SWAZILAND

ANNUAL VULNERABILITY ASSESSMENT & ANALYSIS REPORT

2013

July 2013

A. Highlights

- *An early onset of the rainfall season in 2012/13 with even distribution marked the beginning of the agricultural season with prospects for a better harvest compared to 2011/12. The dry season had been very long and was characterised by livestock deaths due to poor condition.*
- *The peak of the rainfall season was disrupted by month long dry spells over the entire country and affected maturing crops. This was closely followed by hazardous events such as hails storms, further compromising prospects of a good harvest.*
- *Despite these unfavourable events, total area under SNL planted to maize increased by 17% compared to 2011/12 and the resulting staple crop production estimate increased by only 7%*
- *The cereals gap in the National Food Balance Sheet is due to low production despite the increase in maize production compared to the previous season. Other cereals are not produced locally, except for rice which is produced on a very small scale.*
- *While the number of at risk populations (livelihood deficit) increased, immediate assistance for about 56,305 in the form of food is needed.*
- *The rate of growth of the national economy continues to decline and measures for the stimulation of a positive trend are paramount to achieving national development objectives.*
- *Very poor households in the Lowveld cattle and maize are expected to be unable to meet their annual calorie intake.*
- *Findings from the 2013 annual assessment has shown that with regards to family planning in rural households, the injection method remains the most preferred method in all the regions*
- *Access to improved water sources during rainy and dry seasons is still low in the rural areas of Swaziland*

B. Acknowledgement

We wish to thank the SADC RVAA Programme for leading and supporting the 2013 Annual Assessment. Appreciation is also due to our National partners in the UN system, non state actors and Government Ministries and departments that devoted their resources to ensure implementation and the success of the current year assessment. The Swazi VAC has endeavoured to ensure improved reporting of the assessment outcomes over the years and the incorporation of multi-sectoral issues for appropriate intervention design. The efforts of the individual Swazi VAC Core team members have also not gone unnoticed and are very much appreciated.

The National Disaster Management is acknowledged for commissioning this study and giving guidance during the preparation stages.

The data field collection team and respondents are commended for their cooperation and continually engaging in this process with all honesty despite the daily challenges the process entails.

Robert Fakudze
Chairperson
Swazi VAC

C. Executive Summary

The favourable onset of the rainfall season for 2012/13 enhanced agricultural production although it was marked by incidents of hailstorms and prolonged droughts over extended periods during critical stages of crop development in some cases. These negative developments however did not affect overall production as an increase of 18% was recorded on the area planted to the staple crop maize, with an increase of about 7% in total production. Although the national food balance reflects a shortfall in all the major staples, no imminent food shortages are envisaged in the short term.

In the current consumption year the number of the population facing a food security risk is higher than the previous season and the contributing macro economic developments need to be monitored closely particularly towards the peak of the lean season.

Poor national economic performance continued to be a major impediment on the implementation development programmes especially investment and job creation. In some of the cases, companies had to shut down resulting in job losses and this had a negative impact on households income thus the ability to cope for some households was severely compromised.

The understanding of gender and HIV and AIDS dynamics in the livelihoods context has also formed a major thrust for the 2013 annual assessment. Gender relations within the household and community define a varied context of vulnerability, resilience and sustainability.

With high HIV prevalence rate, it is expected that all spheres of a household will be affected, including food security. The 2013 annual assessment factored geographic targeting of HIV using HIV –proxy indicators to ensure that support is given to areas with high HIV prevalence in order to highlight the interaction between HIV and household food insecurity.

D. Acronyms

AIDS	:	Acquired Immune-Deficiency Syndrome
ART	:	Anti-Retroviral Therapy
ARV	:	Anti-Retroviral
CSO	:	Central Statistics Office
DHS	:	Demographic and Health Assessment
DOTS	:	DIRECTLY OBSERVED TREATMENT STRATEGIES
EA	:	Enumeration Area
EPI	:	Expanded Programme on Immunization
FEG	:	Food-Economic Group
FEZ	:	Food Economy Zone
GDP	:	Gross Domestic Product
GoS	:	Government of Swaziland
HDI	:	HUMAN DEVELOPMENT INDEX
HDR	:	HUMAN DEVELOPMENT REPORT
HIV	:	Human Immune-Deficiency Virus
LZ	:	Livelihood Zone (also known as Food Economy Zone)
MDG	:	Millennium Development Goals
MDR-TB	:	MULTIDRUG RESISTANT TB
MEPD	:	Ministry of Economic Development and Planning
MoA	:	Ministry of Agriculture
MT	:	Metric Tonnes
NEWU	:	National Early Warning Unit
NHSP		National Health Strategic Plan
NMS		National Meteorological Services
SADC RVAA	:	Southern African Development Community Regional Vulnerability Assessment and Analysis
SHIES	:	Swaziland Household Income and Expenditure Survey
SNL	:	Swazi Nation Land
Swazi VAC	:	Swaziland Vulnerability Assessment Committee
UNICEF	:	United Nations Children's Fund
UNFPA	:	United Nations Fund for Population Activities
WFP	:	World Food Programme
WHO	:	World Health Organization

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1.0 Background and overview

1.1 Overview of national context

The country continued to pull through the difficult economic circumstances experienced since the 2009/10 financial year. This has not only posed challenges at macro-economic level but at the micro-level as well, as the impacts were felt across a wide spectrum of sectors. There were no related disasters even though delivery of essential services was greatly affected. The proposed strategies to address economic recovery continued to be developed with a view to encourage public investment and strengthening public private partnerships.

1.2 Economic Performance

The 2013 economic performance continued to be suppressed due to the financial crisis the country experienced between 2009/10 up to 2011/12. Overall economic growth recorded for 2012 was a meagre 0.7% which was a further decline from the previous three years which were also bad compared to desired levels to attain development objectives. The implementation of development programmes dealt a major blow and the performance of the private sector particularly those who trade in goods and services and depending on Government as the major consumer also not spared. Lack of growth in employment and the demand for social services increased levels of vulnerability particularly at household level.

Despite the policy interventions, recovery is still slow and more efforts to support the sectors with a potential to realise rewards in a sustainable way need to be implemented as a matter of priority.

The rate of consumer inflation declined from the last quarter of 2012 from 8.8% to 5.5% at the end of the second quarter of 2013 (CSO, 2013). The deceleration is attributed to the stability in food prices and transportation costs.

1.3 Agriculture

Through the Ministry of Agriculture and other implementing partners, promotion of strategies and programmes aimed at improving agricultural production have characterised the landscape. Programmes to strengthen technology development and transfer, marketing and value addition, and addressing the impacts of climate change have dominated the agenda.

Smallholder access to agricultural inputs remains the greatest challenge and a major bottleneck, as season to season the cost of acquiring these inputs is prohibitive to increased agricultural production. Agricultural support services remain scarce and this makes the adoption of the best practices slow. The death of a large number of cattle due to poor nutritional and physiological conditions at the end of the winter season was a major blow to many farmers. This was mainly due to poor animal husbandry practices coupled with extreme weather conditions.

1.4 The Labour Markets

Since 2008, Swaziland has experienced a reduction in employment especially in the formal sector, in particular the private sector while government employment remains unchanged. The Government of Swaziland has over the years remains the largest employer with a total of 35358 people. It is followed by the manufacturing sector, which constitutes mainly the textile industry. The overall employment in Swaziland was 222771 in 2007 and dropped slight to 193355 in 2010 as per the labour force survey for 2007 and 2010, respectively.

1.4 Health

According to the World Health Organization (WHO), health is a "state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"[1]. Health shocks constitute a sudden deterioration in the state of an individual's health, caused by an illness and/or injury. The impact of health shocks on the welfare of individuals and households has been a major concern of policy makers. While shocks such as droughts and floods are seen to have significant effects on welfare, health shocks are unpredictable and pose a great challenge that any household has to face.[2]

The Demographic Health Survey, (2007) estimates that the HIV prevalence with the Swazi population stands at 26%. The Government of Swaziland has continued to step up efforts in fighting the epidemic, ensuring that the population has access to treatment and care and putting up programmes to prevent further infections. Also, there have been several programmes set up to mitigate the effects of the epidemic especially targeting orphans and vulnerable children.

The annual case notification rate of (TB) cases has risen almost fourfold from 236 per 100 000 population in 1996 to 820 per 100 000 population in 2004. Also there is an increase in TB related deaths because of increasing cases of HIV infection in the country. The prevalence of HIV among adults with TB is approximately 80%. In addition there are emerging cases of Multi Drug Resistant TB (MDR-TB). Measures to deal with the TB epidemic includes; countrywide implementation of Directly Observed Treatment

[1] http://www.healtheconomicsreview.com/content/2/1/11#B1
[2] http://www.healtheconomicsreview.com/content/2/1/11#B2

Strategy (DOTS) within the general health sector and strengthening national capacity to diagnose MDR-TB. This has, in recent years, resulted in improvement in the treatment success rate and case detection rate. The country also has a dedicated a hospital for TB patients.

According to MICS 2010, the infant mortality rate is at 79/1000 whilst under five mortality rate is at 104/1000. The maternal mortality rate of 589/100,000 live births is much higher than the average for lower middle income countries (149/100,000).

2.0 Survey Objectives and Methodology

2.1 Broad Objective

To assess the status of livelihoods and vulnerability in rural households and provide timely information for programming and decision making.

2.2 Specific Objectives include

- To establish levels of household food security (across all aspects) by administrative region, livelihood zone and constituency.
- Identify share of population with access to water and sanitation facilities.
- Improve livelihoods and vulnerability monitoring through the incorporation of gender and HIV and AIDS issues in analysis and reporting.

2.3 Assessment methodology

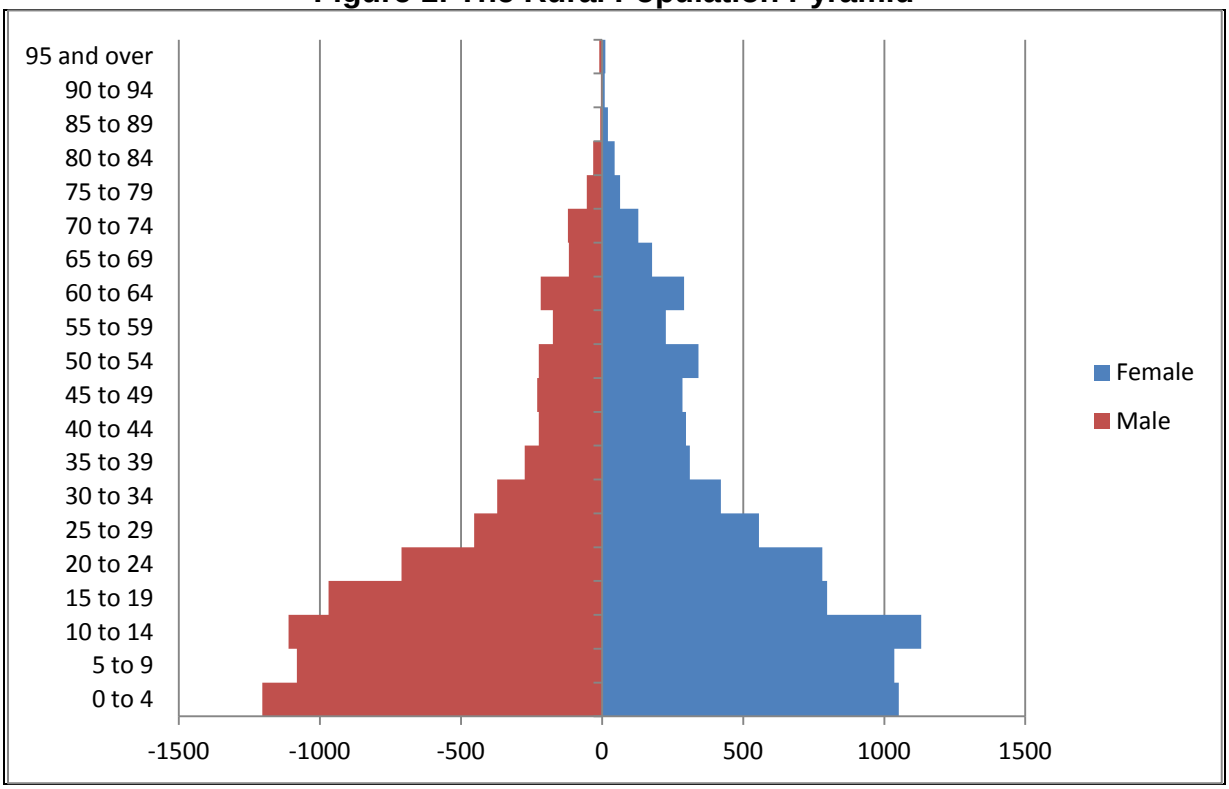
Data collection was carried out in the rural areas of Swaziland. One of the approaches applied in data collection was the administration of a household focussed questionnaire and focus group discussions including key informant interviews. A total of 2500 households were covered and these were spread throughout all the 7 livelihood zones (Dry Middleveld, Highveld Cattle Maize, Lowveld Cattle Maize, Lubombo Plateau, Moist Middleveld, Peri Urban, and Timber Highlands) and 4 Administrative regions (Hhohho, Manzini, Shiselweni and Lubombo). The Focus Group Discussions covered 17 Rural Development Areas across livelihoods zones and administrative regions.

3.0 Sectoral Analysis

3.1 Social Context

3.1.1 Demographic and Household Characteristics

Figure 1: The Rural Population Pyramid



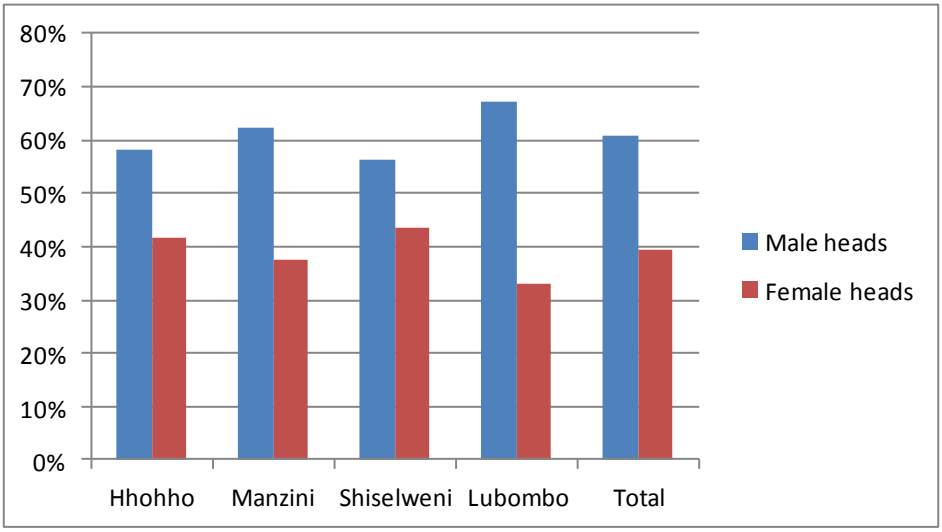
The rural population structure from the 2013 VAC assessment follows that of the country's population pattern; and just like many other developing economies, the rural population is broad based, reflecting majority of the people being young, figure 1 above. The structure further reveals that there are more females as compared with males with 51% and 49%, respectively.

The average household size for rural households is six persons per household, table 1 below. However there are regional differences in the number of persons in a household as reflected in the table 1 below. The Shiselweni and Lubombo regions showed that on average, each household has seven people compared with the other two regions, Hhohho and Manzini, which has five people on average.

Table 1: Household Size by Administrative Region

Administrative region	Household head	Average
Hhohho	Male head	5.66
	Female head	5.54
	Total	5.61
Manzini	Male head	5.80
	Female head	5.78
	Total	5.79
Shiselweni	Male head	6.59
	Female head	6.77
	Total	6.67
Lubombo	Male head	6.72
	Female head	6.30
	Total	6.58
All	Male head	6.18
	Female head	6.09
	Total	6.15

Figure 2: Household Head by Region



The 2013 Swazi VAA results showed that 39% of the rural households are headed by female against 61% headed by male heads. The Shiselweni region has more female headed households at 44% when compared with the Lubombo region which has the least at 33%, figure 2.

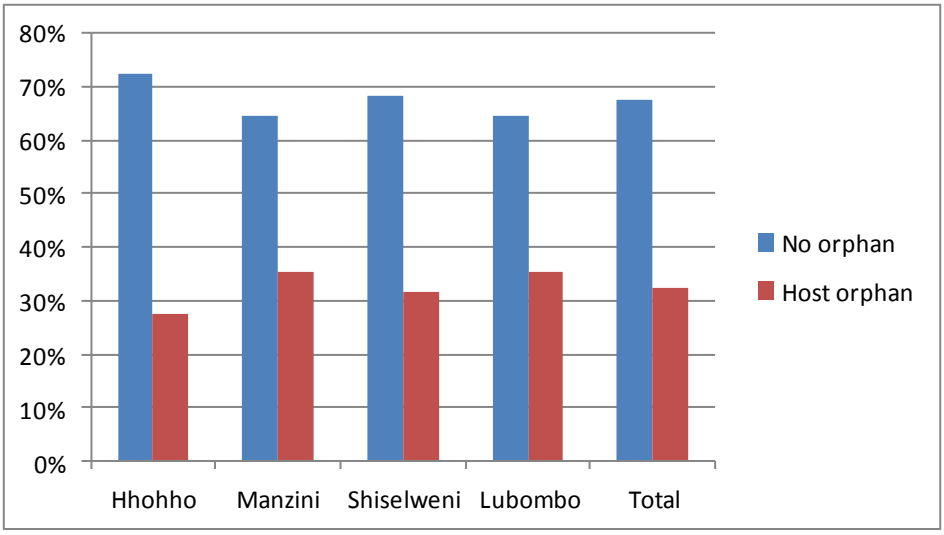
The Swazi VAA results show that 49% of household head are married through the Swazi Law and Custom while 24% of the household head have lost his/ her partner.

