KINGDOM OF ESWATINI

ANNUAL VULNERABILITY ASSESSMENT & ANALYSIS REPORT

2018

KINGDOM OF ESWATINI
VULNERABILITY ASSESSMENT
COMMITTEE

July 2018

A. ACKNOWLEDGEMENT

The Vulnerability Assessment and Analysis (VAA) process continues to be a vehicle for the provision of key information (current and projected) for informing policy and programming decisions for the National Government and stakeholders responsible for humanitarian response. The support rendered to the process, both in financial and technical terms, from both local and regional partners is highly appreciated.

On behalf of the Swazi VAC Core team, I would like to recognise the support and leadership of the Eswatini Government through the Deputy Prime Minister's Office, the financial and logistical support extended by cooperating partners such as World Vision, World Food Programme (WFP) and Food and Agriculture Organization (FAO) through the SADC RVAA programme.

The engagement with the Regional Administration offices and community based structures through the Ministry of Tinkhundla Administration and Development (MTAD) did not go unnoticed. It created the needed rapport and bestowed the responsibility on the committee to strengthen the understanding of issues related to livelihoods and vulnerability. Resources permitting, Regional fora for sharing the results will be facilitated.

Sincere gratitude is due to all the respondents and facilitators in the communities we visited, from which the ultimate purpose of this exercise is derived. May such a spirit of cooperation continue in the future for the betterment of the lives of our people. Finally, may I also applaud the data collection teams that worked extremely hard to cover vast numbers of households in each region so to ensure representativeness of the 2018 Annual Assessment findings.

Thembumenzi Dube
Chairperson Eswatini VAC

B. HIGHLIGHTS

- Despite depressed economic growth, levels of inflation remained relatively low averaging 4.8%. However, changes likely to occur due to policy and structural adjustments such as the increase in Value Added Tax (VAT).

- Improved rainfall performance in the 2017/18 rainfall season even though characterised by extreme events in some locations.

- Enhanced agricultural production (staple food production) as an improvement of 5% was observed compared to the 2016/17 agricultural season.

- Reduction in the vulnerable population to about 122,000 during the first 6 months of the consumption year

- Emergence of shocks such as the Fall Armyworm which is predicted to have a long-term presence in the agriculture landscape threatening crops and pastures.

- Health and Nutrition indicators showing improvements at the national level, however attention needs to be paid in specific areas due to chronic issues.

C. ABBREVIATIONS AND ACRONYMS

AIDS	:	ACQUIRED IMMUNE-DEFICIENCY SYNDROME
ART	:	ANTI-RETROVIRAL THERAPY
ARV	:	ANTI-RETROVIRAL
CSO	:	CENTRAL STATISTICAL OFFICE
E- VAC	:	ESWATINI VULNERABILITY ASSESSMENT COMMITTEE
EA	:	ENUMERATION AREA
EHIES	:	ESWATINI HOUSEHOLD INCOME AND EXPENDITURE SURVEY
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
MTAD	:	MINISTRY OF TINKHUNDLA ADMINISTRATION AND DEVELOPMENT
NEWU	:	NATIONAL EARLY WARNING UNIT
NHSSP	:	NATIONAL HEALTH SECTOR STRATEGIC PLAN
NMC	:	NATIONAL MAIZE CORPORATION
NMS	:	NATIONAL METEOROLOGICAL SERVICES
SADC RVAA	:	SOUTHERN AFRICAN DEVELOPMENT COMMUNITY REGIONAL VULNERABILITY ASSESSMENT AND ANALYSIS
VAA	:	VULNERABILITY ASSESSMENT AND ANALYSIS
WFP	:	WORLD FOOD PROGRAMME
WHO	:	WORLD HEALTH ORGANIZATION

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1.0 BACKGROUND AND OVERVIEW

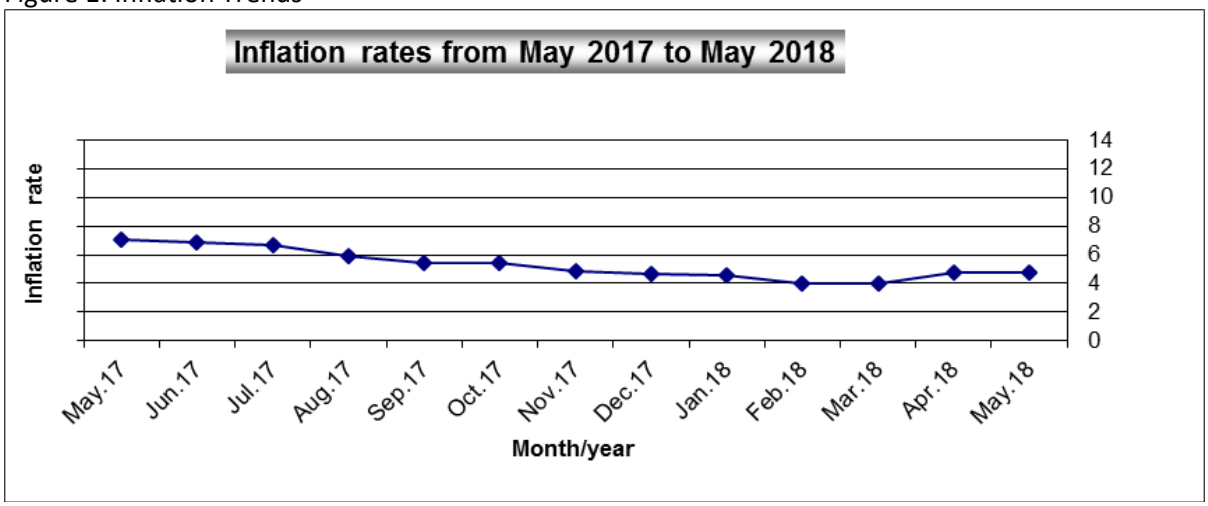
The Eswatini Vulnerability Assessment Committee (Eswatini VAC) conducted the annual assessment in an effort understand the level of vulnerability at household level countrywide over the 2018/19 consumption period. The annual vulnerability assessment and analysis process is a mechanism to depict the state of livelihoods in the country through a series of technical steps to guide conclusions for programming and informing responses aimed at enhancing the lives of affected people. An analysis of the impact of the various shocks affecting households provides guidance to humanitarian agencies on the type, magnitude and cost of interventions.

1.1 Macro- Economic Indicators

Developments in the domestic economy are to a great extent influenced by global and other scenarios unfolding in our trade partners. World market prices for commodities, exchange rate fluctuations, and demand for exports among other things, are the major determinants for the growth of the domestic economy. The domestic economy continues to show signs of slow growth as the rate recorded in 2017 was 1.9 % compared to the 1.4 % in 2016. The regaining of the country's eligibility in the Africa Growth and Opportunity Act (AGOA) presents an opportunity for increased employment and trade opportunities for some sectors such as agriculture and the textile industry.

Consumer inflation has been on a relatively stable and declining trend over the last twelve months from May 2017 to March 2018 as present in Figure 1. Due to pressures from the rise in utilities in April 2018 there was a slight increase in inflation which will require close monitoring as there are already indications of further influences due to weakening local currency against major currencies and uncertainty over the fuel price. There is an observed increase in prices of key commodities like electricity, water and fuel which is expected to increase vulnerability in the population over the projected period. The increase in Value Added Tax (VAT) from 14 % to 15 % is also going to have an impact on commodity prices thus increasing vulnerability.

Figure 1: Inflation Trends



Source: Central Statistical Office

1.2 Agriculture

The Agriculture and Food Security Sector even though faced with a number of challenges has been implementing a number of interventions with the intention to increase productivity with subsistence farmers. The Government input subsidy programme distributed 2797 MT NPK fertiliser, 1864 MT Lime and 233 MT of seeds. Approximately 23000 households received farm input and technical support for agriculture activities from Government and local NGOs.

The livestock sector has continued to promote commercialisation of indigenous chicken, goats, and piggery. A noticeable increase was observed on pork production nationally as farmers are showing more interest to be involved in country wide. More than 300 farmers were trained on bull management, feedlot production, supplementary feeding, disease control, record keeping and marketing. Farmers are also being assisted with access to various markets. The Ministry is also promoting small stock (goat production) as a mitigation strategy against the recent drought where it was evident that impact was less with goats when compared to cattle. The Ministry has identified 103 Smart Goat Farmers, with a minimum of 30 breeding does linking them with over 50 marketing outlets requiring over 600 goats per month. Training had also been provided to 500 goats farmer with the aim to upgrade to commercial goat framers.

The Swaziland dairy Board supported 20 Farmer groups with approximately 300 beneficiaries in pasture establishment, feeding techniques and supplied baling boxes.

To promote maize productivity, the National Maize Cooperation has taken an initiative of providing maize extension officers in a number of areas in the country. The introduction of Assistant Farmer

Development Officers (AFDOs) was successfully done in 8 constituencies (Hhukwini, Maphalaleni, Ntondozi, Mahlangatsha, Gege, Kukhanyeni, Motshane and Ludzeludze) which are known as high production areas.

1.3 Water and Sanitation

A safe and sustainable water supply, basic sanitation and good hygiene are fundamental for a healthy, productive and dignified life. Safe drinking water is a necessity for good health. Unsafe drinking water can be a significant determinant of diseases such as cholera, typhoid, and schistosomiasis. Drinking water can also be contaminated with chemical and physical contaminants with harmful effects on human health. In addition to preventing disease, improved access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.

82 % of the population are living in households are using improved sanitation facilities and only 18 % are using un-improved sanitation facilities. This percentage is 99 % in urban areas and 78 % in rural areas. According to the type of facility used by the household, 10 % of household population uses flush to piped sewer system as an improved sanitation facility and a further eight % uses flush to septic tank. Approximately 23 % of households use ventilated improved pit latrine while 41 % use pit latrine with slab as an improved sanitation facility (MICS, 2014).

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio and is an important determinant for stunting. Improved sanitation can reduce diarrheal disease by more than a third, and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries.

1.4 Health and Nutrition

Humanitarian crises due natural disasters, disease outbreaks and other hazards are a major and growing contributor to ill-health and vulnerability. The persisting effects of crises on health and health systems can undermine decades of social development. Maternal and child health is a very crucial component in food security issues. In the Month of May 2018, a total of two maternal deaths were reported; one from Hhohho region and the other one from Shiselweni region. A total of 52 perinatal deaths (14 early neonatal, 22 macerated still births, 16 fresh still births) were reported from four sentinel sites and one from Immediate Disease Notification System (Swaziland Monthly Epi Bulletin,

2018). The perinatal deaths were reported in all the regions (Hhohho 10, Lubombo 2, Manzini 23 and Shiselweni 17).

According to the Swaziland Monthly Epi Bulletin (2018), in the month of May 1657 diarrheal diseases related outpatient visits were recorded (representing a 1% increase the previous month's observation). Manzini region recorded the highest outpatient diarrheal visits (n=782), followed by Lubombo region (n=414), Hhohho (n=239) and Shiselweni (n=222). A total of 124 visits were reported for all pneumonias among children under five years, with a majority coming from Manzini (n=75). There only six cases of malaria reported in the month of May.

The prevalence of under nutrition indicators has shown an improvement over the past ten years. This is due to some nutrition specific and nutrition sensitive interventions or programmes implemented by different stakeholders at different levels. The trend analysis of chronic malnutrition (stunting) shows a decrease from 31% (MICS 2010) to 19.9% (SHIES 2017). The prevalence of underweight is still constant at around 6% and wasting is constant at about 3%.

Through the Ministry of Health, a national deworming campaign was conducted with a coverage of 92 % of school in the country. The campaign was able to reach a total of 263,882 children representing 82 % of the target population.

2.0 METHODOLOGY

2.1 Objectives

The main purpose of the Eswatini annual vulnerability assessment and analysis (VAA) was to generate a current and projected context of livelihoods and vulnerability in the country over the 2018/2019 period.

The assessment aimed to:

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

2.2 Methodological Approach

The vulnerability assessment and analysis exercise was carried out using both qualitative and quantitative approaches covering all four administrative regions of the country. Quantitatively, a total of 144 enumeration areas (EAs) were randomly sampled across the four administrative regions and at least 1497 households were interviewed, using the 2017 population and housing census sampling frame from the Central Statistical Office.

Table 1: Enumeration Areas and Households Covered for the 2018 Annual Vulnerability Assessment

Serial Number	Administrative Region	Enumeration Areas	Number of Households
1	Hhohho	38	393
2	Manzini	32	368
3	Shiselweni	38	386
4	Lubombo	36	350
	Total	**144**	**1497**

The household survey for the 2018 vulnerability assessment and analysis followed a multi-stage approach. A total of 144 enumeration areas were sampled from all the four administrative regions of

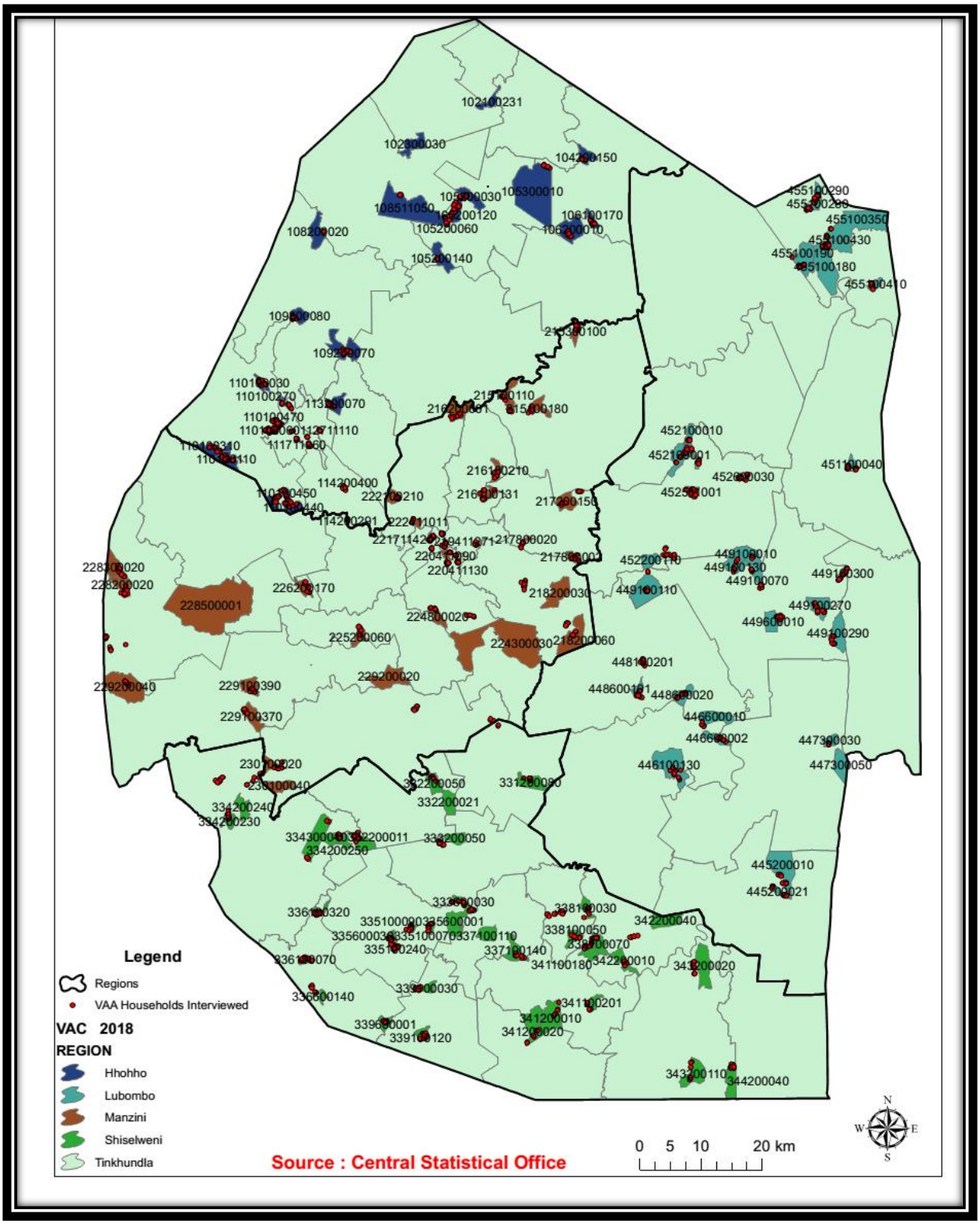
the country, where 10 households from each EA were selected for the second stage. The assessment oversampled households in some EAs in order to cover a certain quota for children under the age of five, who were included for anthropometric measurements, hence ended up with 1497 households in total.

On the qualitative approach, key informants and focused group discussions were held in all the seven rural livelihoods zones spread across the four administrative regions using Household Economy Approach (HEA). The assessment also benefited from secondary data ranging from rain fall, inflation, crop production etc.

Table 2: Communities Covered for the Qualitative Approach of the Assessment

Livelihood Zones	Number of Interviews	Name of Community
Dry Middle Veld	8	Ludzibini, Vusweni, Ngonini, Mbelebeleni, Dvokolwako, kaMhawu, Nyatsini, kaLiba
Highveld Cattle and Maize	7	Ejubukweni, Mdzangwini, Mhlabubovu, Mhlatane, Mtsambama, Mfenyana, Mawelawela
Lowveld Cattle and Maize	7	Sidwashini, Zwayimbane, Mamisa, Malindza, Mahlabaneni, Bambitshe, Mahlabatsini
Lubombo Plateau	4	Sitsatsaweni, Mambane, Lomahasha, Shewula,
Moist Middle Veld	8	Vusweni, Nkamanzi, Ndzingani, Nyakeni, Mphini, Ludzaka, Sandleni, Smoyini
Peri Urban	5	Ezulwini, Mahlanya, Motshane, Ludzeludze, Sicelwini,
Timber Highlands	8	Phawa, Sigangeni, Mantabeni, Emabhukwini, Bhunya (D1-D5), Malutha, Dlovunga, Ngwabe
Total	47	

The qualitative approach followed the same enumeration areas, though purposively picked areas identified as hot spots for inclusion in the baseline monitoring of 2015/2016 updates. A total of 47 sites were selected for monitoring whereby each economy zone was allocated at most 8 sites proportionate to estimated size.



Map 1: Sampled Enumerated Areas

2.2.1 Field work Operation and Data Quality

A team of 40 enumerators were trained over a period of five days on the different data collection instruments to ensure data quality. Training on the use of tablets for data collection to enhance efficiency was also conducted. For the actual data collection, a total of 10 numerators were deployed per region. The teams were provided with the relevant information to find the sampled enumeration areas.

2.2.2 Data Processing and Analysis

The household data was collected by tablets gadgets using CSPro mobile software and migrated into SPSS (Statistical Package for Social Surveys) for further cleaning and tabulation.

While for the qualitative approach, data was collected using hardcopies by the Eswatini VAC core team to ensure that there was consensus in every step taken. The data was analysed using Livelihood Integrated Analyses Spreadsheets (LIAS) where both primary and secondary data was captured resulting in respective calculations per livelihood zone per module.

2.3 Integrated Food Security Phase Classification (IPC) Framework

After all results from both SPSS and HEA were released, the Eswatini VAC core team organised a two days' refresher training which preceded the analysis and brought together about 20 participants from Government and NGOs. The analysis was conducted through four groups that represented each of the four administrative regions (Hhohho, Lubombo, Manzini, and Shiselweni). The analysis covered only rural populations. The groups had plenary sessions to review the available evidence and reach common understanding on how to interpret them. The TWG worked in pairs to complete different sections of the standard communication brief.

2.4 Household and HEA surveys of the Vulnerability

Assessment and analysis outputs were used on the IPC analysis. Other inputs that were used in the IPC analyses were from the Health and Nutrition sector, CSO, Meteorology, WFP, HEA Baseline and the Agriculture and Livestock sector.

3.0 SEASONAL PERFORMANCE

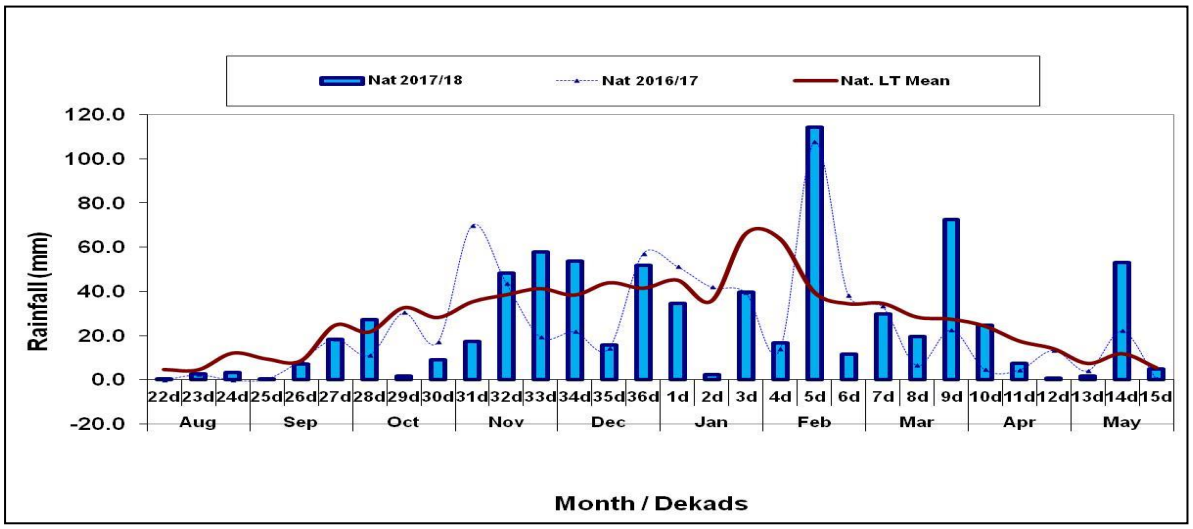
3.1 Seasonal Rainfall and Temperature Performance.

