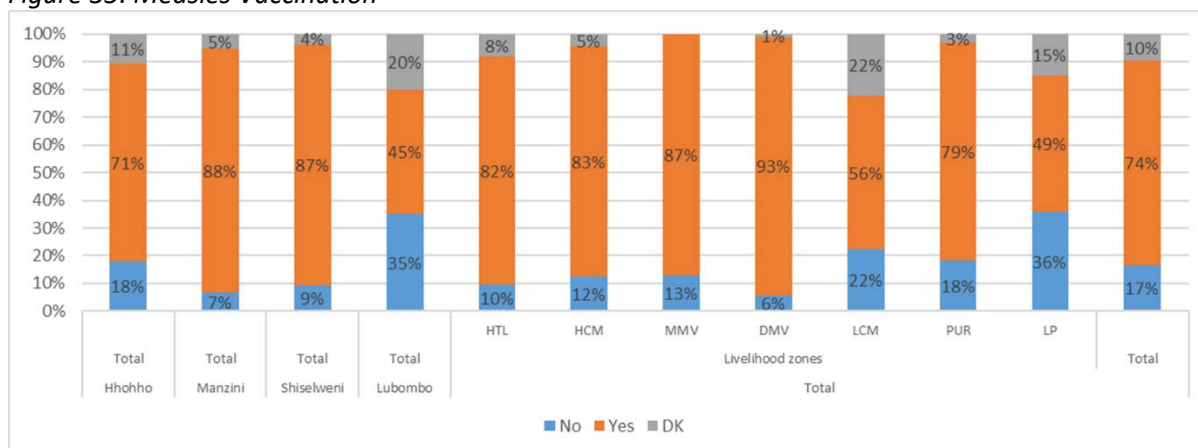
Figure 34: Vitamin A Supplementation



4.7 Measles vaccination

In Eswatini Measles has remined one of the highly contagious viral disease of national importance. Despite the availability of a safe and effective vaccine, measles remains an important cause of death among young children and can also lead to serious adverse outcomes such as blindness, pneumonia, and encephalitis. Nationally, 74% of children have indicated to have received the vaccination. Key issues are visible in Lubombo where the vaccination levels at 45%. This is also evident in the LP and LCM livelihood zones which mostly fall under the Lubombo region where vaccinations are low when compared to the other Livelihood Zones.

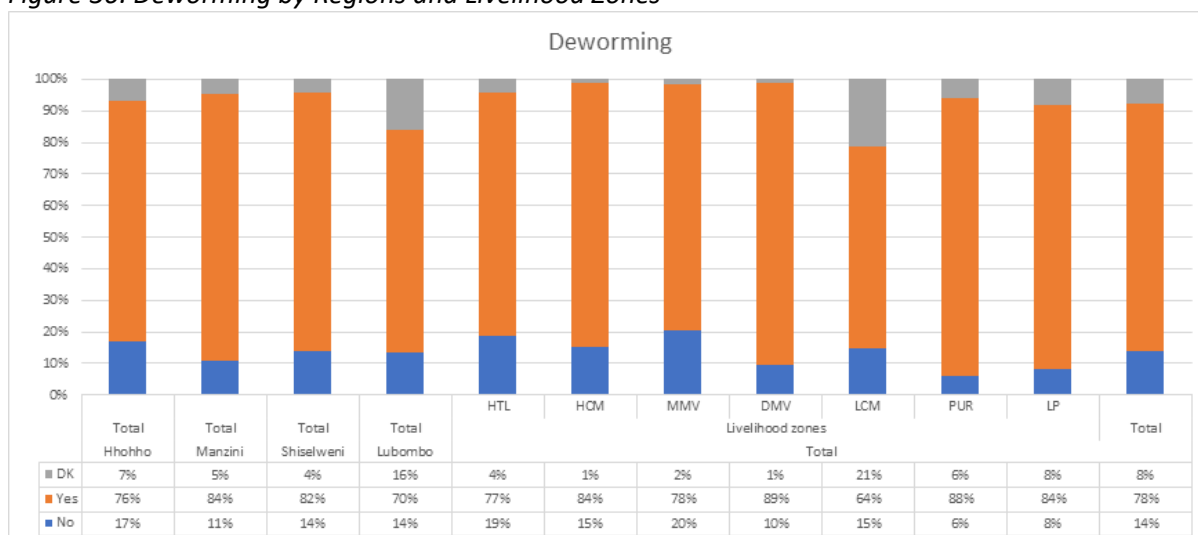
Figure 35: Measles Vaccination



4.8 Deworming

Deworming levels high as 78% children reported to have received deworming tables nationally. Lubomba has 70% that have dewormed, which is the lowest when compared to the other regions. The LMC livelihood zone (64%) had the lowest levels when compared to the others.

