



KINGDOM OF ESWATINI

ANNUAL VULNERABILITY ASSESSMENT & ANALYSIS

REPORT 2022



July 2022



World Vision®



I. Acknowledgement

The 2022 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 who were 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 the representativeness of the 2022 Annual Assessment findings.

Melusi. M. Masuku

Principal Secretary- Deputy Prime Minister's Office

II. Executive Summary

Livelihood and food insecurity vulnerabilities continue to be an opposite concern in the Southern African Development Community (SADC). According to the Eswatini VAC (2022) Between June and September 2022, over 1 822, 000 people (16% of the population) is estimated to be facing acute food insecurity and requiring urgent humanitarian assistance. Of this population, 169, 000 people are faced with Crisis food insecurity (IPC Phase 3) and 13, 543 faced with emergency food insecurity (IPC Phase 4). Those faced with mild food insecurity (People in Stress -IPC Phase 2) estimated at 431,950 and will require livelihood support. The situation has significantly improved when compared to 2021/22 as a decline in the food insecure population in IPC Phase 3 or worse can be observed. During the projected period, the number of people faced with IPC Phase 3 or worse is expected to increase by an estimated 6% from the current levels.

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.

III. 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

This section presents background information about the current Macro-economic indicators and their performance, Education sector, Health and nutrition indicators, Infrastructure, Agricultural performance, and forms of humanitarian assistance.

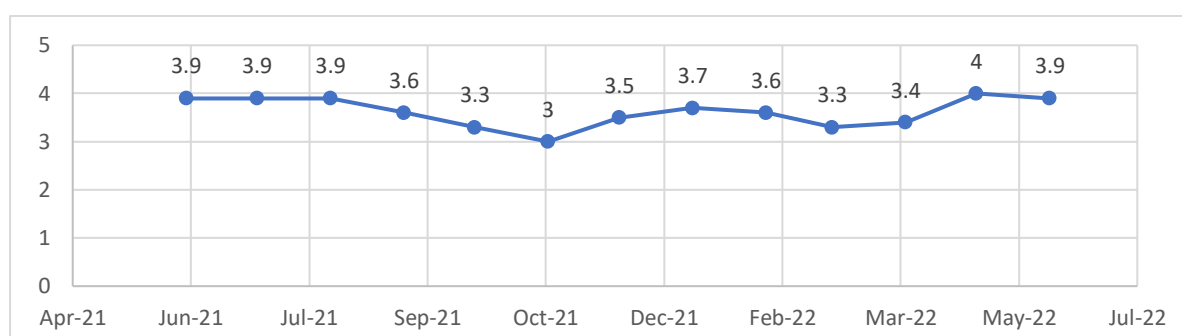
1.1 Macro- Economic Indicators

The Economic output for the domestic economy increased by 5.9 percent in 2021 following a contraction of 1.9 percent in 2020. The growth, which reflected a strong rebound in the second quarter of the year, was mainly driven by the significant improvements in key sectors i.e., manufacturing, construction, and information technology and communication activities. The easing of COVID-19 restrictions, which has among other things opened activity in key economic sectors and opportunities, reconstruction and recovery from other shocks and other key government interventions in response to the recent domestic calamities (i.e., the pandemic and climatic shocks) cushioned domestic economic recovery. During the year 2021, domestic inflationary pressures remained contained as the headline inflation averaged 3.7 percent relative to 3.9 percent in 2020.

The domestic inflation, which was within the targeted band of 3.6 percent, was largely driven by the moderated prices of the largest consumption expense (housing & utilities), which was constant in the review period owing to the continued freeze in housing rentals and utility tariffs. Food prices, on the contrary reflected an uptick indicating mounting pressures as economic activity gradually normalize. Mounting inflationary pressures are anticipated in the medium term owing to the envisaged upsurge in administered prices, coupled with the pass-through effects from the geopolitical instability between Ukraine and Russia.

The depiction of consumer inflation on a year-on-year trend is depicted in the graph below.

Figure 1: Consumer Price Inflation (June 2021 - June 2022)



1.2 Education Sector

The education sector aims to ensure continuity of learning and teaching at all levels of education, retaining sufficient capacity and securing adequate resources for functioning institutions. The Primary and Secondary school education has almost attained normal operations and the recovery from the incessant breaks during 2021 which resulted in the adjustment to the school calendar which may yield positive outcome on quality education. The observed performance has encouraged the focus on academic achievement and excellence in performance by both pupils and educators. The sector is also implementing nationwide school feeding programme in all public schools. A total of 594 public schools including 279 Secondary/High schools with a total coverage of approximately 355,920 learners enrolled into the feeding programme so far. The types of school feeding in the schools include both traditional schools feeding and home-grown feeding.

1.3 Health and Nutrition

The Ministry of health attest to its commitment of attaining Universal Health Coverage (UHC). The Ministry continues to ensure that all people in the Kingdom of Eswatini have access to equitable and quality health services. This calls for the implementation of differentiated and decentralized health service delivery models, increased investments in scaling up preventative efforts related to lifestyle, and putting in place sustainable, effective and efficient national health security and surveillance systems. The life expectancy at birth is estimated to be 45.9 years in 2017 (CSO, 2007). However, of concern, are high rates of mortality rates such as the Infant Mortality Rate is 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). Hence, there is a need for improving the health system in order to address these existing health challenges in the country (SARA, 2017).

Furthermore, the country continues to have new COVID 19 cases. As of the 24th of July 2022, there were 3 new COVID-19 cases culminating to 73 256 cumulative cases. There new cases were from the Hhohho, Lubombo and Shiselweni regions. There were 108 COVID-19 tests done in the last 24 hours, translating to an 2.8% positivity rate. Week 28 positivity rate for travellers was 0.2% while the positivity rate among those testing for diagnosis was 4.7%. There was 1 new recovery in the last 24 hours and there were 71813 cumulative recoveries which translates to 98% recovery rate. There were no new deaths in the last 24 hours, and the cumulative number of deaths remained at 1 417. The case fatality rate remains at 1.9% and when disaggregated by region Shiselweni region stands at 2.9%, Manzini 2.1%, Hhohho 1.7% and Lubombo 1.2%.

The country has established a sentinel surveillance system in 11 health facilities. A total of 50 consultations for diarrheal diseases were recorded from the eleven sentinel sites during Week 24 of the current year. The most common type of diarrhoea recorded was acute watery diarrhoea (64%). The distribution of the other types of diarrheal diseases was as follows; diarrhoea with severe dehydration 0%, diarrhoea with some dehydration=24%, dysentery=10% and persistent diarrhoea=2%. Majority of these cases were from Raleigh Fitkin Memorial Hospital (36%).

There were Twelve cases of malnutrition reported from the eleven sentinel sites in week 24 of the current year. Other immediate notifiable diseases during week 24 include, fourteen (n=14) cases of confirmed malaria were reported through Immediate Disease Notification System (IDNS) from the Hhohho region (n=3), Lubombo region (n=6), Manzini region (n=4) and Shiselweni region (n=1). Seven (n=7) perinatal deaths were reported through IDNS, from the Hhohho region (n=0), Lubombo region (n=0), Manzini region (n=7) and Shiselweni region (n=0). There were zero (n=0) maternal deaths reported through IDNS during week 24 of 2022.

1.4 Infrastructure

The Ministry of Public Works and Transport seeks to provide, maintain and improve a safe reliable and environmentally sustainable road network that will stimulate sociology-economic development, job creation and reduced road user costs. The transport infrastructure, particularly roads (both paved and unpaved) suffered severe structural damage in the current year. In the worst cases river crossings were washed away and communities literally cut off. Rehabilitation measures have been undertaken in most areas and the normal situation has been restored. In view of the experiences of the past rainfall season the Government has deliberately established an emergency road rehabilitation programme to be financed annually through the national budget and other resources that may from time to time be available. The Public infrastructure including services facilities (hospitals, clinics, Rural Development Centres, Veterinary Services Offices etc.) are the basic facilities for access to Government services, hence their upkeep and proper maintenance is key.

1.5 Agriculture

The 2021/22 cropping season was characterised by natural hazards such as hail, water logging, thunderstorms, heat waves and prolonged dry spells experienced in Lubombo and Shiselweni region. Overall, the cropping season had received above normal rains, with an onset of rains started in the second and third dekad of October 2021 nationally. The above normal rains were advantageous to early planters since they recorded higher harvest. The high rains were an advantage to maize than legumes, roots and tubers which decreased harvest. The high rains resulted to water logging, where some farmers were unable to weed in their fields. Nutrient's leaching was experienced due to high rains. Water

availability had been improved by the high rainfalls both for winter livestock feeding and drinking and for vegetables production. Delays in agriculture inputs had negative effects on crop yield especial maize and sorghum. The delays were as a result of shortage in supply from the inputs producers which was as a result of previous years South Africa's Unrest. The shortage was experienced during the essential crop stage where it is needed the most. The effects of Russia and Ukraine war is of great concern since it drives fuel and commodities prices high. Coupling the effects of the conflicts between Russia and Ukraine with the delays in agriculture inputs some farmers ended up not applying fertilisers and LAN in their fields, while those who were able to purchase the inputs at a higher price lost some of the fertiliser and LAN to leaching due to high rainfall. As we are currently in the midst of the 5th wave of COVID 19, there is no significant effect rendering disturbance in the agriculture sector. Regulations and restrictions had been lessened thus no disturbances in the sector.

1.6 Humanitarian Assistance

While production conditions were favourable for most crops and livestock, the external factors exerted extra pressure on food availability and access. The National Disaster Management agency, with support from government partners and various Non-Governmental Organizations (NGOs) extended relief to vulnerable households through Cash based Transfer (CBT) initiatives and food assistance within the reporting period January to March 2022. These measures were put in place to discourage premature harvesting due to adoption of negative coping strategies, as well as to ensure food access to the most vulnerable populations.

Total in kind food distribution to vulnerable populations amounted to 1,299.27 MT. This included a combination of Cereal (1,040 MT), Pulses (208 MT) and Vegetable Oil (52 MT). This intervention benefitted 9,296 households which had a total of 34,605 beneficiaries across all four regions of the country.

Cash Based Transfers and Food parcels distributed were conducted for beneficiaries across all Tinkhundla in the country. More than 26,000 households benefitted from this intervention which were made up of 127,558 beneficiaries. A total amount of E26 397 316 million was disbursed by government and partners in the reporting period.

The government through the NDMA and partners will continue to support vulnerable households through Cash based Transfers in a bid to minimize post-harvest effects anticipated due to heavy rains experienced by the country. This is expected to span over the months April 2022 to July 2022. This exercise combined with other efforts from other partner organizations is expected to benefit more than 18,000 households. These households will also benefit from a 1,250 MT in kind food donation received by the agency and its partners through Food distributions that are scheduled to begin after July 2022.

In an effort to increase rural communities' resilience the country is in a process of developing a nation public works employment programme to assist households with income. The pilot project implemented between October 2021 and December 2021 pointed to an untapped opportunity for easing the unemployment scourge in the country. The Government of Eswatini has engaged technical support from the International Labour Organization (ILO) to work with the Ministry of Public Works and Transport and other relevant stakeholders to tap into this opportunity for improving households' incomes. This will address both the unemployment and poverty which ultimately lead to household food insecurity.

2.0 OBJECTIVES AND METHODOLOGY

2.1 Assessment Objectives

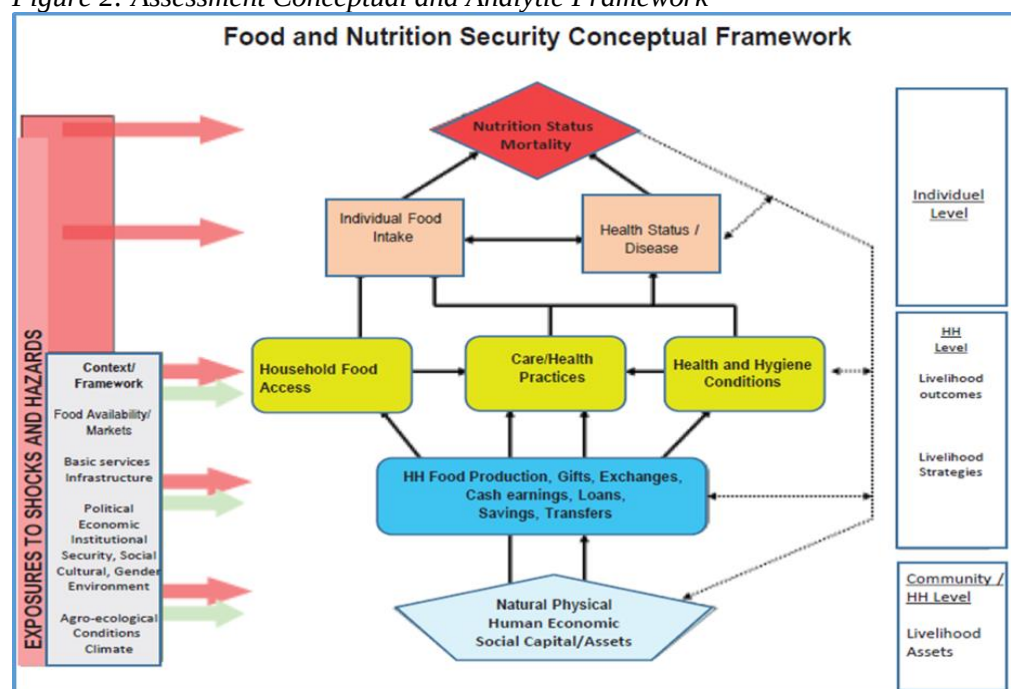
The main objective of the 2022/23 vulnerability annual assessment is to provide a current update on the status of vulnerability of both rural and urban households and generate information on nutrition status and health situation of households in the Kingdom of Eswatini.

The assessment intends to respond to the following specific objectives:

- To establish the impact of COVID-19 to the Eswatini households and markets
- To quantify the extent of food insecurity among urban and rural households.
- To establish the extent of markets and trade operations for food security and other basic household needs.
- To make suitable recommendations for response in affected households.

2.2 The Methodology for the Monitoring Assessment 2022

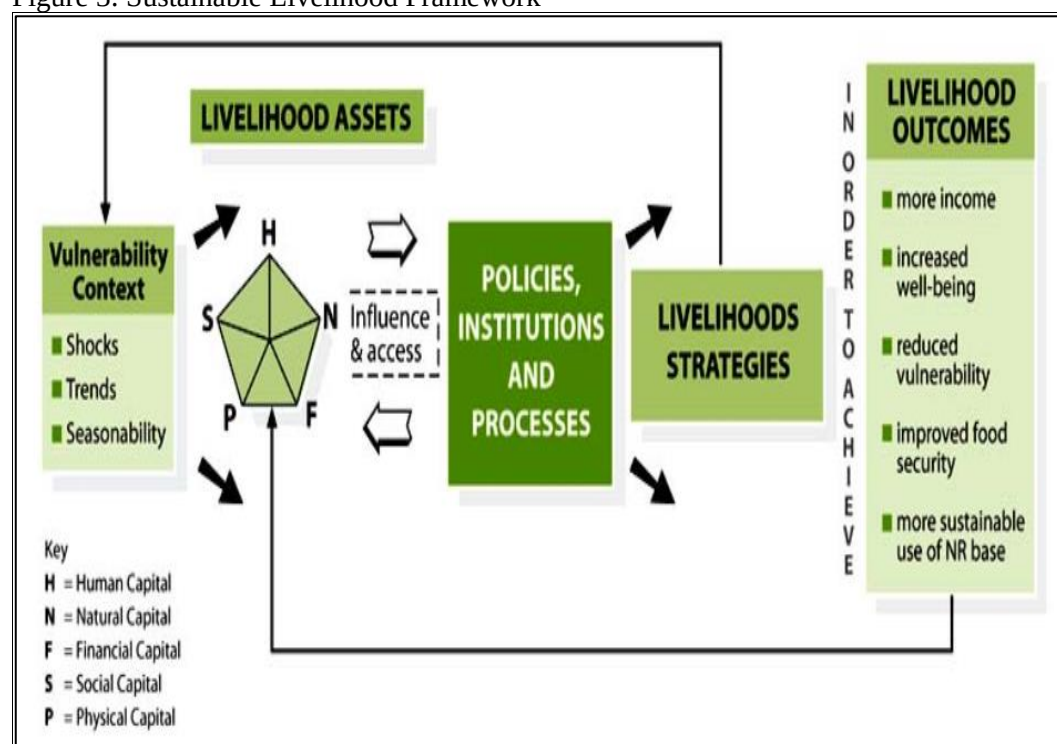
Figure 2: Assessment Conceptual and Analytic Framework



The framework shows that exposure to risk is determined by the frequency and severity of natural and man-made hazards, and their socio-economic and geographic scope. The determinants of coping capacity include household levels of natural, physical, economic, human, social, and political assets;

levels of household production; levels of income and consumption, and, most important, the ability of households to diversify their income and consumption sources to mitigate the effects of any risks they face.

Figure 3: Sustainable Livelihood Framework



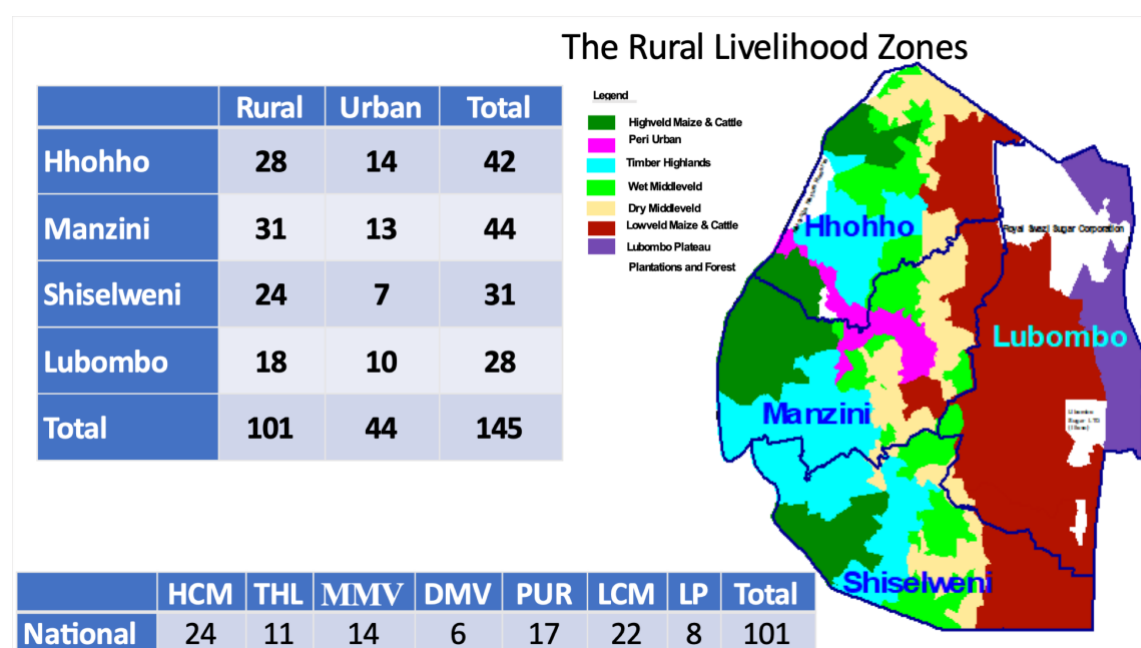
The analysis of food security begins with an examination of livelihood assets; the agro-ecological, political and institutional context of the area; and the resulting livelihood strategies adopted by the people that may lead to food security. Various hazards and more gradual changes affect the macro context and household-level assets and strategies, and hence household food security.

2.3 Sampling

A two-stage sampling used to draw the 2022/23 sample for the Eswatini Vulnerability Assessment and Analysis. The first stage are the enumeration areas and the second stage being the households, usually fixed at 10 per each sampled cluster. This is the quantitative approach of the assessment.

The Kingdom of Eswatini Vulnerability analysis and assessment covers both rural and urban areas. In both settings, sampled areas were selected for enumeration. The rural setting, which is also dominant in the country, is further divided into sub-sampled areas called livelihood zones according to the country's profile of livelihood activities. The result required that 145 enumeration areas be covered, of which 101 came from the rural areas and 44 came from the urban areas as shown in the tables below.

Figure 4: Sampled Areas and Size by Region and Livelihood Zone



The unit of analysis for the rural areas was decided to be the livelihood zones while the urban areas were analysed at administrative regions.

2.4 Determination of Sample Size

The sample size for the 2022/23 vulnerability assessment was determined using a formula as shown below:

$$4. \quad * r * (1-r) * deff$$

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

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

4: is the Z score squared: 1.96^2 and rounded up to 4

r: is the prevalence rate of stunting in Eswatini

Deff: is the design effect usually fixed at 2

Pb: is the proportion of the base population in this case the proportion of children under five

Avesize: is the household average size as per the population census

RR: is the Household response (or completion) rate

RME is the Relative margin of error at 95% confidence

2.5 The Annual Assessment Tool

The household questionnaire requires consultation with relevant stakeholders on the data needs as well as existing gaps.

Key topics are covered on the household tool were:

- Household background: which mainly focuses on issues of background information of the household including its type, size, shocks and death experience in the past 12 months, exposure to vulnerability to mention a few.
- Household Demographic Characteristics: this looked into the demographics of the households, mainly its composition, education status, health status and parenthood or orphanhood.
- Household mortality: the module tried to collect information on households that have experienced any death in the past 12 months. it looked into the socio-economic status of the deceased in the household leading to household exposure to vulnerability.
- Water, sanitation and hygiene: water, sanitation and hygiene cover's main sources of water during wet and dry season and the main type of toilet facilities that households use. The section further looked into the issues of hygiene within households, especially hand washing during the COVID19 era. The key indicators being access to improved sources of water and sanitation.
- Food sources and consumption: food sources and consumption patterns are very key in the analysis of food security. The main indicators derived from this section are food consumption score, household dietary diversity, household hunger scale among others.
- Household amenities and assets: As part of the country's integration of poverty into the analysis, issues on asset ownership and household amenities become very key. This section is key to address poverty status of households through the use of assets that households own as well as access to electricity for cooking.
- Agriculture production; Expenditure
- Inputs to livelihood sources; Households shocks and coping strategies
- Disaster
- Nutrition and Health

2.6 Recruitment and Training of Field Staff

A team of field enumerators were recruited from different organisations, both Government and parastatals. This year's assessment assignment ensured that field members came from the regions following the KEVAC decentralisation programme. All the regions have representatives, and they were backed up by officers from the central statistical Office.

In total there were two teams for each region making eight teams for the country. one team was concentrating on the rural part of the country for the specific region while the other team did the urban areas.