Presented in this section is the temperature and rainfall performance for the 2017/18 rainfall season for the country. Rain-fed agricultural productivity is almost entirely dependent on these two parameters. The onset of rainfall and its temporal distribution throughout the season, together with the presence of extreme weather conditions determines the prospects of rain-fed agriculture productivity.

3.1.1 Temporal distribution of Rainfall

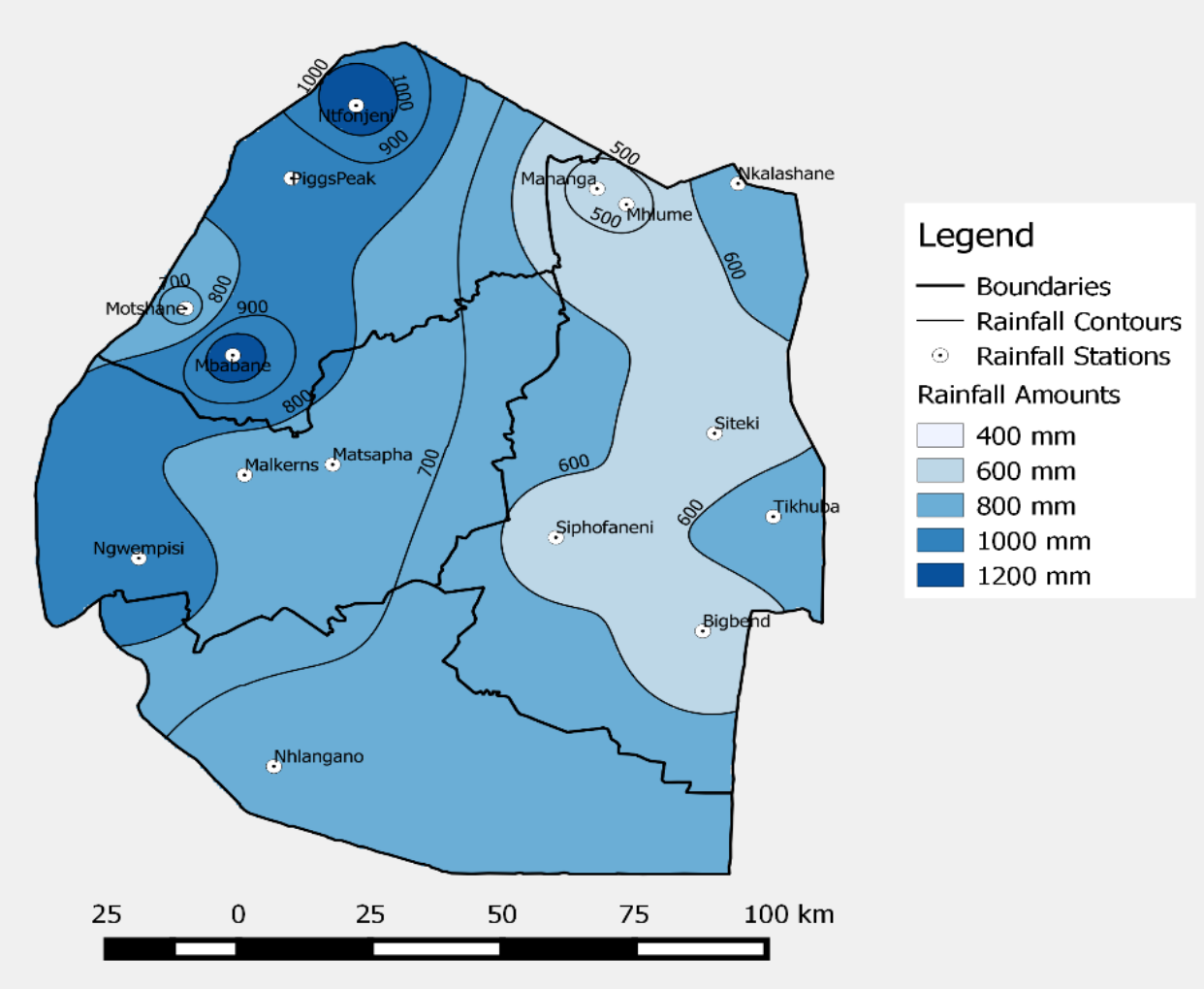
The 2017/18 season was sporadic in the temporal distribution of rainfall countrywide. Seasonal rainfall total for 2017/18 were near the Long-Term Average (LTA). The onset of the rainy season experienced below normal rainfall with effective rainfall for ploughing only occurring in the second week of September. Below normal rainfall was experienced in mid-October, January and end of April/early May. December had average to above average rainfall for most parts of the country. Devastating storms which were accompanied by hail and strong winds were reported in some areas resulting in damages to some crops which were planted earlier mostly in central and south-western parts of the country. January had the worst dry spell in the entire season which adversely affected crops which could be attributed tropical cyclone activity in the Indian Ocean. Figure 2 below shows the temporal distribution of rainfall in the 2017/18 season.

Figure 2: 2017/18 Decadal Rainfall Distribution (August-May)



3.1.2 Spatial Distribution of Rainfall

Areas including Nhlangano and Matsapha received rainfall which was equal to the long-term average totals of those areas. Big-bend and Siphofaneni received above average seasonal total rainfall with Siphofaneni receiving up to 150mm above the Long-Term Average. Ntfonjeni, Nkalashane and Ngwempsi are some of the areas receiving above normal rainfall. Areas in the Highveld, with the exception of Nhlangano and Ngwempisi received rainfall which was less that their normal rainfall. Map 2 below depicts the spatial distribution situation countrywide as observed in the 2017/18 rainfall season.



Map 2: Rainfall distribution of received rainfall in 2017/2018

3.1.3 Temperature Trends (2017/18)

The 2017/18 rainfall season was relatively cooler when compared to the long-term mean. There were no extreme temperature spells, both minimum and maximum, which were severe enough to have caused crop damage, save for a period in January. In this period, the combination of high temperatures and lack of rainfall resulted in some crops suffering from moisture stress and the damage caused was more severe with maize at the tasselling stage. Maximum daytime temperatures were cooler for most dekads with an exception being a few towards the end of the season. Minimum temperatures were also lower than the mean of the same period save for a few dekads towards the end of the season. The mean temperatures for the months of April and May were warmer than average and these coincided with a dry period in the 3rd dekad of April and 1st dekad of May, and a combination of these factors might have caused some damage to crops. Presented below are the decadal graphs of both maximum and minimum temperatures of the 2017/18 season.

Figure 3: National Minimum Temperatures for 2017/2018

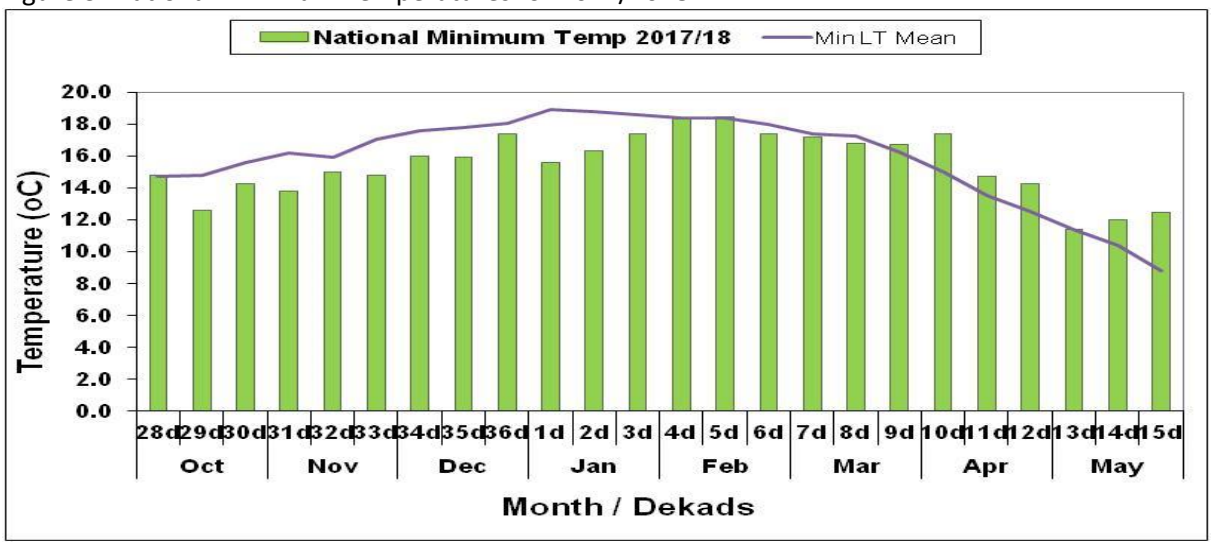
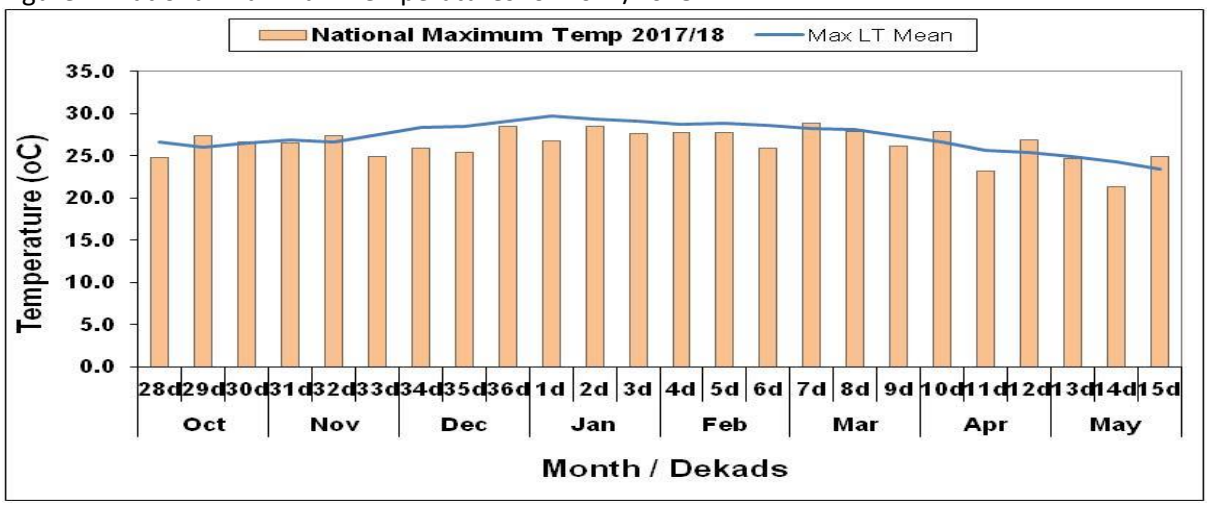


Figure 4: National Maximum Temperatures for 2017/2018



3.2 Agriculture performance

3.2.1 Cereal Production

The country's cereal domestic availability stands at 114,116 MT (maize, wheat, rice) for 2018/19 season, 5% higher compared to the previous season. The Gross domestic requirement for all cereals is at 167,882 MT, and will result to a domestic shortfall of 53,000 MT. The uncovered gap will be meet by commercial import and food aid.

Table 3: National Food Balance Sheet 2018/2019 Consumption Year[1]

	Maize	Wheat	Rice	All
A. Domestic Availability	113,039	0	1,077	114,116
B. Gross Domestic Requirement	128,160	35,336	4,386	167,882
C. Domestic Shortfall/Surplus	-15,121	- 5,336	-3,309	-53,765
D. Planned Imports	16701	33050	1904	51,657
Commercial	14865	33050	1904	48,569
Food Aid	1836	0	0	3,088
Uncovered Gap/ Unallocated Surplus	-1,580	-2284	-1405	

3.2.2 Livestock Production

Table 4: Livestock Census 2017

Region	Total Cattle	Beef Cattle	Dairy Cows	Pigs	Chickens	Goats	Sheep
Hhohho	127 392	125 877	1 515	9 023	467 831	90 366	4 009
Lubombo	107 703	107 378	325	6 457	211 316	145 901	2 376
Manzini	157 567	154 723	2 844	11 261	619 273	128 163	5 033
Shiselweni	108 707	108 116	591	11 594	236 799	114 489	4 846
Totals	**501 369**	**496 094**	**5 275**	**38 335**	**1 535 219**	**478 919**	**16 264**

Presented in table 4 is the livestock summaries by region. Goats and cattle still accounts for a majority of livestock kept by households with the exception of chickens. In view of the challenges faced by large stock with regards to the previous drought the Ministry of Agriculture is currently promoting small stock production which presents an opportunity for vulnerable households as a source of livelihood.

3.2.2.1 Livestock Deaths and Major Causes

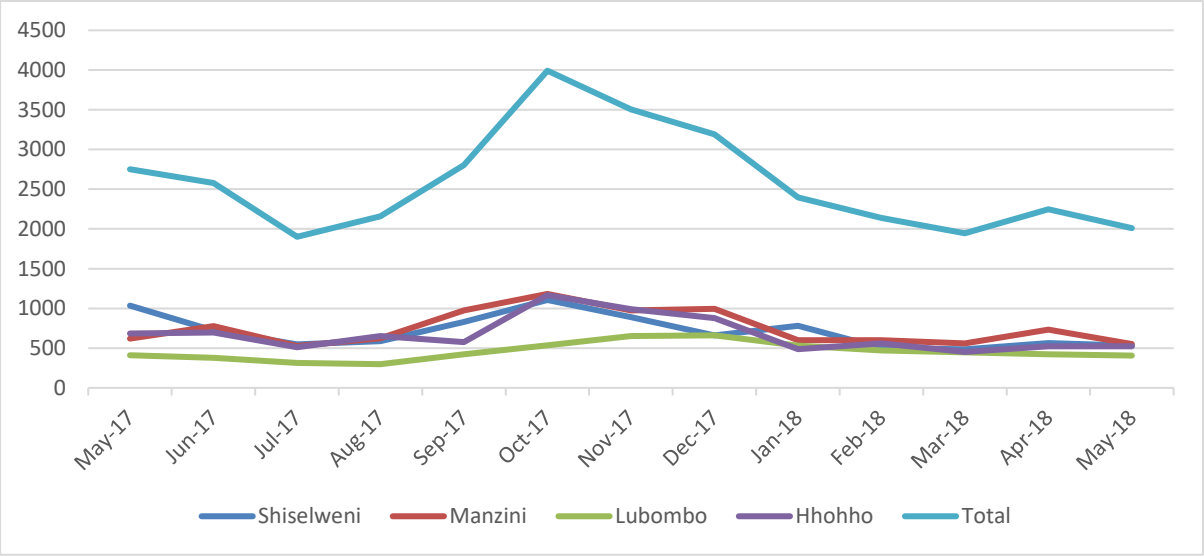
No significant deaths were reported with livestock during the season though few challenges were reported with cattle, however reported mortality (7%) below thresholds. The improved rainfall received over the season resulted in good pastures conditions supporting livestock feeding. Disease

[1] Source: Ministry of Agriculture, 2018

incidences were reported in a number of areas however not resulting in increased mortality with livestock. Lumpy skin disease was the major livestock diseases reported country wide.

As presented in Figure 5 the highest number of cattle deaths was observed in October 2017 with a total of 3,992 deaths. This was due to the late onset of rains in during the start of the season resulted in poor pasture and water availability in a number of areas resulting in the high number of cattle deaths.

Figure 5: Reported Cattle Deaths by Regions

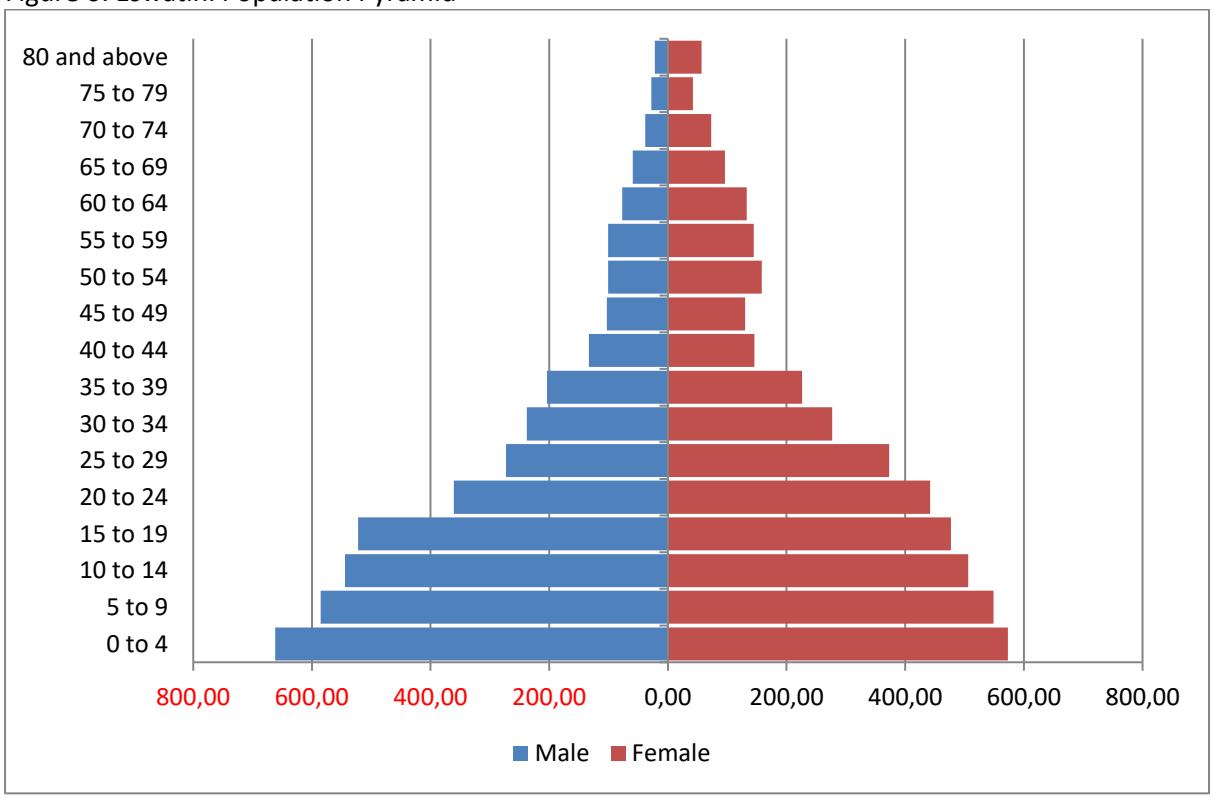


4.0 KEY FINDINGS

This section focuses on the analysis outcomes of the 2018 assessment in relation to the indicators that formed part of the data collection tool.

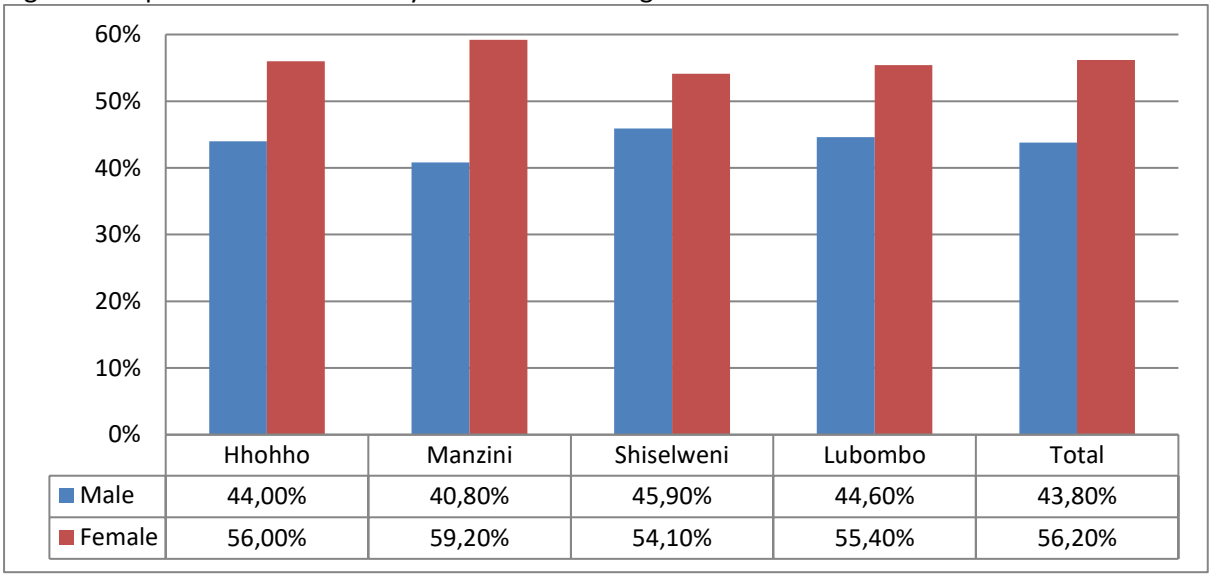
4.1 Demographics

Figure 6: Eswatini Population Pyramid



The Eswatini population is young as portrayed in the population pyramid above as illustrated in Figure 6 above. It is also evident that numbers of males are higher than their female counterpart for the young ages, however the situation changes as the population gets older. For the economically active population, Eswatini population is dominated by females. This is also true for all the administrative regions of the Kingdom of Eswatini as illustrated in Figure 6 below.