Figure 36: Deworming by Regions and Livelihood Zones

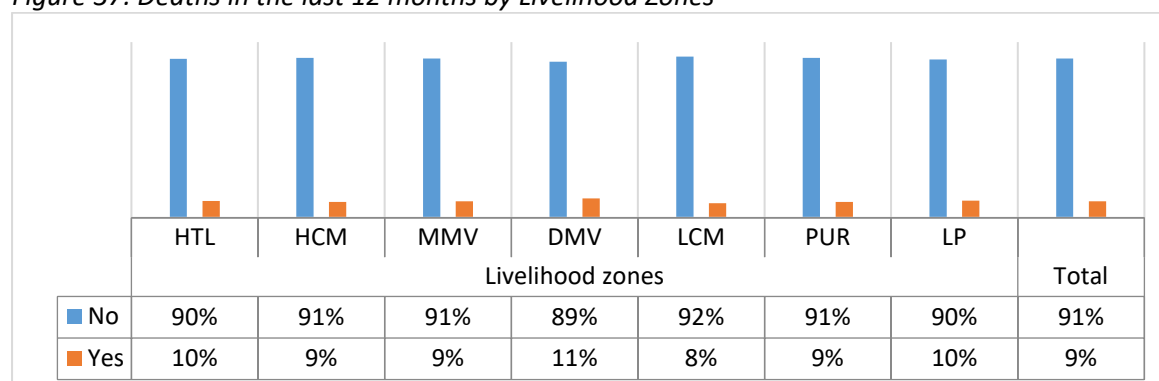


4.9 Health

4.9.1 Mortality & Morbidity

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 reported deaths in the last 12 months due to chronic illness (using HIV as a proxy indicator), all regions reported a death that occurred in the family. Overall, 9% of households across the seven livelihoods agro-economic zones have reported death of a household members in the last 12 months. The Dry Middleveld livelihood zones reported 11% of deaths in the past 12 months, Lubombo Plateau and Highveld Timber Highlands reported 10% of households with deaths in the past 12 months respectively as shown in Figure 37 below.

Figure 37: Deaths in the last 12 months by Livelihood Zones



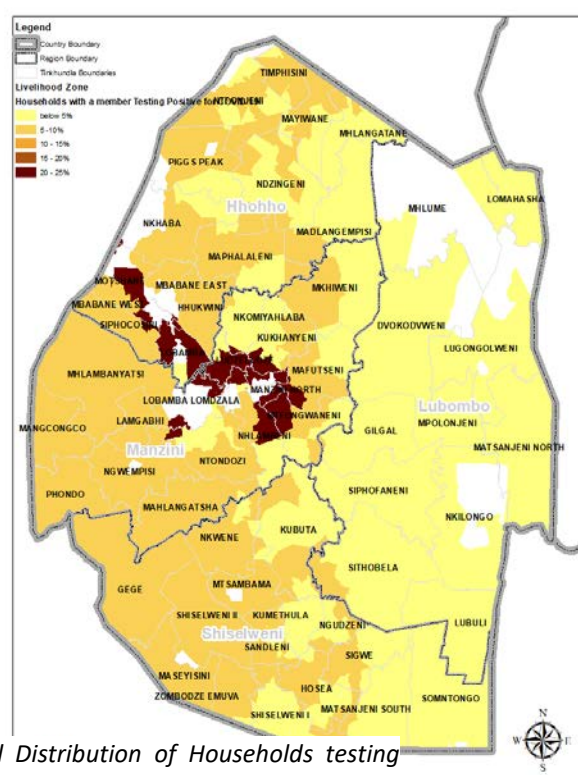
4.9.2 COVID -19

The first case of COVID-19 seen in Eswatini was seen on the 14th March 2020 and subsequent to that, the partial lockdown was implemented. A total of 19167 confirmed cases, 18107 recoveries, translating to a 94% recovery rate and 680 deaths were reported from the 14th March 2020 up to 30th June 2021. During this reporting quarter (April- June 2021) a total of 813 confirmed cases, 607 recoveries and 13 deaths were reported. The findings during the reporting period indicate that there was a drastic decrease in the number of confirmed cases and deaths when comparing to the previous quarter.