The training for field work took four days and was residential. All the field team converged in one place to ease the facilitation. The first two days were on the questionnaire itself and the remaining days were set aside for on CAPI, CSPro software for collecting mobile data.

2.7 Data Management

Data was collected from all sampled Enumeration areas for both the household assessment and HEA. For the household assessment, field data collectors used to collect data using CAPI/ Tablets; the software to use was CSPro 7.7 for Android. The field data was then uploaded to a central server by supervisors on a daily basis.

2.8 Data Analysis

The field data was cleaned from the field using both CSPro and SPSS. Data analysis and tabulation conducted using SPSS and Excel. Once data processing complete, datasets then prepared for storage

2.9 IPC Training and Analysis

The 2022/23 Eswatini Vulnerability Assessment and Analysis presents her final results from the annual assessment using the IPC analytical framework. A group of key stakeholders composed the analysis, which converged for 7 days to work on the analysis. A crash course on what the IPC analysis approach is, became mandatory as each year, new members are introduced. The crash training programme was led by GSU expert who came to support the analysis in collaboration with local facilitators who are level two certified. Teams were then formed to work on the different areas of analysis: the livelihood zones and the urban areas of Eswatini. The results of the analysis are discussed at plenary and vetting took place for everyone present's ownership of the product.

2.10 Presentation of Assessment Results

The assessment results are disseminated widely from national stakeholders down to the administrative regions. A SADC regional dissemination forum also present another opportunity to disseminate results.

3.0 SEASONAL PERFORMANCE

Climate variability and change has adverse effects of agricultural productivity and household livelihoods in rural Eswatini. Extreme weather events like, droughts, flooding, periodic dry spells and high temperatures have become a common feature in the changing climate of Eswatini. These events have an effect on the agricultural production depending on when they occur in the phenological stages of crop life. They also have an impact post-harvest, depending on the harvest storage practices employed by the households. Temperature and Rainfall are the high impact climatic variables that tend to determine agricultural productivity for rural households in Eswatini. This section of the report gives a retrospective analysis of the behaviour of these climatic variables in the 2021/22 season and how they may have impacted on agricultural production in Eswatini.

3.1 Rainfall Review

3.1.1 Temporal Rainfall Distribution

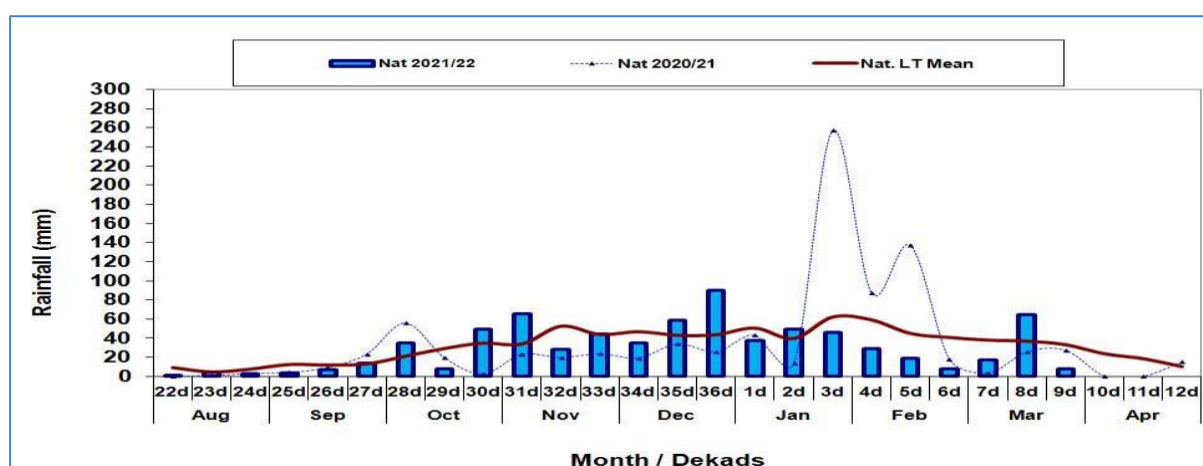


Figure 5: Temporal Rainfall Distribution 2021/22

The rains arrived timeously for this year's agricultural season. The last week of September and the first week of October received normal to above normal rains which were enough to kick start the growing season (Figure 5). This trend continued for the period leading up to December, where in most Dekads (10-day periods), rainfall received was more than that received last year in the corresponding period. Some Dekads in November and December had rainfall exceeding the long-term average. The second half of the season (January to March) reported below average rainfall for almost all the Dekads, except for mid-January and mid-March. The month of February was the driest, reporting rainfall less than that received last year and the long-term mean. There were to be significant increases in the amounts of rainfall in the latter stage of the season which had a negative impact on the crops which were ready for harvest, and those in storages contributing to higher Post-Harvest Losses.

3.1.2 Spatial Distribution of Rainfall

The total accumulation of rainfall from October 2021 to March 2022 shows a good geographic spread in terms of quantities. The Highveld had some portions receiving in excess 1100 mm (Fig 6). Livelihood zones receiving these amounts of rain included the Highveld cattle and maize, Timber highlands and the moist Middleveld. When compared to

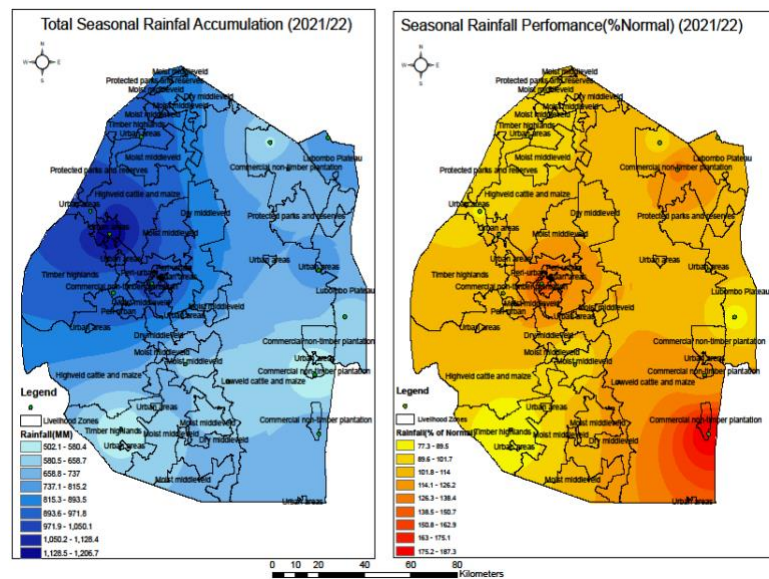


Figure 6: Rainfall Spatial Distribution 2021/22

the rains these livelihood zones normally receive, these rains fell into the normal to below normal category when the seasonal accumulation is taken into account (70% to 110% of Normal). The Lowveld and Middleveld, comprising of Lowveld cattle and maize, Dry Middleveld and portions of the Lubombo Plateau livelihood zones, received the least amount of rainfall. However, these livelihood zones received exceptionally good rainfall when compared to what they normally receive. Some areas in these livelihood zones, especially the southern Lowveld, received as much as 180% of the rainfall they normally receive during this period (Figure 6).

3.1.3 Seasonal Temperature Performance

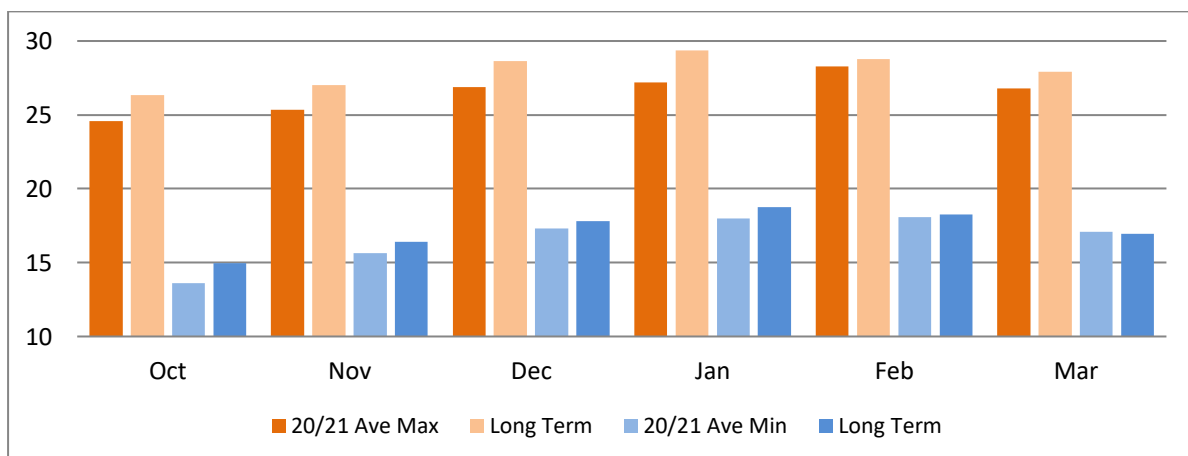


Figure 7: Maximum and Minimum Temperatures-2021/22

Temperatures in the 2021/22 rainfall season were cooler than normal (Fig 7). Average daytime temperatures were almost 1°C cooler for almost all the months. This could be attributed to the high number of rainy days in the 2021/22 season. February was the hottest month, with the country average maximum temperature of 28°C. This month had dry spells, which indicated cloud free days hence, the higher temperatures. Night-time temperatures were also cooler than normal with the month of March being the exception. October was the coolest with average night-time temperature of 13°C, 2°C cooler than normal.

3.2 Agriculture Performance

Overall, the 2021/22 cropping season was characterised by above normal rains in most parts of the country. Season onset of rains started in the second and third dekad of October 2021. The experienced Above-Normal rains influenced increased agricultural activities in the country as most households are reporting increased production. Increased of water logging and nutrient leaching was reported due to the high amount of rain received in the country.

Livestock performance was optimal given the good rains which resulted in improved availability of pastures and water availability for livestock. This also had a positive impact of winter farming especially vegetable. Delays in agriculture inputs had negative effects on crop yield especial maize and sorghum. The delays were as a result of shortage in supply from the inputs producers which was as a result of previous years South Africa's Unrest. The shortage was experience during the essential crop stage where it is needed the most.

3.2.1 Crop Performance

Data from the Ministry of Agriculture show that the total area planted for all crops stands at **74,799 hectares**, where maize accounts for 92% of the total land under cultivation. National maize production for the 2021/22 season stands at **127,315.44 MT**, which is 27% higher than the 2020/21 season (table 1). The Manzini region (34,252 MT) accounted for a larger proportion of the maize produced, while Lubombo had the lowest. Sorghum production stands at 146.35 MT which is 61% higher than last season. The increased production is due to the introduction of the crops to other regions as it was mainly prioritized for the Lubombo region for the past seasons. Sweet potatoes (19,099 MT) driven by increased market opportunities increased by 454% as more land had been allocated for its production purposes. Cassava production stands at 221.51MT an increase of 6,612% which was also driven by the introduction of the crop in other regions which increased the total amount under cultivation. Beans production (2,179.53 MT) increased by 231% when compared to last season. This was also mainly driven by good market opportunities which encouraged more farmers to venture into bean production. Key increase has also been observed in other pulses where Groundnuts increased by 70%; Cow peas by

2029%. Overall, most of the field crops produced in the country increased when compared to last season and are highest overall for the past 5 years (Figure 8) which is a good indication of good availability of food at the household level.

Table 1: Seasonal Crop Production 2020/21 - 2021/22

Region	Maize (MT)		Sorghum (MT)		Sweet potatoes (MT)		Cassava (MT)		Beans (MT)		Groundnuts		Cow peas (MT)	
Year	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
Hhohho	18,077.8	34,252.0	-	4.7	1,172.0	810.0	-	48.0	104.3	85.1	115.5	68.6	-	3.9
Lubombo	4,727.6	6,620.5	91.0	54.0	257.4	717.9	3.3	142.0	118.2	136.7	19.1	19.8	3.2	43.7
Manzini	51,323.5	60,941.4	-	69.0	659.0	16,012.2	-	18.0	258.8	1,721.6	40.6	293.8	-	12.0
Shiselweni	25,912.7	25,501.6	-	18.7	1,361.0	1,558.9	-	13.5	178.0	236.2	72.3	37.5	-	8.1
National	100,041.6	127,315.4	91.0	146.4	3,449.4	19,099.0	3.3	221.5	659.2	2,179.5	247.5	419.6	3.2	67.7

3.2.2 Maize Production Trends

This season maize production is 25% more than the 5-year average and the highest for the past 5 years. The annual yield for maize this season is highest at 1.7 MT/Ha, which is the highest in the past years. This improvement can be attributed to the above normal rainfalls received and ongoing production support programmes being provided by Government and patterns.

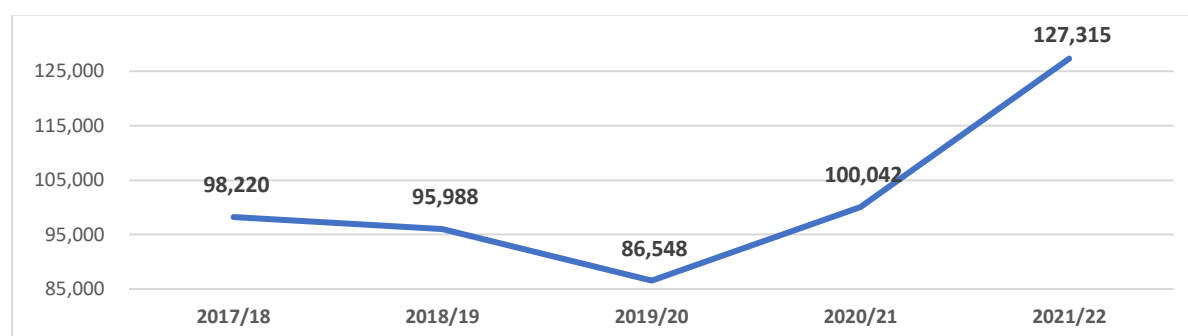


Figure 8: Maize Production Trends (2017 - 2022)

3.2.3 Cereal Availability

The current domestic cereal (maize, wheat and rice) availability is 129.40 MT, while the national requirement stands at 274.90MT. This deciphers to a national shortfall of 145.48 MT which is reduced by 10% from the previous year. The domestic shortfall will be met through commercial and food aid imports.

Table 2: Food Balance Sheet 2020/21 - 2021/22

Figures in '000 Metric Tonnes								
Period	2021/2022				2020/2021			
	Maize	Wheat	Rice	All	Maize	Wheat	Rice	All
A. Domestic Availability	129.40	0	0.02	129.40	107.48	0	0	107.48
B. Gross Domestic Requirement	184.47	52.64	37.79	274.90	179.35	52.54	37.68	269.57
C. Domestic Shortfall /Surplus	55.07	52.64	37.77	145.48	71.88	52.54	37.68	162.1
D. Planned Imports	55.07	52.64	37.77	145.48	71.88	52.54	37.68	162.1
Uncovered Gap /Unallocated Surplus	0.00	0.00	0.00	0.00	2.01	4.5	0.21	6.72

4.0 FINDINGS

4.1 Demographics

This chapter provides an overview of the demographic characteristics of the both urban and rural population, such as age and sex, as well as other socio-demographic variables, including marital status, household composition, living arrangements, status of children, education, employment, and households hosting vulnerable groups.

4.1.1 Population Distribution

Figure 9 and 10 shows the population age pyramid for the rural and urban population in Eswatini. The number of females who survive to old age is clearly larger than the number of males, reflecting the characteristics of the whole Eswatini rural population. The population is generally dominated by females from age 20 throughout the productive age cohort.

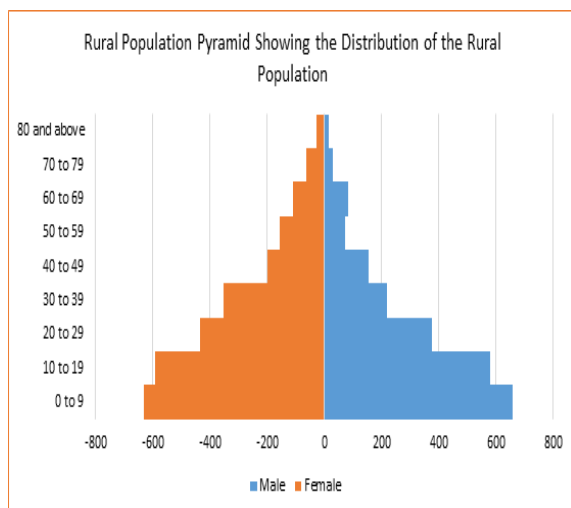


Figure 10: Rural Population Pyramid

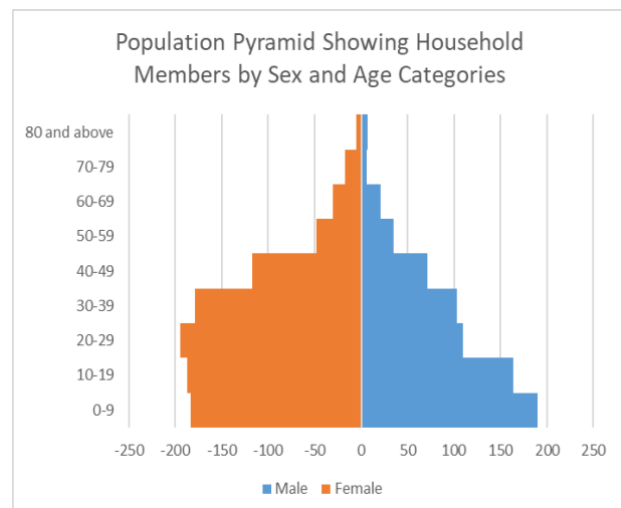


Figure 9: Urban Population Pyramid

For the rural settings, the population pyramid depicts that it is broad based on the ages 0 - 19 and then reduces as the population ages smoothly. The female population is through the pyramid compared to the male population. The urban population on the other hand, is different from the rural population pyramid as is shown in the figure 9 above. The figure presented reflects that the urban population is broad based, but it bulges for the able-bodied, ages 20 to 49, then reduces as the population ages.

4.1.2 Sex of Household Heads

Across the four regions, the male headed households were at estimated 53% while female headed households were at 47%. Shiselweni is the only region that recorded more female households accounting for 52%.

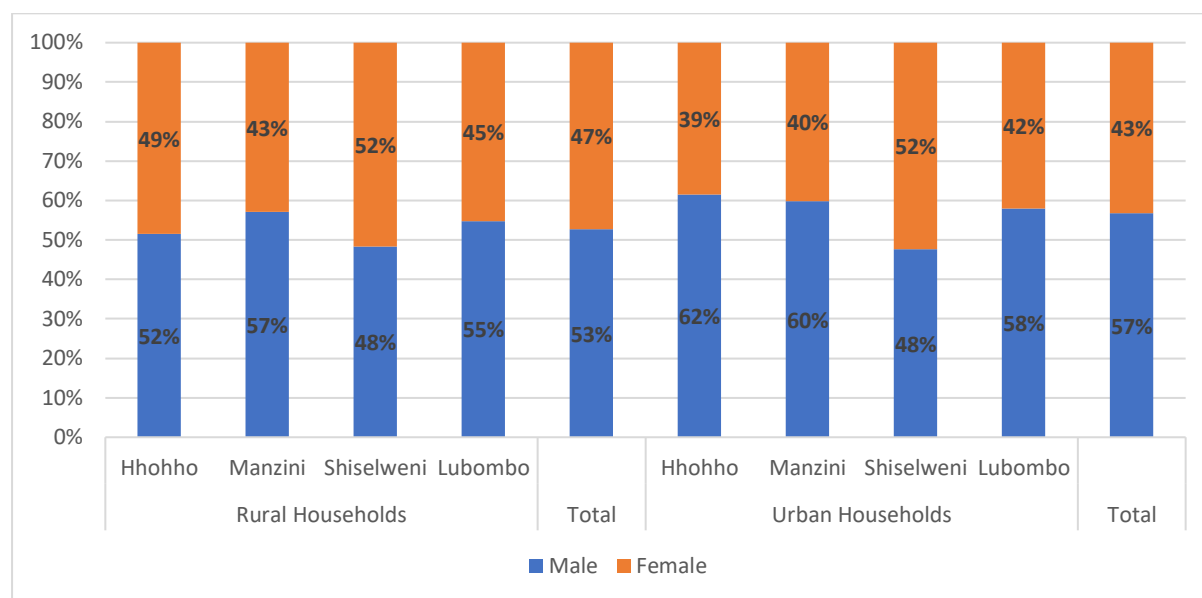


Figure 11: Rural and Urban Households by Sex and Region

4.1.3 Household Size

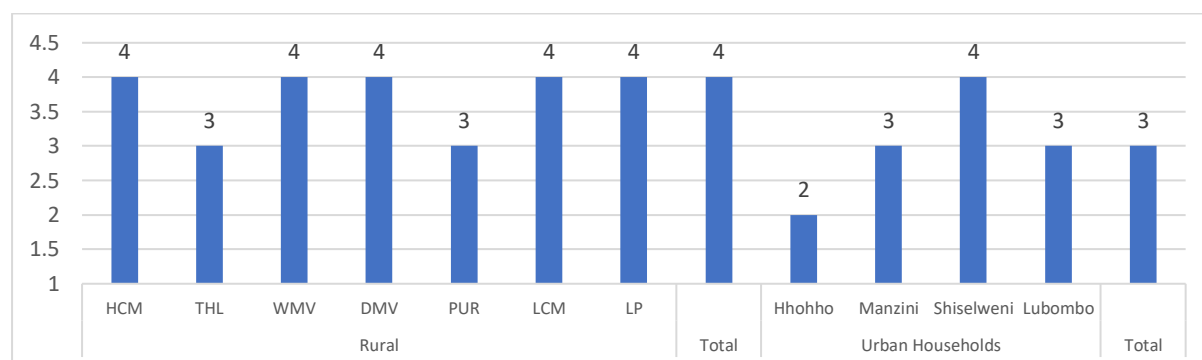


Figure 12: Household's Average Size (Rural and Urban)

The average household size was found to be 4 and 3 the rural and urban settlements, respectively.

The THL and PUR livelihood zones have the lowest household sizes among the rural areas of Eswatini with three people lower than the nation average size of four. The average household size for urban households is three. The Shiselweni region of Eswatini has the household size at four above the national urban average while Hhohho urban recorded the lowest household size with two people per household.

4.1.4 Employment Status of Household

Poor access to normal employment and livelihood income sources continues to be one of the major underlying causes of vulnerability to food and nutrition insecurity as well as precarious livelihoods in Eswatini. Figure 3 depicts the employment status of households in the four regions including Hhohho, Manzini, Lubombo and Shiselweni. Lubombo and Manzini regions recorded the highest number of households who had access to normal employment accounting for 26% and 24% respectively whilst Shiselweni and Hhohho were the lowest accounting for 20% and 16% independently.