Table 2: Household Marital Status by Region and Sex of Head

		Civil	Swazi	Both	Consensual	Divorced	Separated	Window/er	Never
Male head	Hhohho	13.4%	66.8%	1.5%	3.7%	0.7%	2.0%	5.4%	6.4%
	Manzini	20.3%	62.8%	0.6%	4.9%	0.9%	2.0%	4.3%	4.3%
	Shiselweni	24.7%	57.2%	4.0%	7.5%		0.3%	3.2%	3.2%
	Lubombo	16.8%	69.6%	1.1%	6.0%	0.3%	0.3%	4.1%	1.9%
		18.6%	64.3%	1.8%	5.4%	0.5%	1.2%	4.3%	4.0%
Female head	Hhohho	4.1%	21.0%		1.4%	1.0%	5.2%	57.2%	10.0%
	Manzini	4.3%	26.7%	1.4%	1.0%		3.3%	56.7%	6.7%
	Shiselweni	10.4%	22.7%	1.1%	3.0%	0.4%	0.4%	50.9%	11.2%
	Lubombo	7.7%	29.8%	0.6%	2.2%		1.1%	51.4%	7.2%
		6.6%	24.4%	0.7%	1.9%	0.4%	2.6%	54.2%	9.1%
Total	Hhohho	9.5%	47.7%	0.9%	2.7%	0.9%	3.3%	27.1%	7.9%
	Manzini	14.3%	49.2%	0.9%	3.4%	0.5%	2.5%	24.0%	5.2%
	Shiselweni	18.5%	42.1%	2.8%	5.5%	0.2%	0.3%	24.0%	6.6%
	Lubombo	13.8%	56.5%	0.9%	4.7%	0.2%	0.5%	19.7%	3.6%
Total		13.9%	48.6%	1.4%	4.1%	0.5%	1.7%	23.9%	6.0%

The Swazi VAA results further reveal households hosting orphans, who are either single or double. An orphan is defined as single if his father or mother has died whereas a double orphan has both parents died. It is assumed that the level of stress varies according to whether households hosting orphans or not, hence crucial in terms of food security to know the number of households hosting orphans and their characteristics, whether female headed or male headed.

Figure 3: Household Hosting Orphans by Region



The results show that in Swaziland, 32% of the rural population host an orphan. The Lubombo region has the highest number of households hosting orphans together with the Manzini region at 35% compared with the Hhohho region, which has the least at 28%, figure 3.

Table 3: Child Parental Status

	Region	Both parents alive	Mother dead	Father dead	Both parents dead	Not Stated
Male	Hhohho	80.0%	5.1%	10.5%	4.1%	0.2%
	Manzini	77.3%	6.4%	11.4%	4.7%	0.1%
	Shiselweni	83.0%	4.3%	9.3%	3.1%	0.3%
	Lubombo	80.6%	5.3%	10.7%	2.8%	0.6%
	Total	80.5%	5.2%	10.4%	3.6%	0.3%
Female	Hhohho	79.9%	5.0%	12.1%	2.8%	0.2%
	Manzini	78.6%	7.2%	11.2%	2.9%	0.1%
	Shiselweni	83.2%	4.3%	9.4%	2.8%	0.3%
	Lubombo	81.5%	5.0%	10.1%	3.2%	0.2%
	Total	81.0%	5.2%	10.6%	2.9%	0.2%
Both	Hhohho	80.0%	5.1%	11.2%	3.5%	0.2%
	Manzini	77.9%	6.8%	11.3%	3.8%	0.1%
	Shiselweni	83.1%	4.3%	9.4%	3.0%	0.3%
	Lubombo	81.0%	5.2%	10.4%	3.0%	0.4%
	Total	80.7%	5.2%	10.5%	3.3%	0.3%

During the current assessment, demographic characteristic parental status of children between ages 0-17 years for households that were investigated. A majority of the children had both their parents alive and only 3% reported to have lost both parents, table 5.

3.1.2 Education

The majority of household members (18 to 59 years) in the rural areas have some secondary school education 35%, while 5% of the rural population have reached or acquired a tertiary level of education. Only 10% of the rural population reported to have no education at all between the ages 18 to 59 years, see annex 9.1.

Table 4: School Enrolment

		Enrolled & attending primary	Not in school age	Enrolled & attending secondary	Dropped out of school
Boys	No orphan	47.0%	42.2%	8.5%	0.9%
	Single orphan	62.3%	18.6%	14.3%	1.6%
	Double orphan	66.7%	9.7%	16.0%	4.9%
Total		50.1%	37.4%	9.7%	1.1%
Girls	No orphan	46.1%	40.7%	10.4%	0.8%
	Single orphan	62.9%	18.5%	14.7%	1.9%
	Double orphan	66.4%	10.3%	20.6%	0.9%
Total		49.3%	36.3%	11.4%	1.0%
All	No orphan	46.5%	41.5%	9.4%	0.8%
	Single orphan	62.6%	18.6%	14.5%	1.7%
	Double orphan	66.5%	10.0%	17.9%	3.2%
Total		49.7%	36.8%	10.5%	1.0%

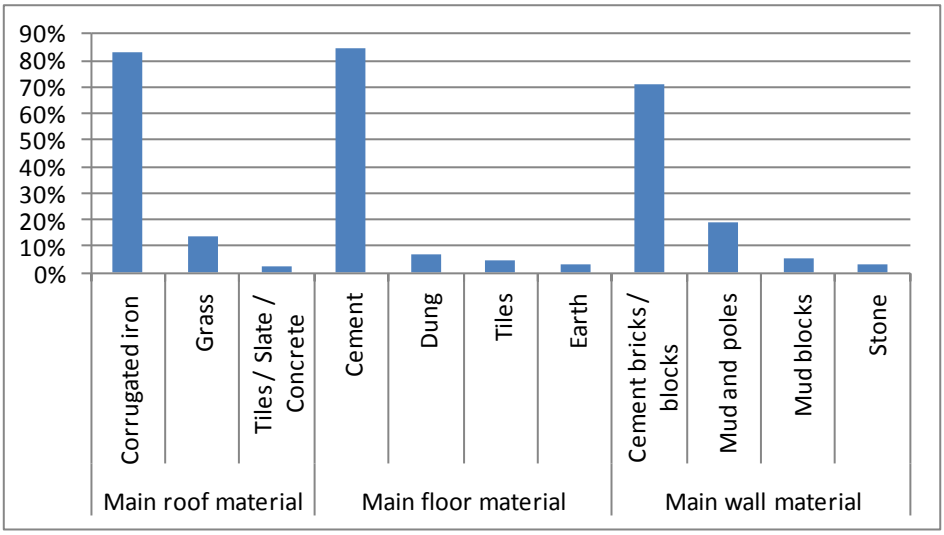
Among children ages 0 to 17 years, only 1% on average dropped-out of school and the drop-out rate highest for both boys and girls between ages 5 to 17 years who are double orphans at 3%. The enrolment rate for double orphaned children is higher at 67%.

Table 5: Children Who Drop-Out of School and the Reasons

		Other	Sick	School is expensive	Child not interested	Work for food / money
Boys	Hhohho	22.2%	16.7%	33.3%	11.1%	11.1%
	Manzini	50.0%	25.0%	7.1%	14.3%	0.00%
	Shiselweni	57.6%	33.3%	6.1%	3.0%	0.00%
	Lubombo	59.0%	25.6%	5.1%	7.7%	0.00%
Total		50.8%	26.3%	10.2%	8.5%	1.7%
Girls	Hhohho	57.1%	28.6%	14.3%	0.00%	0.00%
	Manzini	16.7%	37.5%	25.0%	8.3%	8.3%
	Shiselweni	61.5%	25.6%	2.6%	7.7%	2.6%
	Lubombo	23.5%	61.8%	8.8%	2.9%	2.9%
Total		39.6%	39.6%	10.8%	5.4%	3.6%
Both	Hhohho	37.5%	21.9%	25.0%	6.2%	6.2%
	Manzini	34.6%	30.8%	15.4%	11.5%	3.8%
	Shiselweni	59.7%	29.2%	4.2%	5.6%	1.4%
	Lubombo	42.5%	42.5%	6.8%	5.5%	1.4%
Total		45.4%	32.8%	10.5%	7.0%	2.6%

The 2013 VAA also investigated the rate at which children ages 5-17 years are dropping out of school and the reasons for dropping out. The results reveal that among the reasons that children put for dropping out of school is because they fell sick at 33% and others reported that it is because the school costs are very high and cannot afford them at 11%.

Figure 4: Main Housing Structure



The quality of the housing unit used as a measure for quality of life. The Swazi VAA collected indicators on the type of floor, wall and roof that is used as building materials for the main house of the households interviewed. On average 83% of households in the rural areas use corrugated iron for roofing compared with only 4% households reported to have used thatched grass and only 2% use tiles, figure 4. 85% of the households reported to be using cement as the main floor material compared to 4% using floor tiles and earth. The commonly used wall material is cement as it accounts for 71% of total households compared with only 5% that reported using mud blocks as the main wall material.

The 2013 Swazi VAA results also reveal that on average there are five rooms per household and out of the five, three rooms are used for sleeping. Given the average household size of six persons for the rural households, the average number of persons per room is two.

Table 6: Number of Rooms and Those Used for Sleeping Gender

Household head	Rooms	Sleeping rooms
Male head	5.20	3.16
Female head	5.34	3.17
Total	5.26	3.16

A majority of the rural the population migrated to the urban areas for better education and training facilities that the urban centres provide. The 2013 Swazi VAA results show that out of all the people that were reported to have migrated, 32% of female migrated due to education and training against 38% males who migrated were due to employment in the formal sector.

Table 7: Rural Population Migration and Main Reasons for Migration

	Region	Casual labour	Formal salaried employment	Seeking employment	Education / training	Other
Male	Hhohho	21.60%	47.20%	10.60%	20.60%	
	Manzini	18.20%	35.20%	25.00%	21.60%	
	Shiselweni	28.70%	34.00%	23.90%	13.40%	
	Lubombo	25.60%	35.50%	24.40%	14.50%	
	Total	24.40%	38.40%	20.30%	16.80%	
Female	Hhohho	17.50%	22.50%	18.80%	38.80%	2.50%
	Manzini	11.40%	21.50%	31.60%	35.40%	
	Shiselweni	21.90%	23.80%	29.50%	24.80%	
	Lubombo	27.10%	25.00%	20.10%	27.10%	0.70%
	Total	20.30%	23.40%	23.60%	31.80%	1.00%

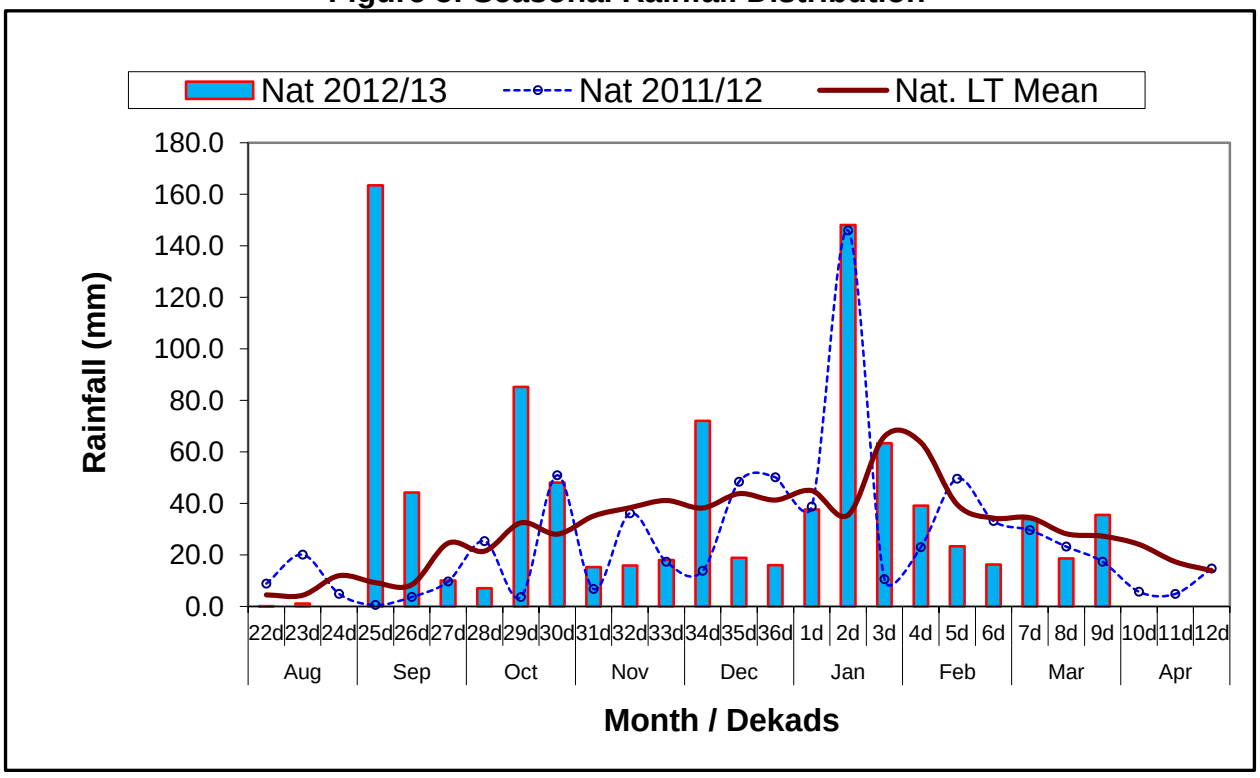
4.0 Seasonal Performance

4.1 Rainfall Performance for the 2012/13 Season

4.1.1 National context

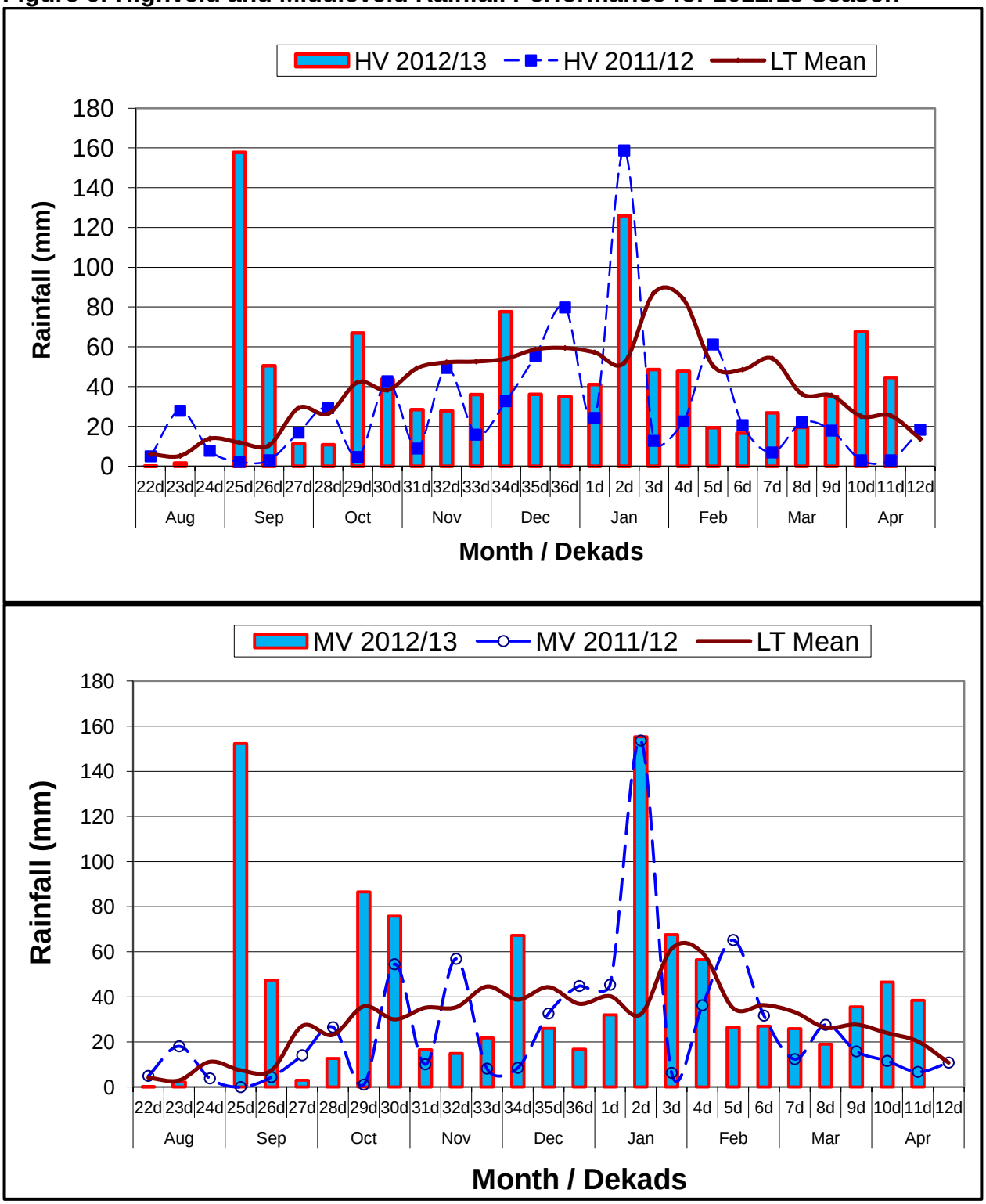
Unlike in previous seasons, the rains this season started much earlier than usual as more than 100mm were recorded in the first dekad (ten-days) of September 2012 in all parts of the country, signifying the start of the rainy season (Figure 5). Rains remained relatively above the longterm average during the month of September into most of October 2012. Much below average rains began to be experienced during most of November and late December from which some of the October planted maize crops which were flowering were adversely affected and thus resulted in reduced in yields in some parts of the country, especially the upper Lowveld.