Cases reported in April were 104, in May they increased by 28% and during the month of June cases were almost five times higher (45%) than those reported in the first month of the

reporting quarter. This is a clear indication that cases are increasing at an alarming rate which might be the early signs of the third wave. Equally so, during the reporting quarter deaths tripled June 2021 compared to the 1st of April. This has indeed been the critical time of the outbreak in the country as some countries have declared to be in the third wave including some provinces in our neighbouring country.

This therefore meant that even though the country was not yet in the third wave, preparedness and response activities had to be scaled up. With the increases in the total



Map 11: Spatial Distribution of Households testing positive for COVID-19

confirmed cases, the recovery rate has slightly decreased in the reporting quarter.

The assessment looked at proportion of households hosting a COVID -19 Positive Member and/or have had a member who contracted COVID-19. The findings have shown that overall COVID -19 has affected the whole country in general. The Corridor from Motshane, Siphocosini, Mbabane, Ludzeludze, Manzini North, Mtfongwaneni and Nhlambeni have shown that 20-25% of households with a member testing positive for COVID -19.

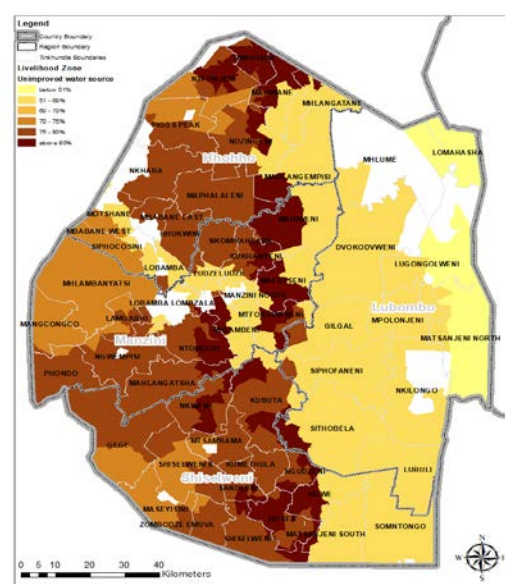
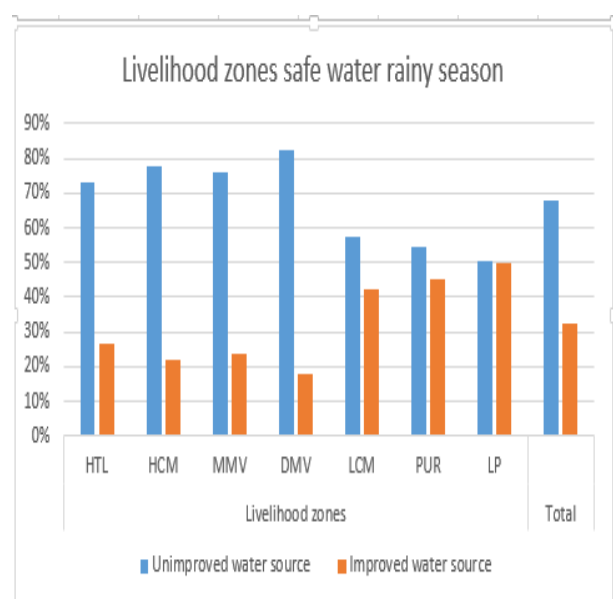
4.10 Water and Sanitation

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.

4.10.1 Use of Improved Water Sources

This section focuses on the use of improved water sources, unimproved water sources, improved sanitation facilities and unimproved facilities. The distribution of the population by main source of drinking water is shown in Figure 39. 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. The assessment looked at access to improved and un-improved water sources during rainy season in each livelihood zone. The findings have shown that overall, 69% of households have access to un-improved water sources with only 31% of households have access to improved water sources. The worst affected livelihood zones include the DMV with 81% of households having access to unimproved water sources, HCM (79%), MMV (77%), HTL (72%), LCM (59%), PUR (53%) and LP (50%) as shown in figure 39 and map 12 below.