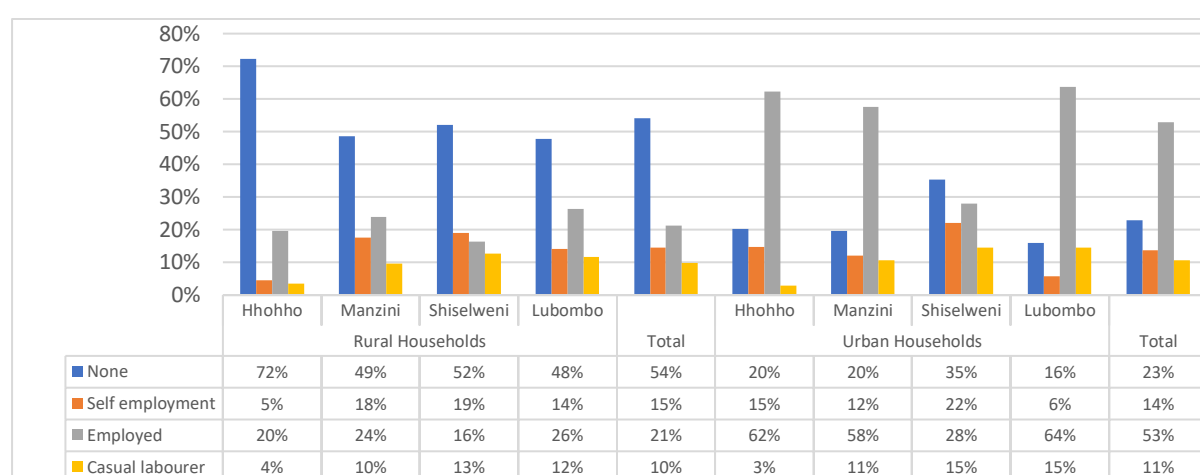


Figure 13: Employment Status of Head of Households by Regions (Urban and Rural)

4.1.5 Households Hosting Vulnerable Groups

Hosting of vulnerable groups by certain households has been seen as a common practice across the four regions of the country. Those households are usually not spared from any consequences related to food insecurity. The 2022 annual vulnerability assessment found that Shiselweni was the highest region hosting disabled members (18%) while Hhohho region was lowest with a very insignificant proportion accounting for 0.13%. The proportion of households hosting orphans was slightly higher across the country accounting for 28%, conversely with households hosting HIV patients accounting for 37%. Only 9% of the households reported the death of a household member in the past six months. Reported deaths of a household member ranged from 12% in Shiselweni to 7% in Lubombo region.

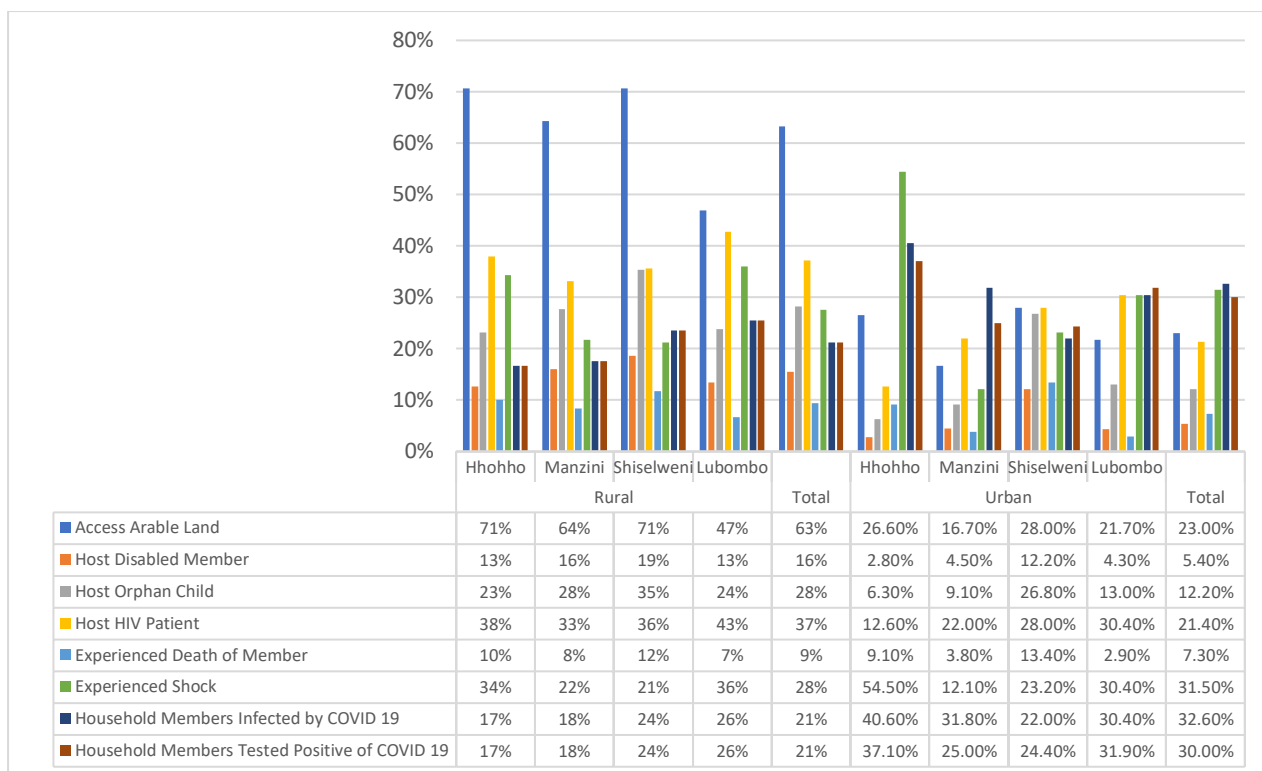


Figure 14: Households Hosting Vulnerable Groups (Urban and Rural)

4.1.6 Status of Children

Food insecurity in Eswatini has been aggravated by the COVID-19 pandemic, poor harvest, escalating food prices, deepening poverty and civil unrest - all contributing to a harsher survival environment for children especially those who have lost a single or both parents. Overall, 8% of the children from the sample had lost a father while 2% had lost a mother. Those who had lost both parents accounted for 2%.

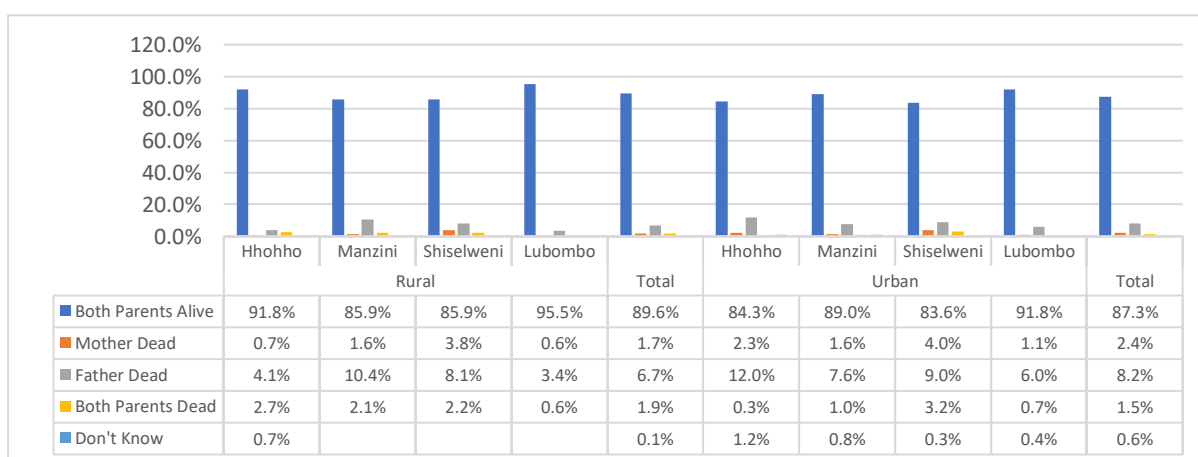


Figure 15: Status of Children for Rural and Urban Areas of Eswatini

Above 89.60% of the households in the current assessment had children who had both parents still alive. Hhohho had the highest proportion of households with both living parents at 91.80% while Manzini and Shiselweni had the least at 85.90%. The results from the assessment also show that on average, more children had deceased fathers (6.70%) than mothers (1.70%). Households hosting children where both parents were deceased were less than 2%, but the Hhohho had a significantly higher percentage of both parents deceased at 2.70%.

4.2 Education Status

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.

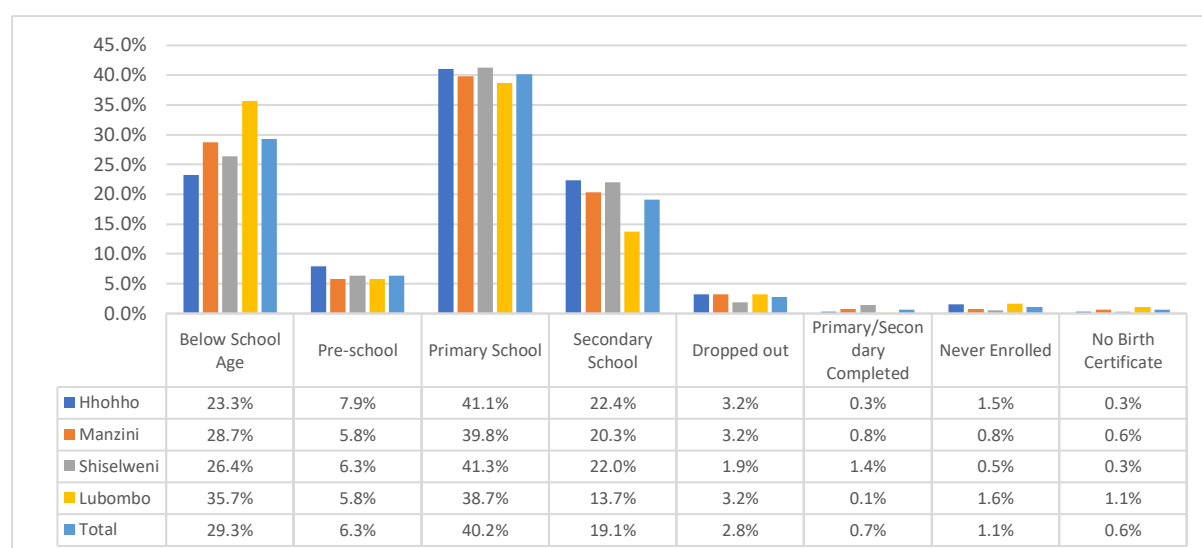


Figure 16: School Enrolment for Rural Households

The majority of children in the kingdom in the households interviewed are attending primary school with the most enrolment in the Shiselweni region (41.30%). 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 (29.30%) and those attending primary school (40.20%) than those who are attending pre-school (6.30%). This indicates that there is a significant proportion of primary school going age children who did not attend preschool. On average, 2.80 % of children in the households interviewed had dropped out of school with the Hhohho and Lubombo region having the most dropouts (3.20 %).

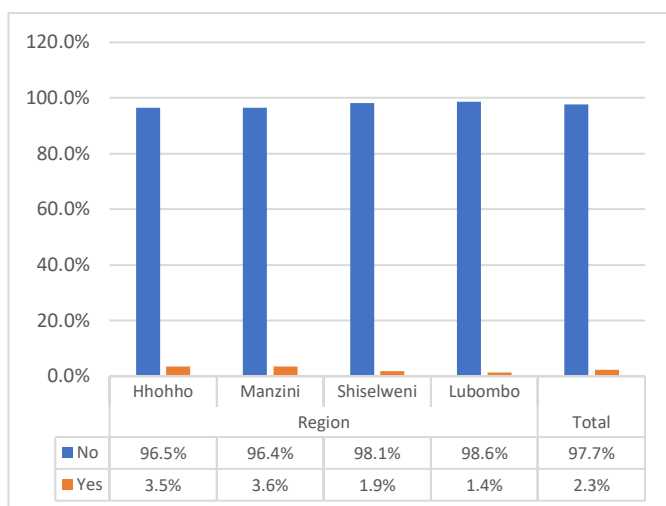


Figure 17: Abandoned School before completion (Rural Households)

A majority of the learners who abandoned School before completion are in Hhohho region (4.10%) whilst the region with the least number of learners who abandoned School before completion is the Lubombo region (1.10%). There are many different factors which contribute to the abandoning of School by learners, but the major ones are depicted in the graph below.

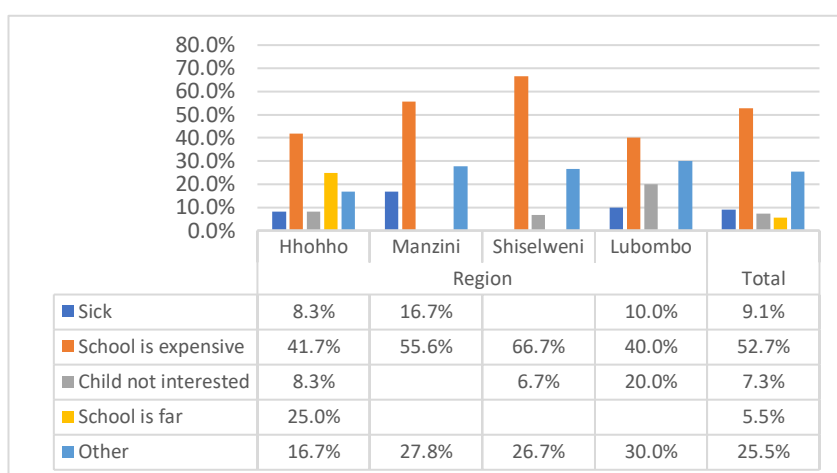


Figure 18: Reasons for Abandoning School

The cost of school (53%) accounted for the most reason why school going kids abandoned school (Figure 18). Shiselweni (66.7%) and Manzini (55.6%) region had the greatest number of learners who have abandoned School due to it being expensive. The Hhohho region is the

only one which had data on learners who abandon School because it is far (25%).

4.3 Agriculture

4.3.1 Access to Arable land

Access to arable land by rural is relatively high as 94% of households have indicated to have access to land for agricultural purposes. This is relatively high across all the livelihood zones where all had over 90% of households with access to arable land with the exception of Timber Highlands with 89% of households.

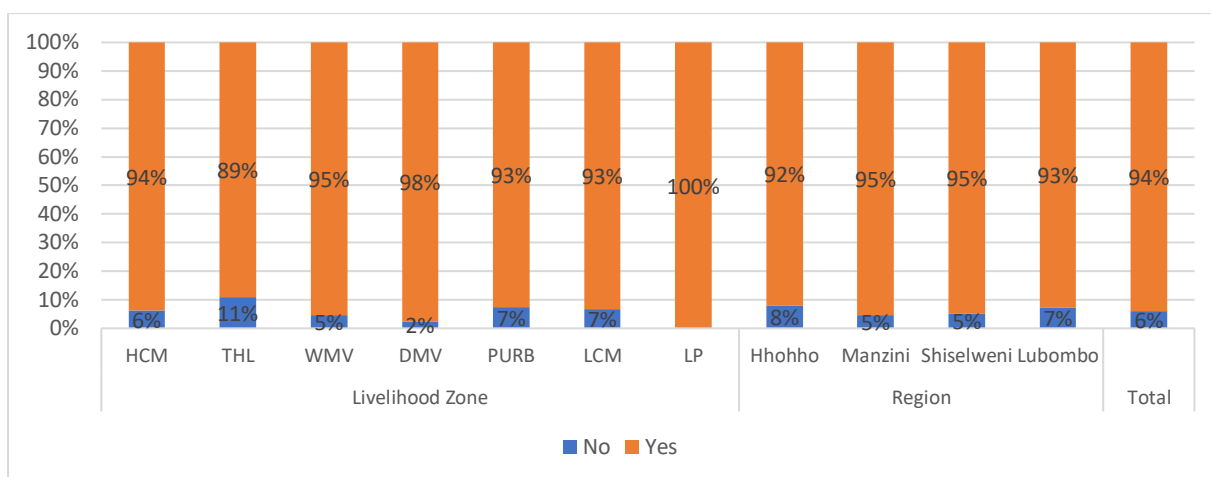


Figure 19: Household's Access to Arable Land (Livelihood Zones and Region)

Of the 94% of households that have reported having access to arable land, 22% reported having not cultivated, where access to inputs (price and availability) and weather-related issues were the drivers for households not engaging in any agricultural activities. 23% of the households cultivated less than 0.5 ha, while 26% cultivated 0.5 – 1 ha during the season. 29% of households reported having cultivated more than 1ha for this season.

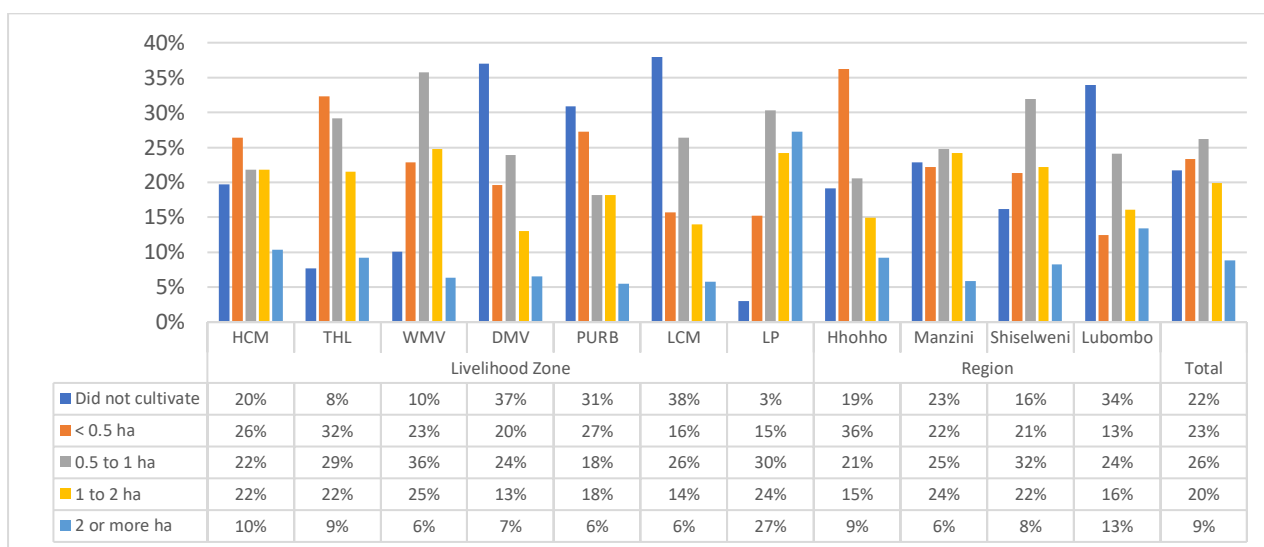


Figure 20: Household's Land under Cultivation (Livelihood Zone and Regions)

Compared to the 2020/21 season, 14% reported having cultivated more than last season, while 42% cultivated the same and 43% cultivated less, where weather-related shocks, access to inputs and drought power were some of the reported challenges limiting households to engage more into agricultural production (Figure 21 and 22).

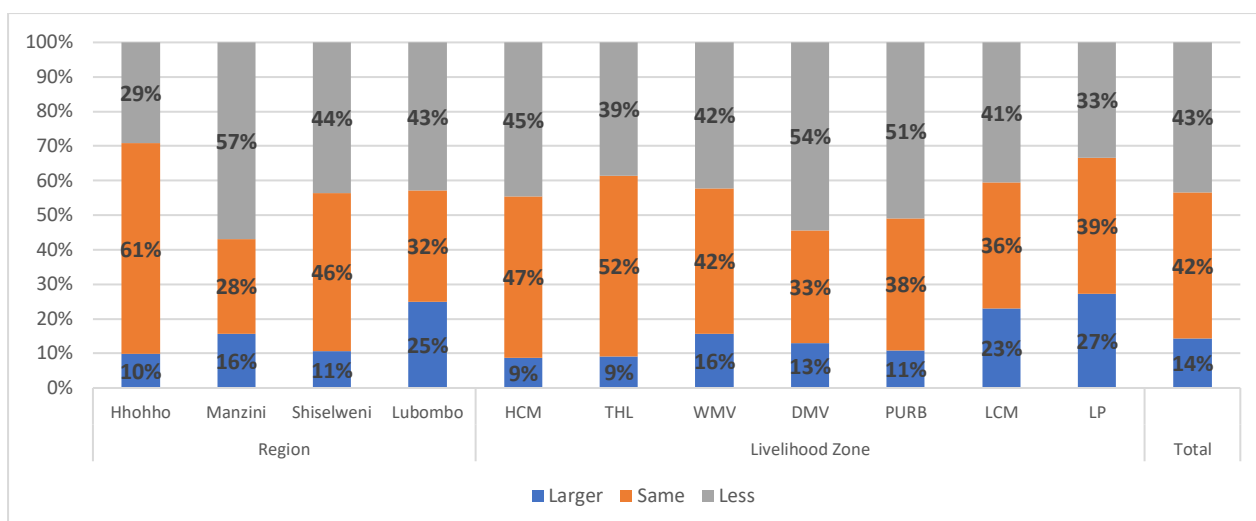


Figure 21: Land under Cultivations Compared to Last Season

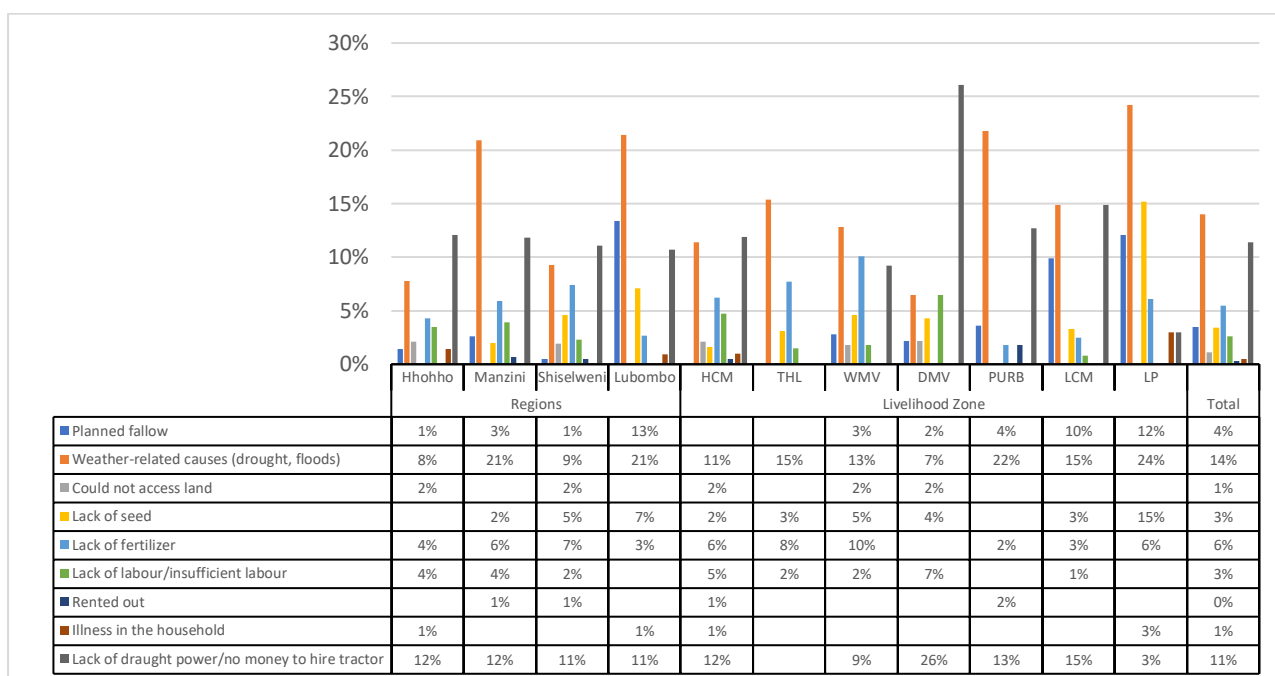


Figure 22: Reasons for Cultivating Less

4.3.2 Usage of fertiliser

Despite increased projections to overall maize yields in the country (27% increase), overall use of fertilizer still remains low in the country as results show that the use of fertilizer was low in the country as 55% indicated to have not used any fertilizer. The LCM (78%) has the highest proportion of households that have not used fertilizer. The LP and DMV accounts for 65% of households that have not used fertilizer. The recent high rainfall received in the country has led to increased leaching of nutrients in many parts of the country, of which negatively affects the yields, thus poor use of fertilizer as observed will compromise production for households.