Figure 7: Population Breakdown by Administrative Regions

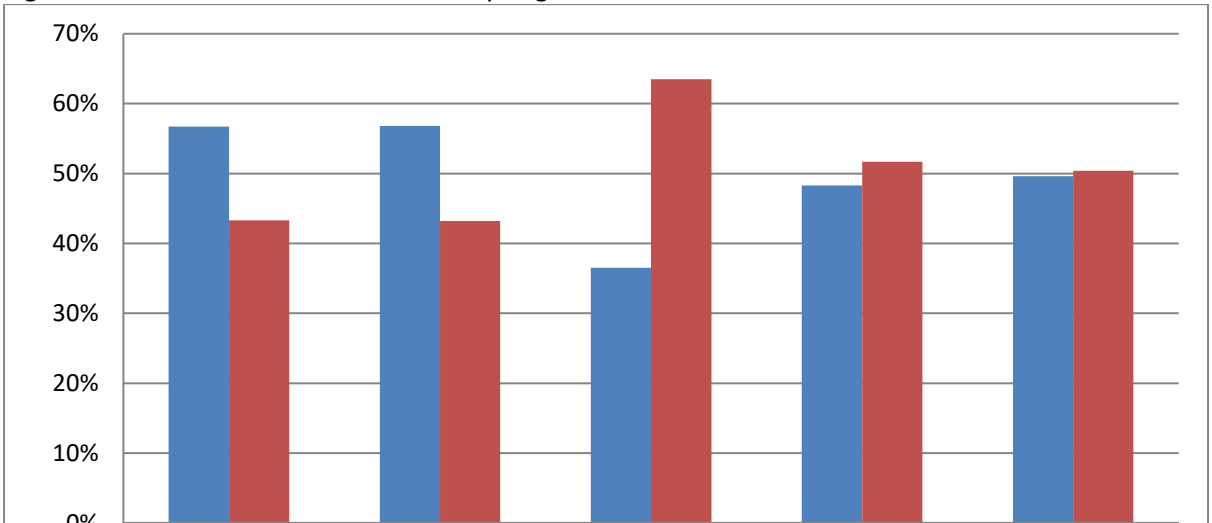


	Hhohho	Manzini	Shiselweni	Lubombo	Total
Male	44,00%	40,80%	45,90%	44,60%	43,80%
Female	56,00%	59,20%	54,10%	55,40%	56,20%

The assessment results found that 56% of the population are females against 44% males (Figure 7). Throughout the administrative regions, the proportion of females is higher than that of males with Manzini region having the highest at 59% followed by Hhohho at 56%, Lubombo at 55% and Shiselweni coming up last with 54%.

4.1.1 Deaths by Regions

Figure 8: Death of Household Member by Region

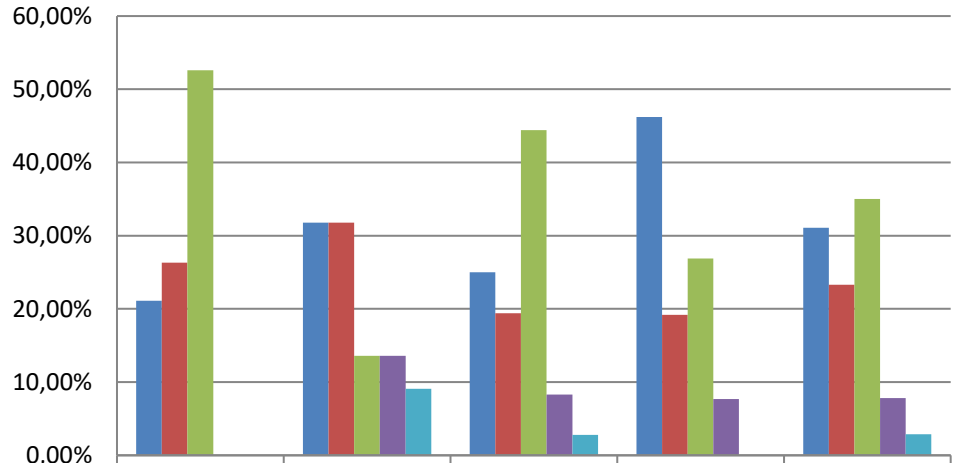


	Hhohho	Manzini	Shiselweni	Lubombo	Total
No	56,70%	56,80%	36,50%	48,30%	49,60%
Yes	43,30%	43,20%	63,50%	51,70%	50,40%

The assessment results reveal that half of the sampled households reported a death in the last 12 months with the Shiselweni region having recorded the highest at 64%, followed by Lubombo region at 52% (Figure 8).

In order to analyse households' exposure to vulnerability, the assessment further asked the role played by the deceased before death. This is whether the dead member was a primary breadwinner, secondary breadwinner, other adult or a child below the ages of 17 years.

Figure 9: Status of deceased member of households by Regions



	Hhohho	Manzini	Shiselweni	Lubombo	Total
Primary breadwinner	21,10%	31,80%	25,00%	46,20%	31,10%
Secondary breadwinner	26,30%	31,80%	19,40%	19,20%	23,30%
Other adult member	52,60%	13,60%	44,40%	26,90%	35,00%
Child below 5 years	0,00%	13,60%	8,30%	7,70%	7,80%
Child 5 to 17 years	0,00%	9,10%	2,80%	0,00%	2,90%

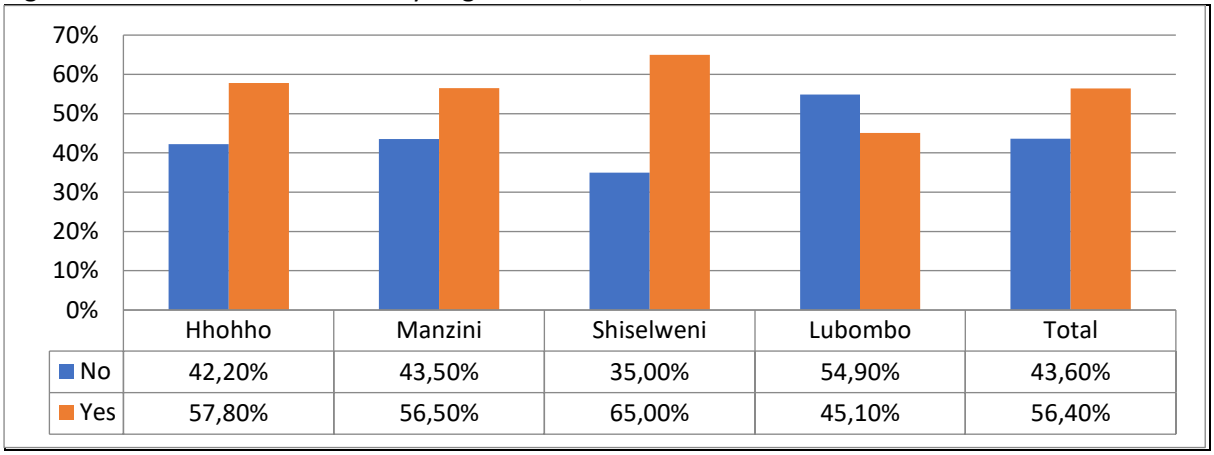
Adult members recorded the highest death at 35% while death of primary breadwinner followed at 31% (Figure 9). The Lubombo region recorded highest loss of primary breadwinner, followed by Manzini region, with Hhohho recorded least at 21%.

4.2 Access to arable land and cultivated area

4.2.1 Access to Arable Land

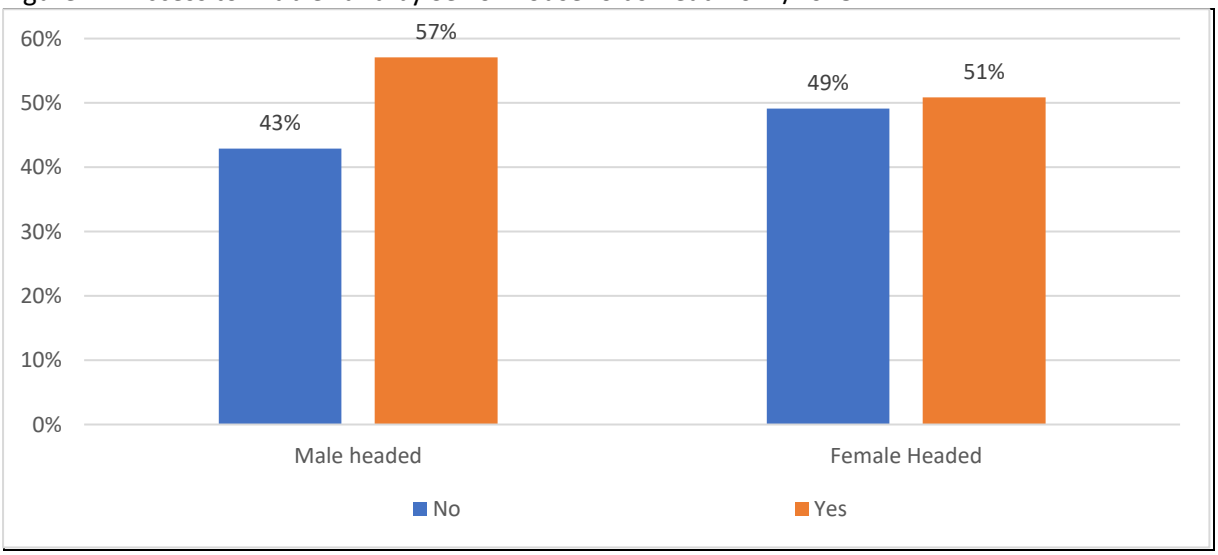
About 56.4% of the households indicated to have access to arable land, while 43.60% had no access (Figure 10). Shiselweni region had the highest access to arable land (65%), while Hhohho and Manzini had almost the same access of 57% and 56%. The Lubombo region had the least access to arable land, where 45% reported to have access to arable land. Figure 11 present access to arable land by head households sex. About 57% of male headed household reported access to arable land when compared to 51% female headed households. This represent the differences in gender with regards to access to reproductive assets by households as more males have access to land than females.

Figure 10: Access to Arable Land by Region 2017/2018



	Hhohho	Manzini	Shiselweni	Lubombo	Total
No	42,20%	43,50%	35,00%	54,90%	43,60%
Yes	57,80%	56,50%	65,00%	45,10%	56,40%

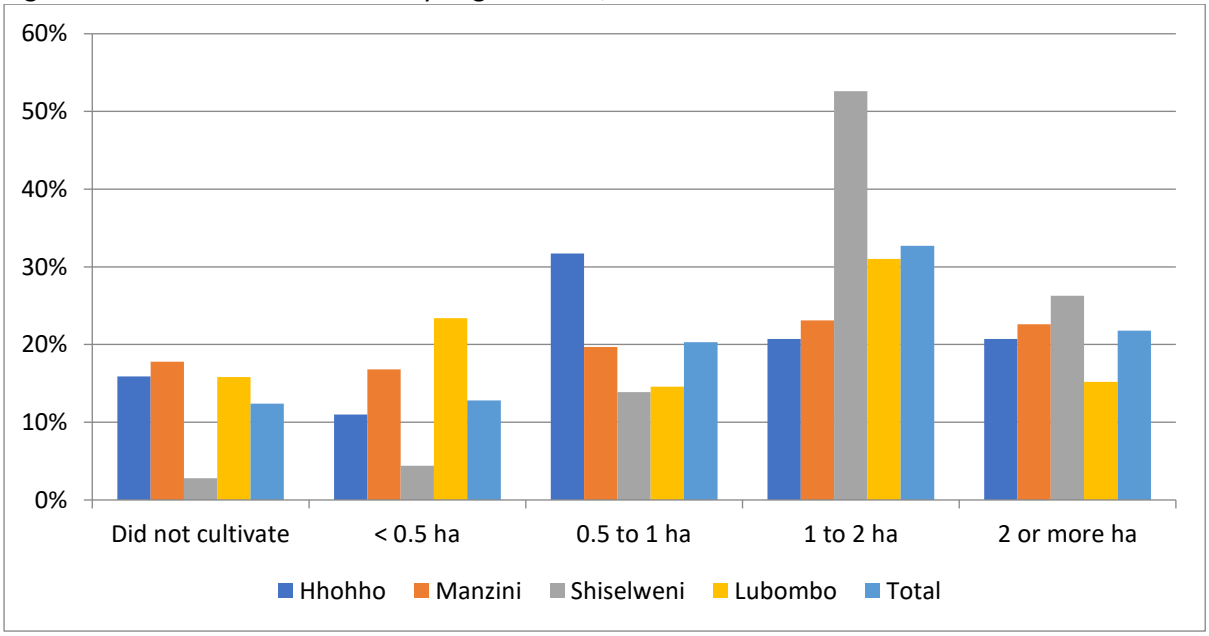
Figure 11: Access to Arable Land by Sex of Households Head 2017/2018



4.2.2 Land Under Cultivation

Out of the 56.4% of households with access to arable land 12.4% did not cultivate, mainly due to lack of resources and weather-related challenges (Figure 12). 12.8% cultivated less than 0.5 hectares, 20.3% cultivated between 0.5 hectares to 1 hectares, 32.7% cultivated between 1 hectares to 2 hectares while 21.8% had cultivated more than 2 hectares. Most of households in Hhohho region were cultivating an area of between 0.5 hectares to 1 hectares, while in Shiselweni households cultivated around 1 hectares to 2 hectares.

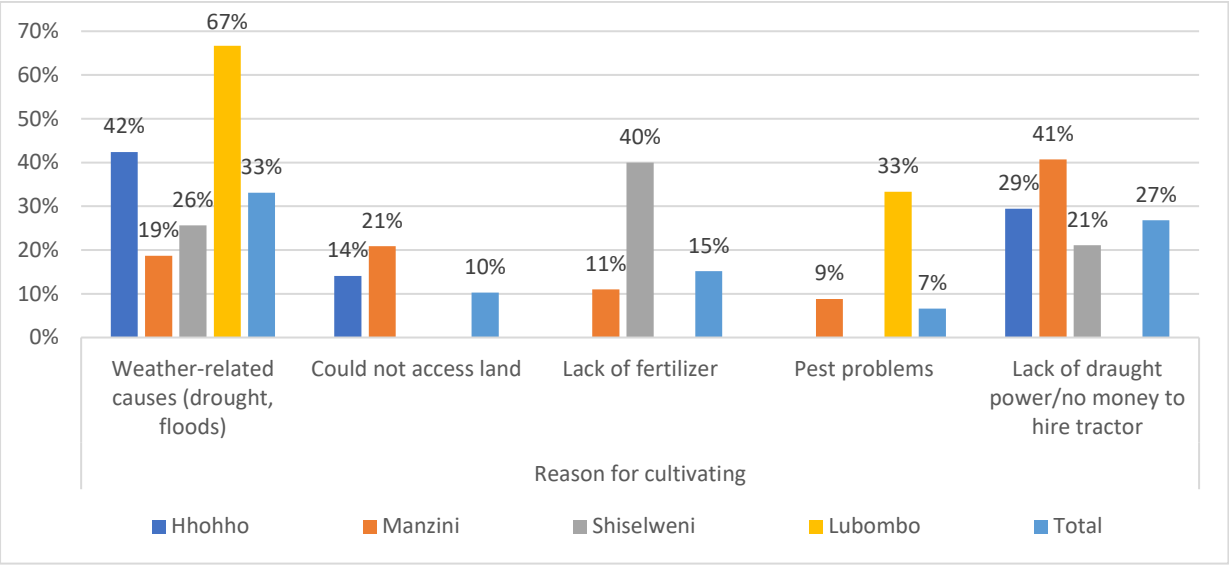
Figure 12: Land under Cultivation by Regions 2017/2018



4.2.3 Reasons for not cultivating

Weather related causes (drought) and lack of draught power or money to hire a tractor are some of the key challenges that were reported by households preventing them from cultivating their fields (Figure 13). Drought was the key challenge in the Lubombo region (67%) as it was cited as the main reason for not cultivating, while in the Shiselweni region (40%) lack of farm inputs (i.e. seeds and fertilizer) affected a majority of households preventing them from cultivating their fields. Lack of draught power was the major impediment in the Manzini region followed by weather-related causes (drought, floods). In Hhohho weather related causes were most prominent followed by lack of draught power.

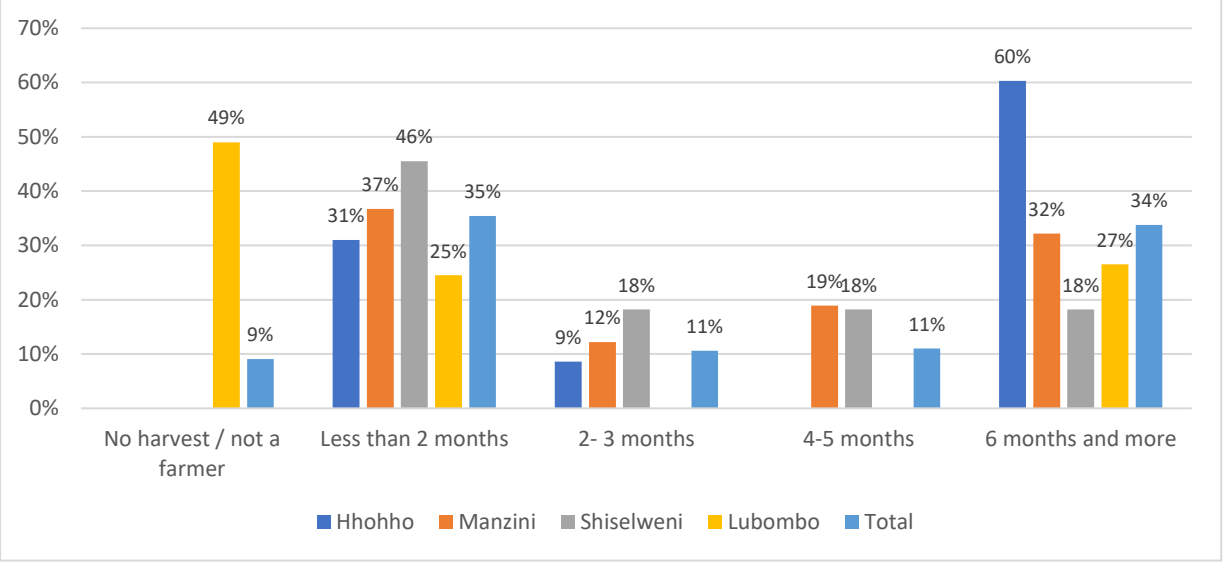
Figure 13: Reason for not cultivating



4.3 Food Availability

Overall food availability from own production varied across households within the regions. About 9% of households nationally could not harvest, mainly due to crop failure and lack of access to arable land (Figure 14). This mainly consist of households from the Lubombo region as 49 % of households from the region indicated to have not harvested anything this season. Shiselweni region had the highest proportion of households that have food reserves that will last less than 2 months indicating the likelihood of food shortages over the consumption period especially during the start of the lean season. The Hhohho region had the highest proportion of households that have food reserves that will last them more that 6 months indicating that the region is not likely to experience any food shortages over the consumption period.