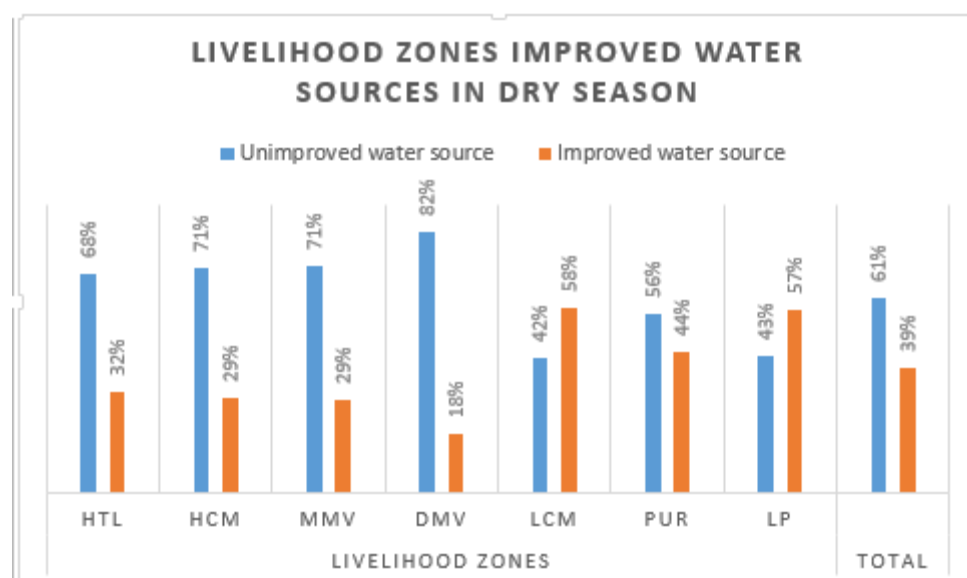
Figure 38: Access to Improved water source



Map 12: Access to improved water source

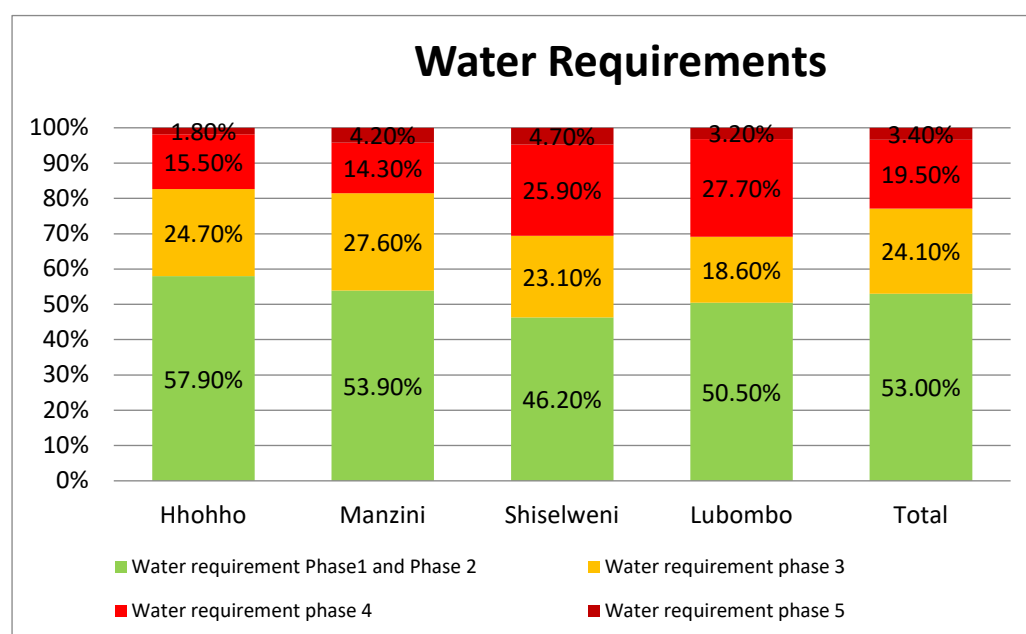
Access to improved water sources during dry season in each livelihood zones shows a shift in terms of proportion of households with access to improved water source. Overall, 61% of households have access to un-improved water source with only 39% of households with access to improved water sources during the dry season.