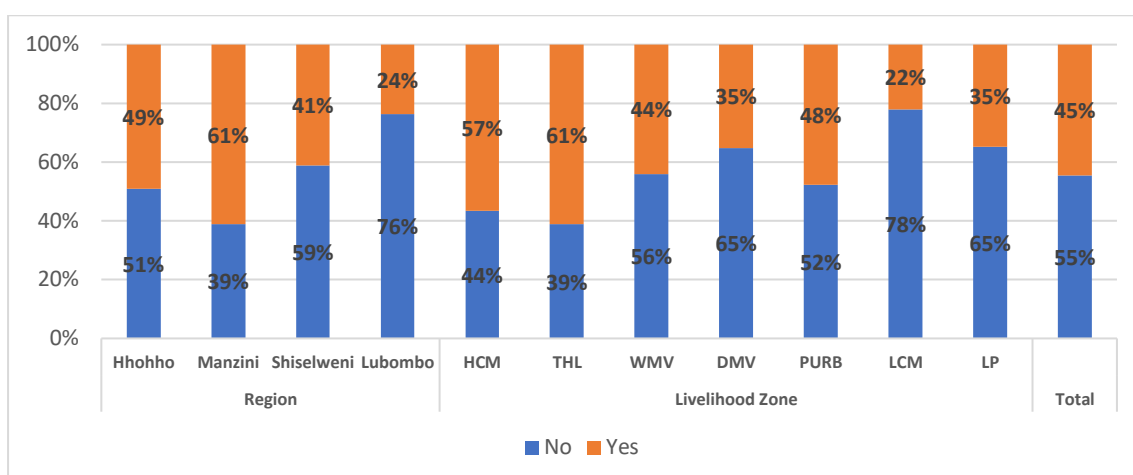


Figure 23: Fertilizer Used by Region and Livelihood Zones

4.3.3 Household Food Stocks

Food availability from own production varies across the livelihood zones and regions. Overall, 20% of households are expecting to harvest the same as last season, 29% half of what they received last season and 24% double what they harvested last season (Figure 24). Out of those that cultivated 9% have indicated not to be expecting any harvest due to crop failure. Households will likely depend on other food sources during the period especially markets.

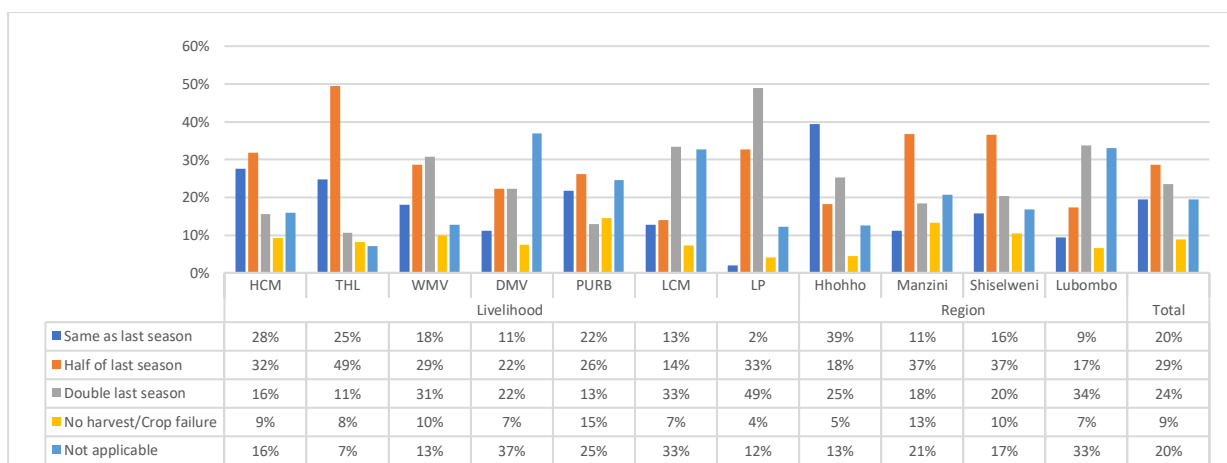


Figure 24: Estimated Harvest Compared to Last Season

Periods of availability of food from own production at households vary across the country. Overall, 3% have indicated not engaged in any production and thus dependent on other sources of food (Figure 25). 40% have indicated harvest lasting less than 3 months, 22% lasting 4-5 months and 29% harvest lasting more than 6 months. The Manzini region has the highest proportion of households with a projected

reserve to last more than 6 months, with Lubombo (35%) highest with households that have little reserves lasting less than 3 months.

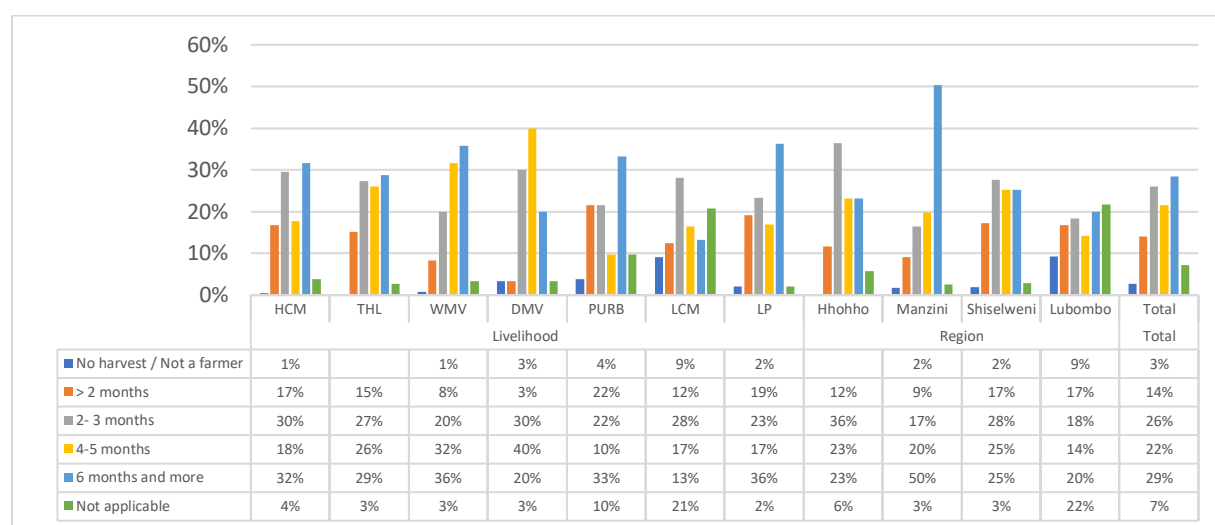


Figure 25: Food Availability Period

4.3.4 Shocks experienced in the household

The 2022 assessment findings proved that households experienced several shocks which compromise their ability to meet food and nutritional needs. Figure x shows the various shocks experienced by rural households. Loss or reduced employment accounted for the major shock reported by households over the period followed by weather-induced shocks (drought and flooding). This brings to the picture the continued role played by climate change as a driver of food insecurity in the country. The Lubombo Plateau (37%) followed by the DMV (30%) has the highest proportion of households who experienced the loss of employment. This can be attributed to the continued impact of the COVID-19 pandemic and other economic challenges which have resulted in loss of income and employment for a majority of household members.

Hailstones were high in the DMV (40%) livelihood zone while flooding was high in the THL (37%) and HCM (31%). Consolidated by regions, Flooding was high in Shiselweni (39%), Loss of employment key shock reported in Lubombo (29%) and Hhohho (22%), and Hailstones in Manzini.

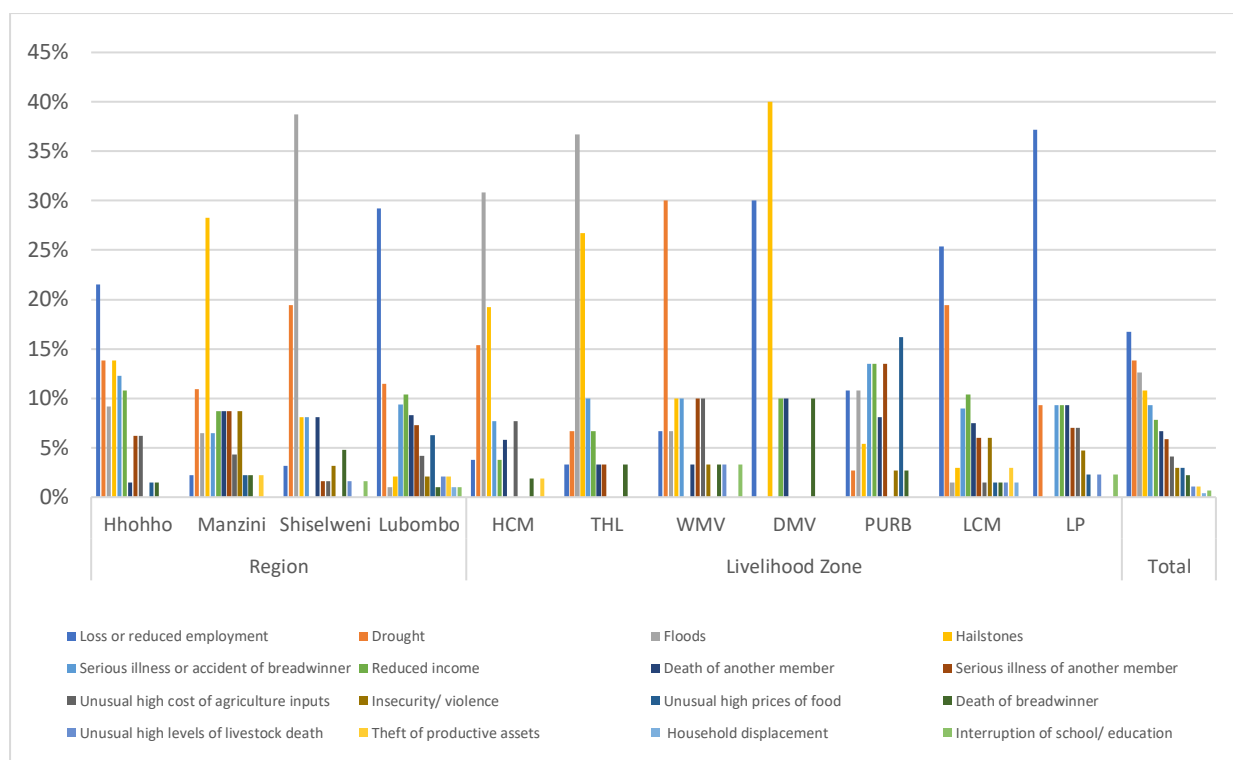


Figure 26: Shocks Experienced by Households

4.4 Food Security

4.4.1 Food Consumption Score

The Food Consumption Score which is a proxy indicator for current food security, based on dietary frequency, food frequency and relative nutrition importance of different food groups. The 2022 Eswatini VAC results indicate that 35% of households in the rural areas have poor and worse consumption, 65% with acceptable consumption levels. Lubombo plateau (22%) and LCM (18%) livelihood zones had the highest proportion of households with poor consumption in IPC Phase 4. This is an indication of higher stress of households in accessing adequate food for their consumptions. The LCM (27%), DMV (23%), HCM (22%), and WMV (21%) had the highest proportion of households with borderline consumption and are projected to be faced with Crisis food insecurity as they are classified in IPC Phase 3. Regionally, Lubombo (18%) and Shiselweni (16%) had the highest proportion with poor consumption patterns. This is also evident in the proportion of households with borderline consumption as 26% and 19% households are in this category respectively. Female headed households are faced with increased food insecurity as more households are worse off when compared to male headed households as 64% of female headed households have acceptable food consumption patterns compared to 66% male headed households, also households with poor consumption patterns are 14% and 13% respectively.

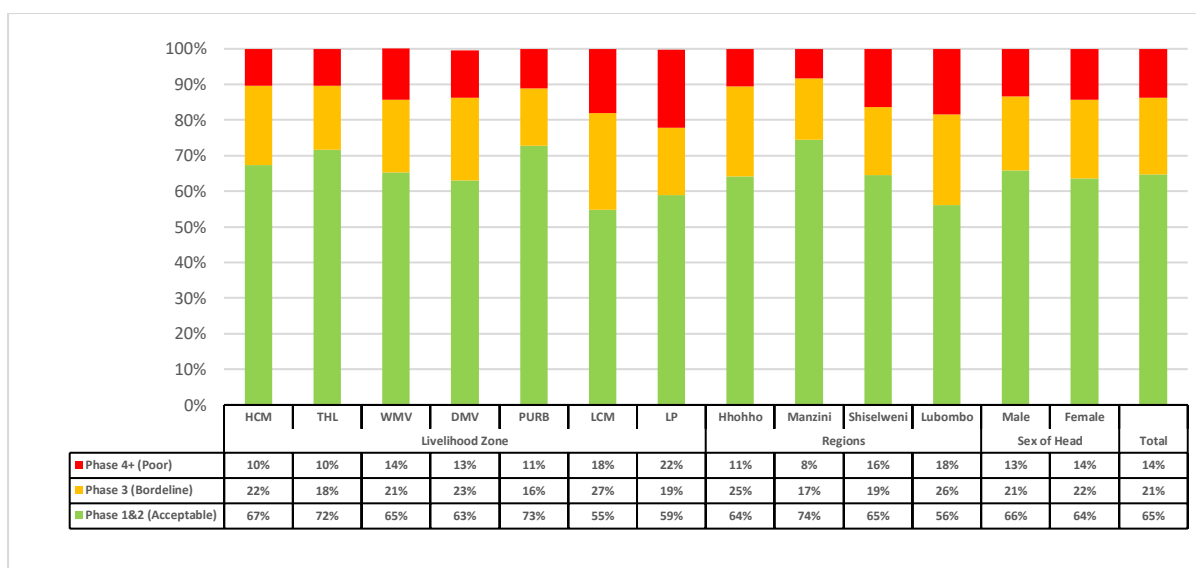


Figure 27: Food Consumption Score (Regions and Livelihood Zone)

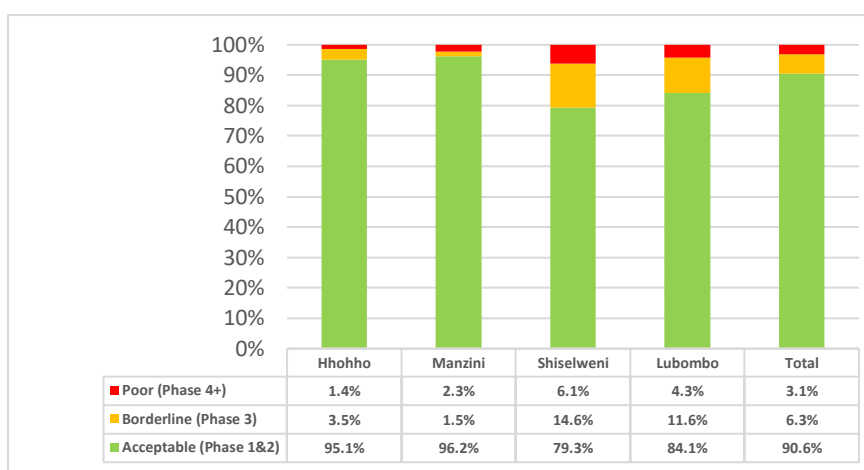


Figure 28: Food Consumption Score (Urban Areas)

The urban picture shows that a larger proportion of households are able to meet their food needs as they have higher consumption patterns when compared to rural households. Urban households with acceptable consumption at 91%, where 9% have

borderline and poor consumption patterns. Shiselweni urban areas are indicative of stress with regards to food consumption patterns as 21% of the population are faced with borderline and poor consumption patterns. This is an indication of challenges faced by households in meeting their food needs, which reflects towards high food insecurity.

4.4.2 Food Consumption Score – Nutrition

The Food Consumption Score - Nutrition quality (FCS-N) analyses the consumption of three key nutrients derived from the FCS data aimed to improve an understanding on household intake of key nutrient rich foods. Results from the FCS-N acts as a catalyst towards improved nutrition sensitive programming through highlighting nutrient inadequacies in households. It also has an indirect impact in advocating for comprehensive solutions and support programmes to develop strategies to overcome

under and over-nutrition challenges. The three key nutrients analysed in this assessment are Proteins, Herm Iron and Vitamin A.

Identified nutrition deficiencies has a long-term bearing in the growth of children and prevention of wasting and stunting leading to chronic under nutrition in the population. The consumption of nutrition rich food is relatively low in the country which is exposing households to nutrition related challenges. Overall, the consumption of Vitamin A rich food high when compared to the other micronutrients. 77% of households have reported to have consumed Vit A rich foods seven days, 21% for 1-6 days and 2% indicated not to have consumed Vit A rich food. The Peri-Urban (84%) and Wet Middleveld (81%) had the highest proportion of households having adequate access to Vit A rich food while the Lubombo Plateau had highest proportion of households not having consumed Vit A rich food. Consumption of Protein Rich food was low in the country. Less than 48% of households have reported to have consumed Protein rich food for seven days, with 44% consuming between 1-6 days and 8% reporting not to have consumed any protein rich food. The Lubombo Plateau has the highest proportion of households with poor consumption of protein rich foods followed by the Lowveld Cattle and Maize Livelihood zone, exposing the population to increased vulnerabilities to micronutrient deficiencies. This is also observed in the consumption of Iron rich food as only 12% of the population indicated to have consumed Iron rich food for 7 days. The trend is evident in all the livelihood zones with the exception of PUR, where 25% have indicated to have consumed Iron rich food for the past seven days.

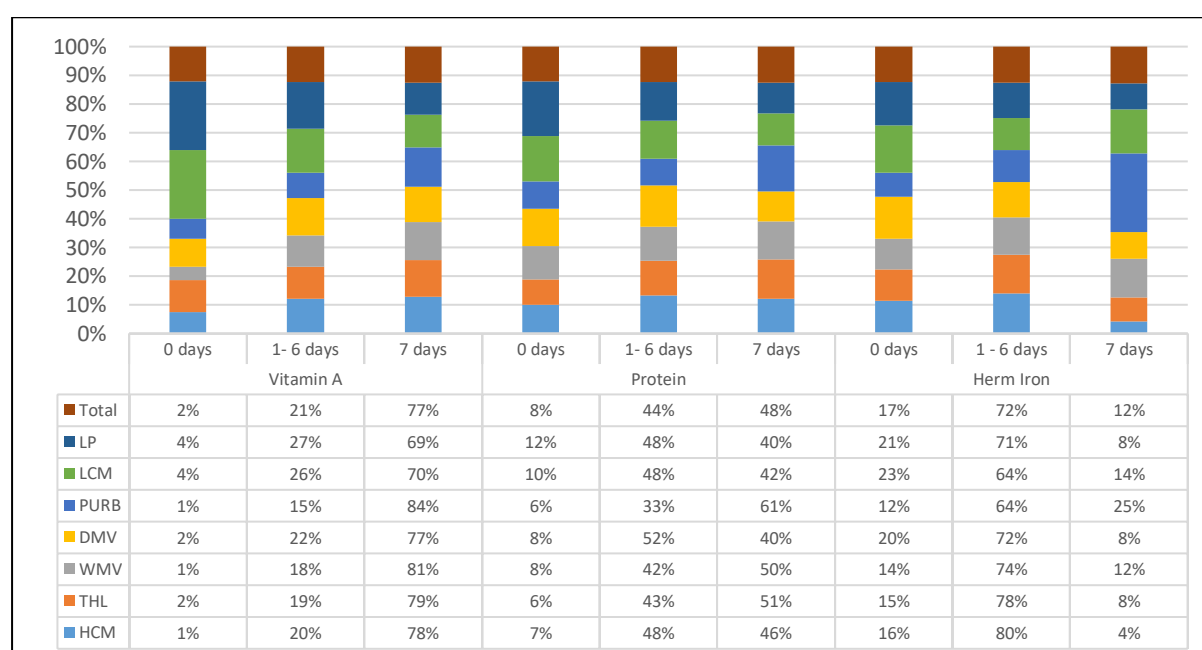


Figure 29: Food Consumption Score Nutrition by Livelihood Zones

4.4.3 Households Hunger Score

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. 72% of rural households have indicated not to have experienced any hunger during the recall period, with 18% faced with moderate hunger and 11% faced with severe hunger (figure 30). The Lubombo region had the highest proportion of households experiencing moderate hunger (23%) while Shiselweni has the highest proportion of households faced with severe hunger (15%). The Lubombo Plateau is observed to be the worst livelihood zone with a poor hunger score as 43% of the population faced with moderate – severe hunger indicative of high food insecurity challenges faced by households in the livelihood zone. 32% of female headed households are faced with moderate – severe hunger when compared to 25% male headed.