Figure 14: Period for availability of Harvest by Regions

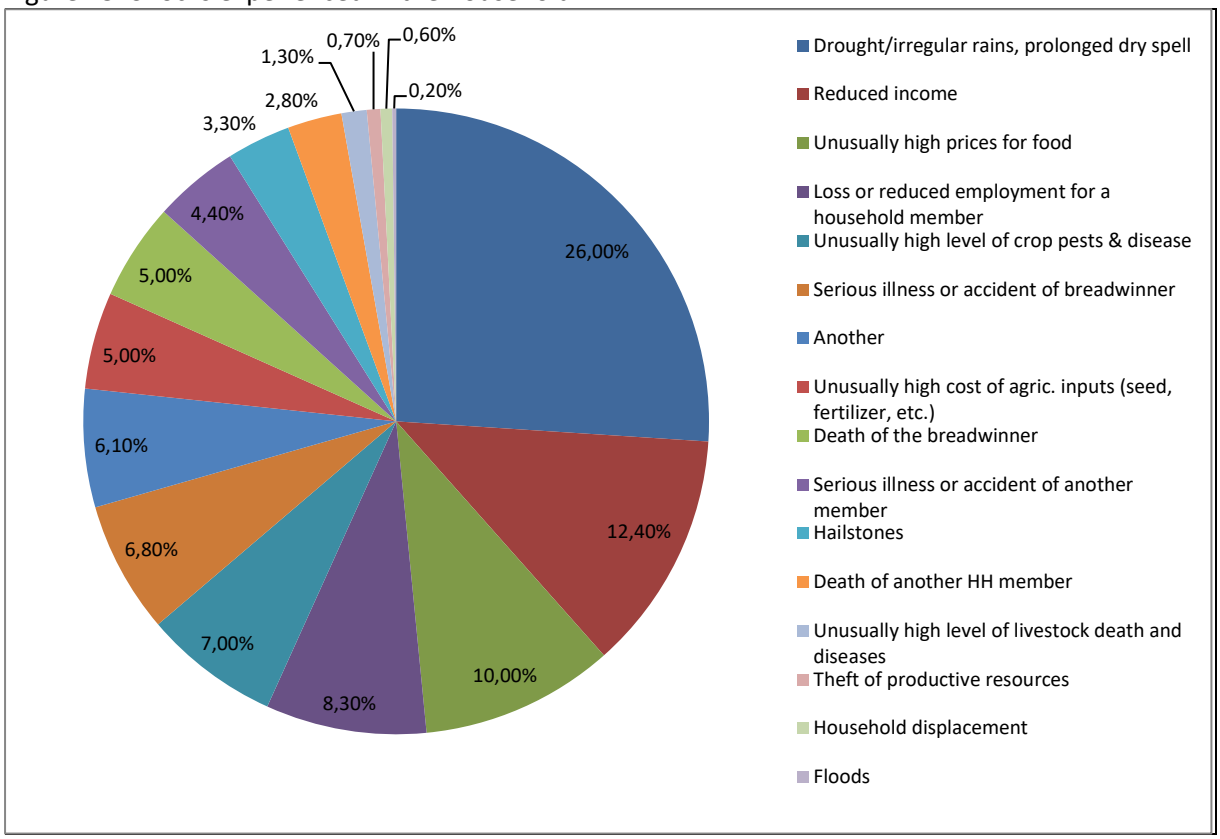


4.4 Shocks experienced in the household

Households experienced a number of shocks which had an adverse impact on the households' ability to provide for their food and nutritional requirements. About 23.2% reported to have experienced unusual situations (shocks) over the current season. Weather related shocks (drought, irregular rains and prolonged dry spells) constituted 26% of the shocks experienced by households (Figure 15).

These shocks were pertinent in all the regions with the Shiselweni regions reporting a higher percentage followed by the Lubombo region. Another major shock experienced during the agricultural season was reduced income, where the Hhohho region was reported to have the highest reduction in income and Lubombo region experienced the least reduction. Unusually high food prices were also reported in all the regions. These had an impact on the ability of the households to meet their food and nutritional needs and was further compounded by the other reported shocks faced by households.

Figure 15: Shocks experienced in the household



4.4.1 Fall Armyworm

Fall Armyworm (FAW), was first detected and officially declared present in the country in isolated areas in February 2017. The 2018 VAA results in the 2017/2018 planting season revealed that the pest has spread across all the four agro ecological zones and administrative regions. About 67.30% of households were affected by the fall army worm, the highest percentage of the pest detected was in the Hhohho region followed by Lubombo region.

4.5 Food Security Indicators

4.5.1 Reduced Coping Strategies

The Reduced Coping Strategy Index (rCSI) measures behaviour and strategies that people or households employ when they cannot access enough food. An increasing rCSI indicates a worsening food security condition.

The rCSI nationally averaged at 9.5, a decrease from the rCSI reported in 2017 which was at 19.94, an indication that households are engaged in less coping means as a result of improved food security conditions (Figure 16). The Lubombo region had the highest rCSI (16.9), however still an improvement from the levels reported in 2017 (30). All regions reported to engage in less coping strategies due to the improved food security conditions. The reduction in coping levels was also evident in the analysis of the 5-year trends 2014 – 2018 where the current levels were lower than the past 2 years (Figure 16).

Figure 16: Mean Reduced Coping Strategy Index by regions

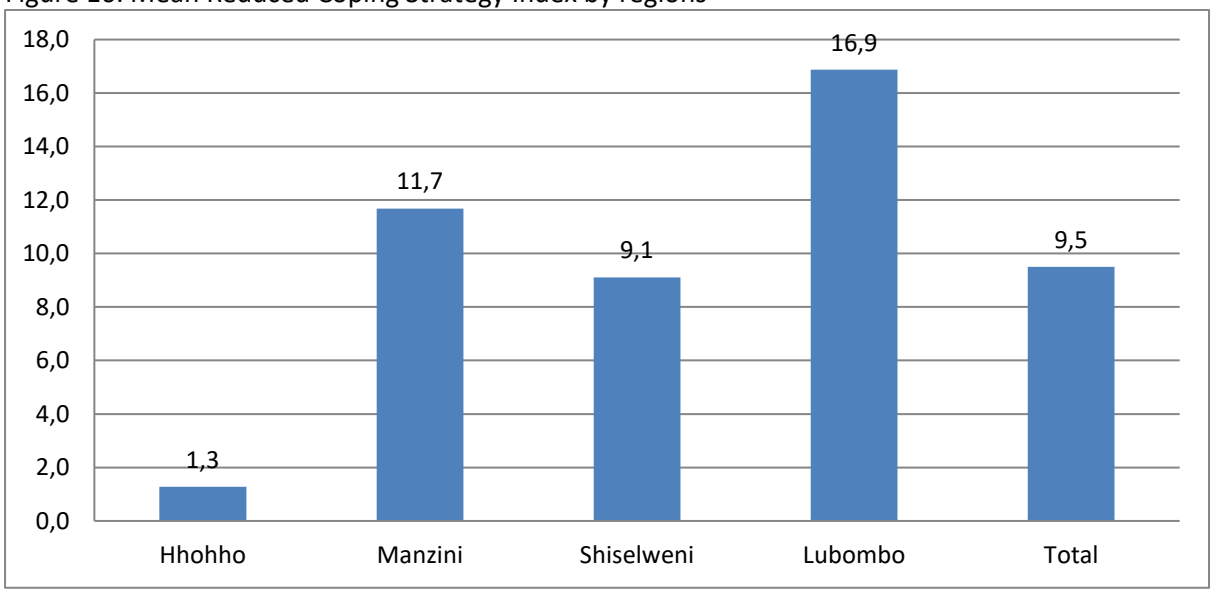
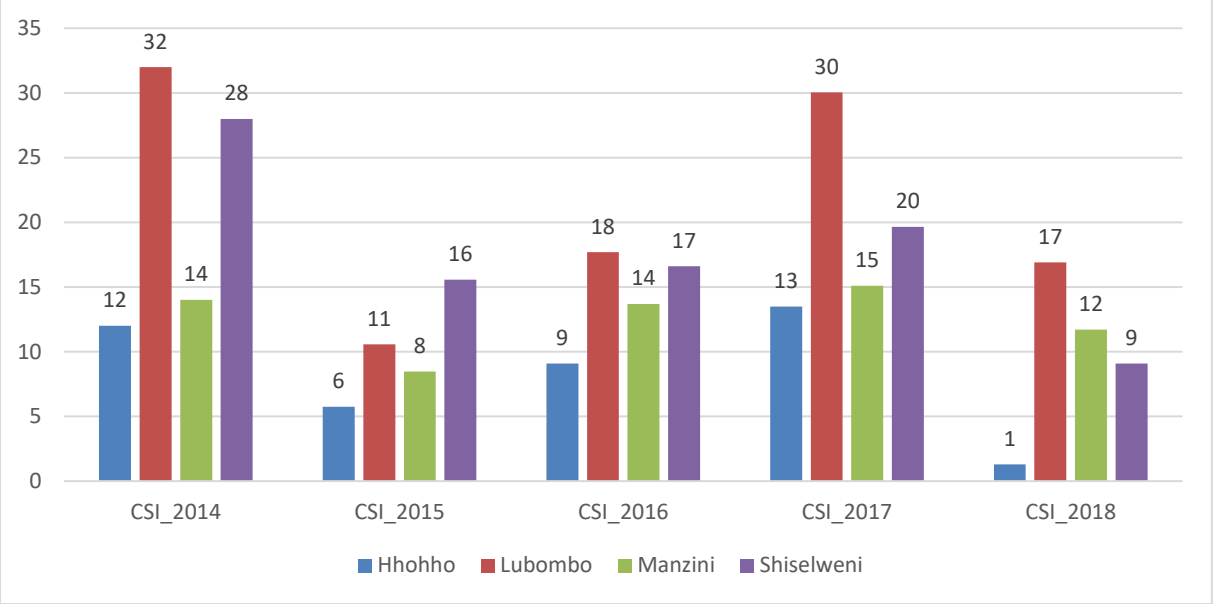


Figure 17: CSI trends by region (2014 – 2018)

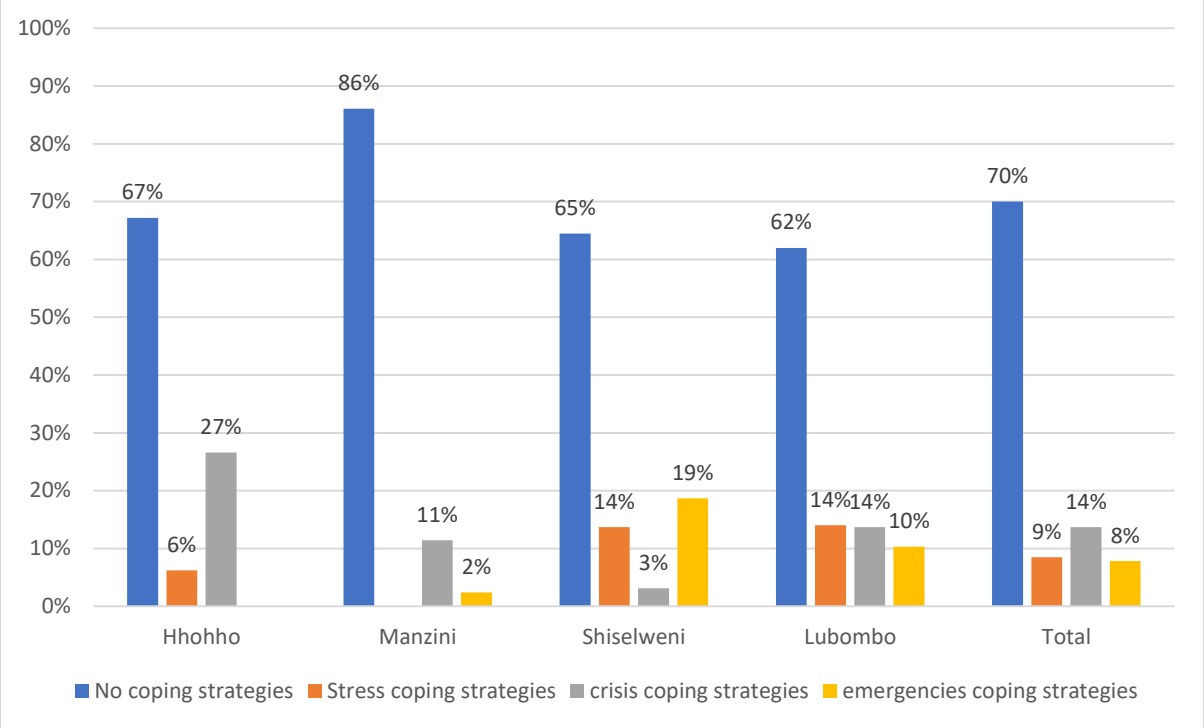


4.5.2 Livelihood Coping Strategies

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

Nationally (Figure 18), about 8% of households have reported to be engaged in emergency, where the Shiselweni region (19%) had the highest proportion followed by the Lubombo region (10%). Stress coping strategies was high in Hhohho (27%) followed by the Lubombo region (14%) with Manzini at 11%. Compared to the previous year (2016/2017) the use of livelihood coping strategies has dropped an indication that households are facing less food insecurity as a result of improved conditions. However, the results show that the Shiselweni and Lubombo regions are still faced with high food insecurity as households are still engaged in high coping when compared to the other regions.

Figure 18: Livelihood Coping Strategies by Region

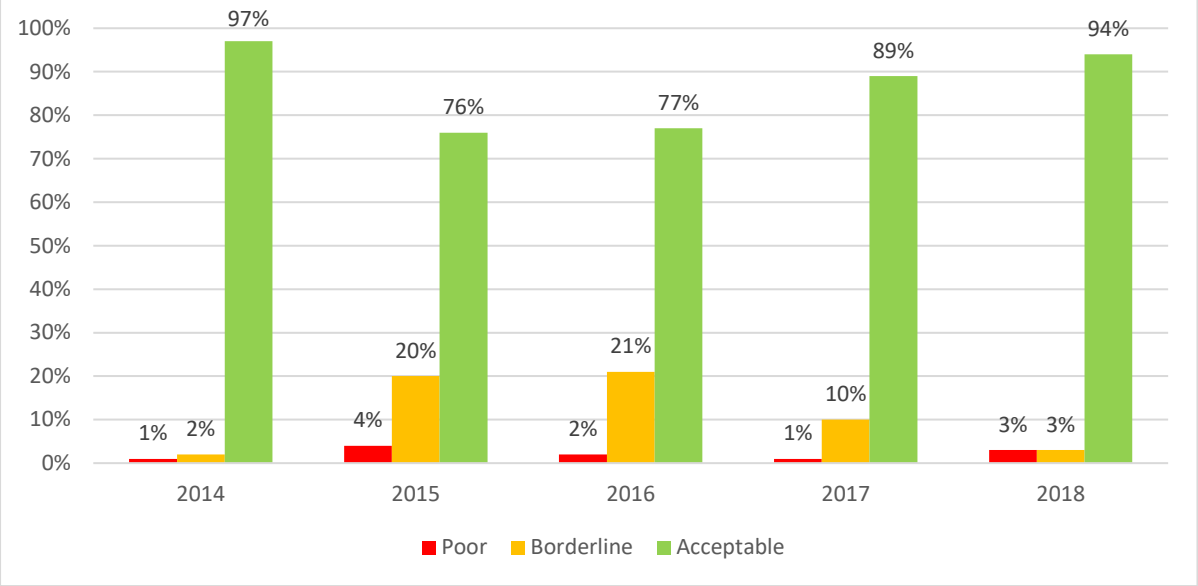


4.5.3 Food Consumption Score

The food consumption score for Eswatini is reported based on the standard thresholds: Poor food consumption (0—21), Borderline food consumption (21.5—35), Acceptable food consumption (> 35).

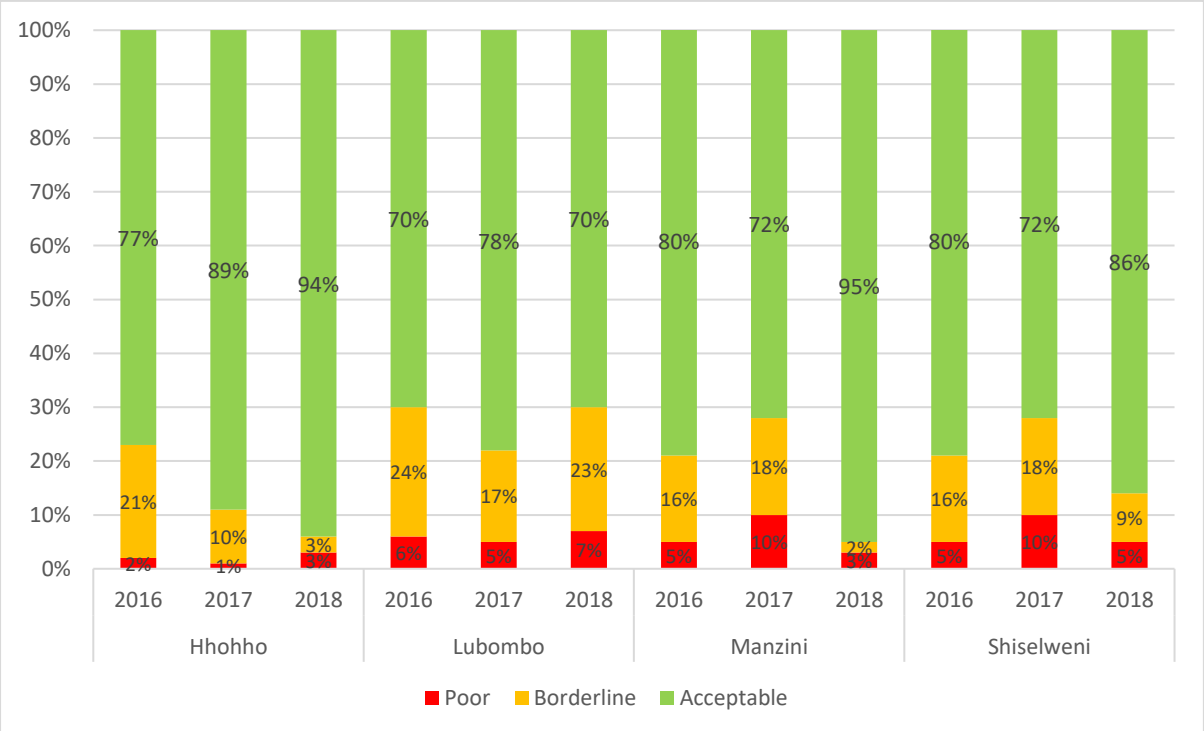
Food consumption levels have improved in the country when compared to the 3 previous years, however still less than levels observed in 2014. The good seasonal rainfall performance in some areas contributed significantly to household food availability. The proportion of rural households that had acceptable food consumption levels was at 94 %, an increase from levels observed in 2017 (89 %) (Figure 19). However, households with poor consumption increased from 1 % in 2017 to 3 % in 2018 (8,184 households), while those with borderline consumption decreased from 10 % in 2017 to 3 % in 2018.

Figure 19: Food Consumption Score 5-year (2014 – 2018) trends



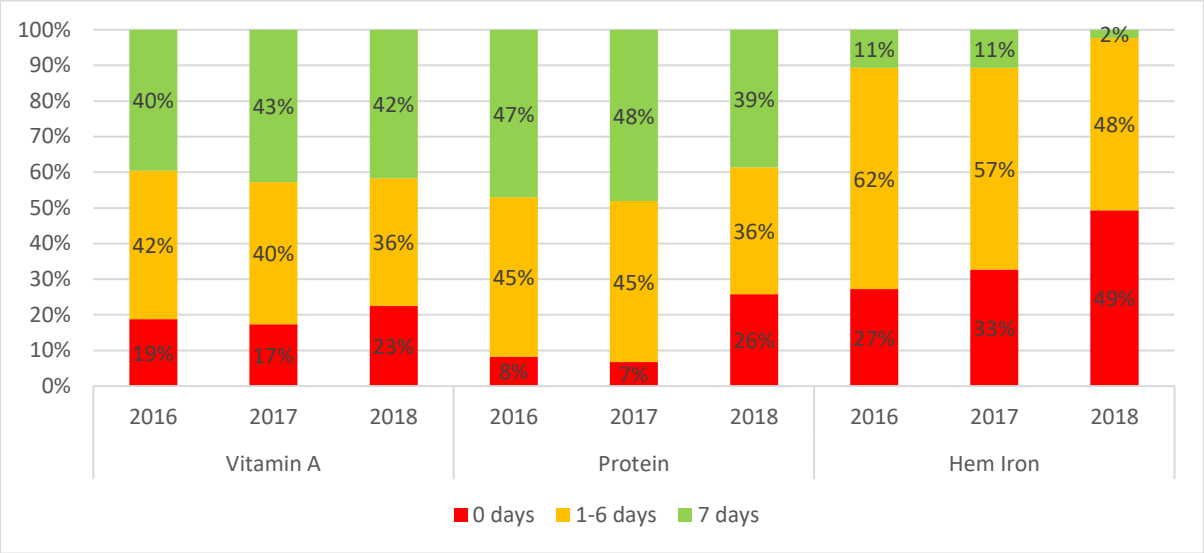
Consumptions levels have also improved when analysed by administrative regions. Overall, all regions have shown improvement in the food consumption score with the exception of Lubombo which had an increase in households with poor and borderline consumption from 22 % in 2017 to 30 % in 2018 (Figure 20). The Shiselweni and Lubombo regions had the highest households with poor and borderline consumption, a sign of the high food insecurity situation in the two regions when compared to the Hhohho and Manzini regions.