Figure 40: Access to improved water source during dry season



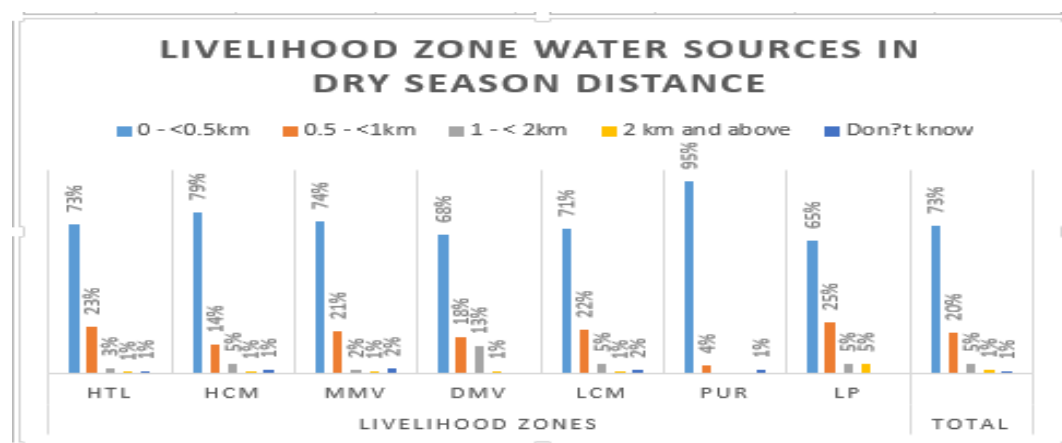
The consumption of water varies across the regions. In terms of water requirements 53 % of households are in the acceptable levels of water requirements (phase 1 and 2), 24.1 % in phase 3, whilst 19.5 % in phase 4 and only 8.4 % in phase 5 as shown in figure 41 below.

Figure 41: Water Requirement

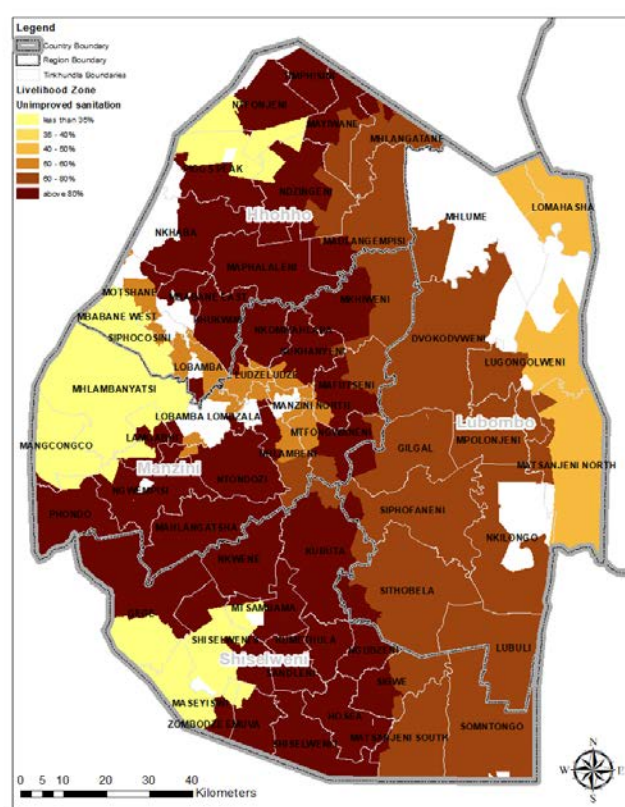


The results refer to one roundtrip from home to drinking water source. Information on the number of trips made in one day was not collected. Overall, 79% of household population travel for 0 -<5km during dry season to get to the water source and bring water as shown in Figure 42 below.

Figure 42: Distance Travel to water source during dry season



4.10.2 Use of Improved Sanitation



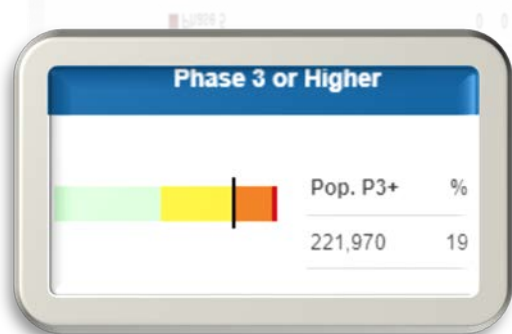
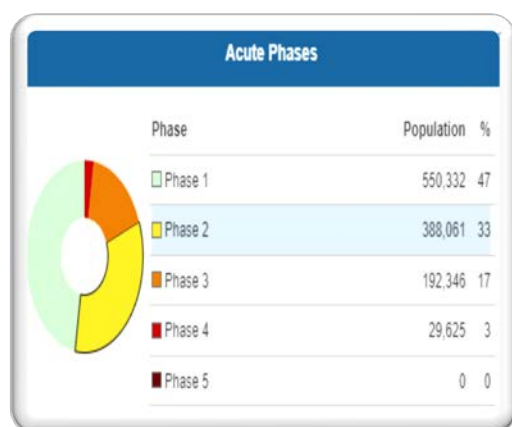
Map 13: Access to unimproved sanitation

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.