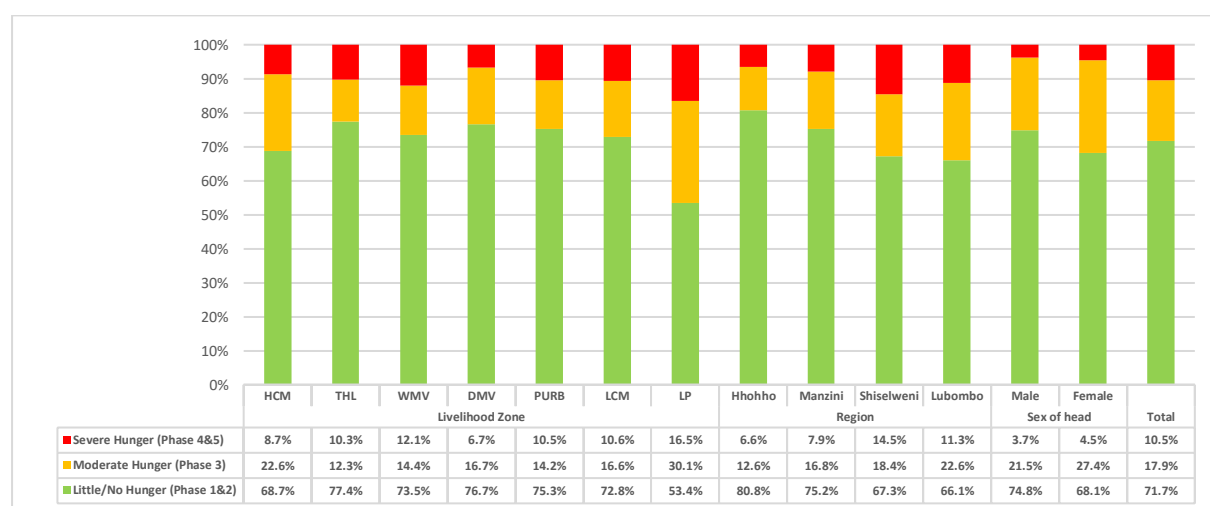


Figure 30: Household's Hunger Score (Region, LZ and Sex of HH Head)

4.4.4 Household Dietary Diversity Score

Dietary diversity is a qualitative measure of food consumption that reflects households' access to a variety of foods. It measures the number of different food groups consumed over a given period, providing an estimation of the quality of a diet. Dietary diversity can be measured both at the household and individual levels. HDDS is very sensitive to any changes in diets, which is why it works well for monitoring changes as it reflects in a snapshot form, the economic ability of a household to access a variety of foods. The HDDS is meant to provide an indication of household economic access to food, thus items that require household resources to obtain, such as condiments, sugar and sugary foods, and beverages, are included in the score. It represents the number of food groups consumed over a given period. It targets individuals, households and women.

Overall, 88% of rural households have a high dietary diversity, with 8% medium and 4% poor. Consumption of diversified foods is high in the Manzini region (94%) when compared to the other

regions with Lubombo (79%) with the lowest. The LCM (9%) and LP (7%) had the highest proportion of households with poor diversity and indication poor access of households to diversified food groups due to food high food insecurity. Limited income and poor availability are some of the challenges faced by households in these areas. there is no significant variation with regards to Male and Female headed households on the as proportion with poor and medium dietary diversity was the same.

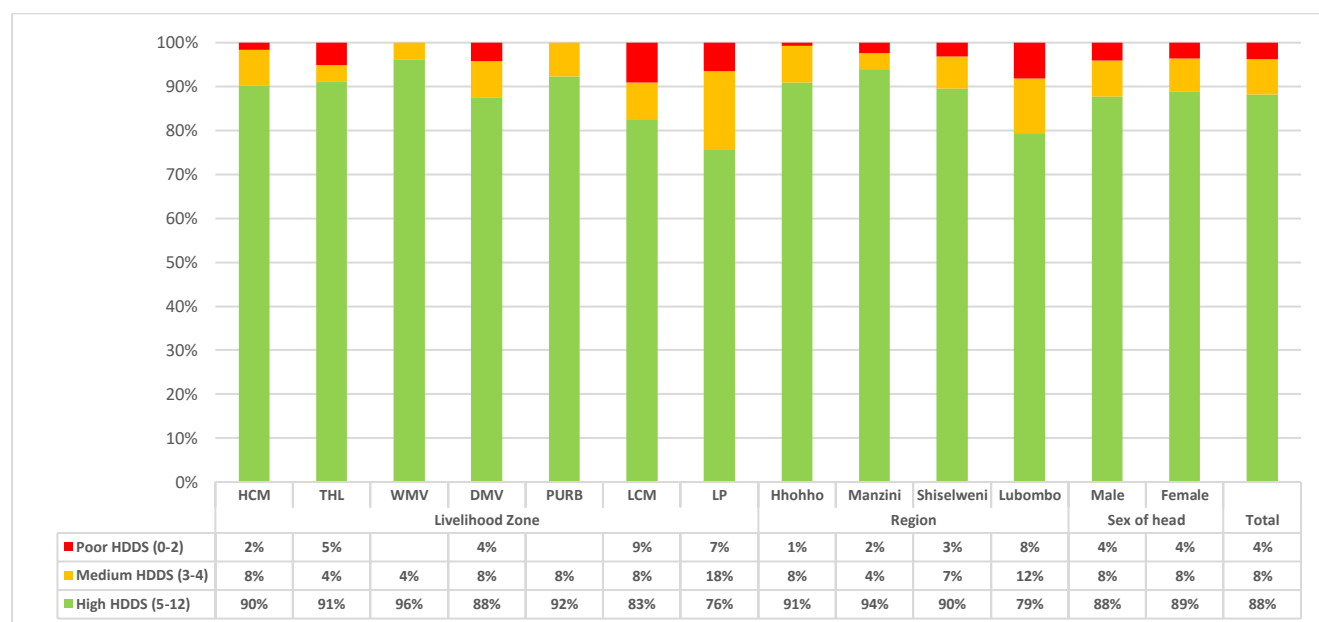


Figure 31: Household's Dietary Diversity Score (Livelihood Zone, Regions and Sex of HH Head)

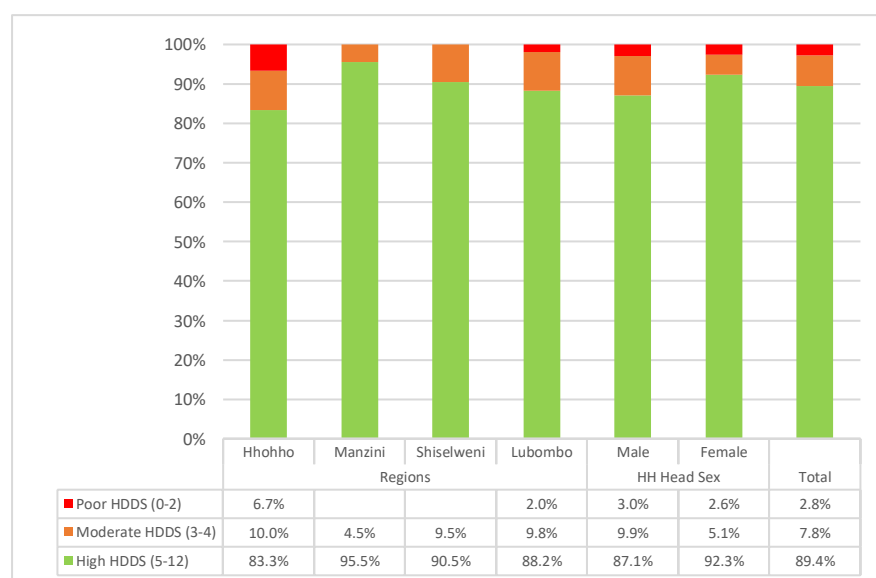


Figure 32: Household's Dietary Diversity Score - Urban (Regions)

Relatively there are no significant differences in Dietary Diversity among rural and urban households. 89% of urban households had a high dietary diversity vs. 88% rural, which is an indication of consumption of diversified food groups within households. Hhohho urban had the

highest proportion of households with poor HDDS (7%), with 10% with moderate diversity and 83% high HDDS, lowest in the country (6% lower than the national average). Lubombo urban is another urban of concern as 10% of the population had Moderate HDDS and 2% (Poor). Female Headed

households (92%) have the highest proportion of households with high HDDS compared to 87 per cent for Male headed households. This is also evident in the households with poor HDDS as Male headed households were 3% and female households at 2.6%. This is an indication of high consumption of diversified food groups by female headed households when compared to male headed.

4.4.5 Reduced Coping Strategy Index (rCSI)

The Reduced Coping Strategy Index is used to measure the use of food based coping strategies during times of food shortages and scarcity at household level. The high use of such strategies is an indicative measure of high food insecurity in the household. The 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 to come up with a composite value on the use of food-based strategies at households' level.

The use of severe food based coping strategies was at 6% in the rural households, with 38% of households engaged in moderate strategies and 57% not engaging in any food-based strategies. The Lubombo Plateau (18%) has the highest proportion of households engaged in severe coping strategies which is indicative of high food insecurity levels. The LCM zone has also the highest proportion of households engaged in severe coping strategies as 18% of households are in this category.

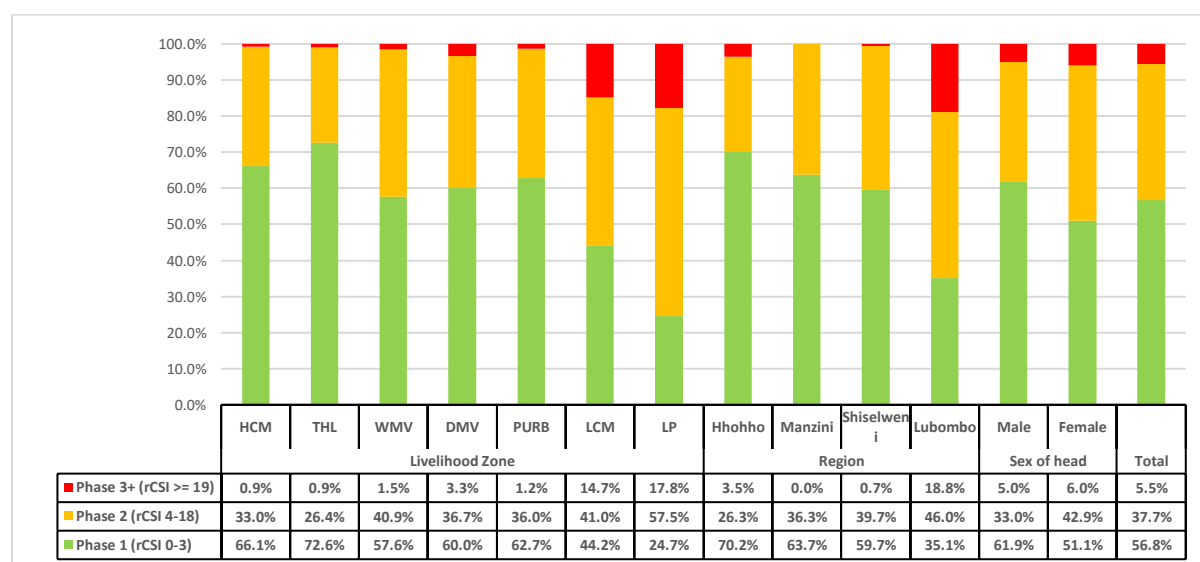


Figure 33: Rural rCSI by Livelihood Zone, Region and Sex of HH head

4.4.6 Livelihood Coping Strategies (LCS)

The Livelihood Coping Strategies – Food Security (LCS-FS) is an indicator used to understand medium and longer-term coping capacity of households in response to lack of food or lack of money to buy food and their ability to overcome challenges in the future. The recall period is 30 days. The indicator is

derived from a series of questions regarding the households' experiences with livelihood stress and asset depletion to cope with food shortages. Households are then classified in to four categories; No Coping, Stress, Crisis and Emergency based on the severity of the use of various Livelihood Coping Strategies.

Figure 34 below present the use of Livelihood Coping Strategies at household's level where 44% of the rural households indicated to not be engaged in any Livelihood Coping Strategies, households employing Stress at 34%, crisis at 11% and Emergency at 11%, where the selling of production assets and depletion of savings reported to be high. The LCM and LP (18%) had the highest proportion of households engaged in emergency Livelihood Coping Strategies an indication of high prevalence of food insecurity thus households engaged in asset disposal activities and in the process eroding their ability to cope with upcoming shocks. Households in this livelihood zones had also the lowest of proportion of households not employing any LCS. No significant difference is noted between male and female headed households.

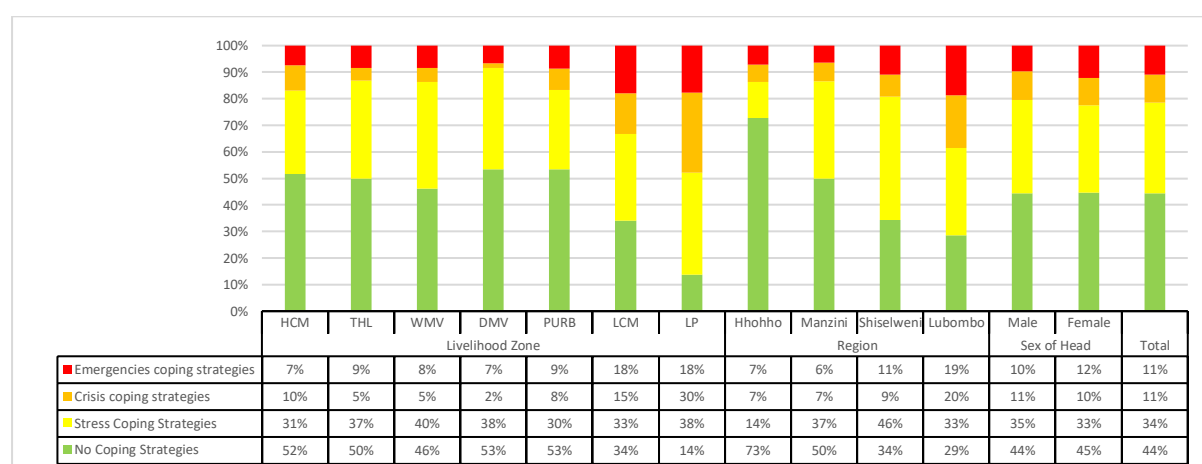


Figure 34: Rural Livelihood Change by Livelihood Zone, Region and Sex of HH Head

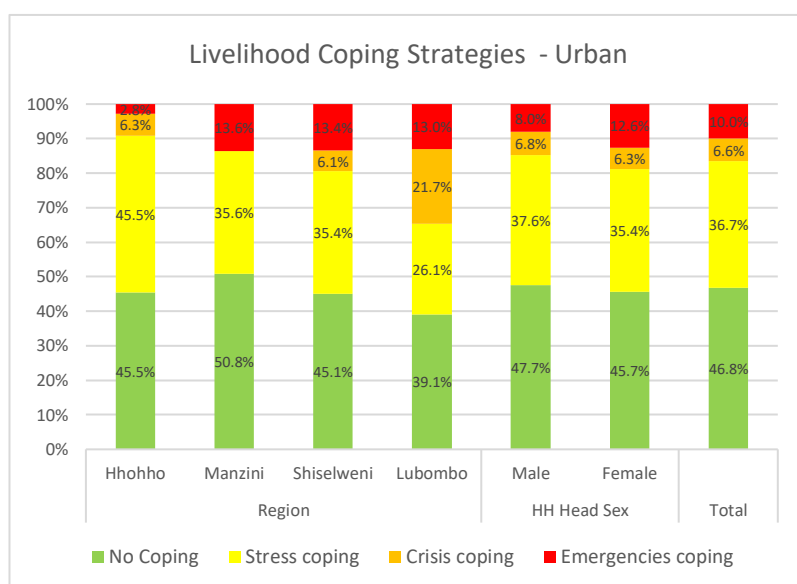


Figure 35: Urban Livelihood Change by Region and Sex of HH Head

The use of livelihood coping strategies coping strategies in the urban context almost mimic what has been observed in rural areas. On average, 47% of urban households have indicated not to be engaged in any livelihood-based strategies, with 37% engaged in stress strategies, 7% engaged in crisis strategies and 10% engaged in emergency strategies. The Lubombo urban has the highest proportion of households engaged in crisis and

emergency coping strategies (35%) which is an indication of increased food insecurity pressure faced by households to meet their food needs, thus resorting to asset depletion coping means. As observed in the rural context, no significant difference has been observed on the use of LSC as coping means by households.

4.5 Water & Sanitation

The access to safe and sustainable water supply, improved sanitation and good hygiene are fundamental for a healthy and productive 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.

4.5.1 Use of Improved and un-improved water sources

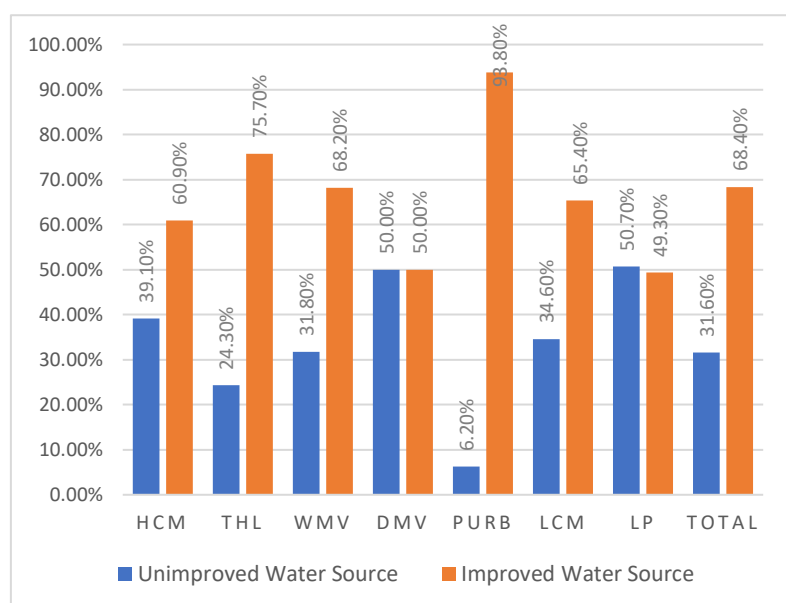


Figure 36: Water sources during Rainy Season

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, 68.4% of rural households have access to improved water sources with only 31.6% of households having access to un-improved water sources. The worst affected livelihood zones include the DMV with 50% of households having access to un-improved water sources and LP (51%) as shown in figure 36.

The assessment has also looked at the proportion of presence of environmental hazards next to water sources in the livelihood zones. A total of 14.6% of HHs have environmental hazards next to their water sources. The LP livelihood zone is the most affected zone with 32.9% of HHs with environmental hazards next to their water sources, followed by THL with 18.7% and HCM with 17% as shown in figure 37 below.

Proportion of people with access to Water is available from an improved source located on premises. The distribution of the population by main source of drinking water is shown in Figure 36. 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

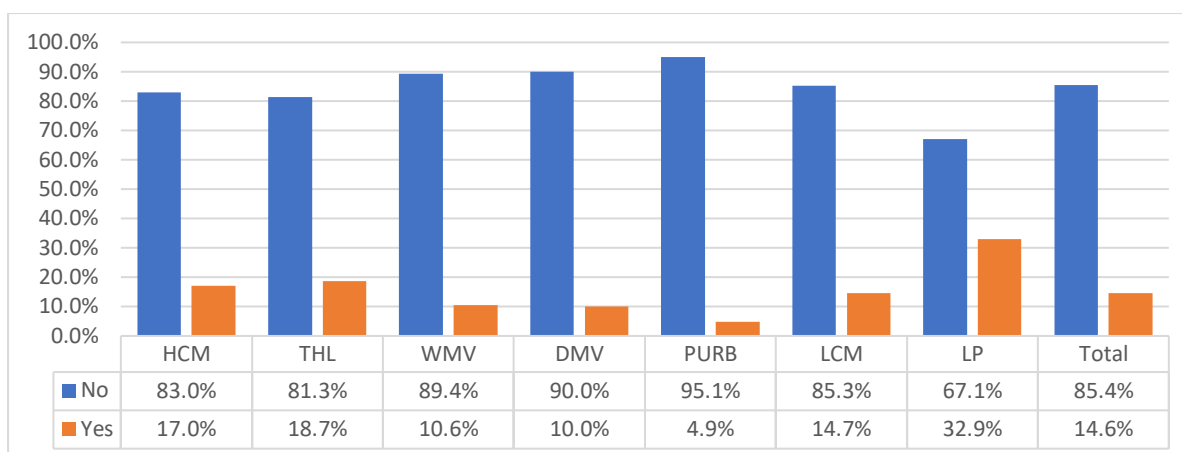


Figure 37: Presence of Environmental Hazard Next to Water Source

Out of the 32.9% of households with environmental hazards next to their water source in the Lubombo Plateau, 87.5 % reported these hazards to be solid waste (87.5%) followed by THL (80%), HCM (74.4%) respectively.

4.5.2 Use of Improved Sanitation

6.4.2.1 Proportion of people with access to improved sanitation which is usable

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 third¹, and can substantially lessen the adverse health impacts of other disorders among millions of children in many countries.

According to the current assessment findings, 66.4% proportion of rural Households have access to improved sanitation and only 33.6% of Households with access to un-improved sanitation facilities. When disaggregated according to livelihood zones HCM has 76.1% of Households with access to improved sanitation facilities; THL (72%); MMV (73.5%); DMV (60%); PURB (43.8%); LCM (70%) and LP (58.9%) as shown in figure 38 below.