Figure 20: Food Consumption Score by Regions 2018



4.5.4 Food Consumption Score - Nutrition

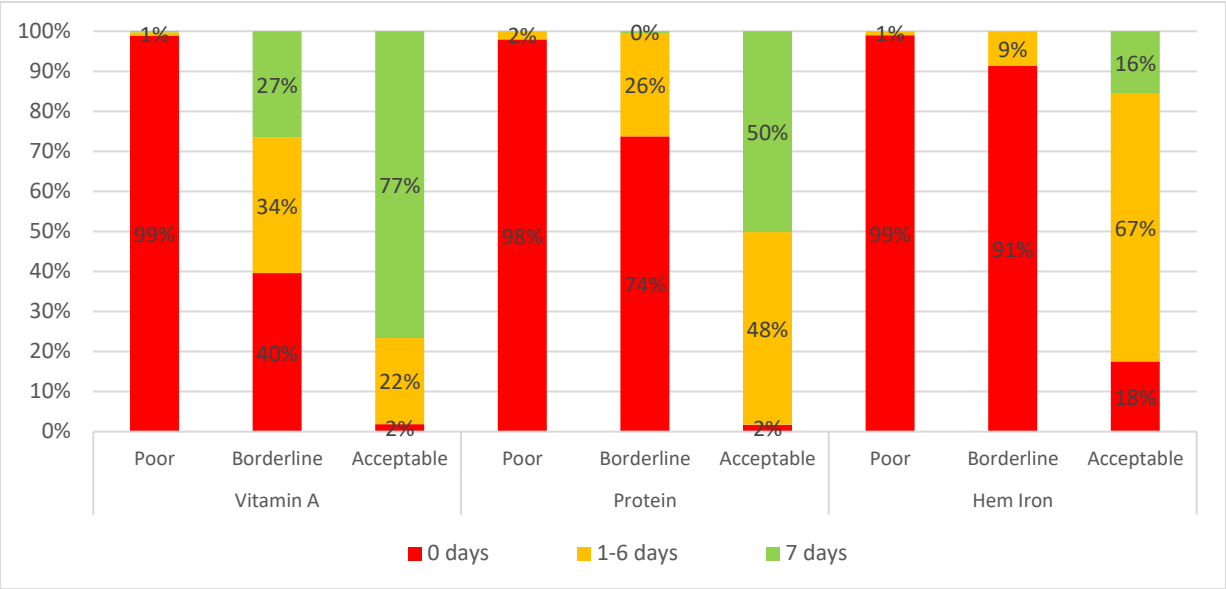
Figure 21: FCS-N by Food Consumption Groups (Poor, Borderline and Acceptable)



Overall consumption of nutrient rich food still poor in the country as presented in Figure 21. There is an observed increase in households not consuming nutrient rich food sources as households not consuming any Vitamin A rich food increased from 17% in 2017 to 23%. This was also evident with Protein (27% from 7% in 2017) and Iron (49% from 33% in 2017) rich food as it increased. It is of note that though the overall food consumption has improved in the country, consumption of rich food has not followed the trends. This is an indication of poor access to a diversity of food groups by households thus not consuming nutritious foods.

The data also shows that households with a with poor or borderline food consumption (food insecure) have a poor consumption of all nutrients rich foods (Figure 22). More than 90% households with poor consumptions reported to have not consumend any of the nutrient rich food sources. Households with acceptable consumption had access to nutrient rich foods.

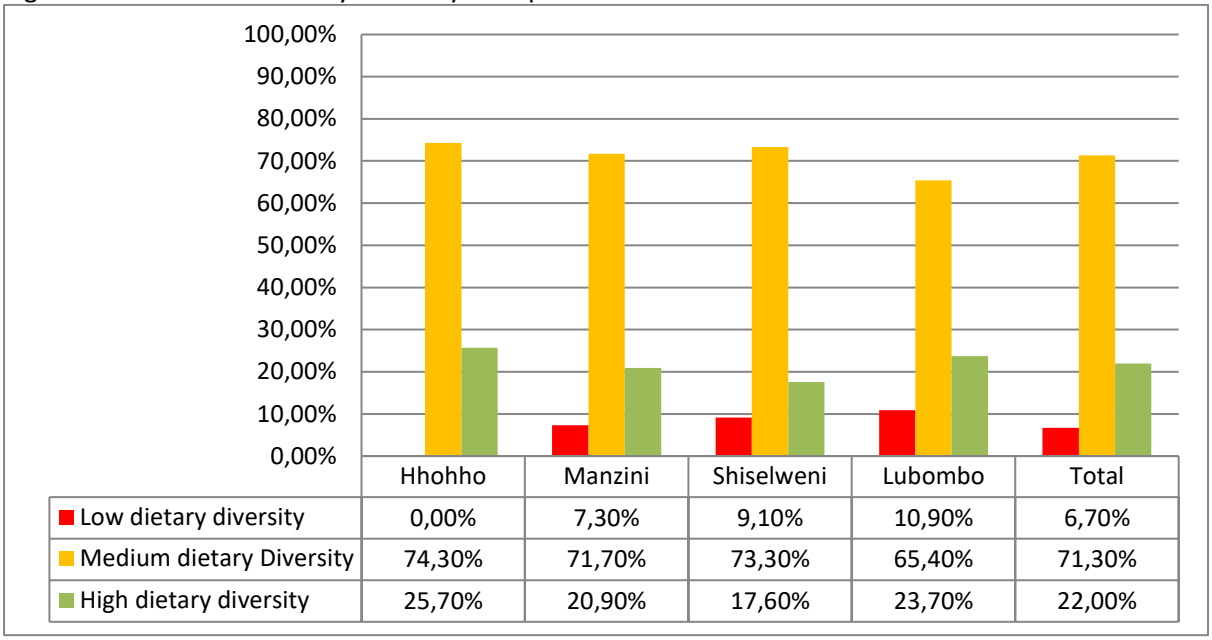
Figure 22: FCS-N by Food Consumption Groups (Poor, Borderline and Acceptable)



4.6 Household Dietary Diversity

Access to a variety of food groups has improved in the country when compared to last year. Nationally 7 % of households were consuming less than 3 food groups, 71% were consuming 3 – 6 different food groups (moderate dietary diversity), while 22% were consuming more than 6 food groups (Figure 23). The proportion of households with moderate dietary diversity has increased when compared to the previous year (2017). Lubombo (13%) and Shiselweni regions (12%) had the highest proportion of households with low and medium dietary diversity scores. These are the regions that are faced with high food insecurity levels, thus households have poor access to a variety of food groups to meet their dietary needs.

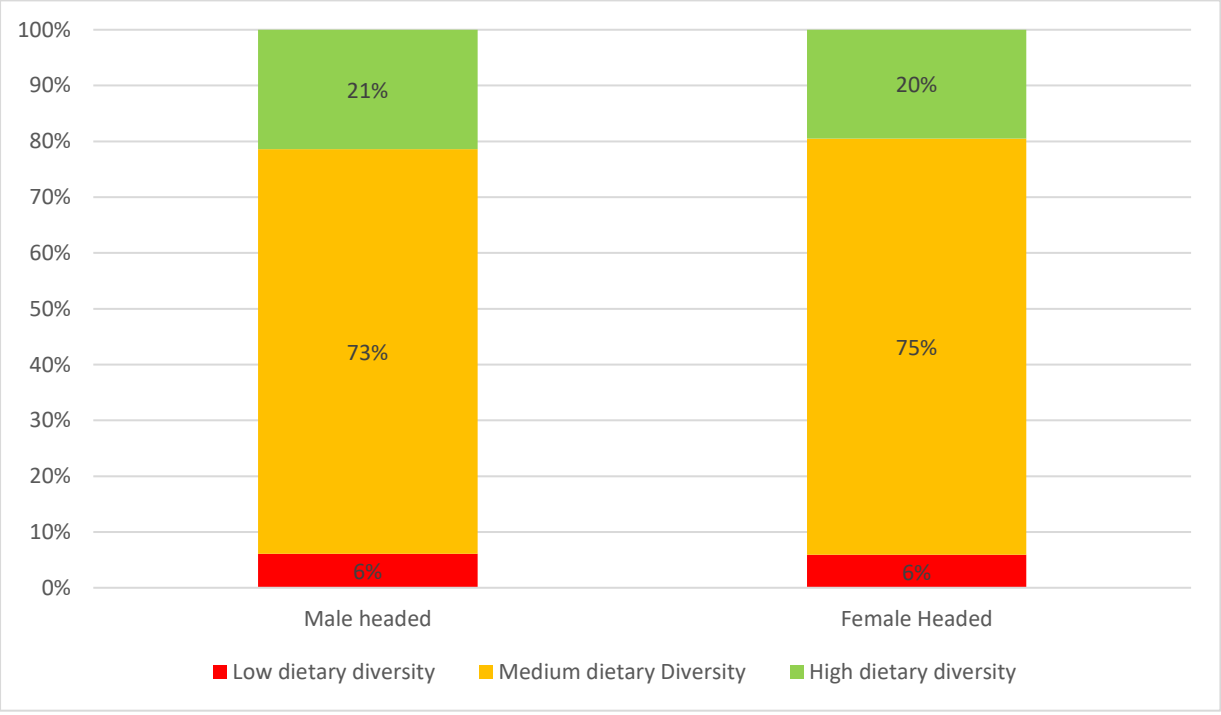
Figure 23: Household Dietary Diversity Groups



	Hhohho	Manzini	Shiselweni	Lubombo	Total
Low dietary diversity	0,00%	7,30%	9,10%	10,90%	6,70%
Medium dietary Diversity	74,30%	71,70%	73,30%	65,40%	71,30%
High dietary diversity	25,70%	20,90%	17,60%	23,70%	22,00%

The HHDS by head of household indicated no significant differences. Households with a low dietary diversity was at 6 % for both male and headed households. Households with moderate dietary diversity was at 73 and 75 % for male and female headed households respectively, with 21 and 20 % having a high dietary diversity (Figure 24).

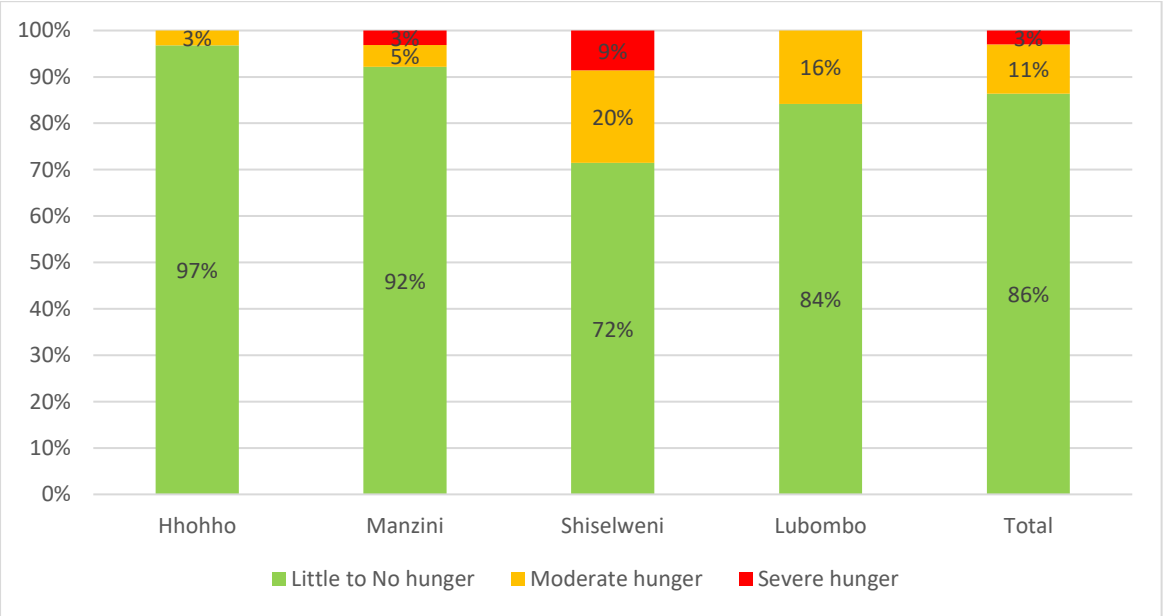
Figure 24: Household Dietary Diversity by Head of Household



4.7 Household Hunger Scale

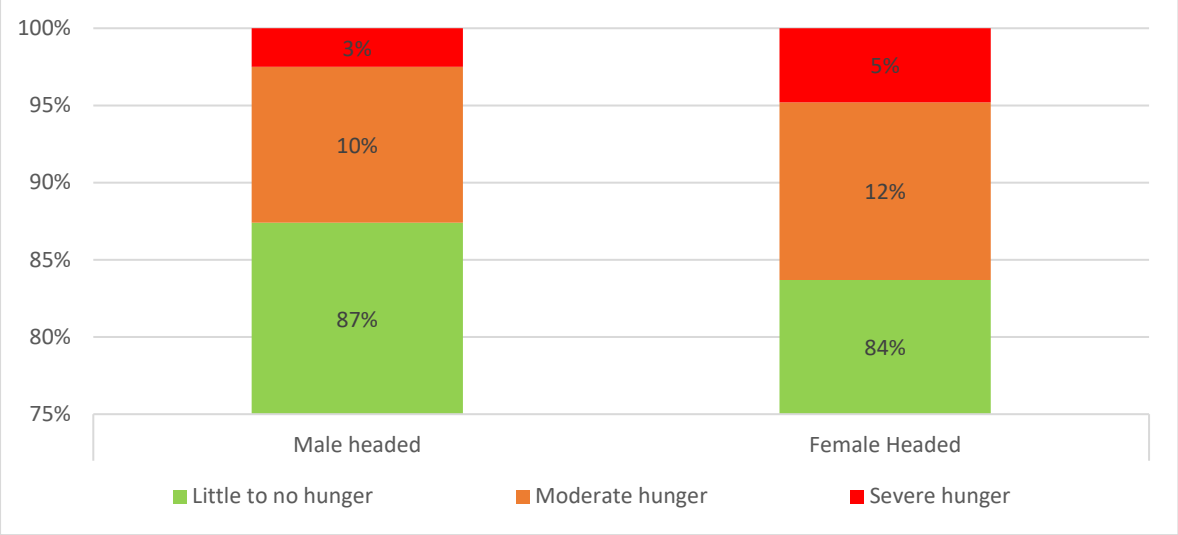
Nationally 3 % of households reported to be experiencing severe hunger, 11 % with moderate hunger and 86 % not experiencing any hunger within their households (Figure 25). The Shiselweni region had the highest proportion of households facing severe hunger and moderate hunger. The Lubombo and Shiselweni region had the highest proportion of households facing moderate hunger. The Manzini and Hhohho region more than 90 % of the households experiencing little or no hunger, an indicating adequate access of households to food.

Figure 25: Household Hunger Scale by Regions 2018



A higher proportion of female headed households (5%) reported to be facing severe hunger when compared to male headed households (3%). As presented in figure 26, female headed households had a lower HHS when compared to male headed households an indication that female headed households were faced with high food insecurity when compared to male headed households.

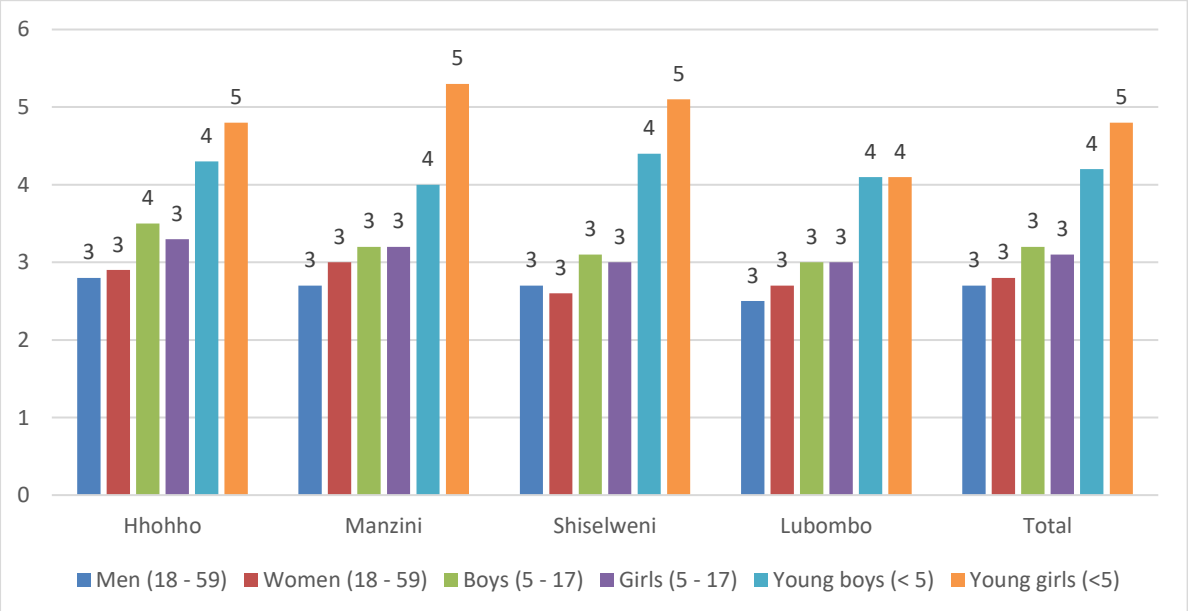
Figure 26: Household Hunger Score by Head of Household



4.8 Meals per day

The number of meals consumed per day is a proxy for adequacy of caloric intake by household members. Presented in Figure 27 is the average number of meals consumed per day by age group and gender. The country averaged at 3 meals per day for all age groups and gender, consistent with expected number of meals nationally. Children under 5 years averaged at 4 meals per day with girls averaging at 5 meals per day. The high number of meals per day observed within households is an indication of improved availability and access of households to food, an improvement from observations the previous year.

Figure 27: Number of Meals per day by Age groups



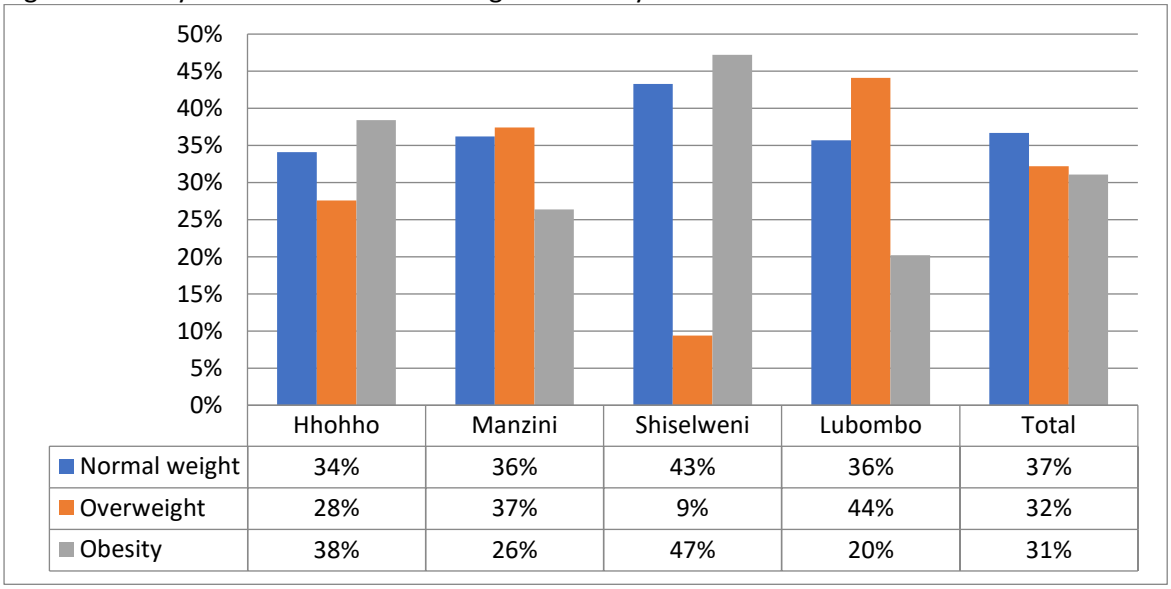
4.9 Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished. This section is looking at results on malnutrition in women of child bearing age, national status in children under 5 years, vitamin A supplementation, admission of children in supplementary feeding programmes and morbidity in children.

4.9.1 Body Mass Index for women aged 15 – 49 years

The results shown in Figure 28 below reveal that there are no women who are underweight across all the regions. Overall, the prevalence of overweight is 32.2% and obesity is at 31.1%. The rate of obesity is high in the Shiselweni region while overweight is high in the Lubombo region.

Figure 28: Body Mass Index for women aged 15 – 49 years

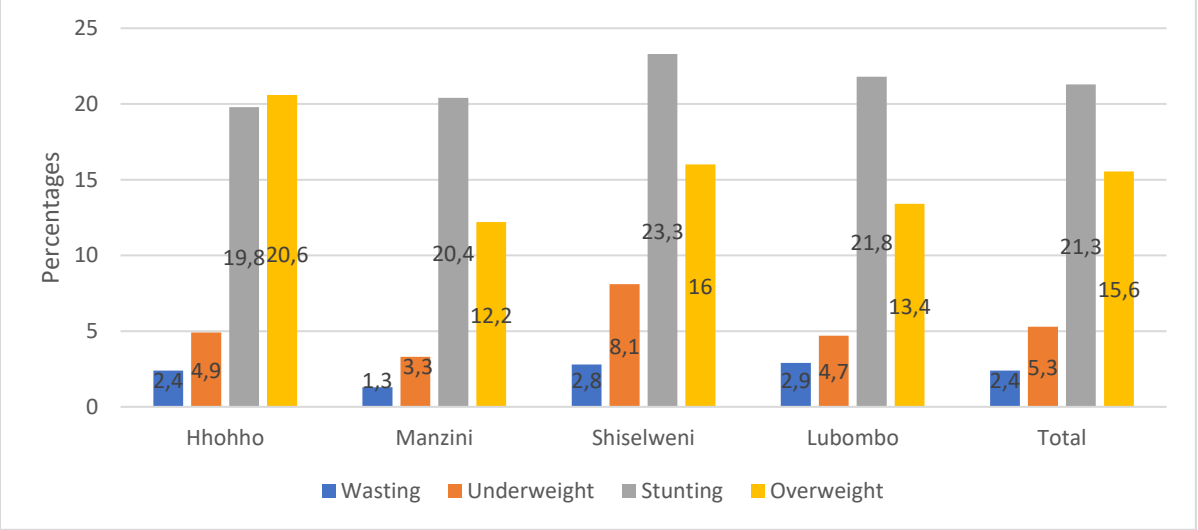


	Hhohho	Manzini	Shiselweni	Lubombo	Total
Normal weight	34%	36%	43%	36%	37%
Overweight	28%	37%	9%	44%	32%
Obesity	38%	26%	47%	20%	31%

4.9.2 Prevalence of malnutrition in children under 5 years

Overall, the prevalence of stunting presented in Figure 29 is around 21%, underweight 5.3%, overweight is 15.6% and wasting is at 2.4%. This GAM rate of 2.4% considered acceptable by WHO. The overall rate of severe wasting is 0.8% and moderate wasting is 1.6%. Shiselweni region has the highest prevalence of stunting (23.3%) and underweight at 8.1% than the other regions. Manzini has the lowest prevalence of wasting (1.3%) while Hhohho has the least in stunting (19.8%). In addition, Hhohho region has the highest prevalence of overweight (20.6%) with Manzini having the lowest at 12.2%.