5 ANALYSIS OF ACUTE FOOD INSECURITY SITUATION

5.1 National Level Results (Current Analysis - April – September 2021)



During the period under review, Eswatini VAC continued to consolidate a range of evidence through the application and use of the Integrated Food Security Phase Classification (IPC) protocols to classify the severity of food insecurity in the country. The IPC analytical framework together with the reference tables were the main protocols which were used during the June 2021 analysis.

Between June and September 2021, over 262, 000 people (22% of the population) is estimated to be experiencing acute food insecurity and requiring urgent humanitarian assistance. Of this population, 240, 000 people are faced with Crisis food insecurity (IPC Phase 3) and 22, 000 faced with emergency food insecurity (IPC Phase 4). Those faced with mild food insecurity

(People in Stress) estimated at 342,000 and this will require livelihood support during the period to sustain their livelihoods. By comparison to the previous year, the situation has slightly improved as a slight decline in the food insecure population in IPC Phase 3 or worse has declined. During the projected period, thus number of people faced with IPC Phase 3 or worse is expected to increase by an estimated 5% from the current levels. The impact of the COVID-19 pandemic, high commodity prices and poor performance of the agricultural season will greatly influence this increase. COVID-19 continued to affect people's livelihoods hence limiting their ability to meet their household food security/nutritional needs. Awareness raising on COVID-19 remains a paramount role for Government, UN, NGOs, CSO and Development Partners.

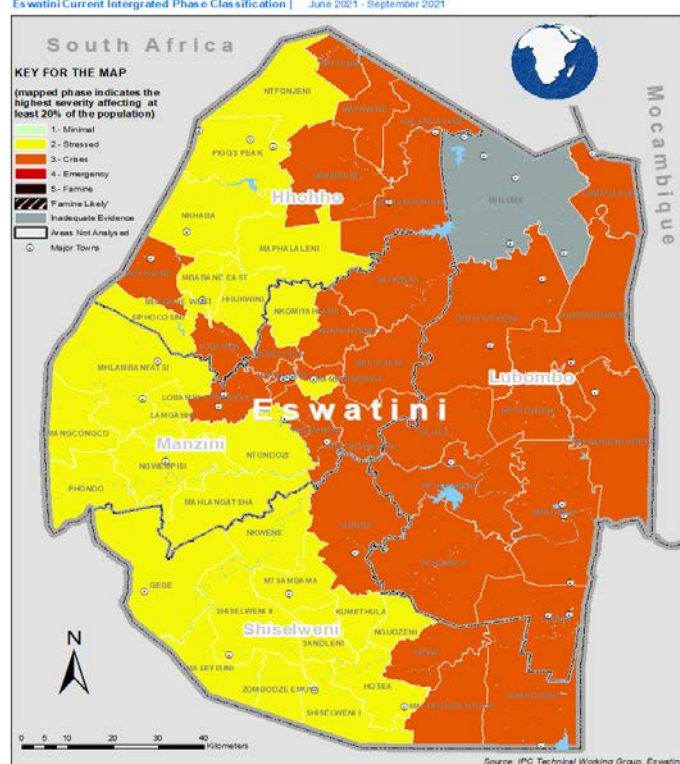
On the livelihood zones analysed, the Peri-urban and the Lubombo Plateau had the highest proportion (45%) of households faced with food insecurity. The Livestock Cattle and Maize (the biggest LZ) has over 90,000 (40%) of the population in IPC Phase 3 or worse requiring urgent food support. Urban livelihood zones have also shown increased level of stress to food insecurity, as in all the urban zones the population faced with Stressed food insecurity (IPC Phase 3 or Worse)

averaged above 20% with Lubombo at 35% and Shiselweni Urban at 25%. Limited livelihood opportunities, high food prices and the impact of the COVID-19 pandemic are the key drivers of food insecurity in urban area

Figure 43: Population Classification by Administrative Regions July - September 2021)