Figure 5: Seasonal Rainfall Distribution



4.1.1.1 The western Agro-zones (Highveld and Middleveld)

Figure 6: Highveld and Middleveld Rainfall Performance for 2012/13 Season



The distribution of rains in the Highveld was quite satisfactory even though reduced, but it was sufficient enough to sustain a healthy crop growth in most parts. These were

relatively below the longterm average almost throughout the season with an exception during the onset of the rainy season where much above rainfall was observed in most stations within the region.

The rains in the Middleveld were consistently about average when compared with the longterm average with occasional spikes in September 2012 and January 2013. These spikes resulted in the total rainfall recorded in the zone being much above the longterm average total.

4.1.1.2 The Eastern Agro-zones (Lowveld and Lubombo Plateau)

Figure 7: Lowveld Rainfall Performance for 2012/13

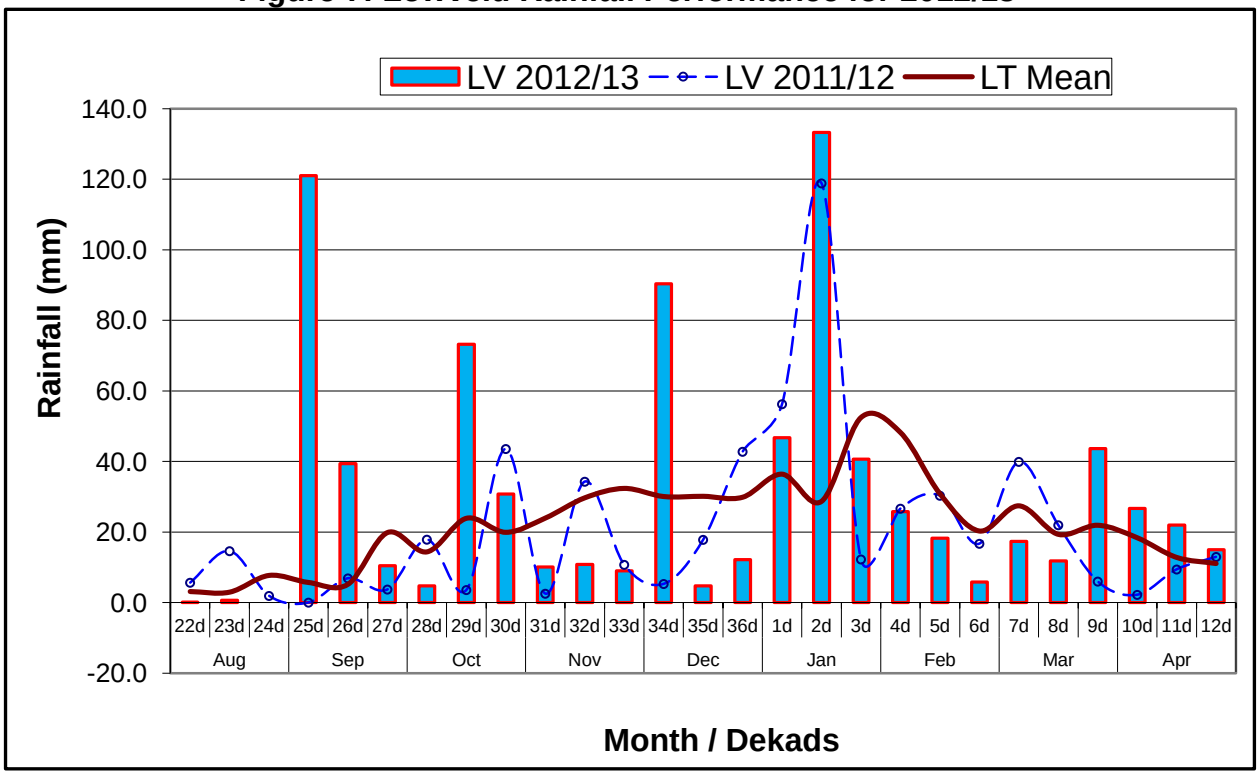
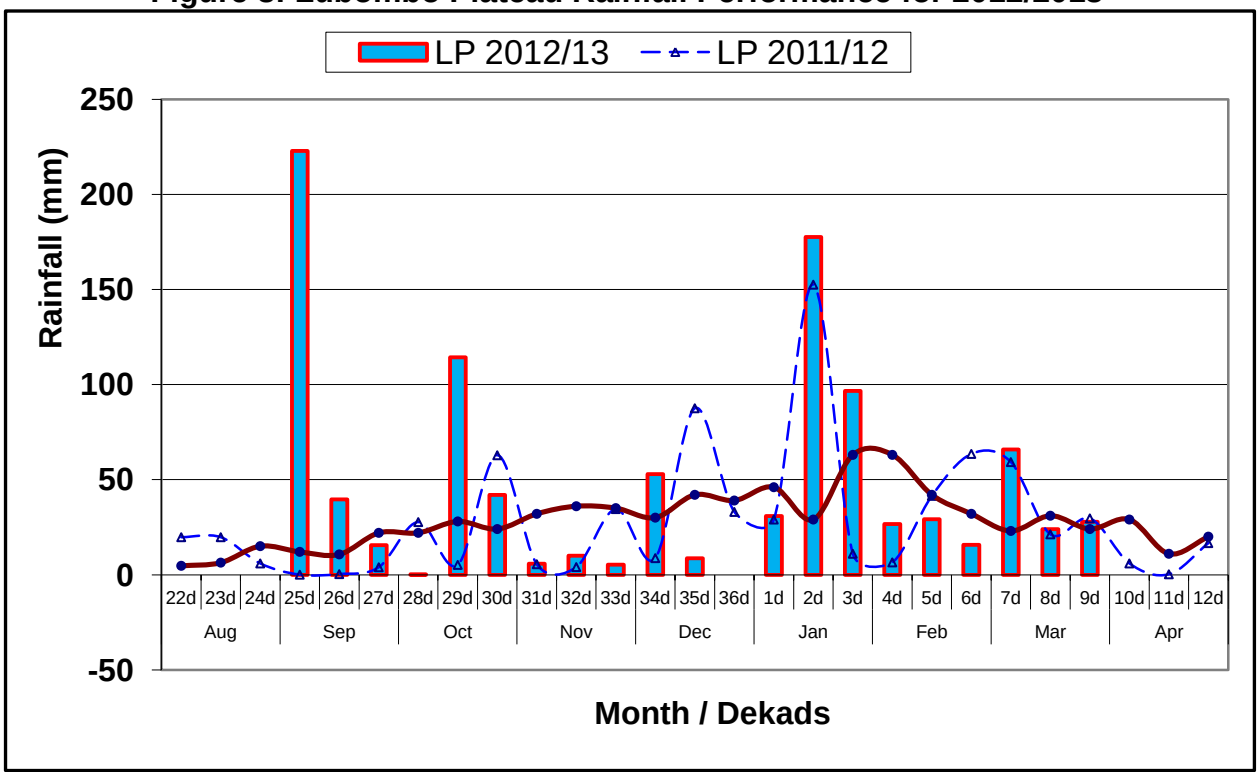


Figure 8: Lubombo Plateau Rainfall Performance for 2012/2013



Rainfall was relatively better even though erratic in the first half of the season in the Lowveld but was somewhat consistently about normal towards the end of the season (Figure 8). These rains were much above long term seasonal average total, table 12.

Rainfall distribution in the Lubombo Plateau was very erratic especially during the first half of the season as only in a few occasions where the rains were above the longterm average. Dry spells in November and late December had an adverse effect on crops which were planted in Mid-September that were to flowering maize crops by the time of the dry spell. This resulted in crops in some parts of the Lowveld and Lubombo Plateau zones suffering from soil moisture stress.

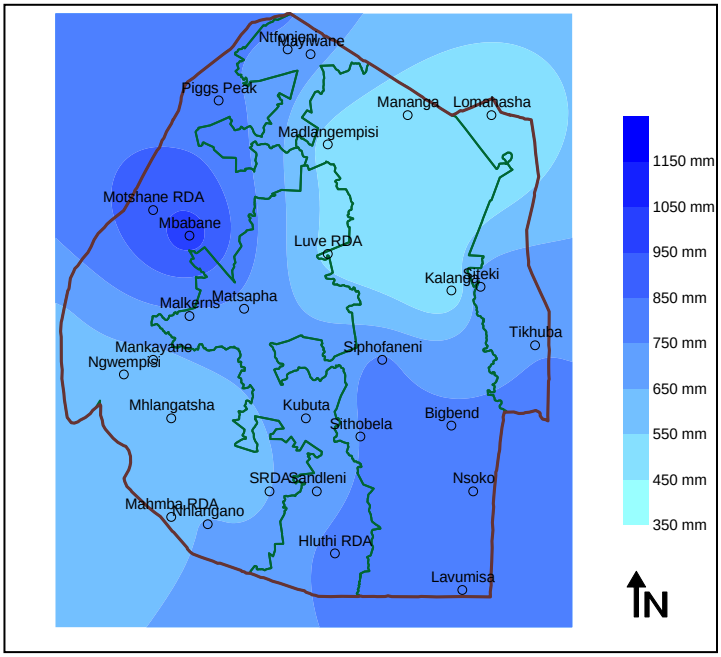
Table 8: Seasonal rainfall totals for 2012/13 season and long-term average

Seasons	HV	MV	LV	LP
2012/13	**1076**	**1074**	**824**	**1012**
LT-Cum	1079	792	607	772
Anomaly	**-4**	**282**	**217**	**240**

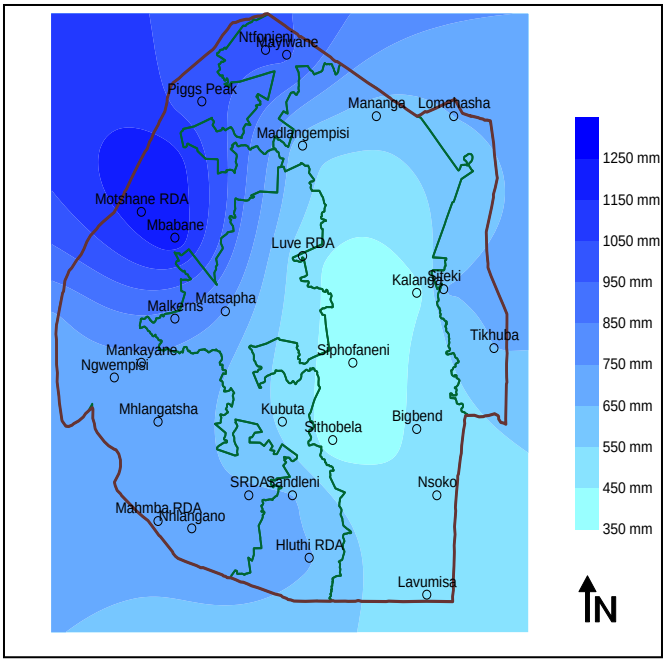
4.1.2 Spatial rainfall distribution

The spatial distribution of the 2012/13 rainfall shows that significant amounts of rainfall were received mostly in the central to upper Highveld, where seasonal totals ranging from 650mm to above 1000mm in some weather stations. Some parts of the lower Highveld recorded reduced rains in the range of 450mm to 550mm at the end of the season.

Parts of the upper Lowveld also recorded the lowest rainfall totals during the rainy season which were below 450mm. The lower Lowveld received above average rainfall when compared to the longterm average rainfall normally received as shown on the map below.



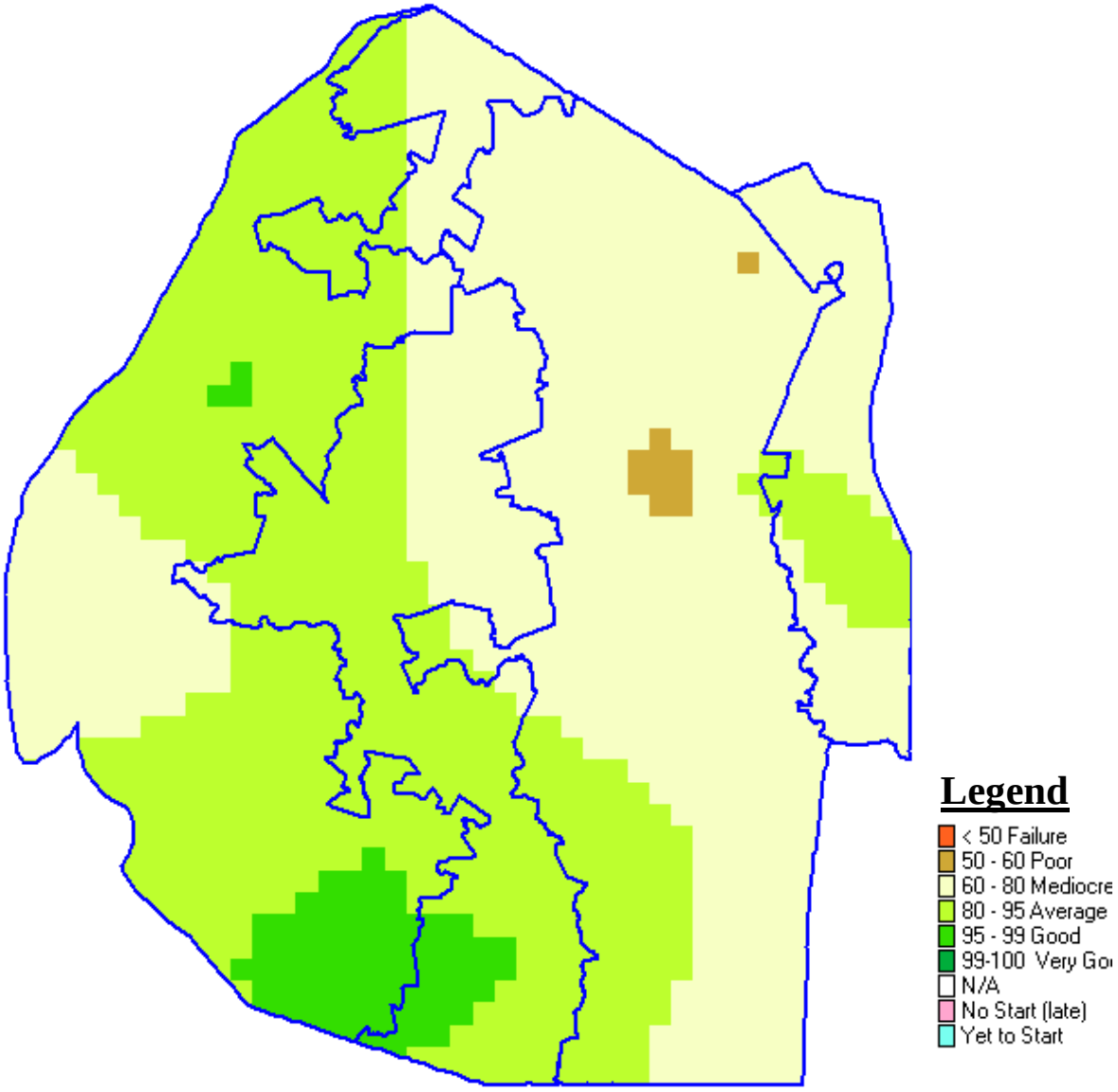
Map 1: Average seasonal rainfall totals



Map 2: Total seasonal rainfall for the 2012/13 season

4.1.3 Maize Crop Water Requirement (WRSI)

A bulk of the experienced some crop water stress at some point of the growing season as it can be seen on the Water Requirement satisfaction Index (WRSI) map 3, where most places shaded in brown and light brown or cream white (mediocre-to-poor maize yield prospects) are more than those shaded in green (good maize yield prospects).



Map 3: Water Requirement Satisfaction Index (WRSI) for the 2012/13 Season

4.1.4 Area Planted

There was a remarkable increase in area planted to maize on Swazi Nation Land (SNL) compared to the 2011/12 agricultural season. This could partly be attributable to the favourable onset of the rainfall season. The area planted to maize amounted to 61,260 HA which was an increase of about 18% compared to the previous season.

4.2 Food Availability

The country's Food balance Sheet (FBS) is composed mainly of cereals (maize, rice and wheat) is a measure by which food availability is determined at the national level.