Figure 29: Prevalence of malnutrition in children under 5 years

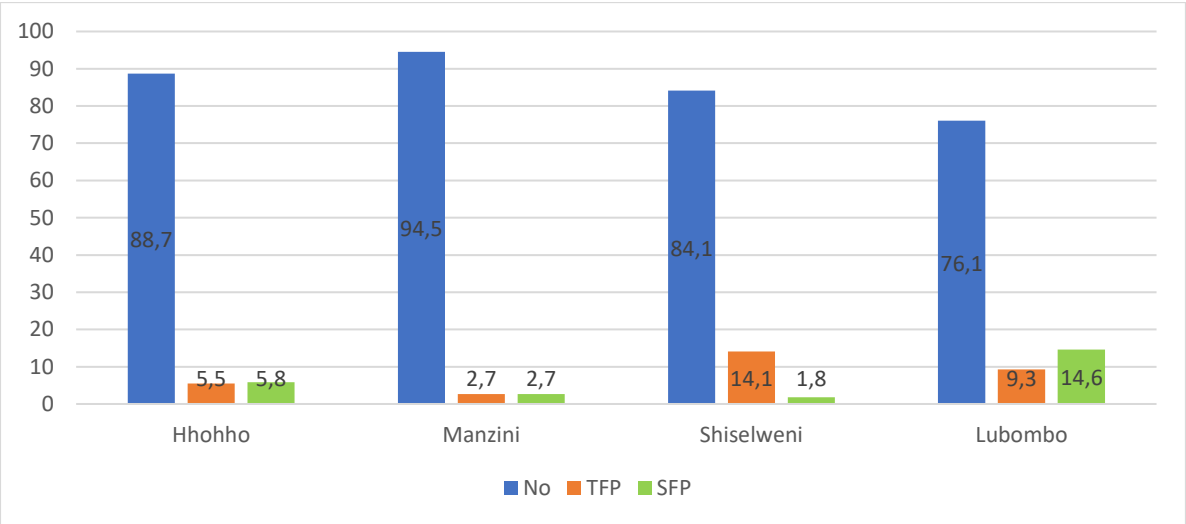


On another note, males (23.8%) are more stunted than females (18.7%). However, females (3%) are more likely to be wasted than males (1.6%). The prevalence of overweight is high in males than in females. The prevalence of underweight is the same across all the sex.

4.9.3 Admission of children into supplementary/therapeutic feeding programme

The results show that most of the children are not eating at the neighbourhood care points or neither are they admitted to the therapeutic feeding programme. Overall, 55,500 were beneficiaries of feeding programmes. Lubombo has the highest percentage of children eating at NCP (14.6%) while Shiselweni has the lowest at 1.8%. On another note, Shiselweni region has the highest percentage of children admitted to the therapeutic feeding programme with Manzini having the lowest (Figure 30).

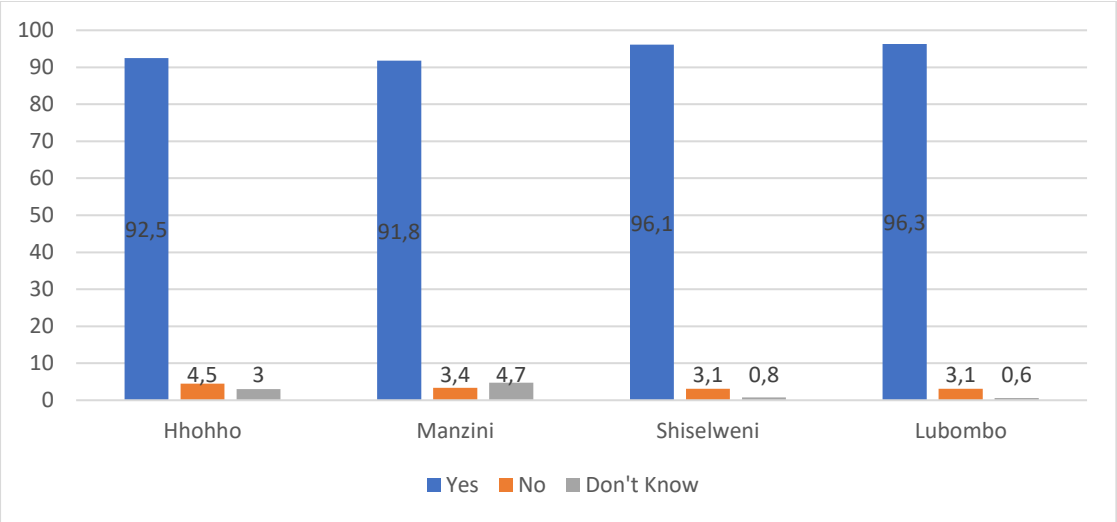
Figure 30: Admission of children into supplementary/therapeutic feeding programme



4.9.4 Vitamin A supplementation

Figure 31 below depicts that vitamin A supplementation is above 90% across all the regions with Lubombo and Shiselweni having the highest percentage of about 96%. Manzini region has the lowest at 91.8%.

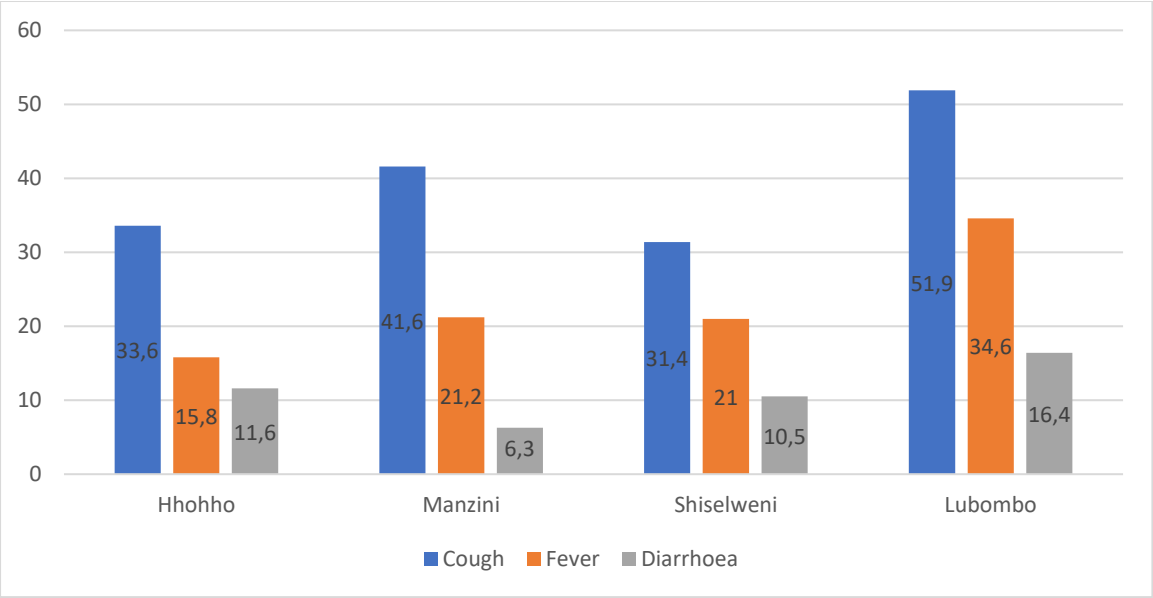
Figure 31: Vitamin A Supplementation



4.9.5 Morbidity in children

Two-week recall period was used to determine morbidity amongst children aged 6-59 months. Overall, Lubombo region had more sick children than the other regions. About 52% of children had cough, 35% had fever and 16% had diarrhoea in the Lubombo region. Manzini had the lowest of children with diarrhoea while Hhohho had the least of those who had fever (Figure 32).

Figure 32: Morbidity in Children



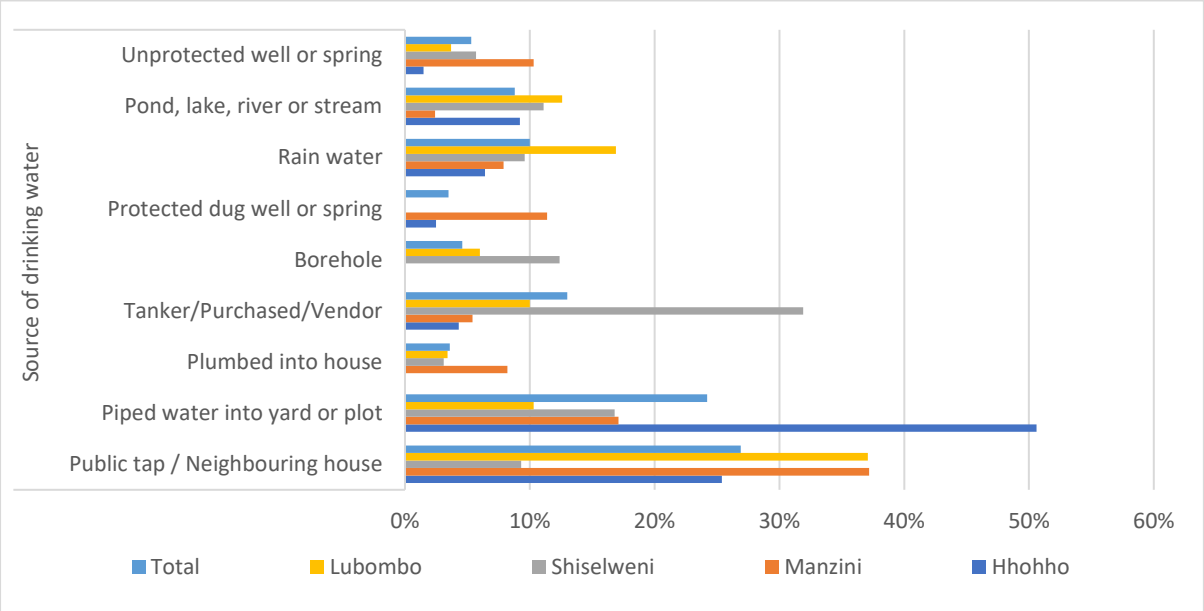
4.10 Water and Sanitation

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

4.10.1 Use of improved water source

The distribution of the population by main source of drinking water is shown in Figure 33. The population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, compound, yard or plot, to neighbour, public tap/standpipe), tube well/borehole, protected well, protected spring, and rainwater collection. Overall, 60.7% of the population uses an improved source of drinking water. The situation in remains high in the Hhohho region with 80.3% of the households having access to improved water source. This is followed by Manzini region with 67.9% of households using improved water source. Shiselweni and Lubombo regions had the lowest percentages when compared with the other two regions (61.1% and 60.8% respectively).

Figure 33: Sources of drinking water



4.10.2 Households paying for water

The consumption and purchase of water varies across the regions. About 38% of households indicated to be paying for water while 62% indicated to be not paying for water. Manzini region (59%) had the highest proportion of households that are paying for water while Shiselweni (19%) had the least

(Figure 34). There is not much difference in terms of purchase of water during rainy season and dry season (Figure 34 and 35).

Figure 34: Households paying for water during rainy season

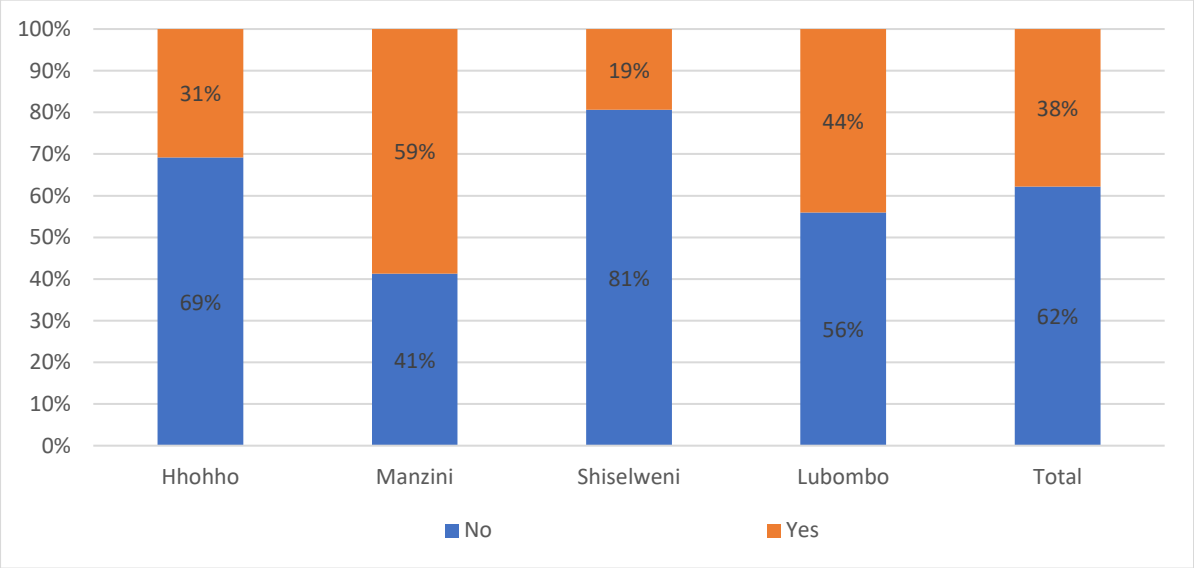
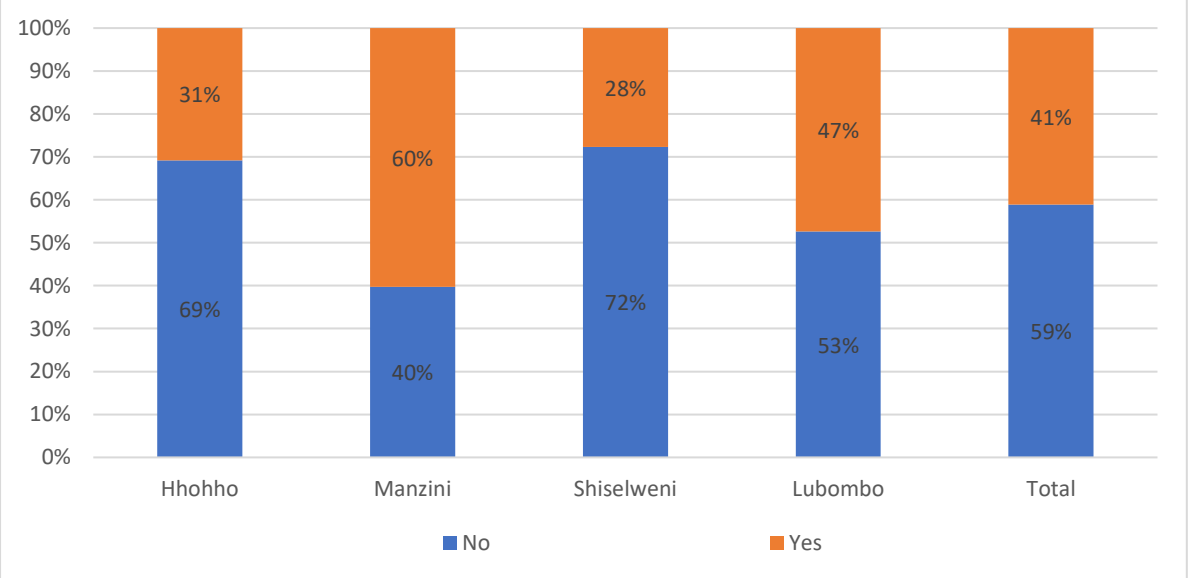


Figure 35: Households paying for water during dry season



4.10.3 Distance travelled to water source

The amount of time it takes to obtain water during the rainy season is presented in Figure 36 and during dry season in Figure 37. The results refer to one roundtrip from home to drinking water source. Information on the number of trips made in one day was not collected. Overall, 18.8% of the household population uses the drinking water from a source which is within premises. The availability of water on premises is associated with greater use, better family hygiene and better health outcomes.

Overall, 68% of household population travel for about 30 minutes or less to get to the water source and bring water as shown in Figure 37 below.

Figure 36: Time taken to nearest water source in rainy season

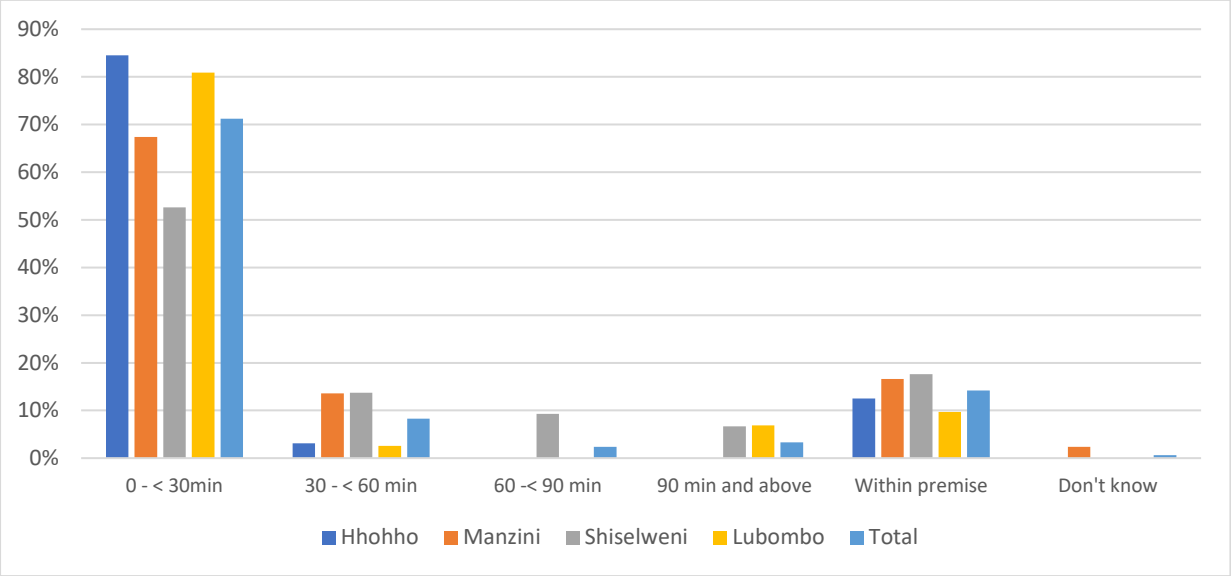
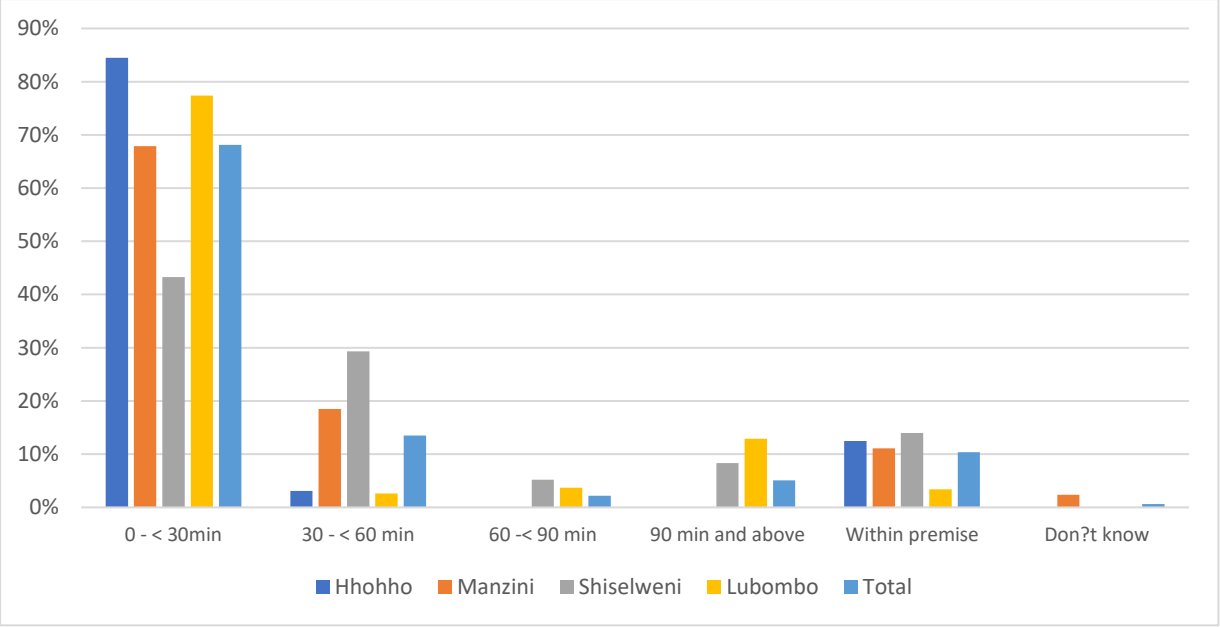


Figure 37: Time taken to nearest water source during dry season



4.10.4 Health hazards near water source

The presence of health hazards near water source indicates likelihood of unsafe water for consumption. Overall, 24% of households indicated the presence of a hazard near their water source and indication of a likelihood of unsafe water source (Figure 38). About 80% of households in

Shiselweni region indicated hazard near water source mainly from waste water discharge. About 72% of the households in Lubombo region indicated hazard near water source and include solid waste (chemical, hazardous substance, toxic contamination) (Figure 39).