Population Table														
Level 2 Name	Area Phase	Total # (pp)	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3 and Higher	
			#	%	#	%	#	%	#	%	#	%	#	%
Dry middleveld	3	136,826	68,413	50	41,048	30	27,365	20	0	0	0	0	27,365	20
Hhohho urban	2	82,999	49,799	60	20,750	25	12,450	15	0	0	0	0	12,450	15
Highveld cattle and maize	2	152,715	83,993	55	53,450	35	15,272	10	0	0	0	0	15,272	10
Lowveld cattle and maize	3	225,888	101,650	45	45,178	20	67,766	30	11,294	5	0	0	79,060	35
Lubombo plateau	3	44,974	17,990	40	11,244	25	13,492	30	2,249	5	0	0	15,741	35
Lubombo urban	3	55,220	19,327	35	22,088	40	8,283	15	5,522	10	0	0	13,805	25
Manzini urban	2	92,522	46,261	50	32,383	35	13,878	15	0	0	0	0	13,878	15
Moist middleveld	2	135,163	67,582	50	47,307	35	20,274	15	0	0	0	0	20,274	15
Peri-urban	3	107,045	42,818	40	21,409	20	42,818	40	0	0	0	0	42,818	40
Shiselweni urban	2	50,994	22,947	45	20,398	40	5,099	10	2,550	5	0	0	7,649	15
Timber highlands	2	90,171	49,594	55	27,051	30	13,526	15	0	0	0	0	13,526	15
Grand Total		1,174,517	570,374	49	342,305	29	240,224	20	21,615	2	0	0	261,839	22

Eswatini Current Integrated Phase Classification | June 2021 - September 2021



5.2 Projected Analysis

This projected situation is based on the following assumptions. According to the Eswatini Meteorology forecast, rainfall will be normal, dry areas will remain dry hence affecting food

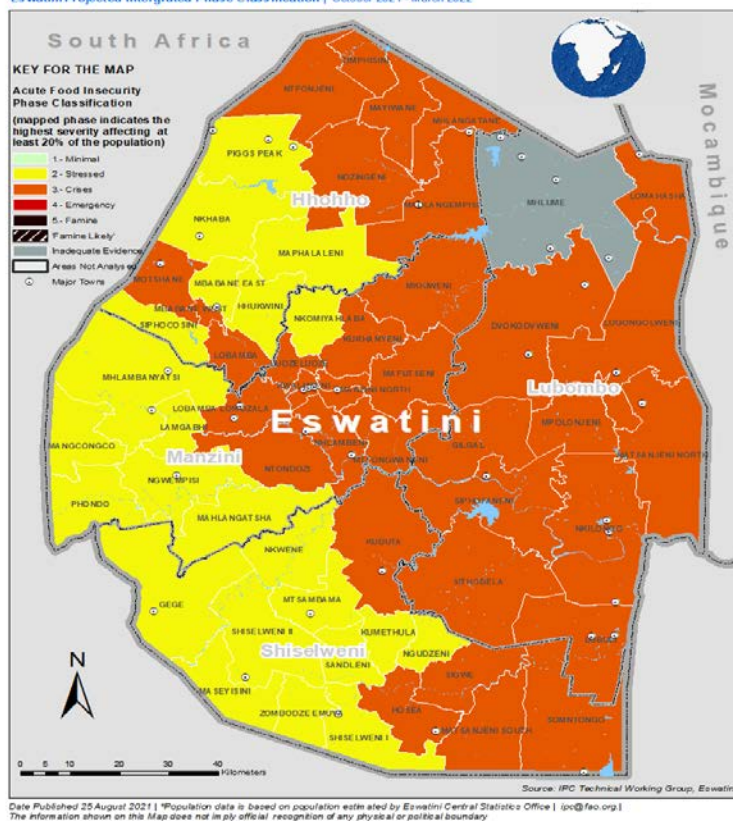
production. However, the threat of climate change which brings extreme weather events tropical cyclones that may negatively or positively affect production. The COVID 19 pandemic will persist and might get worse with the looming threat of the third wave and other co-variants, this may result in stricter COVID 19 restrictions. Eswatini is a net importer and as the third wave in SA escalates resulting in a slowdown in business operations which will reduce the supply of goods and ultimately increase in the price levels. Ban of beef imports from South Africa is already in effect and may persist. These restrictions may have an impact on small and medium enterprises, leading to lost or reduced employment which will affect purchasing power of affected households. High commodity prices especially for the urban and the peri-urban households where purchases constitute to be the major source of food. Prevalence of food insecurity in urban areas given current developments and the evolving impact of the COVID-19 pandemic is projected to be worsen. This will also be further compounded by the increased insecurity levels in Peri-Urban areas where the population depends on the urban areas for their livelihoods. The ongoing political instability in the country might disrupt the provision of services if not managed properly, it might disrupt the socio-economic situation in the country. Disruption in food supply chain and access to farming inputs could be experienced.