¹

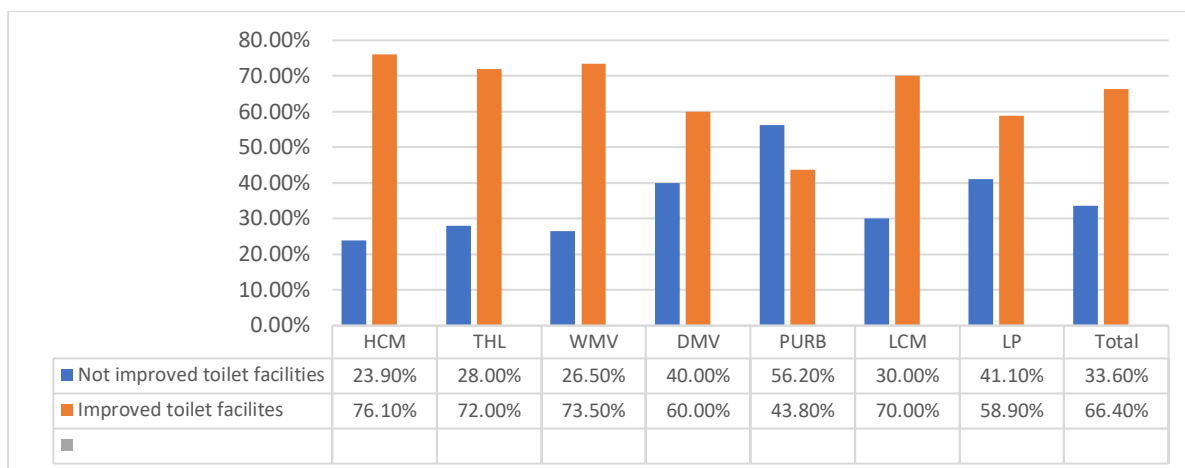


Figure 38: Access to Improved Sanitation - Livelihood Zone

The Highveld Cattle and Maize livelihood zone has the highest proportion of Households with access to improved sanitation (76.1%) followed by MMV with (73.5%). The PUR has by far the lowest livelihood zone that has proportion of households with access to improved sanitation facilities (43.8%).

6.4.2.2 Type of Sanitization Facility Used

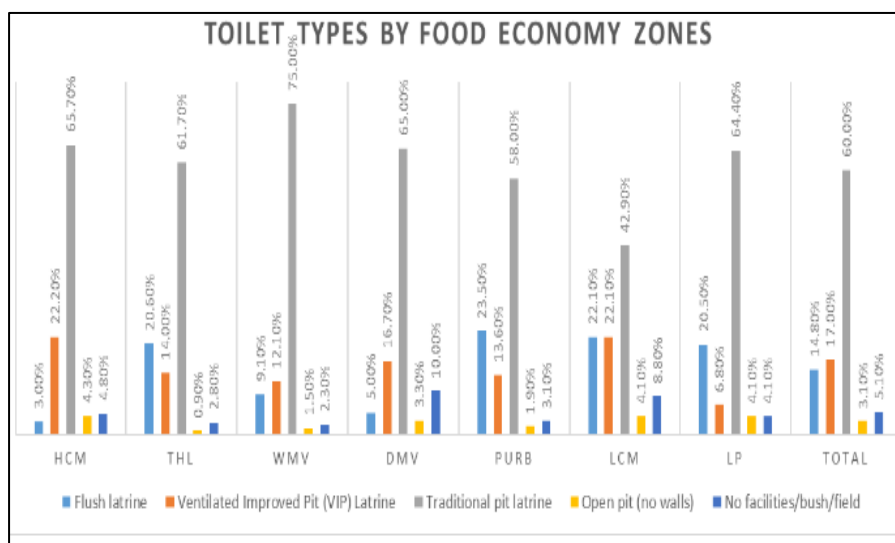


Figure 39: Toilet types by Livelihood Zone

A total of 33.6% of households have access to un-improved sanitation facilities. PURB livelihood zone with highest households with un-improved sanitation facilities as opposed to HCM which has the lowest households with access to un-improved sanitation facilities (23.9%). A total of 5.3% households are using bush/field. The DMV agroecological zone has 10% proportion of households that are using bush/field, followed by LCM (8.8%); LP (4.1%); PURB (3.1%); MMV (2.3%); THL (2.8%) & HCM (4.8%) as shown in figure 39.

4.5.3 Proportion of people with water and soap to wash their hands

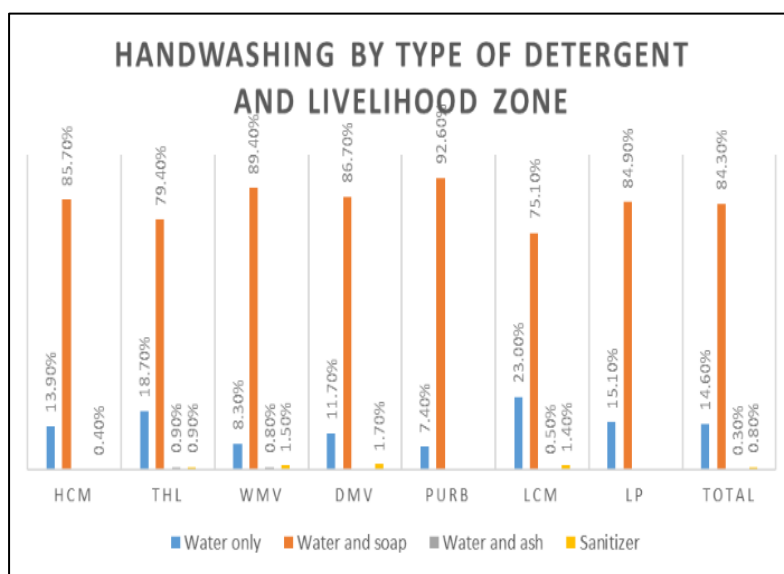


Figure 40: Handwashing by Livelihood Zone

The proportion of people with access to water and soap for hand washing, 84.3% of rural households have access to water and soap for hand washing. 14.6% of households have no access to both water and soap. The PURB livelihood zone has more households using water and soap (92.6%) for hand washing when compared with the other zones, whilst LCM (75.1%) is the least zone with proportion of

households with access to water and soap for hand washing as shown in figure 40.

4.6 Health

4.6.1 Morbidity and Mortality

6.4.2.3 HIV/AIDS

The indirect cost of HIV/AIDS on households may lead to depletion of savings and consumption on items and expenditure patterns are distorted as households struggle to cope with the burden of HIV/AIDS. 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, 37.2% of households across the seven rural livelihoods zones have reported households hosting an HIV/AIDS member in the last 12 months. The Dry Middle Veld livelihood zone accounts for 53.3% of households hosting HIV/AIDS members and is the leading zone with highest number of households with HIV/AIDS members. This is followed by LCM with 43.8%; HCM Zone which accounts for 38.3% of HHs with HIV/AIDS members; PURB with 25.9%; THL with 32.7%; and LP with 35.6%.

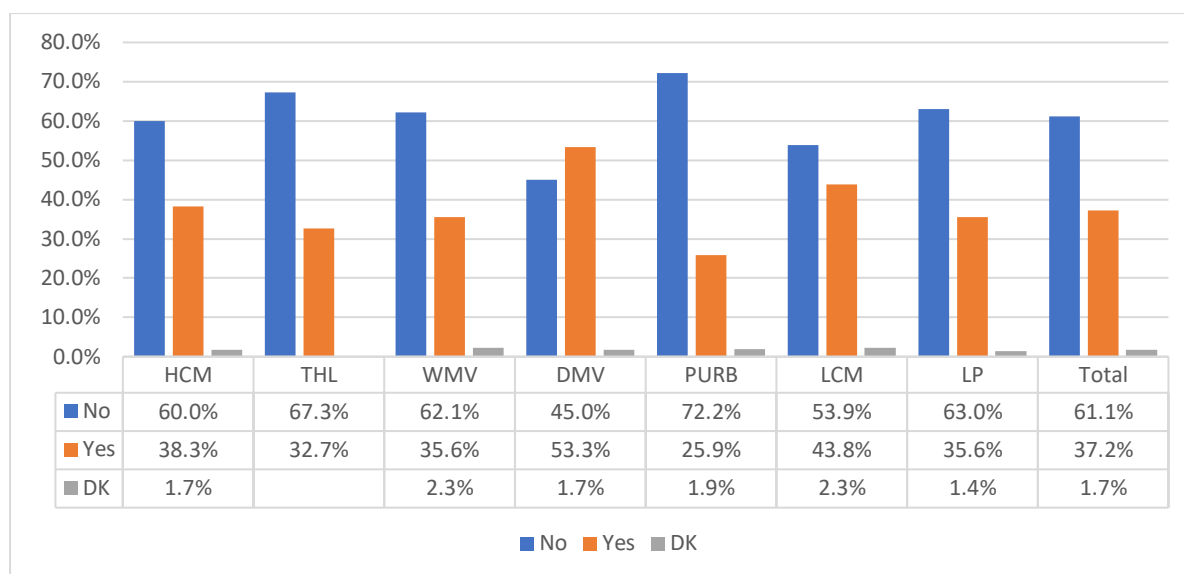


Figure 41: Households Hosting HIV Member

Furthermore, the assessment looked at the possibility of households not adhering to HIV/AIDS and other medicines and reasons of non-adherence to medicines. 68.8% of HHs regularly go to the nearest health facility for medicines whilst 16.5% of HHs do not regularly take their medicines although they do go to the nearest health facility. The DMV zone is the most affected as 27.6% of HHs do not take their medicines regularly and followed by PURB with 24.2% of HHs do not take their medicines regularly. Major reasons for HHs not taking their medicines regularly include lack of medicines in health facilities amongst others as indicated in figure 42 below.

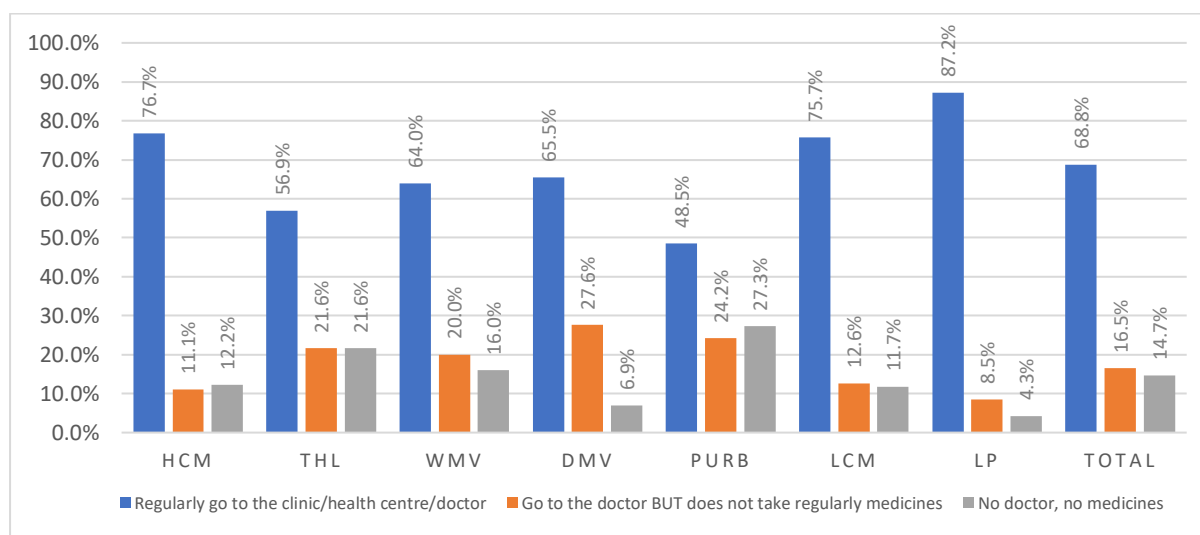


Figure 42: Adherence to Medical Treatment

When looking at the percentage of households reporting any death of a household member in the past 12 months, on average, 9.4% of HHs reported death of a HIV/AIDS member in the last 12 months. HCM reported 12.2% of HHs with death of a member, THL (13.1%), MMV (7.6%), DMV (10.0%), PURB (9.3%), LCM (5.1%) and LP (11.0%).

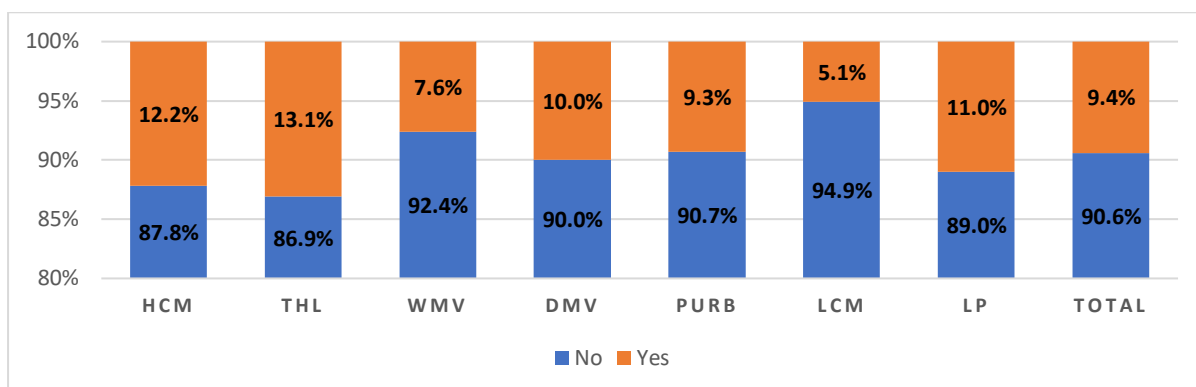


Figure 43: Deaths in the past 12 Months

6.4.2.4 COVID 19

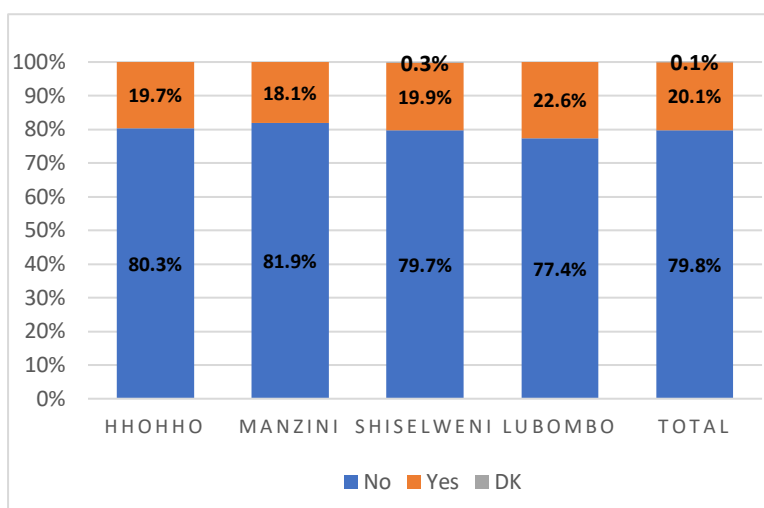


Figure 44: Households Members Infected by COVID-19 by Livelihood Zone

with 19.7% of HHs, Manzini with 18.1% of HHs and Shiselweni with 19.9% of HHs as shown in figure: 44.

4.6.2 Morbidity in Children

Cough and fever are the illnesses that affected more children in both rural and urban areas of Eswatini. This might be due to the observed changes in climate which lead to extreme cold conditions. The data collection process coincided with a cold wave, hence may have intensified this cough as cough is commonly caused by the respiratory tract infection such as cold. The total number of children affected by cough was found to be 43.8% in urban Eswatini, especially in the Lubombo region where 46.7% of children under 5 years were found to be affected by cough. Fever, however, affected about 32.4%

children in the urban areas of the country, especially in Manzini region were about 39.9% were found to have been suffering from fever (Figure 45).

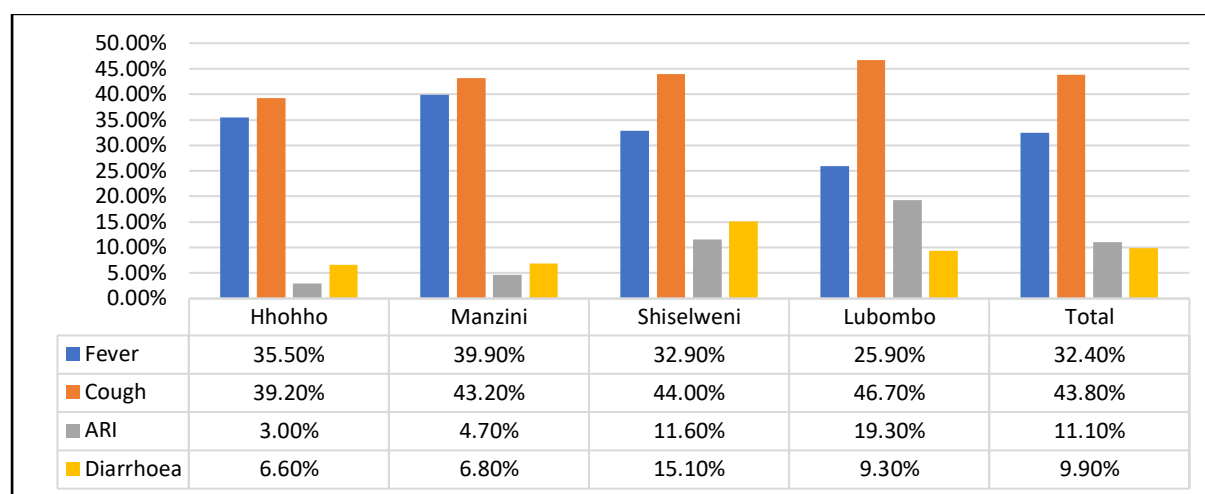


Figure 45: Morbidity in Children Under 5 years - Urban

With regards to fever and cough prevalence in rural areas, the results reveal point to the PURB and HCM zones as the major affected livelihood zones where 41.2% and 39.3% of the children, respectively, were found to have fever. Similarly, the LP, LCM and HCM were found to have more children diagnosed with cough at 60.8%, 52.6% and 52.8%, respectively (Figure 46).

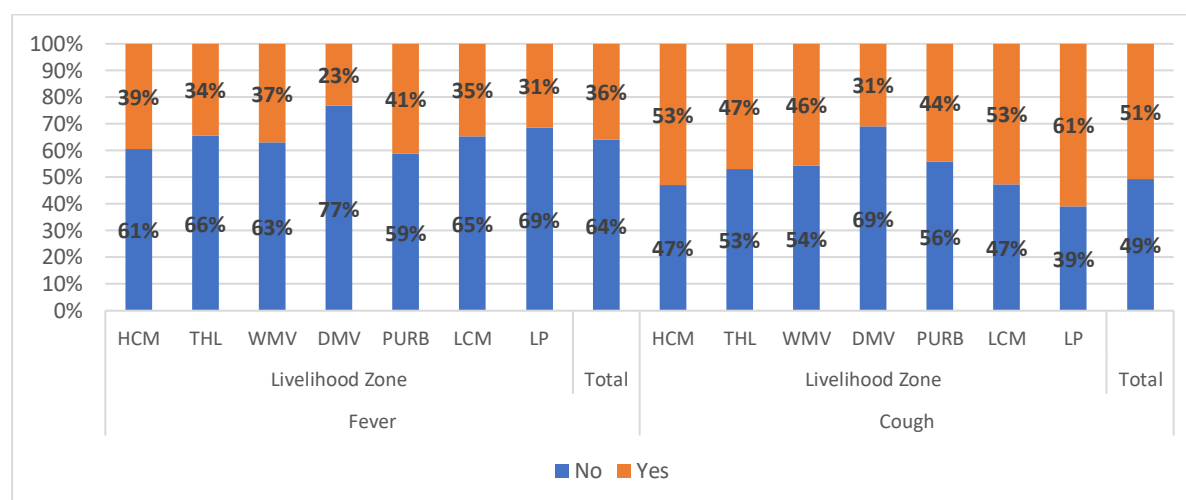


Figure 46: Fever and Cough Prevalence in Rural Areas by Livelihood Zone

Acute Respiratory Infection (ARI) prevalence is another condition that finds expression in rural areas in the Kingdom of Eswatini, especially in the LP and DMV zones where 33.3% and 23.1% of the surveyed children, respectively, were found to have ARI in the assessment period. The WMV zone is the least affected where only 4.3% were found to have these conditions with the remaining population (80.4%) being reported not to have any ARI condition (Figure 47).

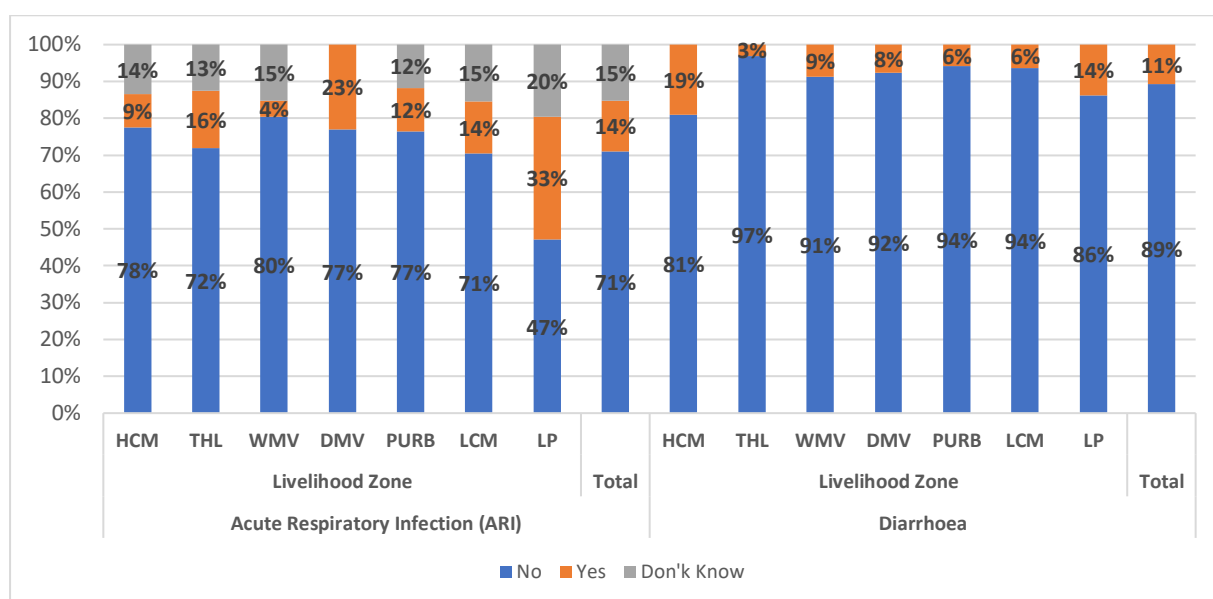


Figure 47: Acute respiratory infection (ARI) and Diarrheal Incidents in rural Eswatini

Diarrhoea is also a common disease among children in rural Eswatini, particularly in the LP and HCM livelihood zones where 13.7% and 19.1% of the surveyed children, respectively, were found to have been infected. Generally, diarrhoea is less of a challenge in the THL, PUR zones, among others, where at over 94% of the surveyed children were reported not to suffer from diarrhoea (Figure 47).

With regards to mortality rate in children under 5 in Eswatini, it can be observed that the country is experiencing high mortality of adult members (37.9%) in both urban and rural areas, more especially in the Hhohho urban and HCM livelihood zones where at least 35% of the surveyed population reported to have lost an adult member of household. The mortality of breadwinners is more common in the Hhohho and WMV zones where over 36% of the surveyed population reported to have lost primary breadwinners in their households (Figure 48). The death of primary breadwinners is a cause for concern as this has a potential to contribute to the deterioration of livelihood conditions and ultimately compromise household food security in the affected households.