The domestic consumption requirements are measured against domestic availability. Maize availability for the 2013/14 consumption year stands 81,934MT against a total requirement of 116,420MT. This leaves a shortfall of close to 35,000MT which has to be covered through imports and food aid. Due to the decline in domestic production the overall cereal gap for the current consumption year has also increased. At present food availability is stable but with the forecasted production shortfalls in the major producing countries, food prices will likely go up, hence the country will need to take early precautions against such a possibility to make food more affordable. The National Food Balance Sheet is outlined in the figure below:

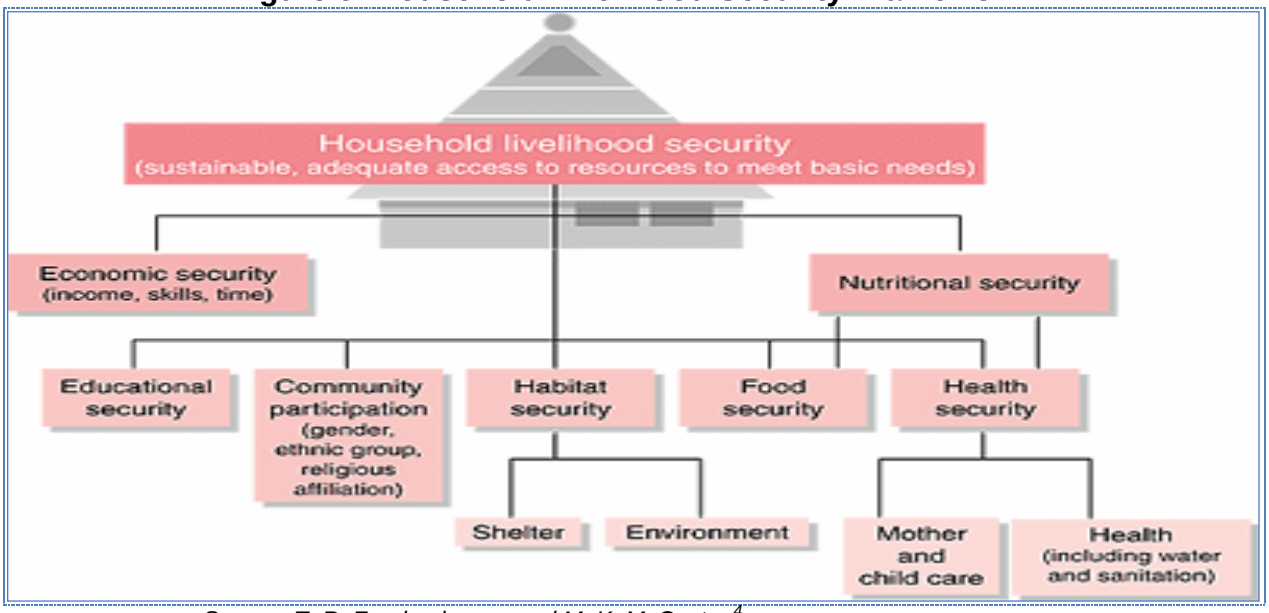
Table 9: 2012/13 National Food Balance Sheet ('000MT)

	Maize	**Wheat**	**Rice**	**All**
Domestic Availability	81.93	2.00	2.50	86.43
Gross Domestic Requirement	116.42	30.00	20.00	166.42
Domestic Shortfall/Surplus	-34.49	-28.00	-17.50	-79.99
Planned Imports				
Commercial	35.00	35.0	20.00	90.00
Food Aid	4.00	0	0	4.00

5.0 Household Livelihoods

Household livelihoods security is defined as the adequate and sustainable access to income and resources to meet basic needs (access to food; portable water; health facilities; education opportunities; housing; time for community participation and social integration[3]. Household livelihoods consist of a range of on farm and off farm activities which together provide a variety of strategies for food and cash. Rural household's livelihoods are derived from a wide range of activities carried-out by households in different food economy zones these include: remittances, food production, small businesses, petty trade wages and salary, which form part of their survival means.

Figure 9: Household Livelihood Security Framework



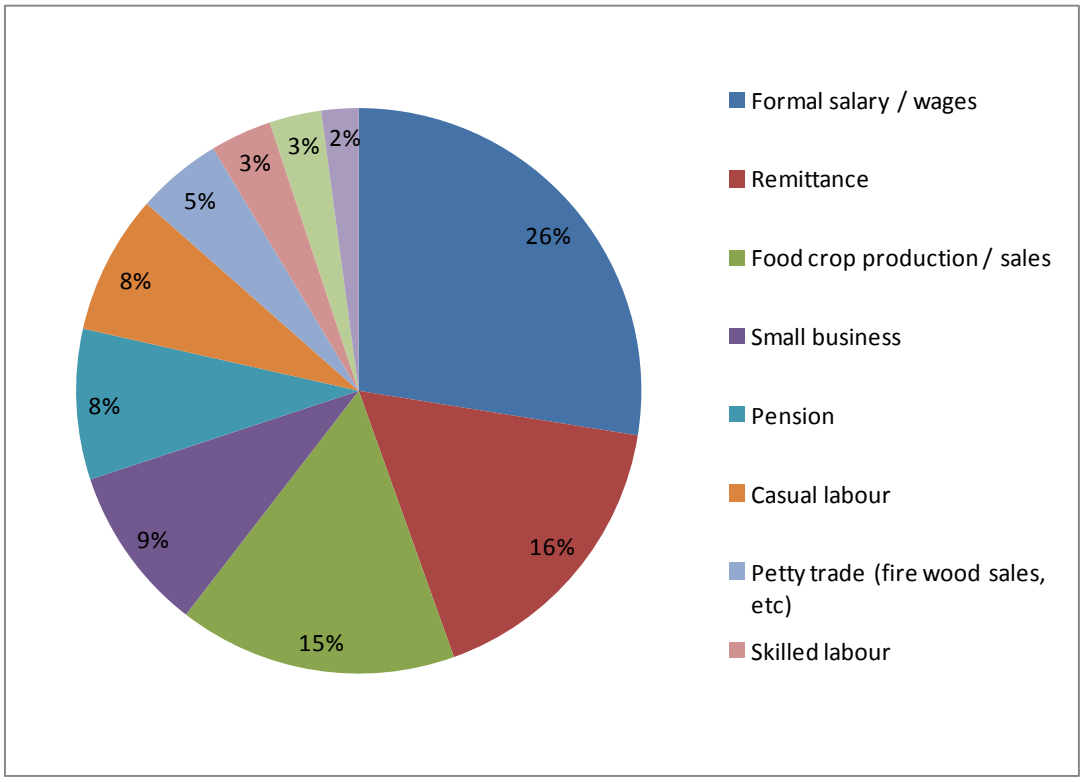
Source: *T. R. Frankenberger and M. K. McCaston*[4]

The 2013 VAA reveals that the most common livelihood means for rural households was formal salary and or wages 25.9%, representing an increase of 20% from the 2012 assessment. Dependency on remittances increased within rural household as the results shows an increase of 16% vs. 13.3 from the 2012 assessment. Contribution from food crop sales was at 15%, an increase from the 2012 assessment yet a reduction in its overall contribution as the major source of livelihood. Crop and livestock production sales at 2.8% and 2.0% respectively, which represents the reduced role of agriculture as a source of livelihood in a number of the rural households used on the assessment.

[3] **Drinkwater, M. & McEwan, M.** 1992. *Household food security and environmental sustainability in farming systems research: developing sustainable livelihoods.* Paper presented to the Adaptive Planning Research Team Bi-annual Review Meeting, Mangu, Zambia, 13-16 April.

[4] T. R. Frankenberger and M. K. McCaston. 1998. *The Household livelihood Security Concept*, FAO.

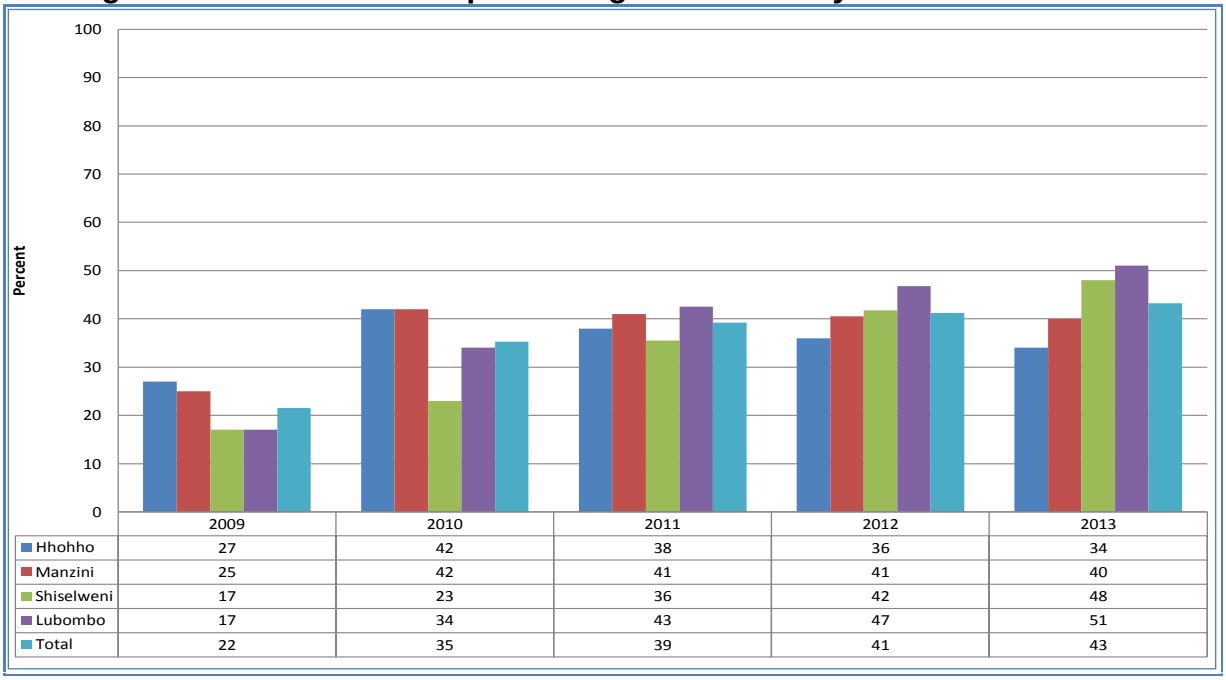
Figure 10: Household Livelihood Activities



5.1 Shocks and Coping Means

Shocks, events that had a negative impact on food security and nutritional status of rural households were experiences in a number of rural households. The national average for shocks experienced was at 43%. The Lubombo region experienced the highest incidents 51%, followed by Shiselweni 48%. Hhohho and Manzini had the lowest shock incidence 34% and 40% respectively. Agricultural related shocks were reported to a great impact on the livelihood of the various rural households. This includes shock as a result of prolonged drought 35.9%; high agric input cost 9.4 and high food prices 9%, which were the major shocks recorded from the assessment.

Figure 11: Households Experiencing Food Security Shocks 2009 - 2013



	2009	2010	2011	2012	2013
Hhohho	27	42	38	36	34
Manzini	25	42	41	41	40
Shiselweni	17	23	36	42	48
Lubombo	17	34	43	47	51
Total	22	35	39	41	43

Shocks related to chronic illness leading to the death of household breadwinner and another household member were significantly high with rural households. According to the results the Lubombo region shocks related to the illness and death a household member or bread winner were high (8.9% and 5.8% respectively) when compared to the other regions. Shocks related to the loss or reduced employment for a household member high in the Hhohho regions when compared to the other regions (Hhohho 10.9%; Manzini 4.1%; Shiselweni 4.9% and Lubombo 5%)

Table 10: Shocks Experienced by Region

Shock	Hhohho	Manzini	Shiselweni	Lubombo	Total
Drought / irregular rains, prolonged dry spell	29.00%	35.80%	32.50%	44.50%	35.90%
Unsually high cost of agric, inputs (seed, fertiliser, etc)	10.90%	14.00%	8.20%	6.20%	9.40%
Unsually high prices for food	10.10%	6.90%	10.90%	7.80%	9.00%
Hailstones	3.30%	12.10%	6.70%	4.20%	6.50%
Serious illness or accident of another member	7.10%	3.90%	4.70%	8.90%	6.20%
Loss or reduced employment for a HH member	10.90%	4.10%	4.90%	5.00%	5.90%
Serious illness or accident of breadwinner	4.70%	2.80%	3.10%	5.80%	4.10%
Reduced income	5.90%	2.50%	2.40%	3.80%	3.50%
Unsually high level of crop pests & disease	3.30%	6.30%	2.20%	3.60%	3.70%
Death of another HH member	4.70%	2.80%	3.30%	2.40%	3.20%
Death of the breadwinner	3.30%	1.90%	3.30%	1.40%	2.50%
Floods	2.40%	3.00%	3.10%	0.80%	2.30%
Erosion	0.30%	0.30%	4.20%	0.80%	1.70%
Theft of productive resources	0.90%	0.80%	3.10%	1.00%	1.60%
Unusually high level of livestock diseases	0.30%	0.60%	3.30%	1.20%	1.50%
Insecurity / violence	1.20%	1.90%	0.90%	2.00%	1.50%
Sandanezwe		0.30%	2.90%	0.20%	1.00%
Household displacement	1.80%		0.50%	0.20%	0.60%

5.2 Coping Means

According to the 2013 VAA results, 23% of rural households relied on less preferred food sources as a mitigation strategy against food shocks. This includes the use of less nutritious food sources, thus not meeting the nutrient requirement of the household leading to stunting and wasting especially on children. Spending of savings was another means as 19.1% of households reported to have used this strategy. 7.5% and 6.7% reverted to borrowing food and money respectively as a coping strategy against reported food shocks. Other destructive coping mechanisms were used by a number of households, which exposed and increased the vulnerability probability of the individual households. On extreme cases some households (2.2%) had so skip some days without eating. The selling of livestock especially cattle as a coping strategy is still low in most household, as according to the results only 3.2% sold their cattle when compared to 3.8% that sold their small livestock as coping means.

Table 11: Coping Means for Households Affected by Shocks

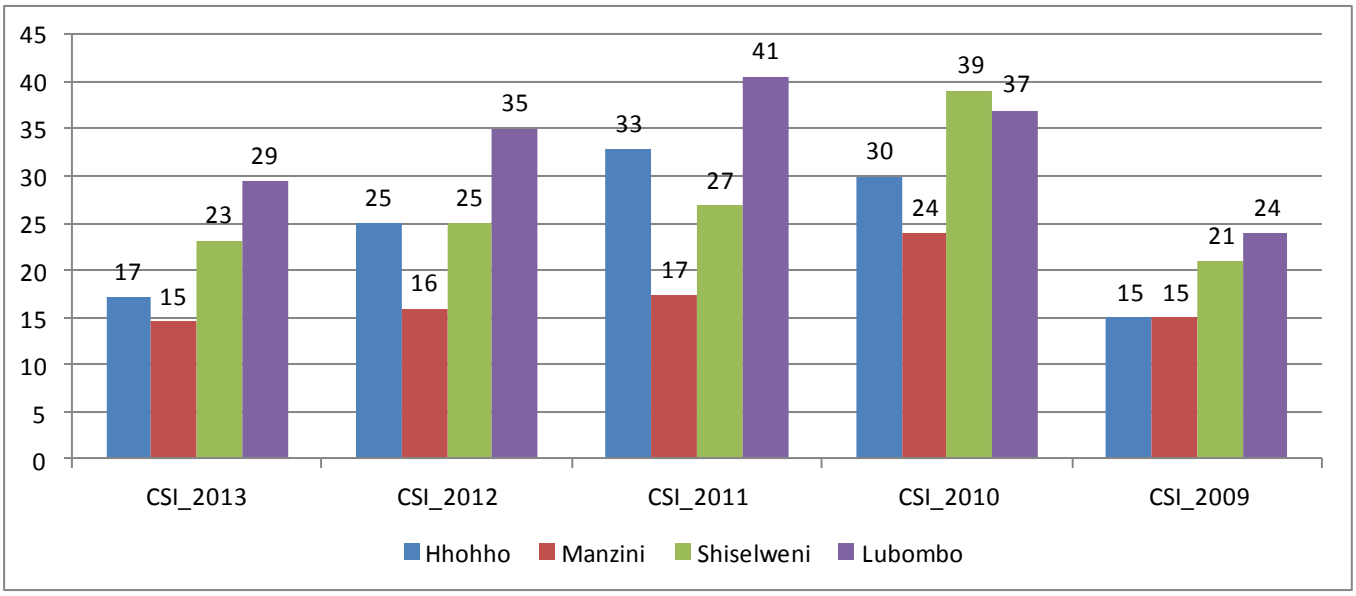
Coping Strategy	Hhohho	Manzini	Shiselweni	Lubombo	Average Total
Rely on less preferred	17.80%	23.40%	23.60%	26.80%	23.30%
Spent savings	17.80%	25.10%	17.10%	17.90%	19.10%
Reduced the portion size of the meals for all	15.10%	4.10%	8.50%	7.00%	8.50%
Borrowed food	9.20%	10.20%	5.80%	6.20%	7.50%
Borrowed money	6.50%	5.80%	7.40%	6.60%	6.70%
Reduced number of meals per day	5.60%	6.30%	5.30%	5.60%	5.70%
Worked for food only	7.10%	3.60%	7.60%	2.80%	5.30%
Purchased food on credit	1.20%	4.40%	4.20%	5.20%	3.90%
Sold small animals - goats, sheep, pigs	2.40%	2.50%	2.90%	6.60%	3.80%
Sold big animals - cattle	2.70%	3.60%	3.10%	3.40%	3.20%
Adults ate less so that children could not	2.40%	1.40%	3.60%	2.60%	2.60%
Skipped days without eating	1.80%	2.50%	1.60%	2.80%	2.20%

5.3 Coping Strategy Indicator

The Coping Strategy Index (CSI) is used as a proxy indicator for food secuirty. The elements of the CSI can be used to anaylse the structure of coping strategies. The tendency of housholds to employ various means and strategies when facing food challenges, is obtained using a ***Coping Strategy Index***. The index is computed by taking into account all the coping strategies that households employ including, among others, relying on less prefeered or expensive food, reducing food ration, reducing the number of meals consumed, borrowing food from relatives and friends. A higher index depicts that the households had the highest level of stress.