About 317,000 people (27% of the population) are projected to face with Crisis (IPC Phase 3+) food insecurity situation, requiring humanitarian support between October 2021 and March 2021. Of the total population likely to be faced with high food insecurity, approximately 250,000 are rural livelihood zones including peri-urban areas and 67,000 in urban areas. This population includes population from households from areas are facing prolonged low levels of crop production, high poverty and HIV rates, above average food prices and the negative impacts of COVID-19 pandemic. The COVID-19 pandemic is expected to continue to be a key driver of food insecurity in the country where largely the impact is will be magnified in peri-urban and urban population. Households faced with Crisis (IPC Phase 3) outcomes in the projected period is expected to increase. Most household's food stock is expected to be depleted in the next 3 months as a 47% of households is expected have no food stock. Food process expected to remain high and slight increases in most commodities expected given the increases in prices of fuel which will likely lead to increases inflation. Projected 3rd and 4th wave of the COVID-19 will continue to put a strain on economic activities which will result in limited livelihood activities for the population.

Figure 44: Projected Population Classification by livelihood zone September- March 2022)

Population Table														
Level 2 Name	Area Phase	Total # (pp)	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3 and Higher	
			#	%	#	%	#	%	#	%	#	%	#	%
Dry middleveld	3	136,826	61,572	45	41,048	30	27,365	20	6,841	5	0	0	34,206	25
Hhohho urban	3	82,999	45,649	55	20,750	25	12,450	15	4,150	5	0	0	16,600	20
Highveld cattle and maize	2	149,431	74,716	50	52,301	35	14,943	10	7,472	5	0	0	22,415	15
Lowveld cattle and maize	3	225,888	90,355	40	45,178	20	79,061	35	11,294	5	0	0	90,355	40
Lubombo plateau	3	44,974	13,492	30	11,244	25	15,741	35	4,497	10	0	0	20,238	45
Lubombo urban	3	55,220	16,566	30	19,327	35	16,566	30	2,761	5	0	0	19,327	35
Manzini urban	3	92,522	37,009	40	37,009	40	13,878	15	4,626	5	0	0	18,504	20
Moist middleveld	2	135,163	60,823	45	54,065	40	20,274	15	0	0	0	0	20,274	15
Peri-urban	3	107,045	32,114	30	26,761	25	42,818	40	5,352	5	0	0	48,170	45
Shiselweni urban	3	50,994	17,848	35	20,398	40	10,199	20	2,550	5	0	0	12,749	25
Timber highlands	2	90,171	45,086	50	31,560	35	13,526	15	0	0	0	0	13,526	15
Grand Total		1,171,233	495,229	42	359,639	31	266,821	23	49,544	4	0	0	316,365	27

Eswatini Projected Integrated Phase Classification | October 2021 - March 2022



6 RECOMMENDATIONS

Take all necessary steps to ensure immediate and continuous access of humanitarian to all populations in need of assistance.

2. Government and development partners should consider providing the urgently-needed resources to enable sourcing and delivery of critical life-saving food assistance to populations facing large food consumption gaps. To achieve this, there is an urgent need to integrate and coordinate actions to contain high rates of asset depletion and food consumption gaps through food and livelihood assistance for the populations classified in Emergency (IPC Phase 4) and Crisis (IPC Phase 3).
3. Prices of essential commodities should be closely monitored
4. Strengthen COVID-19 prevention methods and increase people's awareness, particularly in the rural areas, urban and semi urban with special attention to the population living in crowded areas.
5. Considering the diminished resilience of people particularly the lowveld cattle and maize livelihood zone (Lubombo), close collaboration between humanitarian & development programmes is needed to tackle the root causes of food insecurity and to enhance population resilience and livelihood means. This will ensure that livelihoods are protected and safeguard people from sliding into worse off conditions
6. Continue and strengthen regular and elaborate food security monitoring given the fragile food security situation. The main risk factors/ key drivers should be closely monitored to ascertain if they have reached the relevant threshold/ trigger levels.