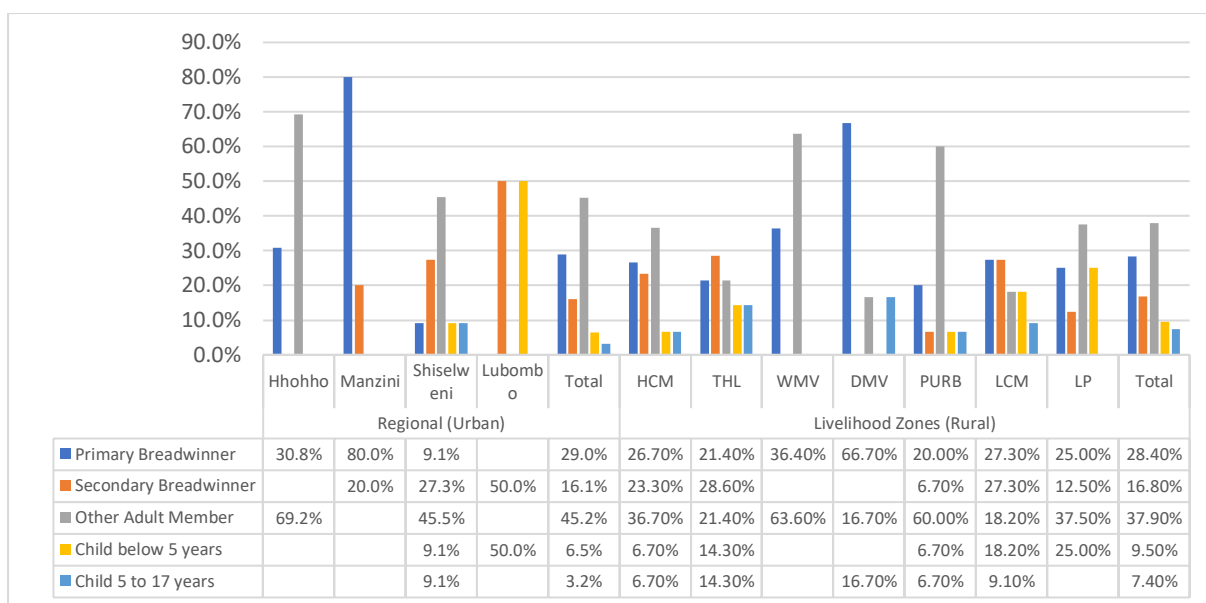


Figure 48: Deceased Position in Households

4.7 Nutrition

According to the World Health Organization, Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. Poor nutrition intake can refer to under nutrition (not getting enough nutrients) or over nutrition (getting more nutrients than needed). Malnutrition in children typically develops during the early years of life where growth rate is high. The human body needs energy and nutrients to function and this means adequate nutrition during infancy and early childhood is essential to ensure the health, growth and development of children. If food intake is inadequate, the body begins to slow down, the immune system is weakened, and kidney function is impaired. Decreased food consumption, increased energy expenditure and illness result in poor nutritional status or malnutrition. Malnutrition is associated with increased illness and death, reduced educational achievements, productivity and economic capacity.

Acute malnutrition or wasting is a form of under-nutrition caused by a decrease in food consumption and illness that results in sudden weight loss or oedema (fluid retention). Acute malnutrition can be moderate or severe and prolonged malnutrition can cause stunted growth known as stunting. Stunting in early childhood has health consequences that can affect children throughout their entire lives.

4.7.1 Malnutrition in Children under 5 years

Even though most of the nutritional indicators for the country have remained below the WHO thresholds, some key indicators are worsening and indication of increased malnutrition situation in the

country. The Global Acute Malnutrition rates are at 1.3%, well within the WHO acceptable thresholds of <5%, while Severe Acute Malnutrition was at 0.5%. Prevalence of wasting (weight for height less than -2 standard deviation) in the country is within the acceptable range as 1.3% of children are wasted, a drop from the 3.9% reported last year (figure 49). There are noted increases in stunting rates, a contributing factor to child mortality and a marker of inequalities in human development has increased from 29.4% (2021) to 30.5% (2022). Ongoing challenges faced by households preventing them to meet their food needs is attributed to this observed increase as over the years households have been faced with increased pressures.

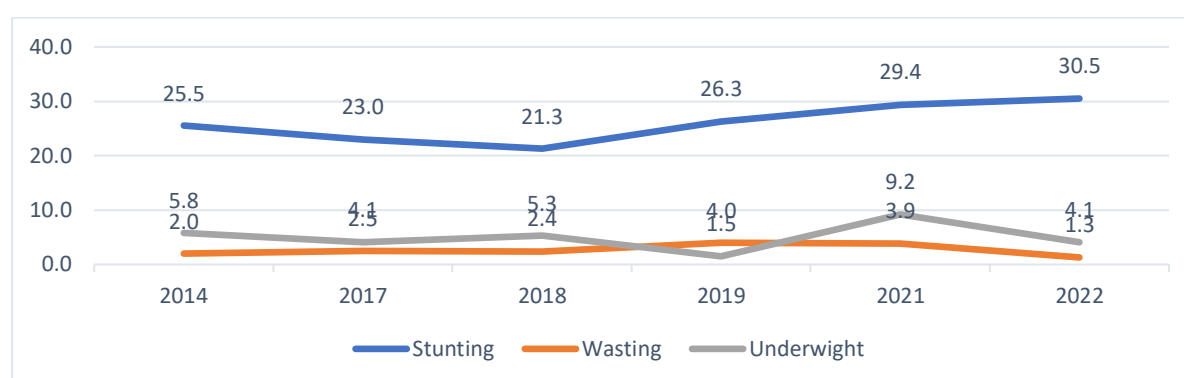
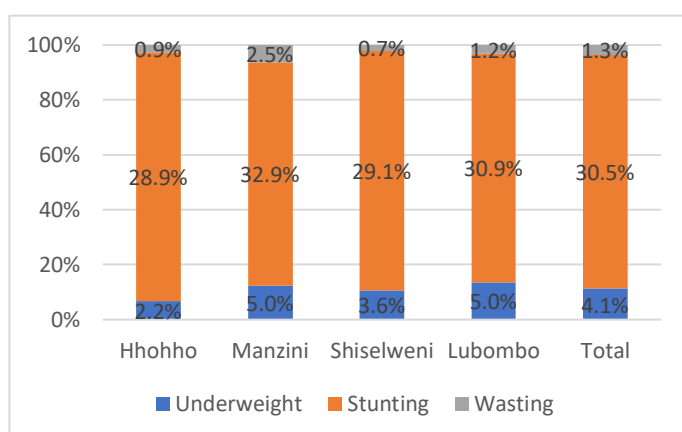


Figure 49: Malnutrition Trends 2014 - 2022)



Regionally, Manzini region is indicative of performing poorly when compared to the other regions (Stunting at 32.9%, Wasting at 2.5% and Underweight at 5%) followed by the Lubombo region (Stunting at 30.9%, Wasting at 1.2% and Underweight at 5%) (figure 50).

Figure 50: Malnutrition Prevalence by Regions

4.7.2 Mid Upper Arm Circumference (MUAC) categories of children

The Mid Upper Arm Circumference (MUAC) measurements is used to assess acute malnutrition and is a better indicator of mortality risk for children in the age of 6-59 months. In both urban and rural areas of Eswatini, MUAC measurements indicate that more children are well nourished as they fall from 12.5 cm and above (Figure 51). However, we still have a few number of children who are moderately and severely wasted who are at risk of mortality

if they are not treated immediately. More sensitization of parents in both community and facility level must be done to early detect those children and begin admission to save them.

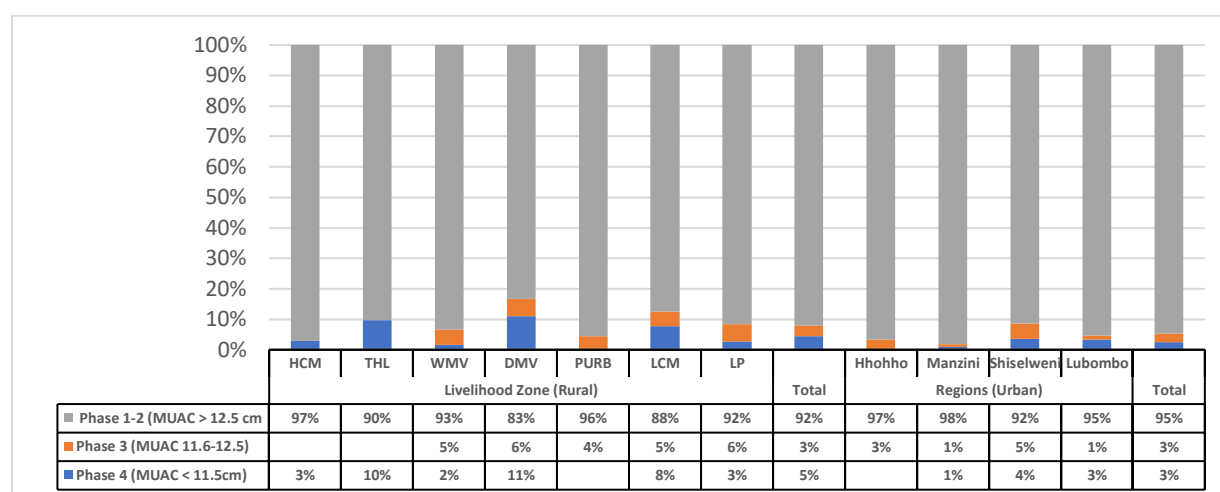


Figure 51: MUAC Categories of children (Rural and Urban)

4.7.3 Body Mass Index for Women aged 15 – 49 Years

With regards to obesity among women, the results indicate that obesity is more prevalent in rural areas than urban areas in Eswatini (35% vs 15.8%), especially in THL where approximately 38% of the surveyed population are overweight. Obesity is also a major challenge in the DMV, LCM and LP where at least 35% of the surveyed women are overweight. Obesity in urban areas is more prevalent in the Shiselweni region where 42.2% of the surveyed population is overweight (Figure 52). The high number of obese women in rural areas reflect that rural woman consume more energy dense foods and fats, resulting to increased risks of chronic illnesses, including heart diseases and diabetes. The relevant stakeholders such as Non-Communicable Diseases programme should do more trainings on these mentioned areas. Similarly, in Hhohho urban a high number of women are obese and it's a major concern which needs interventions too. The rate of underweight women with Body Mass Index of less than 18.5 is also seen, which may then lead to maternal mortality during childbirth and low birth weight children.

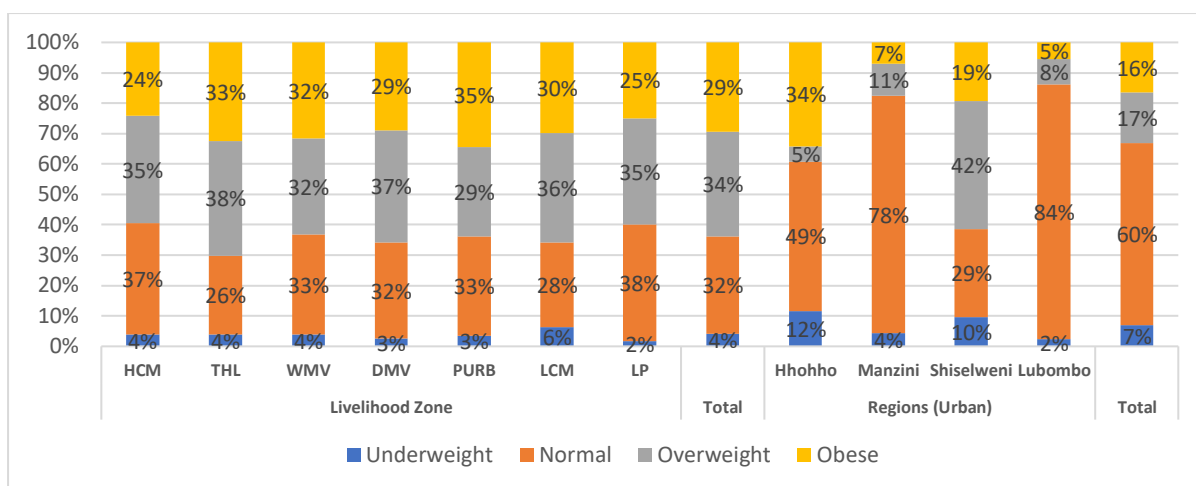


Figure 52: Body Mass Index for women in urban and rural areas

4.7.4 Feeding Practices for Children 6-23 months

Feeding practices are specific goal-directed strategies or behaviours used by parents in an attempt to control or modify their child's diet and eating behaviours. WHO and UNICEF recommend continued breastfeeding of children at 6 to 23 months and timely introduction of solid, semisolid or soft foods at the age of 6 months. Children should be fed appropriate food diversity of, at least, five food groups per day and appropriate frequency of meals: two to three times a day between 6 and 8 months, increasing to three to four times a day between 9 and 23 months with nutritious snacks offered once or twice a day as desired. Safe preparation of food including the use of clean water and using clean feeding cups is highly recommended when preparing children's food to avoid food poisoning and diarrheal infections.

4.7.4.1 Breastfeeding Practices

At least 80% of new-born babies are breastfed in Eswatini, with the rural reporting more breastfeeding mothers than the urban (89.8% vs 80.4%) (Figure 53). Although an improvement in the proportion of breastfeeding mothers in the country is desirable, the figures indicate a somewhat commendable effort and successful educational and sensitization programmes on the importance of breastfeeding on infant health and the country is expected to rip the benefits of breastfeeding.

There are, however, some variations in the level of engagement of nursing mothers on breastfeeding practices in both rural and urban areas in Eswatini. The PUR, THL and HCM zones reflect a good culture of breastfeeding where at least 90% of the sampled mothers

reported engaging in breastfeeding, while in the DMV zone, breastfeeding remains a challenge where about 15.4% of mothers were reported not engaging in breastfeeding practices. The picture is not much different in the urban setting, where some regions such as Hhohho and Lubombo host more mothers who never engage in breastfeeding at 22.3% and 17.8%, respectively. Manzini region, however, represents a good example of the culture of breastfeeding in the urban sector where 89.9% of the surveyed mothers were reported to engage in breastfeeding and Shiselweni is no less of a good example of breastfeeding in the urban space as 84% of the nursing mothers breastfeed their children (Figure 53).

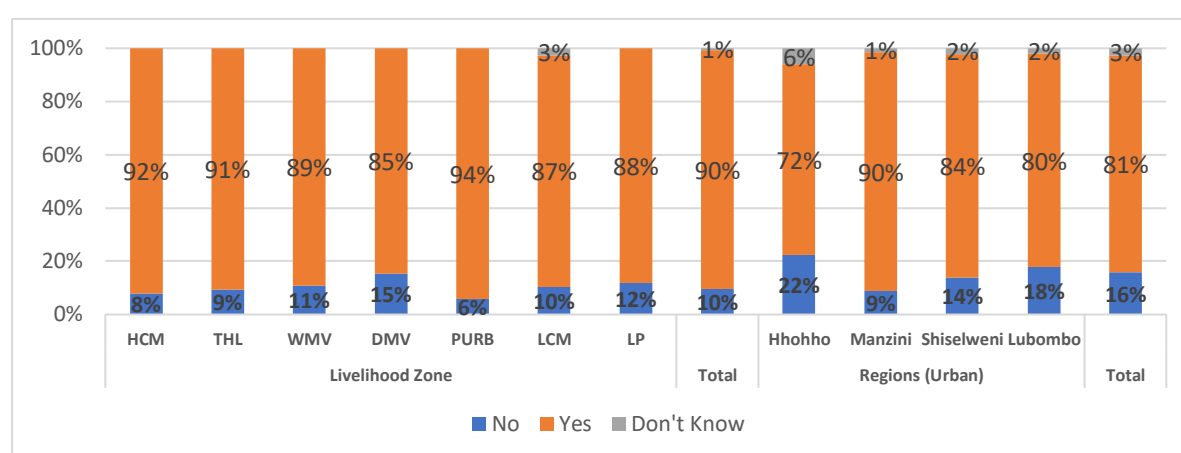


Figure 53: Breastfeeding practices in rural and urban Eswatini

Although the reasons for less engagement in breastfeeding in some regions may be multifarious, the fear of transmission of infectious diseases such as HIV, and most recently, COVID-19, among others are some of the major reasons for low engagement in breastfeeding in both rural and urban areas in Eswatini. The low breastfeeding rate in urban areas (lower than in rural areas, by comparison) may be attributed to the urban lifestyle where employed nursing mothers spend most of their time at work, and hence may be forced to look for a substitute for breastfeeding. More sensitization and educational programmes on the importance of breastfeeding are recommended as breast milk is an important source of energy and nutrients for children, in addition to its being a critical source of energy during illness and its role in reducing mortality among children who are malnourished. The engagement of male partners during the sensitization and educational programmes may go a long way to promote breastfeeding at the household level as men may also take note of their roles and responsibility to ensure successful breastfeeding practices at household level.

4.7.4.2 Exclusive Breastfeeding

Exclusive breastfeeding should begin an hour after birth of a child. It is essential for children to exclusively breastfeed for the first six months of age as this ensures proper growth and development of the baby. In both the urban and rural areas of Eswatini a total 77.28 percent of children are exclusively breastfed (receiving breast milk only). However, a high number of 36.6 percent children in the PUR livelihood zone were reported not to be exclusively breastfed. These children will be in danger of diarrheal infection and low cognitive development in their lifespan. Promotion of exclusive breastfeeding needs to be strengthened even though as a country we have improved from the 2021 percentage of 68%.

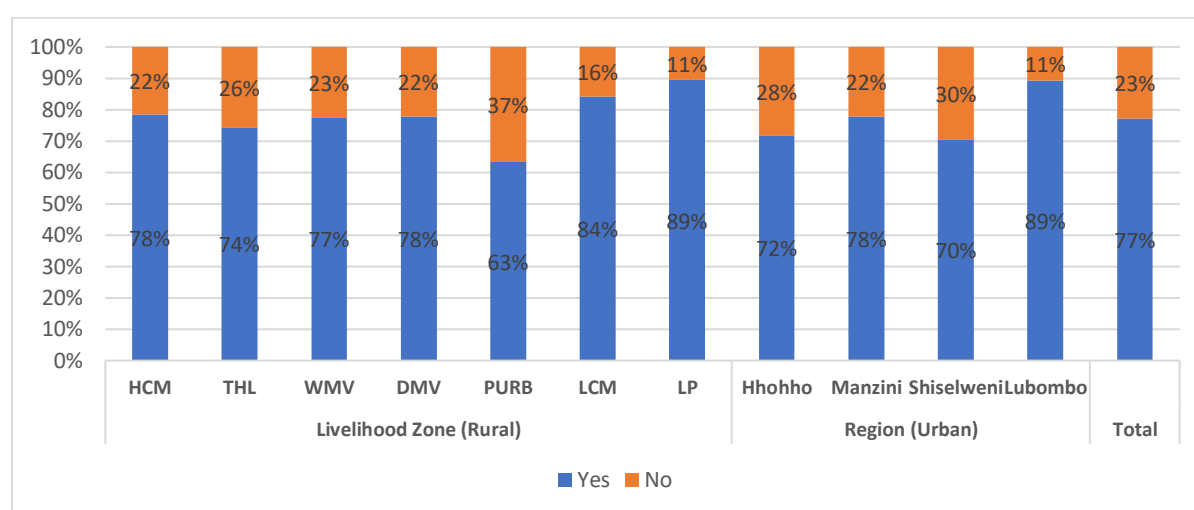


Figure 54: Exclusive Breastfeeding (Rural and Urban)

4.7.4.3 Minimum Meal Frequency

The minimum meal frequency is a proxy for a child's energy requirements. It examines the percentage of children 6 - 23 months of age who consumed solid, semi-solid or soft foods at least the minimum number of times during the previous day other than breast milk. The minimum daily meal is twice for breastfed infants aged 6-8 months, three times for breastfed children aged 9-23 months and four times for non-breastfed children aged 6-23 months.

About 86.6% total number of children in the urban areas reported to have achieved the minimum meal frequency. In addition, about 91.3% children in the rural areas achieved the minimum meal frequency and this shows that a majority of the households are doing well in providing a diversified diet for their children which will improve their nutritional status. Moreover, there are still a few households with children who are unable to meet the minimum meal frequency in both rural and urban areas who needs food assistance.

About 86.6% total number of children in Eswatini reported to have achieved the minimum meal frequency with the Manzini region having the highest percentage of 91.3 % (Figure 55). However, the Hhohho region has the highest number of children who did not receive a minimum meal frequency showing 19.1%. In general, the country has good eating habits for children, more so in the Manzini and Lubombo regions. However, there is still a need to address or improve the eating habits and/or practices for children in the Hhohho and Lubombo regions.