According to the 2013 VAA results , the Lubombo region has the highest coping strategy index 29, followed by Shiselweni 23 and Hhohho and Manzini 17 and 15 respectiviley. There are indication of improvement in the food secirity as the 2013 figures are lower when compared to the 2012 index, as a 4.5% decrease has been observed national averages 2012 (22) to 2013 (21). In general the trends on the CSI over the past three years is goin down, which is a good sign that rural households are experiencing less food stress.

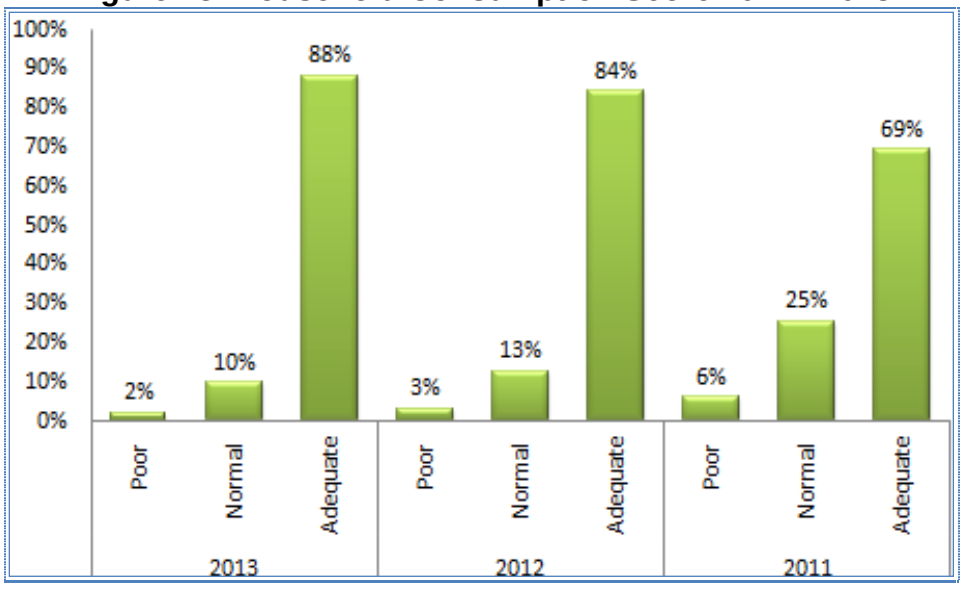
Figure 12: Coping Strategy Index per Region 2009 - 2013



5.4 Food Consumption Score

The **Food Consumption Score (FSC)** is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups. According to the 2013 VAA results 88% of the rural households had adequate/acceptable levels of food consumption, with 2% having poor consumption levels. An increasing trend is observed on percentage of households under adequate 2013 FCS when compared to the 2012 levels (88% 2013; 84% 2012). Also households under normal and poor levels have decreased showing an improvement in the food security of rural households.

Figure 13: Household Consumption Score 2011 - 2013



6.0 Livelihoods Analysis

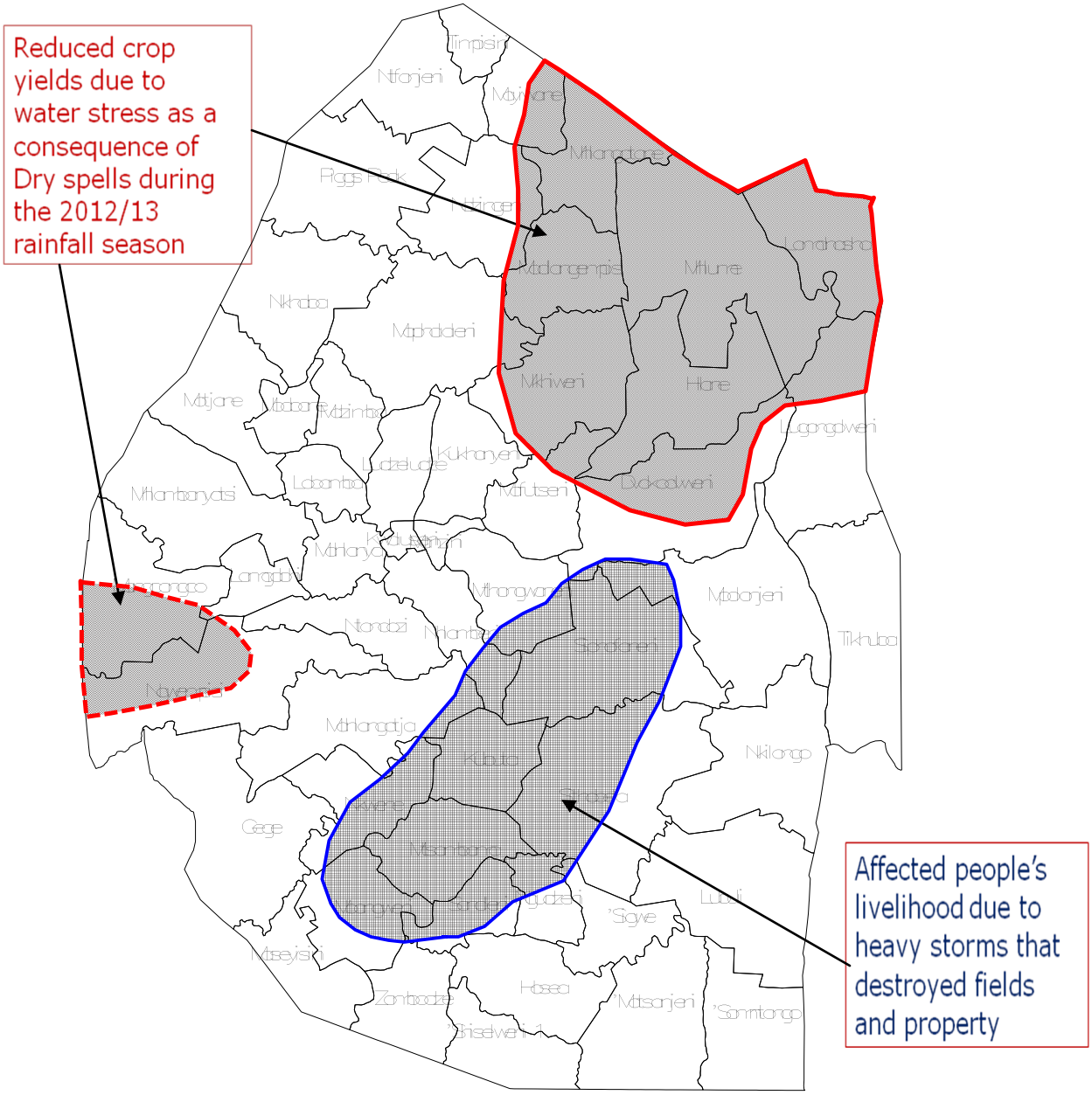
6.1 National Outcome

Seasonal performance coupled poor macro economic performance contributed immensely to increased levels of vulnerability amongst rural households during the production season and will affect consumption adversely during the consumption year of 2013/14. As consistent general food as been almost phased out by both government partners and government herself with sporadic food parcels at times given to vulnerable households from the government pipeline; this has exposed households who had relied entirely on food aid for their survival to food insecurity, thus the expected increased numbers of survival cases this consumption year. A total of about 56,000 people will fall in the category of those in need of survival interventions in about a number of Tinkhundla priority of which should be Mhlangatane, Madlangempisi, Dvokodvweni, Mpolonjeni, Sithobela, Matsanjeni and Lubuli.

Livelihood interventions, which include amongst others, socio-economic development (wealth creation strategies amongst which is food for work) and social protection in the form of grants and cash transfers have a major role to play even in this consumption year as a significant number of households are expected to face a livelihood deficit. It is estimated that about 290, 000 individuals will face a livelihood deficit in the 2013/14 consumption period, thus interventions would be needed.

6.2 Hazards

Dry spells were a major hazard in most parts of the country but more in the upper eastern parts of the country as depicted in the hazard map below. Another major hazard experienced during the agricultural season was that of heavy storms which were accompanied by the high wind speeds and hail that destroyed fields and property indicated by blue shading in the hazard map below.



Map 4: Hazard map for the 2012/13 climate season

Hazard map 4 shows parts of the country which were affected by adverse climatic conditions during the farming season. The blue shaded areas are those which were affected by high winds and hailstorms that damaged field crops and property during the 2012/13 rainfall season. The red shaded areas are those that experienced extended dry spells that compromised production prospects in those areas remarkably.

6.3 Problem Specification

Natural hazards in the form of climate performance and its effect on crop production were considered amongst others in developing problem specifications for the farming season. Market performance and effect of inflation were also taken into account during the scenario development and problem specification process. The most affected livelihood zones are the upper Lowveld Cattle and Maize, Dry Middleveld and some parts of the Lubombo Plateau. Two scenarios were used for this year's analyses which are Market Scenario and Inflation Scenario.

These scenarios were applied to both affected livelihood zones and those affected by the natural hazards considered which were dry spells (drought) and hailstorms which damaged of crops and property.

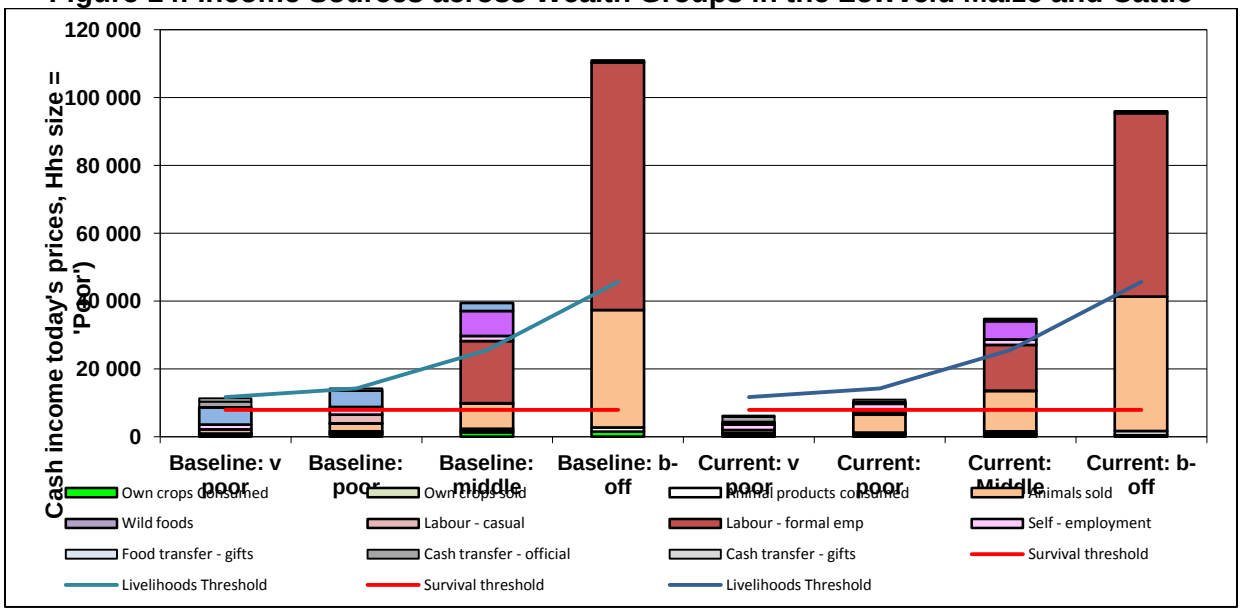
6.2.1 Outcomes

The Lowveld cattle and maize livelihood zone's very poor households are the only ones that will have a survival deficit that will not be met even after exhausting internal resources to procure staple equivalent to sustain an average household throughout the consumption year.

6.2.1.1 Income Sources

Figure 14 present that the very poor households in the Lowveld cattle and maize livelihood zone will have both a survival and livelihood deficit while poor household's are expected to only have a livelihood deficit.

Figure 14: Income Sources across Wealth Groups in the Lowveld Maize and Cattle



6.2.1.2 Expenditure

It is anticipated that both very poor and poor households will experience a livelihood / cash deficit even after using their available means to respond to the farming hazard and other shocks, figure 15 and 16.

Figure 16: Very Poor Household's Expenditure Deficit

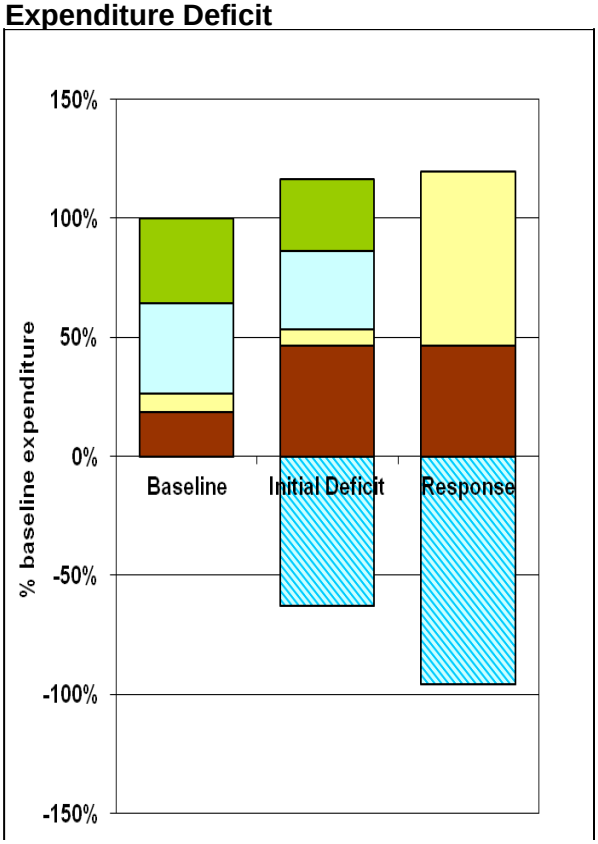
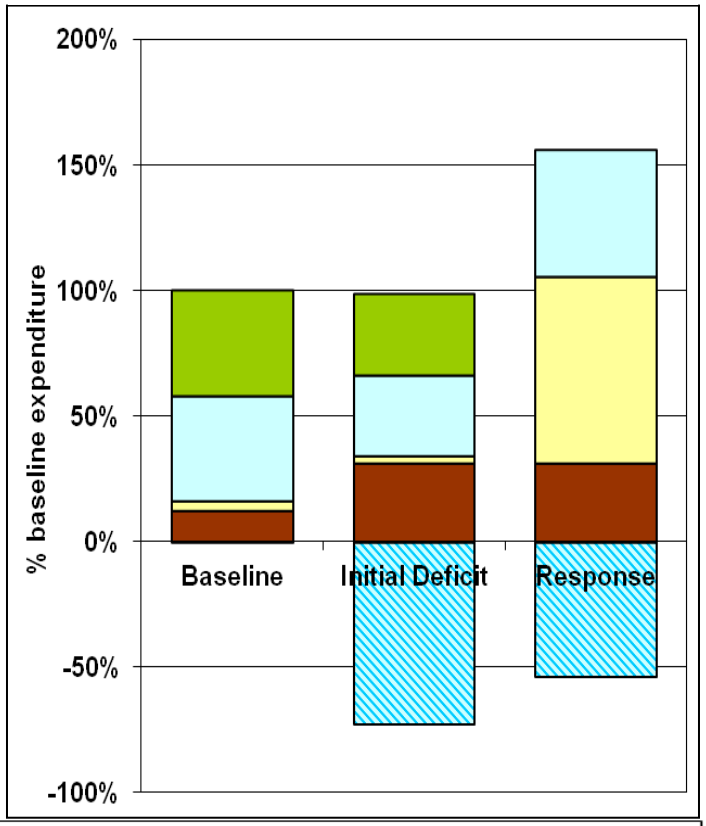


Figure 15: Poor Household Expenditure Deficit



6.2.2 Market Scenario

This scenario was developed with assumptions that included the state of food availability in commodity markets and the level of access to these markets for procuring mainly food and other essential inputs to livelihood. The prevailing commodity prices as influenced by prevailing nominal inflation rates were considered for all commodities in this scenario. The compounded inflation rates considered in the scenario were those running from last consumption year.