Figure 38: Presence of Hazard near water source

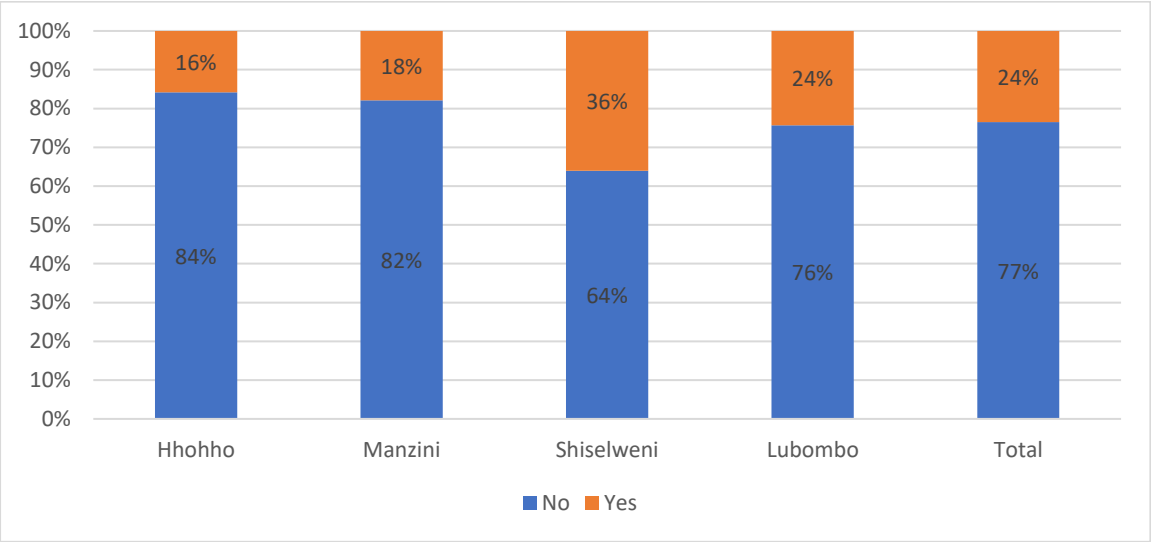
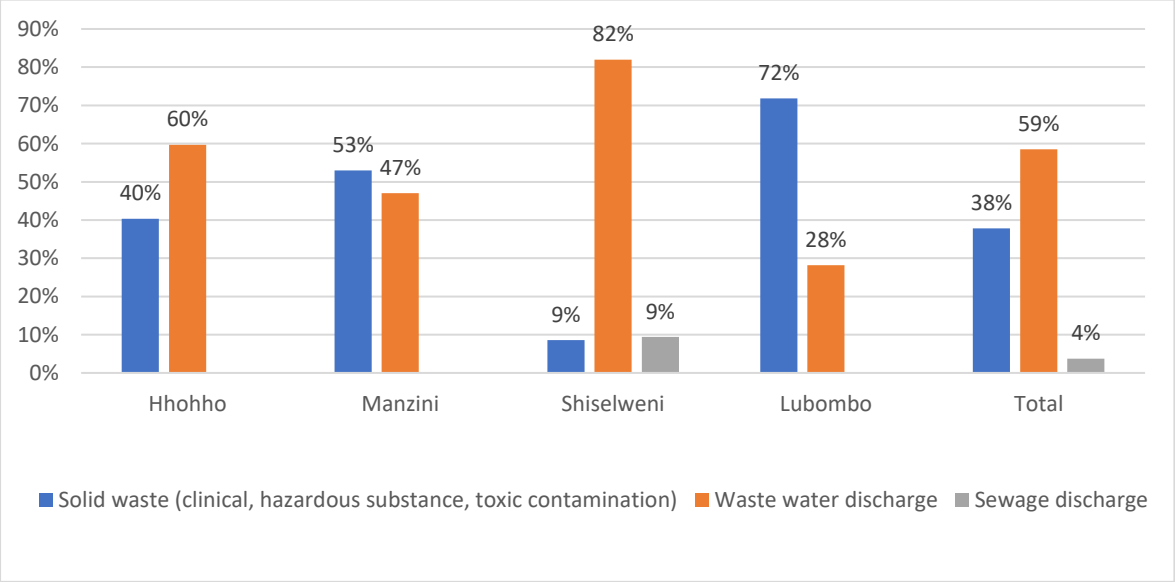


Figure 39: Health hazards near water source



4.10.5 Use of unimproved Sanitation

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. 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.

In Figure 40, the findings have shown high proportion of households are using traditional pit latrines. About 90% of households in Lubombo region, 80% in Shiselweni region, 79% in Manzini region and 68% in Hhohho region.

Figure 40: Type of Toilet Facility Used

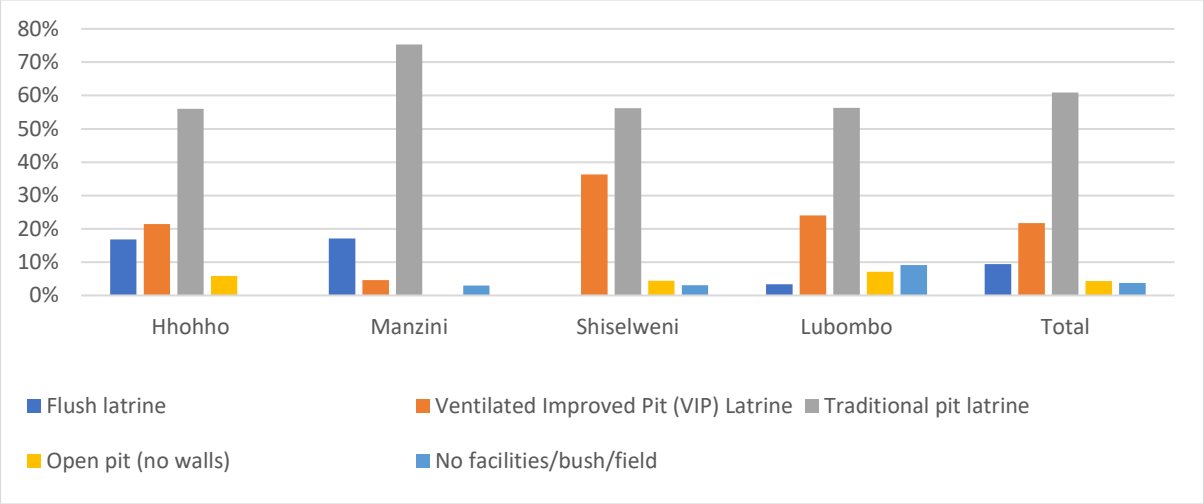


Figure 41: Waste Disposal

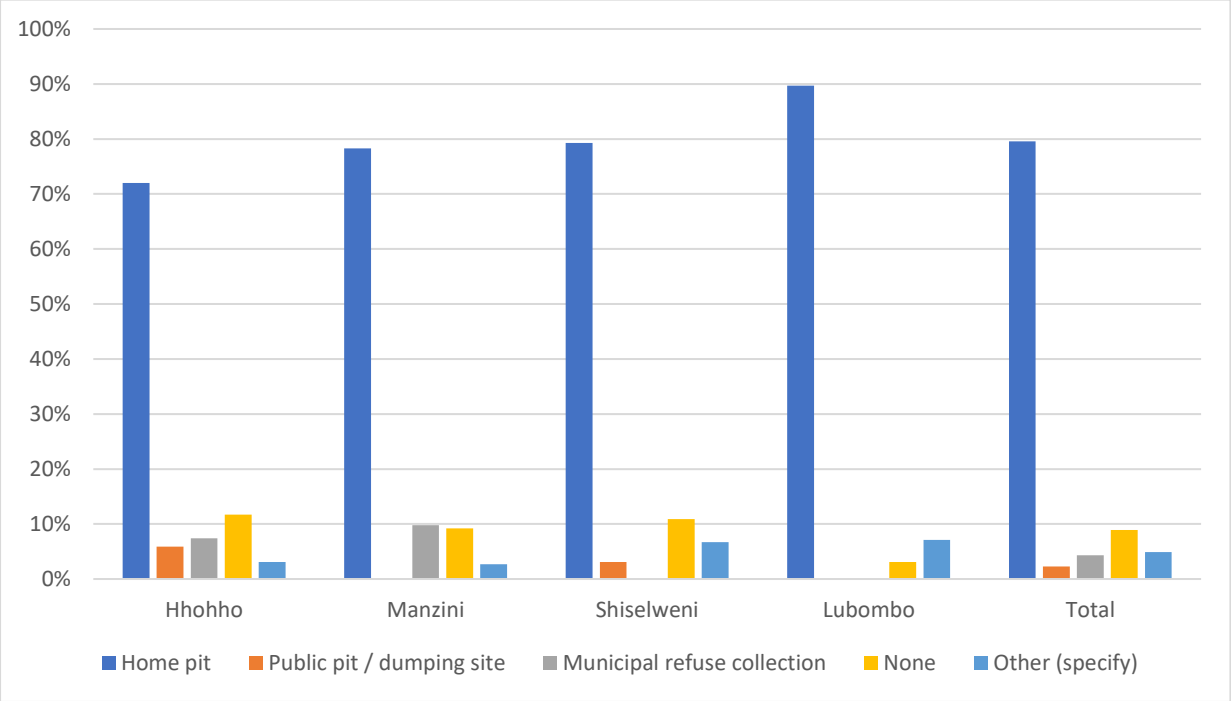
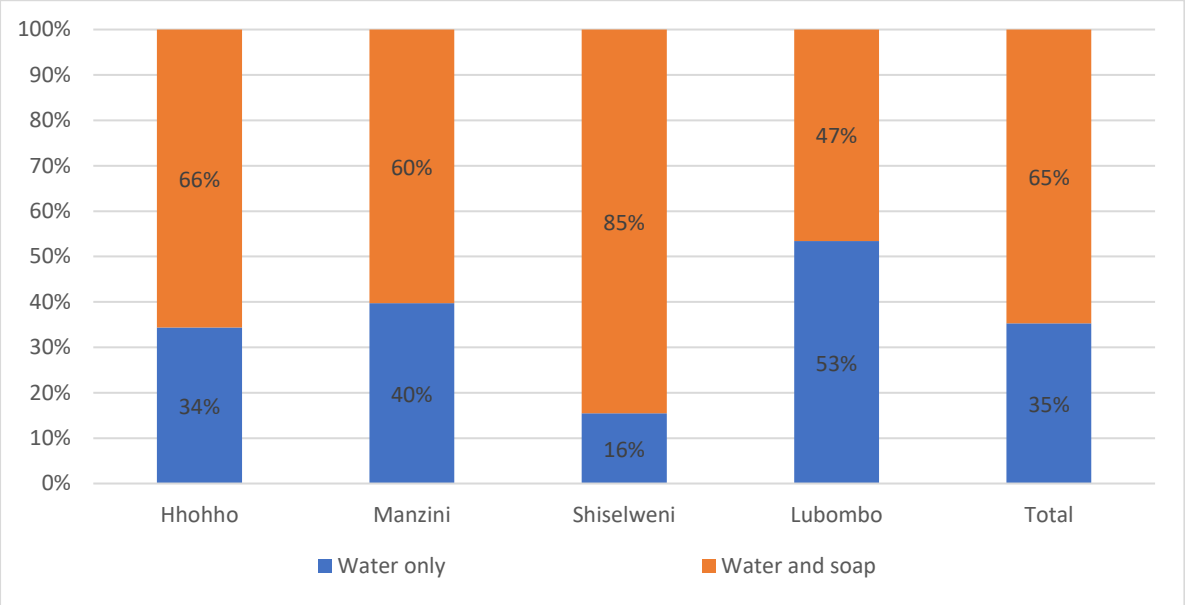


Figure 42 shows that most households reported having washed their hands with soap and water or ash at critical times, after easing oneself, before and after serving and eating meals at 80%. The highest was Shiselweni at 86% followed by Hhohho at 66%. The lowest was reported at 46%, Lubombo.

Figure 42: Hand washing by Households

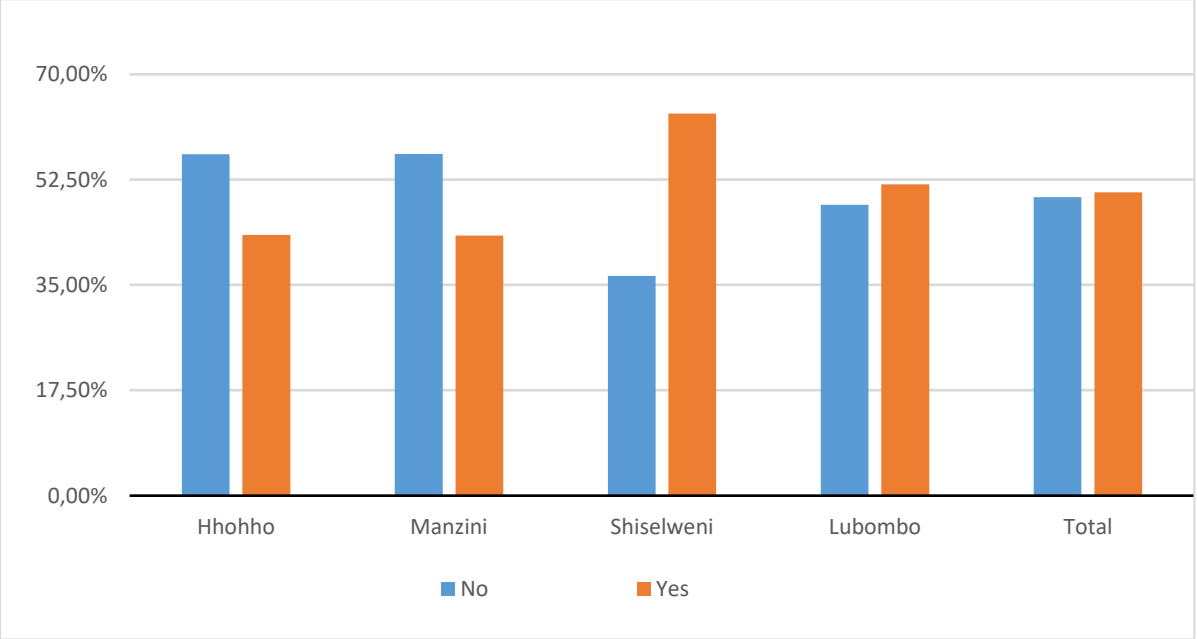


4.11 Health

4.11.1 Chronic Illnesses

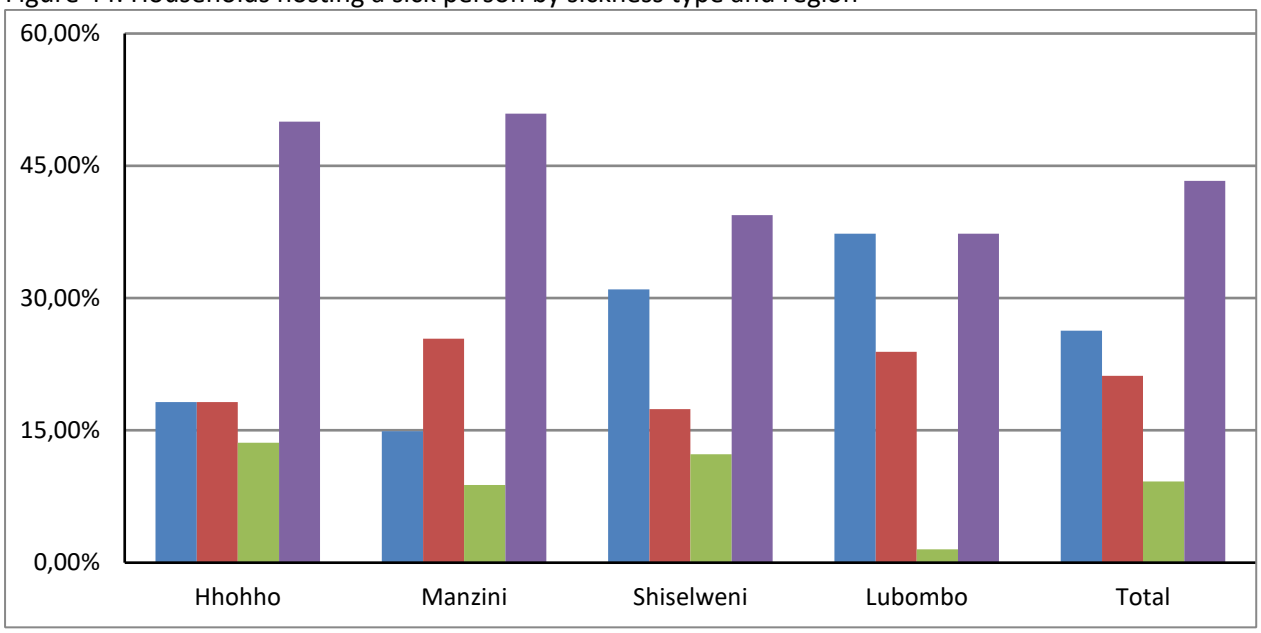
When looking at reported deaths in the last 12 months due to chronic illness (proxy indicator), all regions reported a death that occurred in the family. Overall, 50% households reported death of a family member in the last 12 months. Shiselweni region ranks the highest with deaths in the last 12 months (60%), Lubombo with 49%, Hhohho 40% and Manzini 39% as shown in Figure 43 below.

Figure 43: Deaths in in the past 12 Months by Region



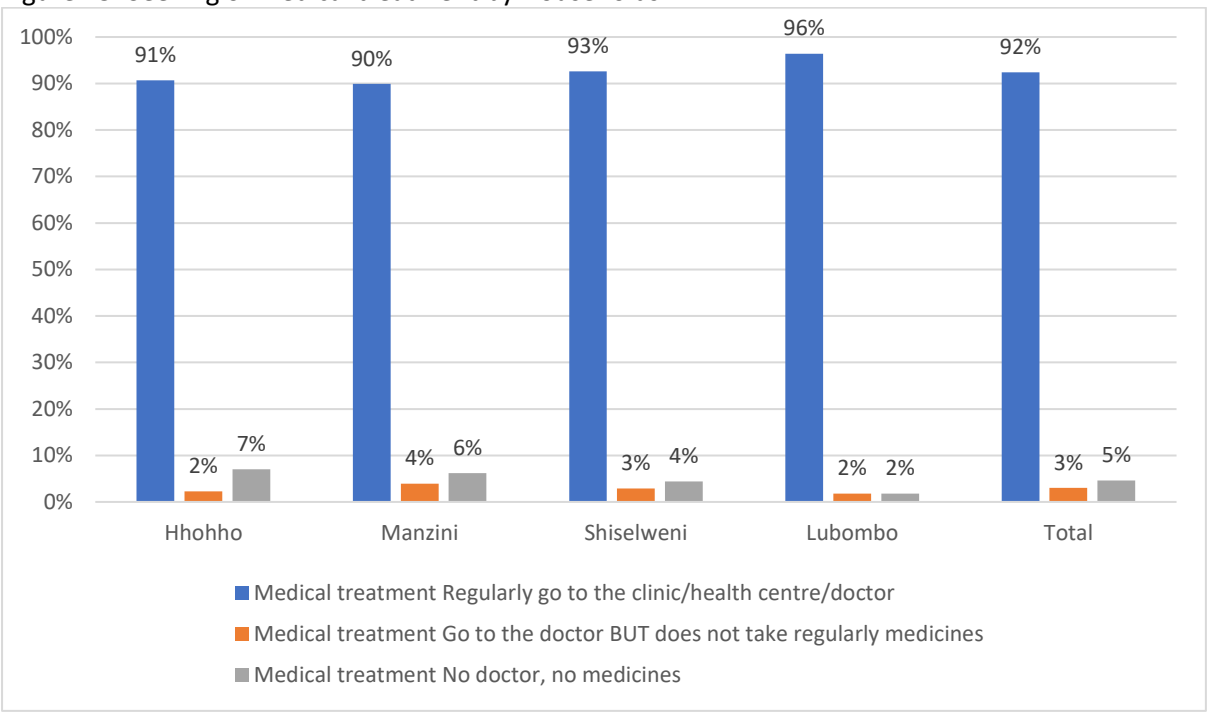
When looking at the percentage of households hosting a chronically ill member within the family, overall, 26% of households indicated hosting a chronically ill member. Lubombo region has the highest number of households hosting chronically ill members (37%), Shiselweni (31%), Hhohho (18%) and Manzini (14%) (Figure 44).