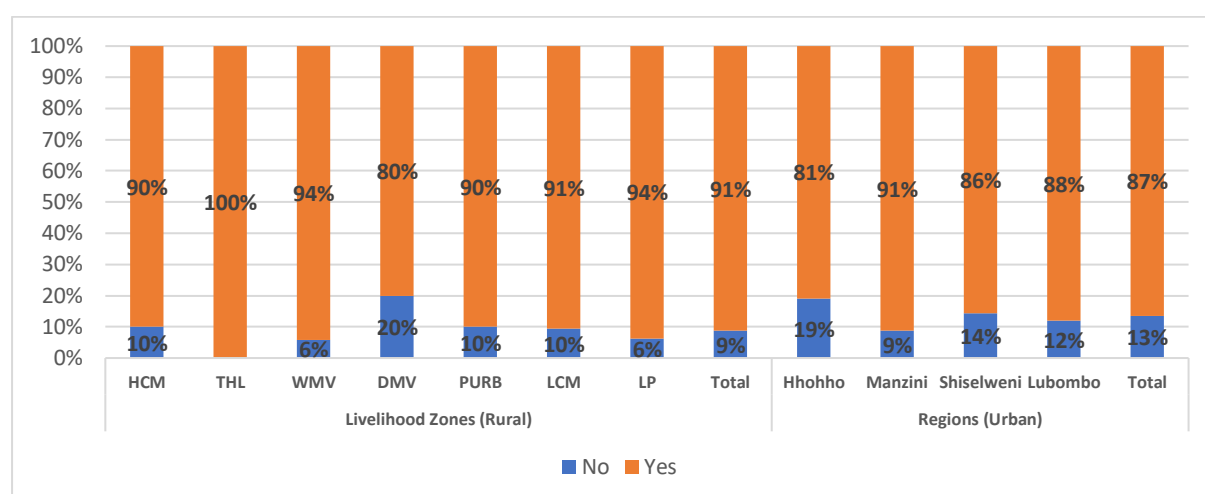


Figure 55: Minimum meal frequency by region (Urban and Rural)

4.7.5 Vitamin A Supplementation

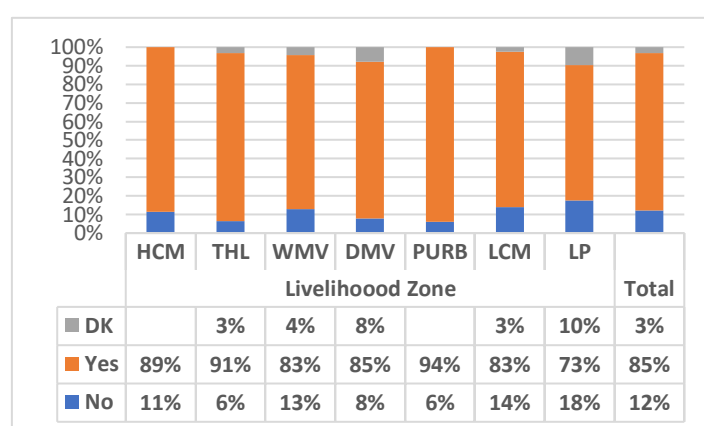


Figure 56: Vitamin A Supplementation by Livelihood Zones

Vitamin A supplementation for children from 6-59 months is necessary to ensure proper growth and development for a healthy immune system and help their vision in dim light. Generally, the country is doing well with regards to provision of Vitamin A supplementation, with the PUR zone recording the highest (94.1%) number of children who received Vitamin A

supplementation with Lubombo plateau (17.6%) recording the highest number of children who did not receive Vitamin A supplements (Figure 56). This suggests that there is still a need for outreach

campaigns to educate nursing mothers about the importance of the vitamin A supplement on the health of their children.

4.7.6 Measles Vaccination

Measles, Mumps and Rubella (MMR) can be prevented with MMR vaccine which is a safe and effective combined vaccine. The vaccine protects young children against three diseases: measles, mumps and rubella. The Centre for Disease Control recommends children get two doses of MMR vaccine, starting with the first dose at 12 to 15 months of age, and the second dose at 4 to 6 years of age. In WMV livelihood zone a 100% of children received measles vaccination as indicated in the graph below (Figure 57). In the urban areas of Eswatini, a high percentage of children also received the vaccine although there is a need to improve as we still have a f of children who missed the vaccine which will lead to these illnesses.

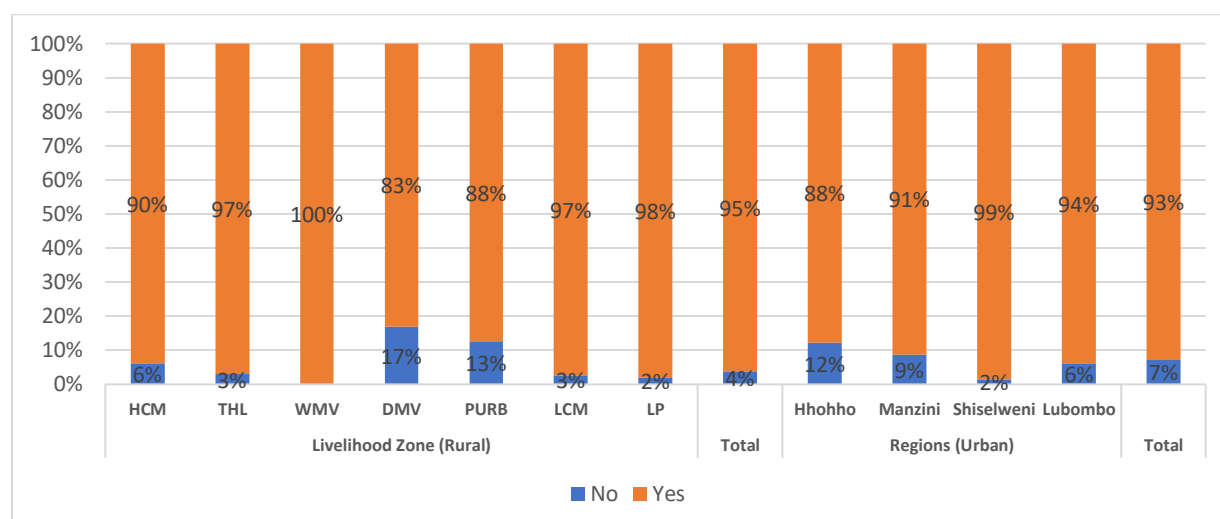


Figure 57: Vaccination against measles (Rural and Urban)

4.7.7 Deworming

Deworming is the process that involves the use of medication to get read of intestinal parasites. The World Health Organization recommends starting population-based deworming interventions as of 12 months of age where intestinal worm infection is common. Manzini region indicated to have received the highest number of children who received deworming tablets with 96%, while Hhohho region recorded the least number of children who received deworming tablets with 75.2%. Deworming still needs to be encouraged in the Lubombo region where approximately 25% of the children in the sampled population did not deworm their children (Figure 58).

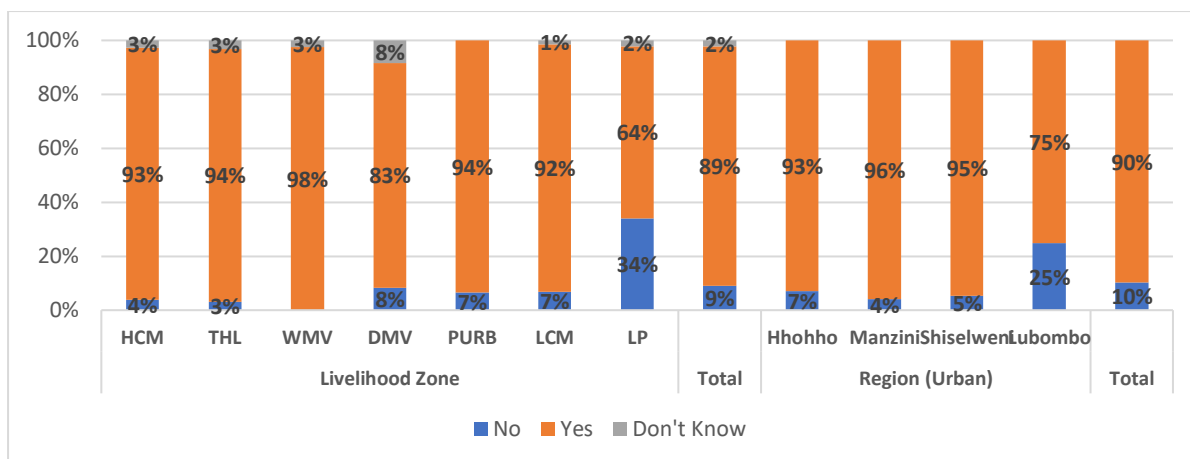


Figure 58: Measles and deworming in urban areas in Eswatini

The World Health Organization recommends starting population-based deworming interventions as of 12 months of age when intestinal worm infections are common. The urban areas are indicated to have received the highest number of children who received deworming tablets with a total of 87% of the children reported to have received deworming tablets on the above graph. In addition, the rural areas on the graph below also indicate to have received deworming tablets for children but the Lubombo plateau shows 33% of children who did not get the deworming tablets (Figure 58). These children's immune systems will be weakened and will not control infections and their nutritional uptake will decrease, because of the worms which are a common problem for children.

5.0 ANALYSIS OF ACUTE FOOD INSECURITY SITUATION

5.1 National Level Results (Current Analysis June – September 2022)

During this reporting period, the Integrated Food Security Phase Classification (IPC) protocols were employed to classify the nature and severity of food insecurity in the country. As usual, the acute food insecurity areas were classified into five Phases: Phase 1 (Minimal), Phase 2 (Stressed), Phase 3 (Crisis), Phase 4 (Emergency) and Phase 5 (Famine). The 2022 analysis managed to make two projections, including the current period (June – September 2022) and the projected period (October 2022 – March 2023).

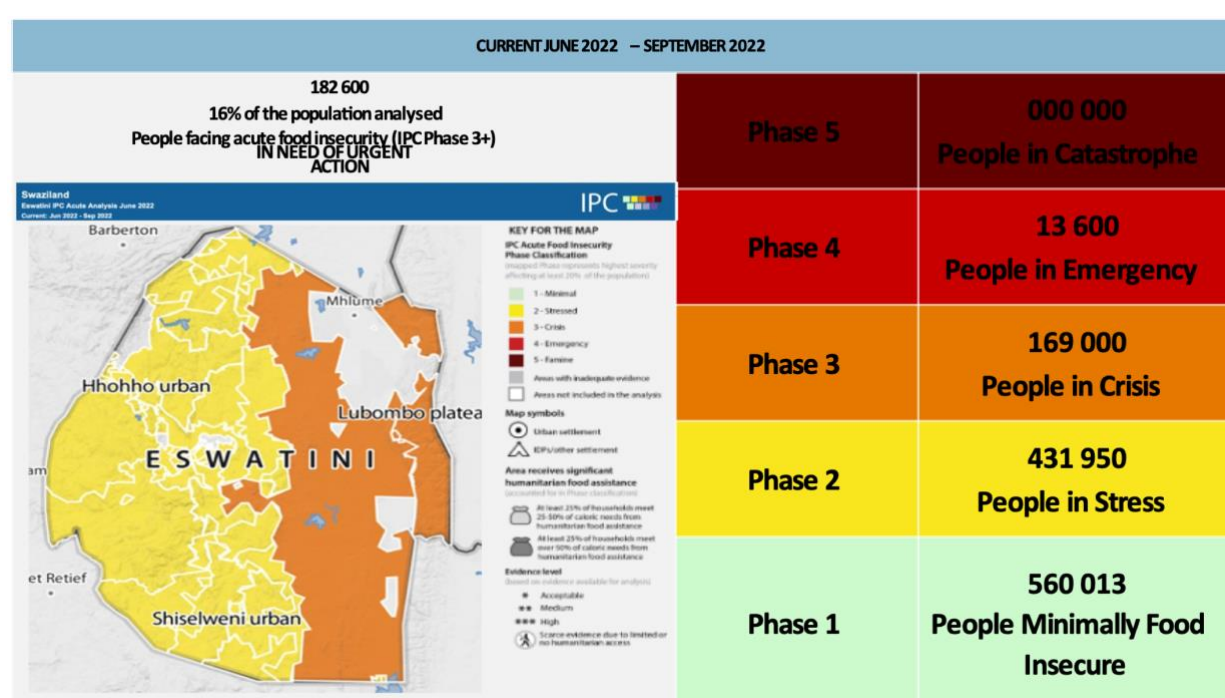


Figure 59: Integrated Phase Classification Current Analysis (June - September 2022)

Between June and September 2022, over 182, 600 people (16% of the population) is estimated to be facing acute food insecurity and requiring urgent humanitarian assistance. Of this population, 169, 000 people are facing Crisis food insecurity (IPC Phase 3), with 13, 543 facing emergency food insecurity (IPC Phase 4). Those faced with mild food insecurity (People in Stress -IPC Phase 2) are estimated at 431,950 and will require livelihood support. The situation has significantly improved from the 2021/22 food insecurity situation as a decline in the food insecure population in IPC Phase 3 or worse can be observed. During the projected period, the number of people in IPC Phase 3 or worse is expected to increase by an estimated 6% from the current food insecure population.

5.2 Projected Analysis

This projected situation is based on the following assumptions: the prices of domestic food commodities are expected to increase due to a shortage of supply in the international arena mainly driven by the ongoing Russian/Ukraine conflict. This will likely continue to have negative impacts on the commodities supply chain of food and fuel in global markets. Prices are expected to further increase and remain way above the five-year average. Pandemic outbreaks threats including the 5th wave of COVID-19 and other emerging pandemics (Monkey Pox) will likely aggravate the current food insecurity situation in the country with increases in commodity prices i.e., an upward trend in fuel and general prices of basic commodities. Consequently, this will lead to increased household vulnerability for poor households and continue to widen the vulnerability gap.

The looming COVID-19 fifth wave (omicron) in the projected period, is expected to deteriorate the country's food security situation. Imposed COVID-19 regulations will further reduce the income of households, limiting their access to food in this zone. The increasing number of unemployed populations in the country will continue to compromise access to basic commodities for the poor wealth group. This is projected to result in low-income levels for the households, limiting access to food and other household basic amenities. The anticipated reduction in income due to the recurring COVID-19 lockdown regulation will result in fewer households being able to resume agricultural activities at the start of the rainfall season. This will negatively impact food production countrywide.

Poor supply and high prices of farming inputs i.e., fertilizer and seeds will affect overall production with more households unable to cultivate their fields, with some using seeds from last season's harvest and using no fertilizer. This will have an impact on the expected harvest for the upcoming season. Due to the challenges faced on the global supplies of these commodities access will be compromised for farmers as inputs are likely to arrive late which will delay the start of ploughing season, especially for farmers under the Government subsidy programme.

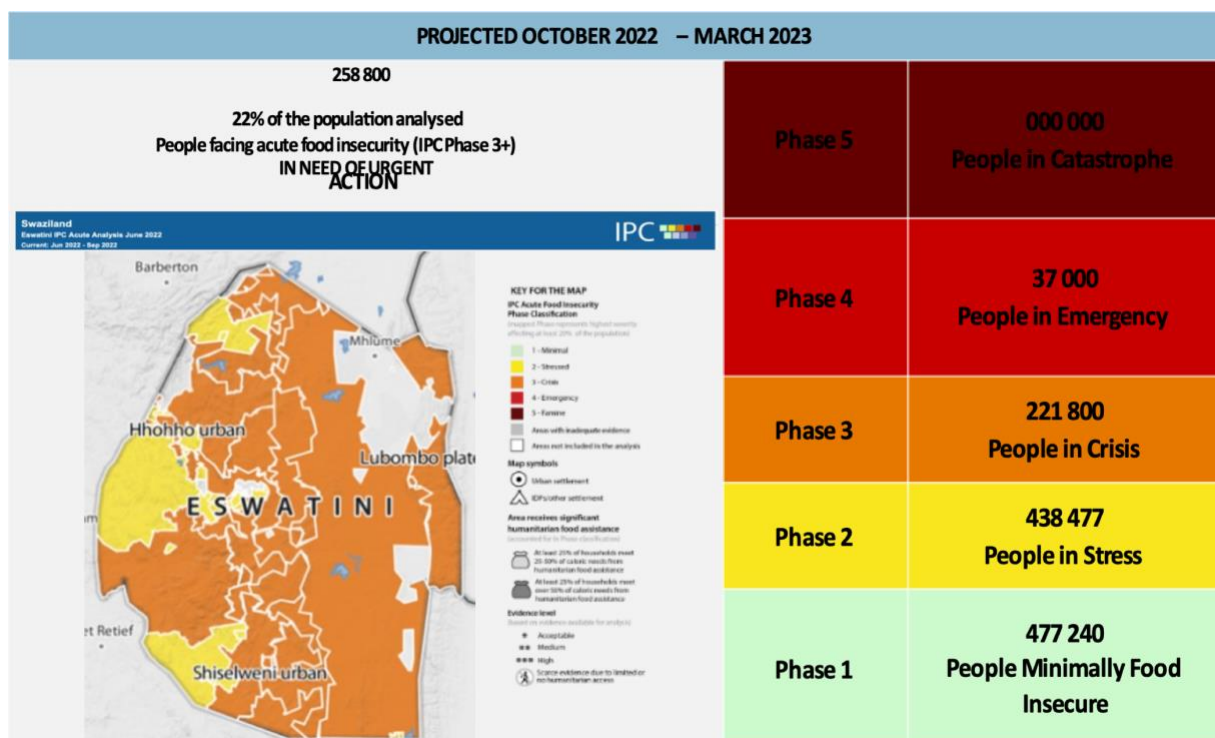


Figure 60: Integrated Phase Classification Projected Analysis (October 2022 - March 2023)

The impact of COVID-19, emerging pandemics, and the ongoing Russian/Ukraine conflict, coupled with underlying food insecurity challenges will increase vulnerability in the livelihood zones during the projected period. The number of people that will be food insecure is likely to increase to 258 800 (22% of the population). The analysis shows that the number of livelihood zones in IPC Phase 3 will increase from three to seven and four areas will be in IPC Phase 2. Other underlying factors i.e., government fiscal challenges, poor economic growth and the current threat of the political climate in the country will have a negative impact on vulnerability if the current situation is poorly managed which will likely turn for the worst.

6.0 CONCLUSIONS

- ✚ Immediate humanitarian assistance be provided to the most vulnerable households in IPC Phase 3, prioritizing Orphaned and Vulnerable Children, child-headed households, People Living with Disabilities, People Living with Chronic Illnesses (HIV and TB) and the Elderly.
- ✚ Promoting and strengthening of livelihood programs, prioritizing (vulnerable groups) Orphaned and Vulnerable Children, child-headed households, People Living with Disabilities, People Living with Chronic Illnesses (HIV and TB) and the Elderly is recommended.
- ✚ A review of the current targeting protocols and implementation modalities is recommended to ensure the most deserving proportion of the population reached and with the correct intervention to realise the needed outcome.
- ✚ Strengthen innovative and cost-effective ways to improve food diversification, including small-scale backyard gardens
- ✚ Urgent action is required to protect livelihoods and reduce food consumption gaps for populations in IPC Phase 3 (Crisis) or worse, prioritizing orphaned and vulnerable children, child-headed households, the elderly and people living with HIV and disabilities where appropriate.
- ✚ Promoting and strengthening of livelihood programs, prioritizing child-headed households, women, elderly, disabled, and chronically ill persons where appropriate.
- ✚ Strengthen innovative and cost-effective ways to improve food diversification and reduce food consumption gaps.
- ✚ Scale up child integrated community-based growth monitoring interventions.
- ✚ Increase nutrition awareness among households' members.
- ✚ Strengthen health system for preparedness, surveillance and response on emerging pandemics, including COVID-19.
- ✚ Increase awareness on access and use of improved sanitation facilities, incorporating gender and inclusion principles.

7.0 ANNEX

2022/2023 FOOD INSECURE POPULATION BY TINKHUNDLA

#	Inkhundla	Population
1	DVOKODVWENI	5,605
2	GEGE	4,426
3	GILGAL	3,440
4	HHUKWINI	2,922
5	HOSEA	3,299
6	KUBUTA	3,828
7	KUKHANYENI	3,734
8	KUMETHULA	2,399
9	KWALUSENI	15,667
10	LAMGABHI	2,283
11	LOBAMBA	7,869
12	LOBAMBA LOMDZALA	5,146
13	LOMAHASHA	4,179
14	LUBULI	2,302
15	LUDZELUDZE	5,035
16	LUGONGOLWENI	6,254
17	MADLANGEMPISI	6,281
18	MAFUTSENI	5,290
19	MAHLANGATSHA	2,905
20	MANGCONGCO	1,277
21	MANZINI NORTH	7,861
22	MANZINI SOUTH	6,123
23	MAPHALALENI	3,376
24	MASEYISINI	7,587
25	MATSANJENI NORTH	4,021
26	MATSANJENI SOUTH	2,318
27	MAYIWANE	3,790
28	MBABANE EAST	9,422
29	MBABANE WEST	5,749
30	MBANGWENI	7,912
31	MHLAMBANYATSI	2,220
32	MHLANGATANE	4,740
33	MHLUME	5,007
34	MKHIWENI	5,563
35	MOTSHANE	5,325
36	MPOLONJENI	2,855
37	MTFONGWANENI	3,663
38	MTSAMBAMA	3,667
39	NDZINGENI	5,922
40	NGUDZENI	1,566
41	NGWEMPISI	3,546
42	NHLAMBENI	3,504
43	NKHABA	4,205
44	NKILONGO	3,900
45	NKOMIYAHLABA	2,733
46	NKWENE	2,591
47	NTFONJENI	5,239
48	NTONDOZI	3,612
49	PHONDO	3,019
50	PIGGS PEAK	4,737
51	SANDLENI	1,701
52	SHISELWENI	2,464
53	SIGWE	2,982
54	SIPHOCOSINI	2,997
55	SIPHOFANENI	5,662
56	SITHOBELA	4,853
57	SOMNTONGO	2,477
58	TIMPHISINI	3,117
59	ZOMBODZE EMUVA	2,637
	Eswatini	258,801

Eswatini Vulnerable Population by Inkhundla 2022

Legend

- Tinkhundla
- Livelihood Zone
- Area Phase
- Phase 2
- Phase 3
- Regions

Regions: HHOOHO, MANZINI, LUBOMBO, SHISELWENI

Inkhundla and Vulnerable Population:

- TIMPHISINI: 3117
- NTFONJENI: 6235
- MAYIWANE: 3790
- MHLANGATANE: 4740
- PIGGS PEAK: 4732
- NDZINGENI: 5922
- MHLUME: 5007
- LOMAHASHA: 4179
- NKHABA: 4205
- MADLANGEMPISI: 6281
- MAPHALALENI: 3376
- MOTSHANE: 5325
- MBABANE EAST: 9422
- MBABANE WEST: 2987
- SIPHOCOSINI: 2987
- LOBAMBA: 7931
- LOBAMBA LOMDZALA: 5145
- LOBAMBA: 5035
- UDZELUDZE: 7861
- MANZINI NORTH: 15667
- KUKHANYENI: 3734
- MAFUTSENI: 5290
- DVOKODVWENI: 5605
- LUGONGOLWENI: 6254
- MHLAMBANYATSI: 2220
- MANGOCONGO: 1277
- LAMGABHI: 3546
- NTONDOZI: 3612
- NGWEMPISI: 3546
- PHONDO: 3019
- MAHLANGATSHA: 2905
- NKWENE: 2591
- KUBUTA: 3828
- SITHOBELA: 4853
- GEGE: 4426
- MTSAMBAMA: 3667
- MBANGWENI: 7912
- MASEYISINI: 7537
- ZOMBODZE EMUYA: 2637
- SHISELWENI: 2464
- SANDLENI: 1701
- KUMETHULA: 2399
- NGUDZENI: 2982
- SIGWE: 2302
- LUBULI: 2477
- SOMNTONGO: 2318
- MATSANJENI SOUTH: 2318
- MATSANJENI NORTH: 4021
- NKILONGO: 3900
- GILGAL: 3440
- MTFONGWANE: 3504
- NHLAMBENI: 3504
- MAFUTSENI: 5663
- SIPHOFANENI: 5662
- MPOLONJENI: 2855
- LUBOMBO: 2855