Table 12: Survival deficit as a result of the market scenario

Region	Vulnerable population	Staple required in Tons (Maize Equivalent)	Cash Equivalent required for staple food	Current Population
Hhohho	11,105	769	2,787,936	309,184
Lubombo	33,837	2,144	7,770,055	221,837
Manzini	4,656	284	1,027,509	352,568
Shiselweni	6,707	408	1,480,326	209,568
National	**56,305**	**3,605**	**13,065,826**	**1,093,157**

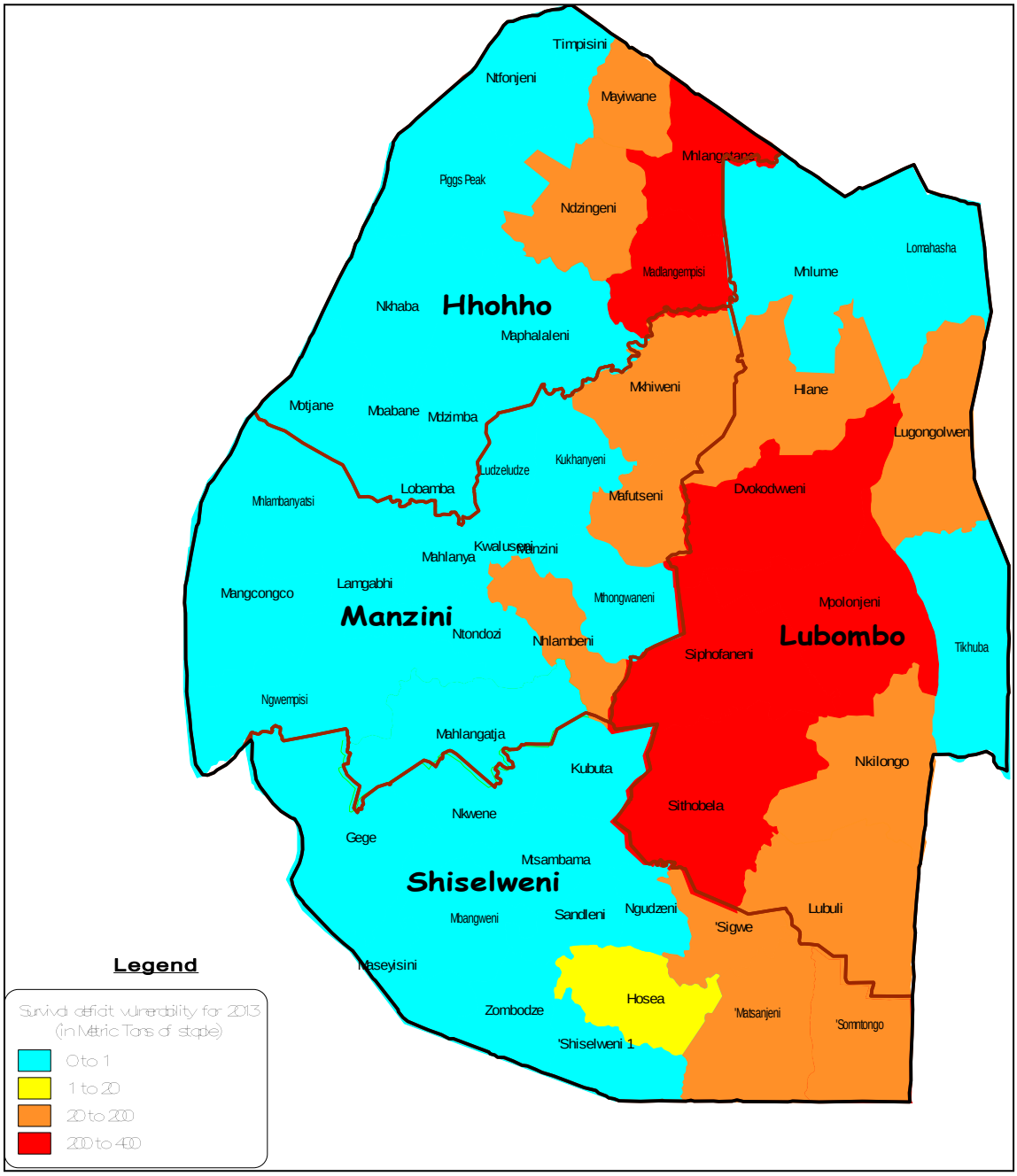
The Lowveld cattle and maize (LCM) livelihood zone is the only one expected to have a survival deficit during the consumption period and this is as a result of the phasing out of general food aid in most parts of the country including these zone which had been a prominent food aid zone for more than 10 years.

Table 13: Livelihood zones having a survival deficit

Region	DM	HCM	LCM	LBP	MMV	PUR	THL	Region Total
Hhohho			11,105					11,105
Lubombo			33,837					33,837
Manzini			4,656					4,656
Shiselweni			6,707					6,707
LZ Total			**56,305**					**56,305**

The specific areas within the livelihood zone are shown on the map 5 where the Tinkhundla affected by the deficit are shaded in red, showing a higher level of deficit and followed by brown which stands for a moderate deficit and yellow representing areas having low level of deficit, while blue is used for areas where no deficit is anticipated.

Map 5: Swaziland Survival Deficit for 2013 – Market Scenario



6.2.3 Inflation Scenario

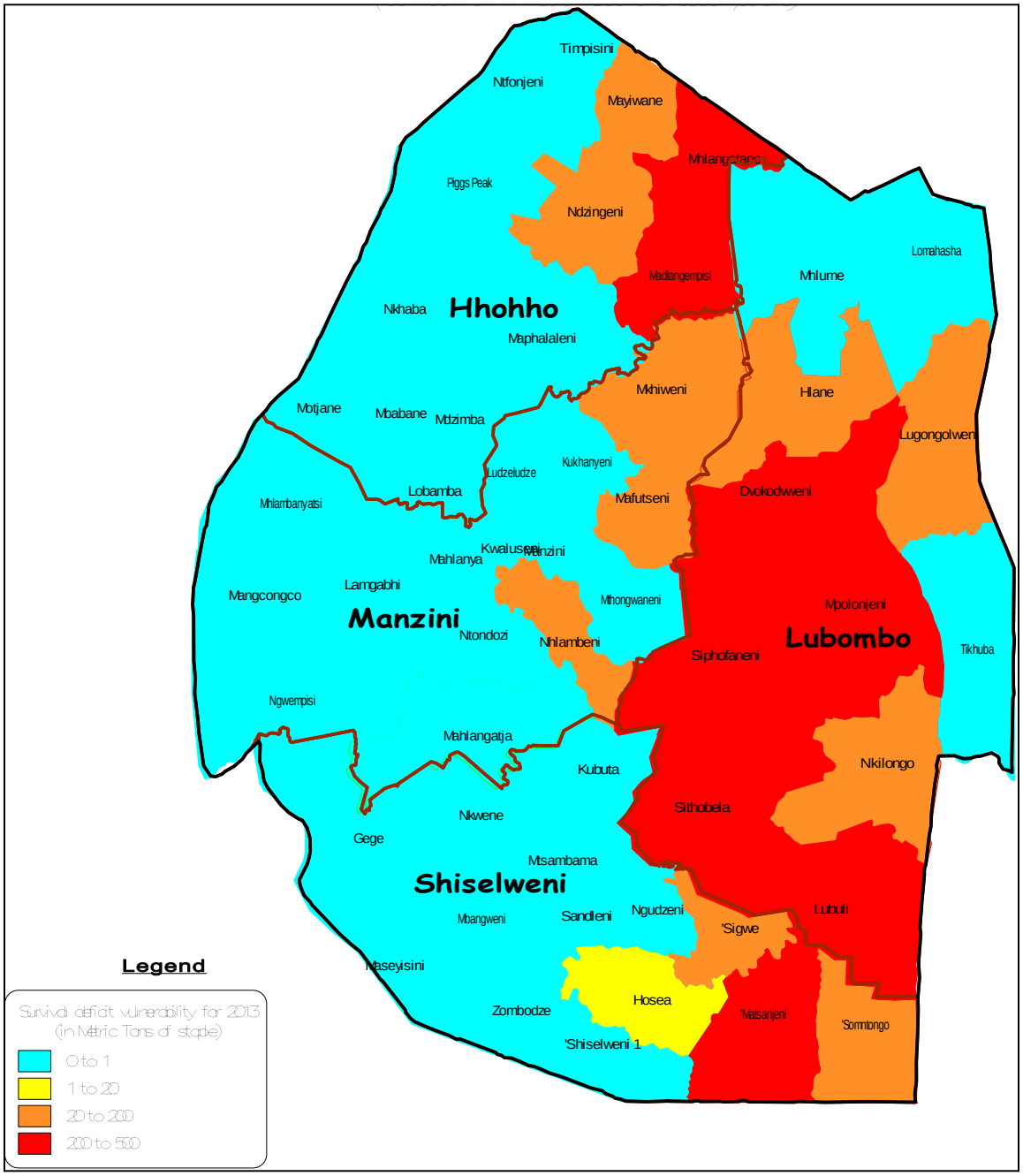
Projected compounded nominal inflation parity used to construct this scenario in addition to the conditionality used in developing the Market scenario, but instead of using prevailing inflation the projected nominal inflation figures were used on most commodity prices except for services and commodities that are only procured or acquired within the prevailing (current) inflation rates. For agricultural labour such as harvesting and shelling which took place in this consumption period, the current nominal compounded inflation were used at 55%. The projected compound inflation used on purchases and labour activities to be undertaken towards the end of the consumption year is 62%.

Table 14: Survival deficit as a result of the inflation scenario

Region	Current Population	Vulnerable population	Cash Equivalent to required staple food	Staple required in Tons (Maize Equivalent)
Hhohho	309,184	11,105	2,029,467	626
Lubombo	221,837	33,837	5,535,143	1,707
Manzini	352,568	4,656	724,381	223
Shiselweni	209,568	6,707	1,043,612	322
National	**1,093,157**	**56,305**	**9,332,604**	**2,878**

Lowveld maize and cattle continue to be the only livelihood zone that is affected by the survival deficit even under the inflation and the specific areas within the livelihood zone are shown on the map 6, where the Tinkhundla affected by the deficit are shaded in red showing a higher level of deficit and followed by brown which stands for a moderate deficit and yellow representing areas having low level of deficit, while blue is used for areas where no deficit is anticipated.

Map 6: Swaziland Survival Deficit for 2013 – Inflation Scenario



6.3 Livelihood Vulnerability

A total of 290, 00 people are expected to have a livelihood / cash deficit as a result of both climatic and socio-economic shocks during the 2013/14 consumption year. A breakdown of the livelihood zones that will have this deficit by administrative areas (Tinkhundla) are presented below in two scenarios namely; market and inflation scenarios.

The number of people facing a livelihood deficit are not the same in the two scenarios, thus even the cash required to meet the deficit in each scenario is different. The inflation scenario predicts that more cash will be required per household to meet their deficit while the market scenario predicts less cash required to meet the household's requirement.

6.3.1 Market Scenario

Table 15: Livelihood deficit as a result of the market scenario

Region	Current Population	Population at Risk	Cash Expenditure Deficit
Hhohho	309,184.00	62,625.78	22,116,929.79
Lubombo	221,837.00	101,131.14	33,396,181.97
Manzini	352,568.00	49,296.57	17,975,043.07
Shiselweni	209,568.00	46,692.18	13,230,958.55
National	**1,093,157.01**	**259,745.66**	**86,719,113.38**

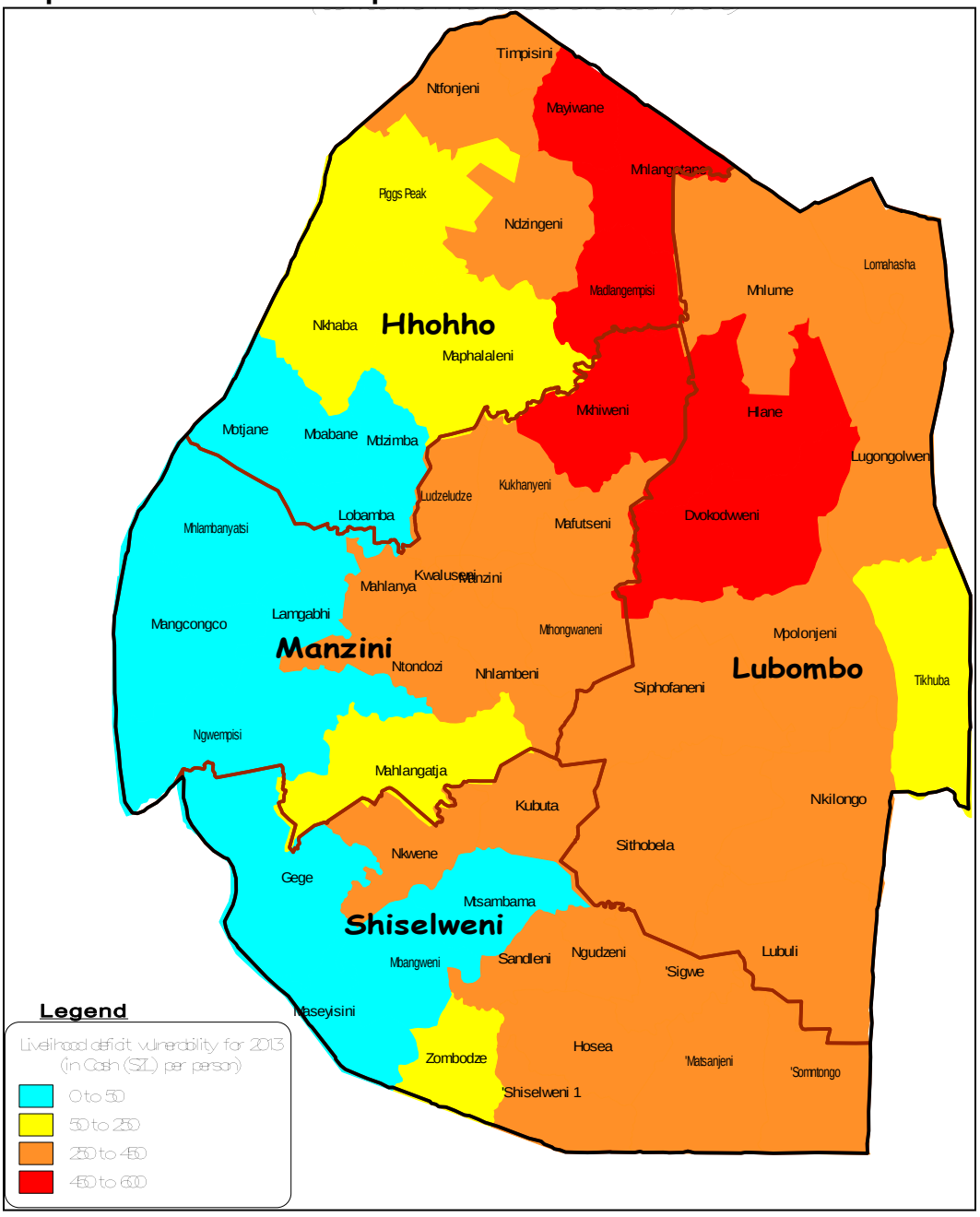
All the livelihood zones are expected to have a livelihood deficit with the exception of the Peri-Urban and Timber highlands livelihood zones. The Dry Middleveld will have the highest number of people facing a livelihood deficit when compared with the other zones. Moist Middleveld will have the least people with about 16,000 to face a livelihood deficit.

Table 16: Livelihood zones having a livelihood deficit

Region	DM	HCM	LCM	LBP	MMV	PUR	THL	Reg-Tot
Hhohho	25,262	7,659	24,431		5,274	0	0	62,626
Lubombo	3,174		74,442	23,137	379			101,131
Manzini	28,237	4,941	10,242		5,876	0	0	49,297
Shiselweni	15,551	11,297	14,756		5,089		0	46,692
LZ-Total	**72,223**	**23,897**	**123,871**	**23,137**	**16,618**	**0**	**0**	**259,746**

Poor markets had a negative effect of people's livelihood as shown in map 7 below where communities that falls within the red and brown colours will have a severe livelihood deficit.

Map 7: Livelihood Cash Equivalent Deficit for 2013 – Market Scenario



6.3.2 Inflation Scenario

290,000 people expected to have a livelihood deficit due to escalating the market scenario with the inflation scenario.