Figure 44: Households hosting a sick person by sickness type and region



Even though there was an indication that some households are hosting a chronically ill member, there was also an indication that some members within households do not take their medicines regularly because of a number of reasons.

Figure 45: Seeking of medical treatment by Households



5.0 ANALYSIS OF ACUTE FOOD INSECURITY SITUATION

5.1 National Level Results

The seasonal performance influenced by hazards including; market prices, erratic and poor rainfall distribution, nutritional status, outbreak of Fall Army Worm, reduced access to employment etc. had an impact on the food security outcome analysis for the 2018/2019 consumption year. Some of the positive indicators included but were limited to; improved amount of rainfall received, 60% increase on amount of social grants for the elderly, improved pasture conditions, improved quality of livestock and continued supply of government subsidized agricultural inputs.

5.2 Food Security Outcome Analysis

5.2.1 Hhohho Region Outcome Analysis

The region has six distinct livelihood zones. The two drier livelihood zones are; Dry Middleveld and Lowveld Maize & Cattle. The other four zones that receive significantly more rains than the dry parts are; Moist Middleveld, Timber Highlands, Peri-Urban and Highveld Maize & Cattle. Findings of the 2018 vulnerability assessment indicate that the four moist/wet livelihood zones do not have deficits in both income and food sources for the poor and very poor. It is however worth noting that for the poor, own crop production declined in the wet zones from an average of 51% during the normal year to an average of 44% in the current year. The drier zones, in normal year, own production averages around 45% yet in the current year, production dropped to 15%. In both the dry and the wet zones, the poor and the very poor have to significantly increase purchase of stable food in order to meet their energy requirements.

The limited impact of the drivers of vulnerability described above, resulted in the overall region classified Phase I with only 5% of the population classified in Phase III resulting in **16, 033** people that will require some form of humanitarian assistance for at least 4 months. The affected population is the very poor and poor households mainly from the dry zones of the region as presented in Table 6. Those that face livelihood protection deficit according to HEA outcome total up to **33, 297** people.

5.2.2 Lubombo Region Outcome Analysis

The Lubombo region has four livelihood zones: namely the Lowveld Cattle & Maize, Lubombo Plateau, Moist Middleveld and the Dry Middleveld. Over 80% of the region is predominately dry (Lowveld Cattle & Maize) while the small portion (Lubombo Plateau) receives a fair amount of rainfall conducive for agricultural production. The Moist Middleveld and the Dry Middleveld are tiny portions of the region. The 2018 annual vulnerability assessment findings in this particular region portrays a

significant reduction with own food production contributing only 10% towards sources of food for the poor and very poor. Over the coming months increased purchase of stable food will remain an important strategy to meet household food needs. In spite of increasing purchase, the poor and very poor will still face a deficit of 25% - 30%. Income sources also reflect a deficit of about 25% owing to limited expandability on sale of livestock or employment opportunities by the poor and very poor.

The shocks experienced in the whole region has resulted in **53,133** people facing a survival deficit. After considering a variety of indicators, the region is classified as Phase III with about 5% of the population in the critical Phase IV. This vulnerable population will require some form of humanitarian assistance along with livelihood protection for an initial period of four months. Those that face livelihood protection deficit according to HEA outcome total up to **103,497** people.

5.2.3 Manzini Region Outcome Analysis

The Manzini region is divided into six livelihood zones including; Timber Highlands, Highveld Maize & Cattle, Peri Urban, Moist Middleveld, Dry Middleveld and Lowveld Cattle & Maize. The first four listed zones are classified as moist while the remaining two that follow are dry. The wet zones occupy over 65% of the region. The region's livelihood performance indicates a fairly good picture with regards to household access to food and income across the livelihood zones. However, the very poor have a deficit of 30% on sources of food.

The overall classification of the region is IPC Phase II with 5% and 2% classified to be in Phase III and IV respectively. The total of **28, 476** people in Phase II need to be monitored closely while **24,916** people will require some form of humanitarian interventions for an initial period of four months pending continuous food security monitoring. Those that face livelihood protection deficit according to HEA outcome total up to **28,331** people.

5.2.4 Shiselweni Region Outcome Analysis

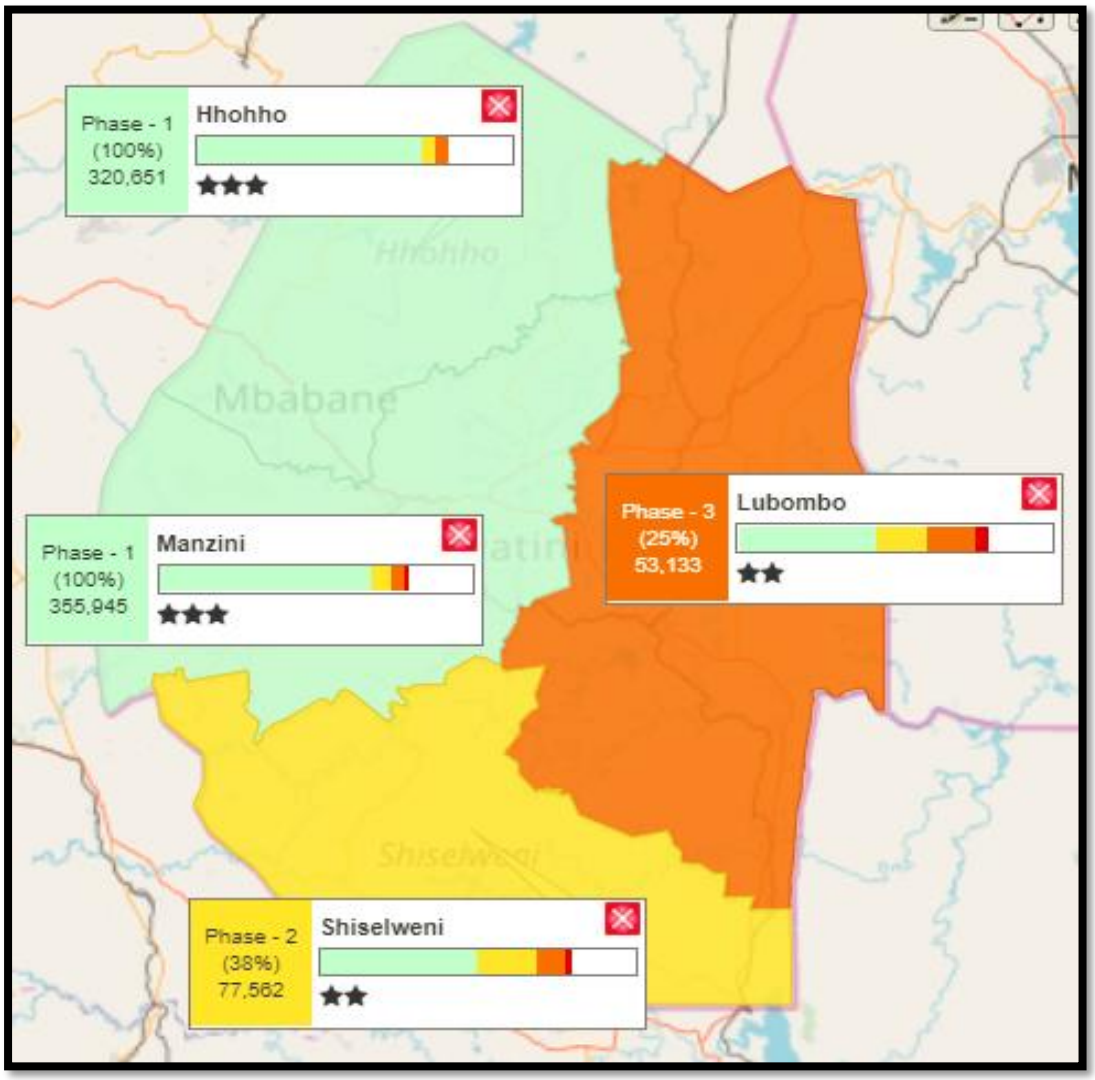
The Shiselweni region has a total of five livelihood zones namely; Timber Highlands, Highveld Maize & Cattle, Moist Middleveld, Dry Middleveld and Lowveld Cattle & Maize. The three first listed zones are considered to be moist while the last two are dry. The proportion of the region that is dry has depicted deficits amongst the poor and very poor. On sources of food, the findings indicate a deficit of 11% - 30% while no deficit was noted on income sources. The deficit on food sources is a result of 12.5% decline in own food production whereas under normal circumstances, own crop production is expected to contribute 35% towards food sources for the poor and very poor. Factors contributing to

poor crop production include poor rainfall distribution / dry spells and the outbreak of Fall Amy Worm. The moist zones received favourable rainfall and were to a lesser extent affected by Fall Amy Worm, as a result, sources of food and income remained stable.

Shiselweni region is classified Phase II with **48, 987** to be monitored over the agricultural consumption period. About 12% of the population totalling to **28, 575** are in Phase III with 2% **(4,082)** in Phase IV. The population in Phases III and IV will require livelihood and humanitarian interventions over an initial period of four months. Those that face livelihood protection deficit according to HEA outcome total up to **61,763** people.

5.3 Current Analysis

The current analysis covers the period June to September 2018. The IPC acute outcome analysis benefited from various pieces of data inclusive of primary and secondary sources which resulted in the Map 3 below. The map indicates that Hhohho and Manzini regions were classified in Phase I while Shiselweni region is classified as Phase II and Lubombo classified as Phase III.



Map 3: IPC Current Analysis Phase Classification (June – September 2018)

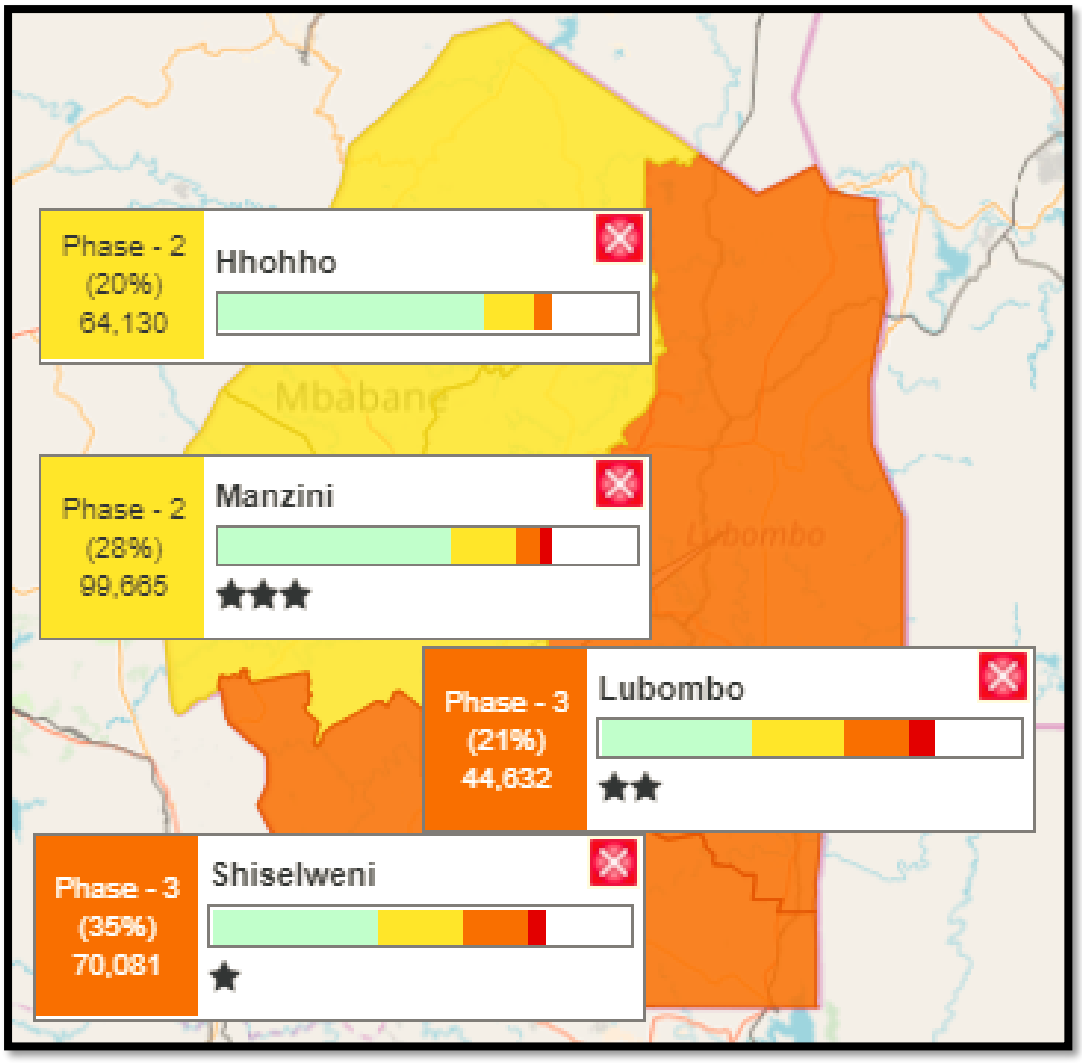
The number of people in need of support in the current period is **122, 657** with **100, 829** in Phase III and **21, 828** in Phase IV as reflected in Table 6 below. A total of **226, 887** people will require livelihood support in the current consumption period to ensure that they are able to maintain their classification. Detailed description of each region is presented in the sub sections that follow.

Table 5: IPC Current Acute Outcome 2018 (June – September 2018)

Region	Population	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Hhohho	320,651	288,586 (90%)	16,033 (5%)	16,033 (5%)	0 (0%)	0
Lubombo	212,531	116,892 (55%)	42,506 (20%)	42,506 (20%)	10627 (5%)	0
Manzini	355,945	302,553 (85%)	28,476 (8%)	17,797 (5%)	7119 (2%)	0
Shiselweni	204,111	126,549 (62%)	48,987 (24%)	24,493 (12%)	4082 (2%)	0
Total	**1,093,238**	**834,580**	**136,001**	**100,829**	**21,828**	**0**

5.4 Projected Outcome Analysis

The projected food security outcome analysis was conducted for the period October 2018 to February 2019. Some of the critical factors/hazards considered to that influenced IPC Phase classification included; level of household food stocks, price of basic food, stability of income sources, rainfall, pests, health, access to agricultural inputs, domestic water supply etc. The effect of indicative hazards used in the analysis resulted in re classification of each of the four regions. Hhohho and Manzini regions were classified into Phase II with 64,130 and 99, 665 people respectively. The other two regions; Lubombo with 44, 632 people and Shiselweni with 70, 081 people were classified as Phase III.



Map 4: Projected IPC Phase Classification (October 2018 - February 2019)

The implication for the classification on Map 4 above are that, the regions classified in Phase II, that is, Hhohho and Manzini will require investment in disaster risk reduction and interventions aimed at protecting livelihoods for the poor and very poor households. Lubombo and Shiselweni regions classified in Phase III will require urgent interventions focused at reducing food consumption gabs and malnutrition while also prioritizing protection of livelihoods for all the poor and the very poor households. In order to design most appropriate interventions for respective regions, it is crucial that relevant institutions closely monitor the severity of each potential hazard as the projected period draw closer in order to sharpen the food security projected outcome analysis.

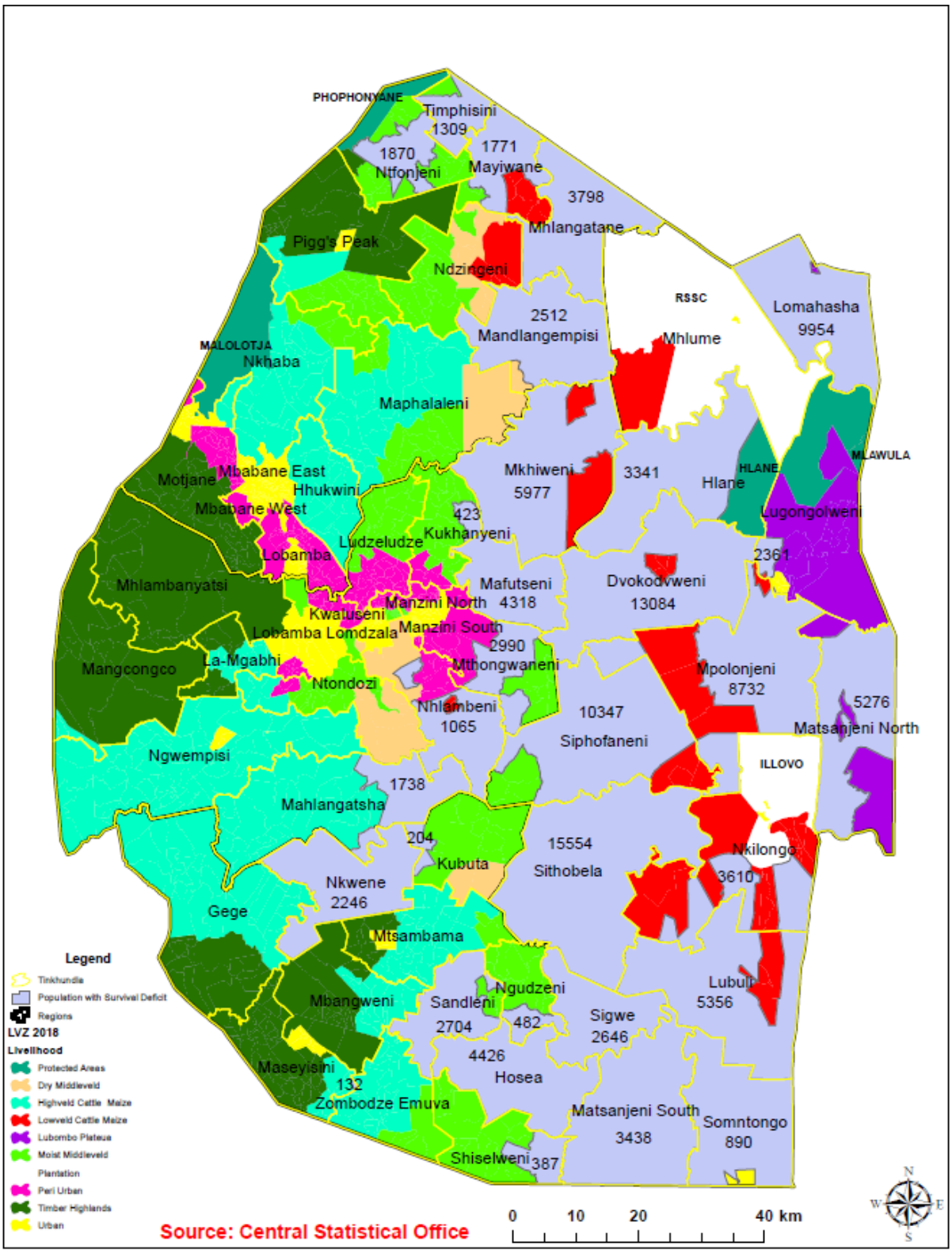
Table 6: Projected IPC Acute Outcome (October 2018 - February 2019)

Admin Region	Population	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Hhohho	320 651	256 521(80%)	48 098(15%)	16 033(5%)	0(0%)	0
Lubombo	212 531	95 639 (45%)	57 383(27%)	42 506(20%)	170020(8%)	0
Manzini	355 945	249 162(70%)	67 630(19%)	24 916(7%)	14238(4%)	0
Shiselweni	204 111	102 056(50%)	51 028(25%)	40 822(20%)	10206(5%)	0
Total	**1 093 238**	**703 377**	**224 138**	**124 277**	**41 446**	**0**

6.0 CONCLUSION AND RECOMMENDATIONS

- Targeted interventions should be delivered on time to ensure their effectiveness to targeted beneficiaries particularly to those populations facing survival deficit.
- Strengthening of livelihood protection support programmes to reduce households' vulnerability will be essential to reduce the impact of shocks as indicated in the projected outcome analysis.
- Improvement of early warning information dissemination and knowledge management systems to make use of indigenous practices is highly recommended to reduce the impact some of the known hazards in respective livelihood zones.
- Strengthening of research into cheaper and cost-effective pest control measures to deal with emerging threats such as the Fall Armyworm is urgently needed to capacitate all farmers with the necessary information and skills before the planting season.
- Consideration of cash-based response to population facing acute food insecurity to stimulate local markets and other economic activity should be prioritised given improved production of maize, mainly in the Highveld and moist Middleveld.
- Promoting healthy lifestyles and health sensitive behaviour across all population groups comes highly recommended to address the notable increase of numbers of people classified as obese / overweight.
- Increased educational campaigns to address acute malnutrition in children should be spread throughout the country using effective media outlets and health facilities.
- Urgent Resource mobilization to implement the national stunting action plan coordinated by the National Nutrition Council requires a concerted effort by government, cooperating partners, NGOs and the private sector in order to address the significant proportion of affected children.

7.0 ANNEX



Map 5: Food Insecure Population by Tinkhundla