Table 17: Livelihood deficit as a result of the market scenario by Region

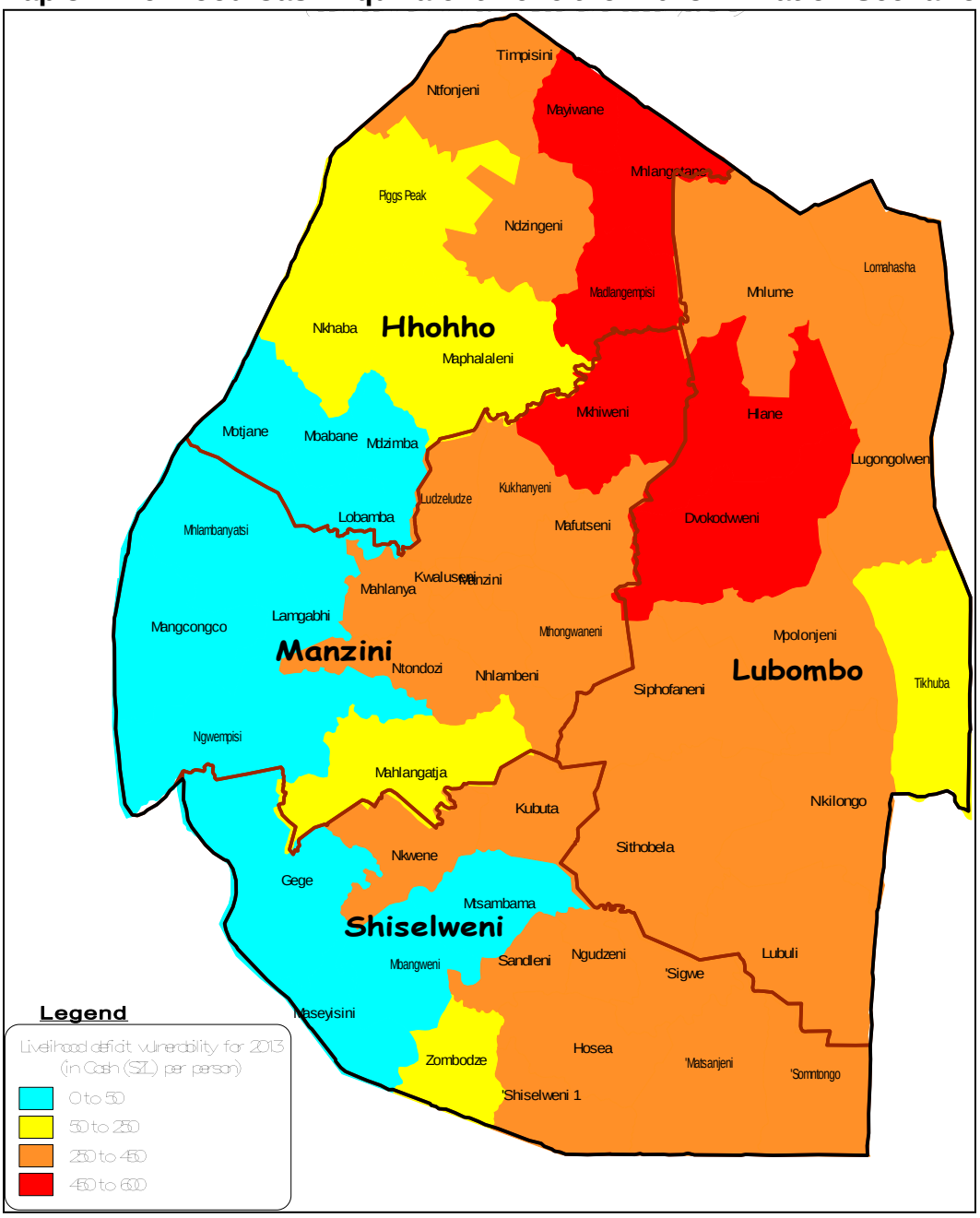
Region	Current Population	Population at Risk	Cash Expenditure Deficit
Hhohho	309,184.00	69,078.82	24,805,822.73
Lubombo	221,837.00	101,131.14	38,644,759.52
Manzini	352,568.00	59,688.90	19,891,441.32
Shiselweni	209,568.00	60,020.93	15,067,655.64
National Total	**1,093,157.01**	**289,919.79**	**98,409,679.21**

Timber highlands livelihood zone is the only one appearing in addition to those that reflected to have a livelihood deficit in the market scenario, thus the new total is now 290.000 people compared to the 260,000 people projected to have a livelihood deficit in the market scenario.

Table 18: Livelihood Deficit by Region and Livelihood Zone - Market Scenario

Region	DM	HCM	LCM	LBP	MMV	PUR	THL	Region Total
Hhohho	25,262	7,659	24,431		5,274	-	6,453	69,079
Lubombo	3,174		74,442	23,137	379			101,131
Manzini	28,237	10,684	10,242		5,876	-	4,650	59,689
Shiselweni	15,551	11,297	14,756		5,089		13,329	60,021
National Total	**72,224**	**29,640**	**123,871**	**23,137**	**16,618**	**-**	**24,432**	**289,920**

Map 8: Livelihood Cash Equivalent Deficit for 2013 - Inflation Scenario



The specific areas within the livelihood zone are shown on the map above where the tinkhundla affected by the deficit are shaded in red showing a higher level of livelihood deficit and followed by brown which stands for a moderate deficit and yellow representing areas having low level of deficit, while blue is used for areas where no deficit is anticipated.

7 Health, Nutrition, HIV and AIDS Cluster

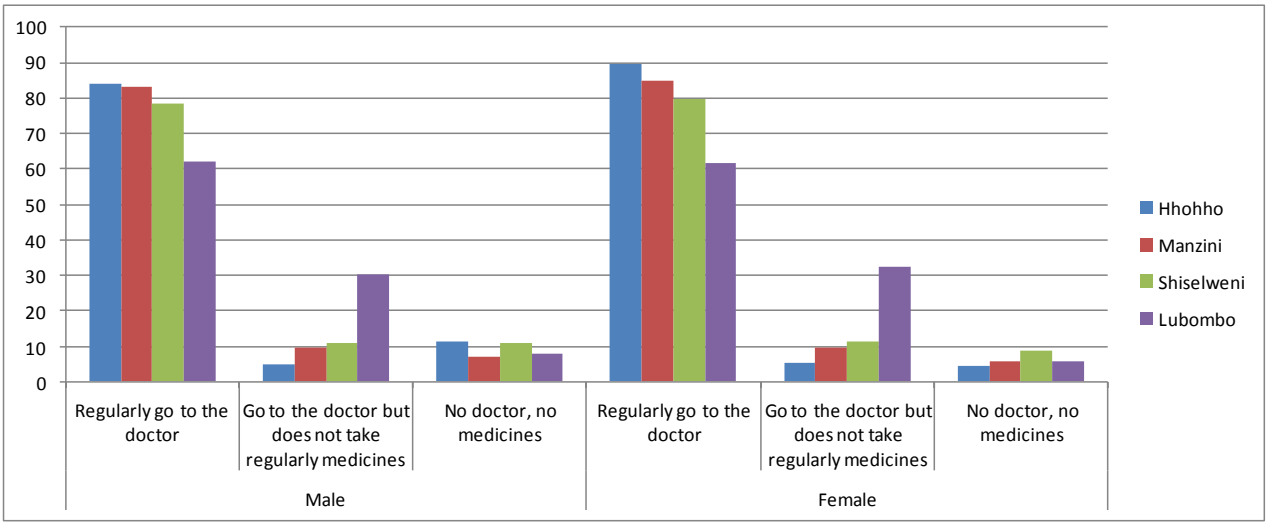
7.1 Food insecurity and Access to Health Care Services

Food insecurity may be viewed as a public health problem that threatens the development of children and the immediate health of people on medically prescribed diets. The consequences of food insecurity may include decreased intake of fruits and vegetables, increased risk of obesity in women, and compromised ability to resist illness among children.

7.1.1 Access to Health Facilities

With regards to health seeking behaviour about 79.7% of males in rural households stated that they regularly go to the doctor and 76.8% of females also stated that they go to see a doctor regularly. 9.1% of males are not going to a doctor neither taking medicines whilst 6% of females also are not seeing any doctor nor taking medicines.

Figure 17: Access to Medical Treatment (Male and Females)



Interestingly, males in rural households still have a strong preference of going for traditional medicines with the highest percentages of 9.20% against the females at 4.10%. This is more common in the Hhohho region with 30% amongst males followed by Shiselweni region with 17%. Distance from health centres had a greater impact in the ability of the households to access health services for both males and females. Lack of money for transport also proved to be the limit factor in the ability of households to access health services.

Table 19: Reasons for Rural Population not Accessing Health Care Services (Males)

Region	Health Facility too far	No money for transport	Prefer traditional medicine	Too busy with work	Medicines unavailable in health facilities	Medicines are expensive
Hhohho	-	20.00	30.00	-	-	20.00
Manzini	-	14.30	14.30	-	-	-
Shiselweni	11.80	17.60	17.60	-	-	5.90
Lubombo	11.30	20.80	1.90	-	-	-
Total	**9.20**	**19.50**	**9.20**	**-**	**-**	**3.40**

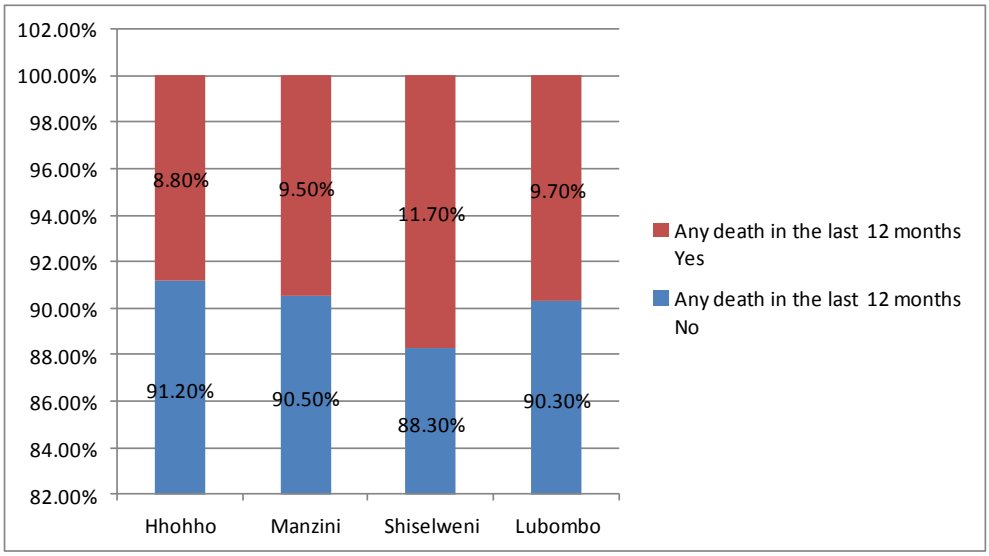
Table 20: Reasons for Rural Population is not Accessing Health Care Services (Females)

Region	Health Facility too far	No money for transport	Prefer traditional medicine	Too busy with work	Medicines unavailable in health facilities	Medicines are expensive
Hhohho	9.10	36.40	-	9.10	-	-
Manzini	25.00	25.00	-	-	-	-
Shiselweni	12.50	12.50	6.20	6.20	-	6.20
Lubombo	15.30	11.90	5.10	-	1.70	3.40
Total	**15.30**	**16.30**	**4.10**	**2.00**	**1.00**	**6.10**

7.2 HIV/AIDS Related Mortality

Figure 18 shows that about 11.7% of rural households in the Shiselweni region reported occurrence of death of a household member in the last 12 months, followed by Lubombo region at 9.7%, Manzini region at 9.5% and the least being Hhohho region at 8.8%.

Figure 18: Death of Household Members in the last 12 months (Percentage)



With high HIV prevalence rate, it is expected that all sphere of a household will be affected, including food security. The 2013 annual assessment has factored geographic targeting of HIV using HIV –proxy indicators to ensure that support is given to areas with high HIV prevalence in order to highlight the interaction between HIV and household food insecurity.

Findings from the assessment Lubombo region had the highest deaths of females (48.10%), Shiselweni region (40.5%) and Hhohho with 37.5 % of females who died of chronic illnesses whilst Manzini region recorded the highest death of males at 29.60% (table 21).

Table 21: Reasons for the death of household member

		Suffering from TB	Chronic illness(> 3 months)	Short illness (< 3 months)	Accident	Other
Hhohho	Male	25.00%	34.00%	18.20%	11.40%	11.40%
	Female	8.30%	37.50%	41.70%	-	12.50%
Manzini	Male	18.50%	29.60%	25.90%	14.80%	11.10%
	Female	21.90%	25.00%	25.00%	6.20%	21.90%
Shiselweni	Male	19.00%	35.70%	14.30%	7.10%	23.80%
	Female	24.30%	40.50%	21.60%	2.70%	10.80%
Lubombo	Male	27.60%	24.10%	13.80%	3.40%	31.00%
	Female	5.90%	48.10%	11.80%	-	29.40%

7.3 Family Planning

According to the International Conference on Population and Development sustainable development can only be realized if “the interrelationships between population, resources, the environment and development should be fully recognized, properly managed and brought into harmonious, dynamic balance” (ICPD PoA). Universal access to sexual and reproductive health services contributes to managing the population dimension because it provides options to individuals and couples to choose the number of children they wish to have and the time to have those children. Family planning is widely recognized as one of the most cost-effective health interventions. Decades of research have demonstrated that modest investments in family planning can save lives and dramatically improve maternal and child health. There is a growing push in the development community to reprioritize family planning because of the cross-cutting role it plays in achieving broader development goals, including the Millennium Development Goals (MDGs) and poverty reduction.

7.3.1 Current use of contraception

Among all women age 15-49, (Annex 9.3) 48% are using family planning methods and the use of modern methods high among the group (47%), the use of traditional methods account for only 1%. Contraceptive use is lowest among age 15-19 years but rises sharply for the 20 to 24 cohort to reach a peak of 66 percent among women age 25 to 29. It drops significantly among women age 40 to 44 to reach only 29 percent among women age 45 to 49.

The three most popular contraceptive methods are injectables (22%) followed by the male condom (11%) and the pill (9%). Injectables are most popular among women age 20 to 39 years and the same is true for both the male condom and the pill. The least used contraceptive methods are; female sterilization (1%), IUD (0.3%), implants (2%) and the female condom. None reported use of male sterilisation by their partners and none used the emergency contraceptive. Contraceptive use is highest in Shiselweni (50%) and lowest in Lubombo (39%).

7.3.2 Knowledge about side effects

Dissemination of information by health care providers on family planning methods and the related side effects is an important aspect of the family planning programme because it promotes informed decision making on the part of the client and encourages continued use of family planning. It is worth noting that about 90% of users said they were ever told about the side effects of the method they are using and how they could deal with those side effects.

7.3.3 Planning Status of births

Women whose last birth occurred in the 5 years preceding the VAA survey were asked if the pregnancy was wanted at the time it occurred, or wanted later or worse still not wanted at all. Overall, 26% of births were not wanted at all and Shiselweni had the most number of unwanted births (33%) followed by Lubombo (28%), Manzini (20%) and Hhohho (19%).

7.4 Water and Sanitation

Access to water and sanitation is a necessary precursor to other forms of development. Without easy access to these facilities, time spent on water collection, household income spent on medical treatment and water purchase; all contribute to keeping people in the poverty trap.

7.4.1 Water

Access to improved water sources during rainy and dry seasons is still low in the rural areas of Swaziland. According to the 2013 VAC assessment, the percentage of the population with access to improved water source during rainy season and on dry season does not show much disparity between the seasons. When compared to 2012 a decline is observed of 64% during dry season and 62% and 62% during rainy season whereas in 2012 it was 67% during both seasons (figure 19).

Figure 19: Percentage of Household with Improved Water Source 2010 - 2013

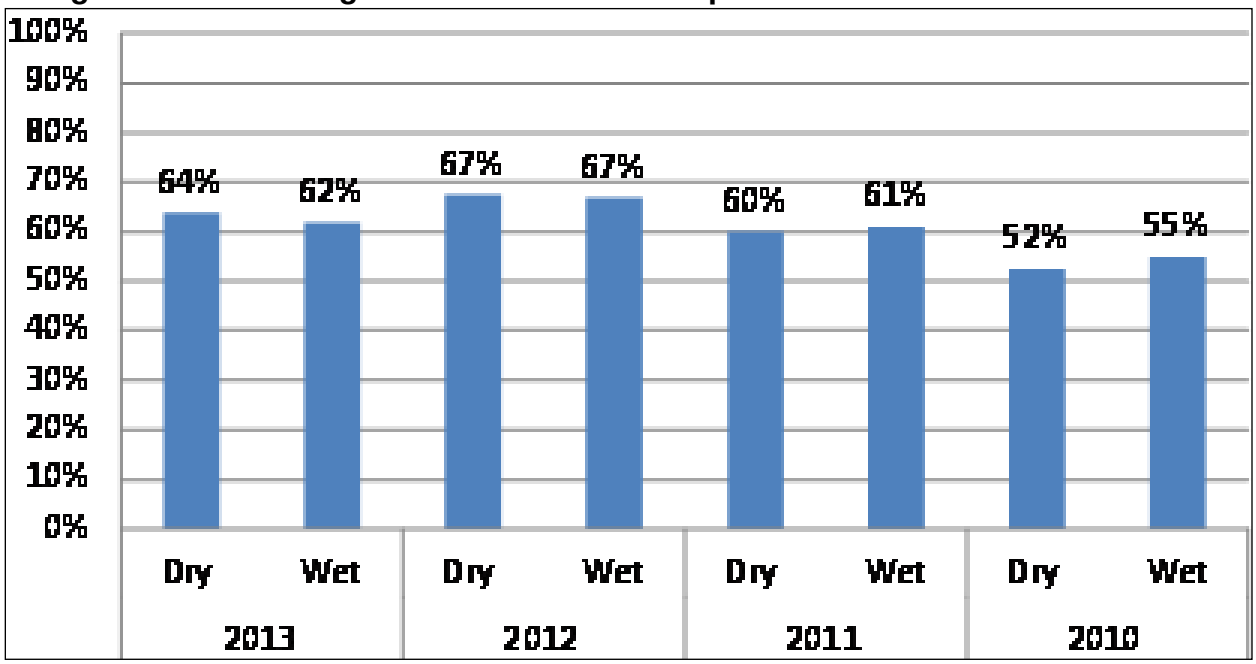


Table 23 presents the differences in both boys and girls as primary responsible for collecting water. The Shiselweni region shows that girls in the rural households are more primary responsible for collecting water than girls except for Manzini region where boys have been observed to be slightly more responsible for collecting water than girls.

Table 22: Primary Responsible for Collecting Water

	Boys	Girls	Children (Boys and Girls)	Adult Women	Adult Man
Hhohho	7.00%	6.00%	32.30%	47.60%	7.10%
Manzini	10.70%	9.70%	33.90%	39.20%	6.50%
Shiselweni	5.80%	16.60%	31.40%	43.10%	3.10%
Lubombo	8.40%	10.40%	28.90%	47.70%	4.70%
Total	7.90%	10.60%	31.60%	44.50%	5.40%

7.4.2 Sanitation

Table 24 shows percentage of rural households with access to improved sanitation facilities. The Hhohho region shows a significant increase in access to improved sanitation with 28.10% as compared to the other regions followed by Manzini region with 15.60%, Lubombo region with 11.90% and the least being Shiselweni region with 10.90%.

Table 23: Percentage of Households with Improved Sanitation Facilities

Improved sanitation facility		Not improved sanitation facility		
Region	**Flush latrine/Ventilated improved pit (VIP)**	**Traditional pit latrine**	**Open pit (no wall)**	**None / bush**
Hhohho	28.10%	56.00%	5.60%	10.30%
Manzini	15.60%	73.30%	3.80%	7.30%
Shiselweni	10.90%	66.90%	6.50%	15.70%
Lubombo	11.90%	56.00%	4.70%	27.30%
Total	17.00%	62.90%	5.20%	15.00%

With regards to percentage of rural households with environmental hazards next to water source, the Hhohho region is leading with 61.6% of rural households who indicated that there was an environmental hazard (solid waste) next to their water sources.

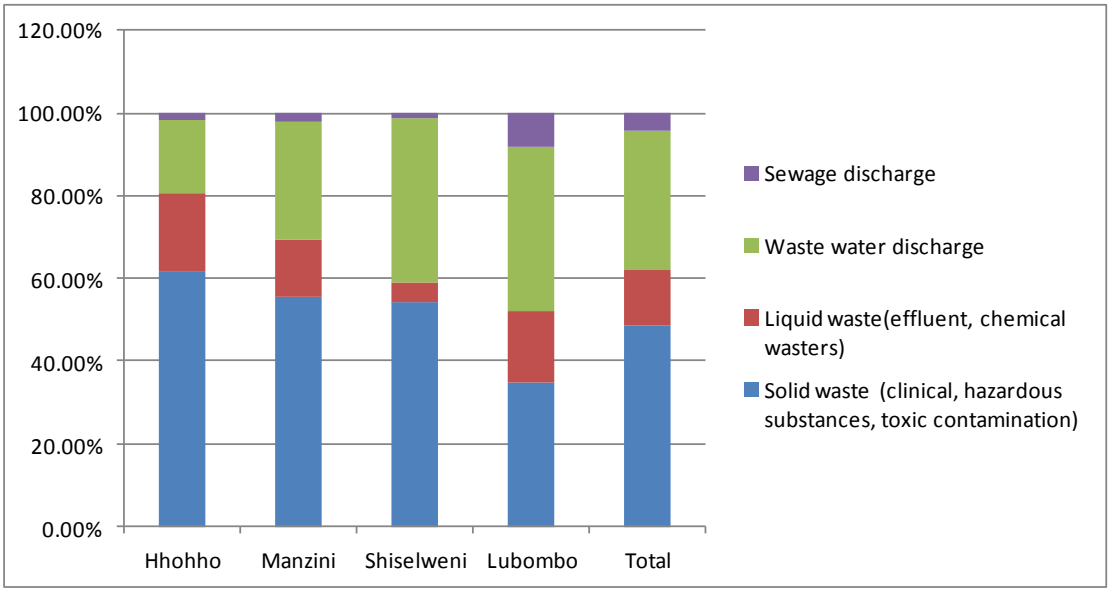
7.5 Access to Improved Water Sources

Access to improved water source during rainy and dry seasons is still low in the rural areas of Swaziland. For the 2012 VAC assessment, the percentage of the population with access to improved water source during rainy season and on dry season does not show much disparity between the seasons as well as the regions. Something worth noting is that the Shiselweni region has is dwindling with access to improved water source as low as 56% during dry season and 55% during rainy season. The Hhohho region is the highest with access to quality of water both during rainy and dry seasons at 82% and 83%, respectively.

7.6 Environmental Hazards near water sources

A total of 17% of households indicated that there are environmental hazards near water source. In term of regional distribution 4% of households in Hhohho region indicated that there environmental hazards near water source, 17% in Manzini region, 24% in Lubombo region and 27% in Shiselweni region as indicated below.

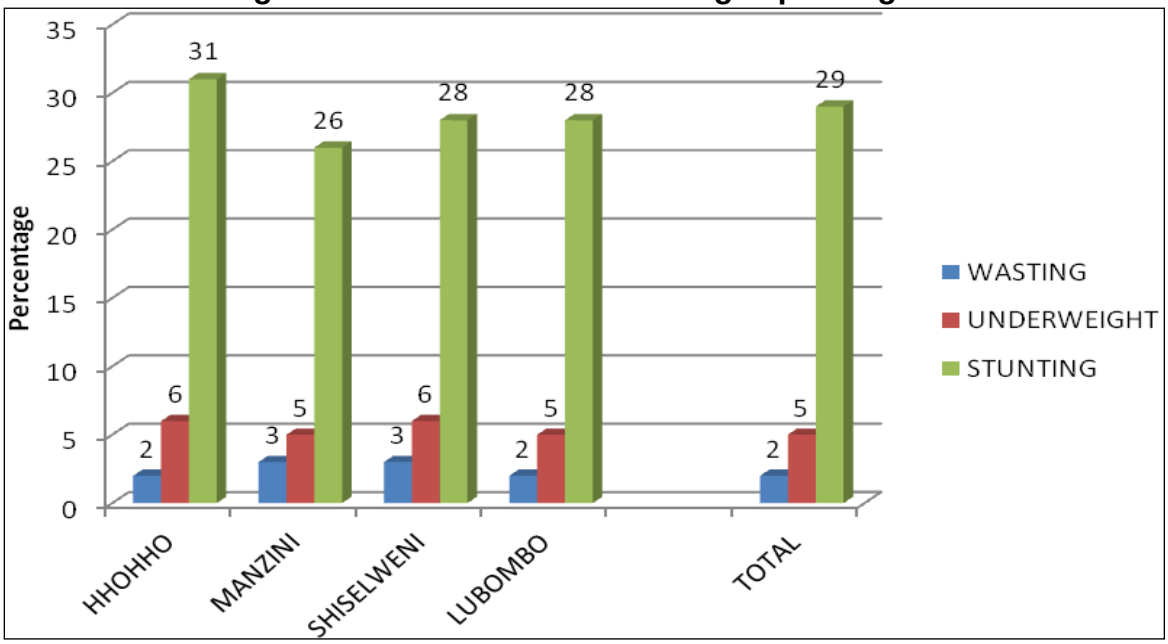
Figure 20: Rural Households with Environmental Hazards next to Water Source



7.7 Child Health and Nutrition

Malnutrition occurs as a consequence of insufficient food consumption and the repeated appearance of infectious diseases. It may be chronic, acute, or weight-for-age malnutrition. According to DHS 2010, the prevalence of malnutrition in Swaziland is; stunting (chronic) 31%, wasting (acute) 1% and underweight 6%.

Figure 21: Malnutrition Percentages per Region



The figure 21 shows the current situation of malnutrition in rural areas. The prevalence of stunting is 29%, underweight 5% and wasting 2%. Worthy noting is that stunting is high in Hhohho Region (31%) with Manzini Region (26%) recording the lowest.

7.8 CHILD IMMUNIZATION

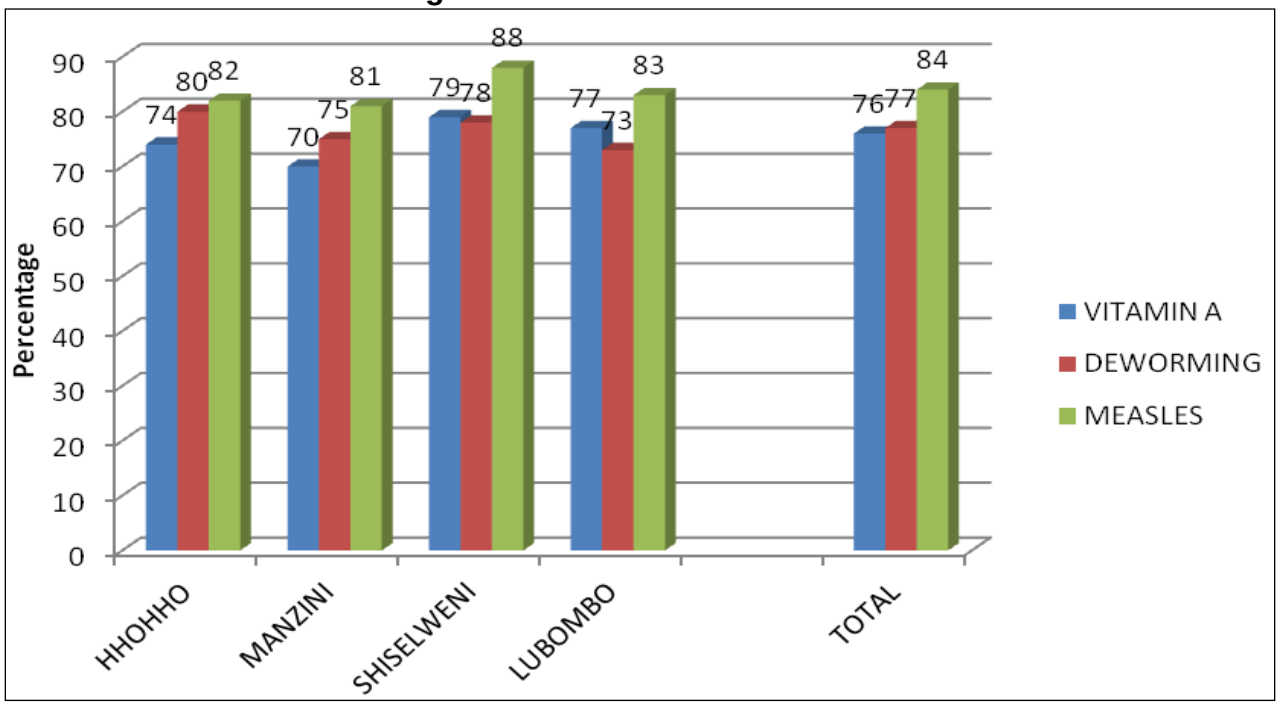
7.8.1 Measles:

Immunization of infants against measles is one of the major interventions towards attaining the target of reducing child mortality. Overall, 84% of children less than 5 years were immunized against measles as shown in the graph below.

7.8.2 De – worming:

The results from the assessment shows that 77% of children aged 12 – 59 months received de-worming tablets six months prior to the survey.

Figure 22: Child Immunisation



7.8.3 Vitamin A supplements:

Figure 22 shows that 76% of children age 6–59 months received at least one high-dose vitamin A supplement within the six months preceding this evaluation.

7.9 CHILDHOOD ILLNESSES

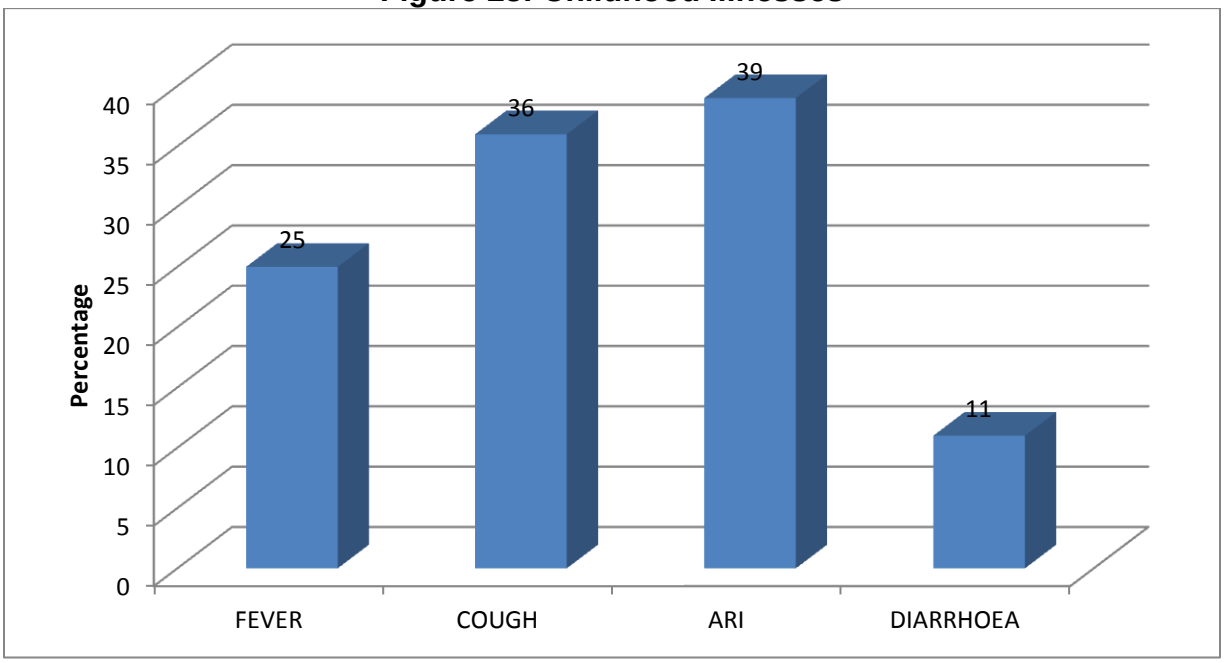
7.9.1 Diarrhoeal diseases:

Poor feeding practices, environmental hygiene and unsafe water and sanitary conditions are the main factors responsible for diarrhoeal morbidity. In the assessment 11% of the children had diarrhoea within the last two weeks before the survey.

7.9.2 Cough:

It can be the results of a respiratory tract infection such as common cold, pneumonia, pertussis, or tuberculosis. The graph below shows that 36% of the children seen had been ill with cough within the last two weeks before the survey.

Figure 23: Childhood Illnesses



7.9.3 Pneumonia (ARI):

Children with suspected pneumonia are those who had an illness with a cough, accompanied by rapid or difficult breathing, and whose symptoms were NOT due to a problem in the chest and a blocked nose. Out of those who had cough, 39% of children seen had pneumonia within the last two weeks before the survey.

7.9.4 Fever:

It is mainly a symptom of acute infections including malaria in children; in the assessment 25% of the children that were seen had fever within the last two weeks before the survey.

7.10 LOW BIRTH WEIGHT

A child's birth weight or size at birth is an important indicator of the child's vulnerability to the risk of childhood illnesses and the chances of survival. According to the study, the rate of children whose birth weight is less than 2.5 kilogram is 6 %.

Figure 24: Low Birth Weight Trend VAC 2010 - 2013

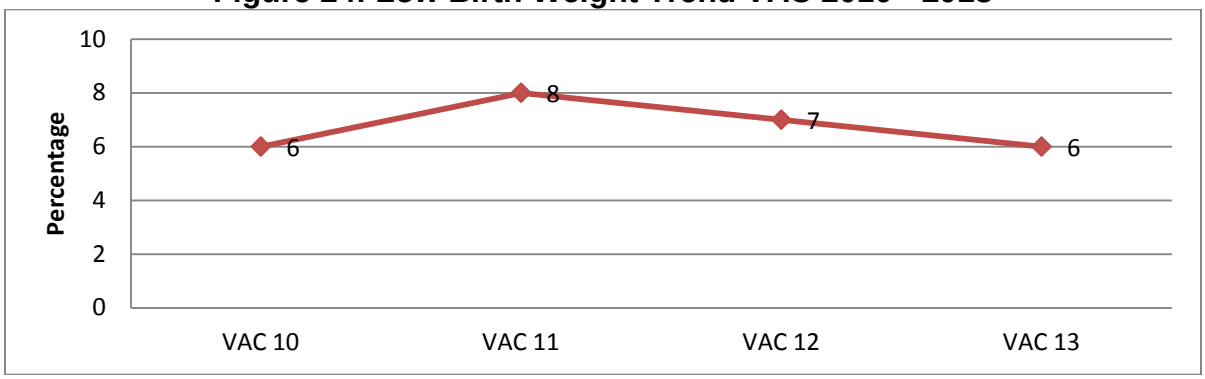


Figure 24 shows the trends of low birth weight over the last four years. It shows a gradual decrease since 2011.

7.11 Supplementary feeding

In the assessment only 20% of the children are under any form of a supplementary feeding programme. This shows an increase of about 4% as compared to last year's results. Most of them (90%) are under the (Neighbourhood Care Point) NCP feeding programme.

Figure 25: Supplementary Feeding Programme VAC 2011 - 2013

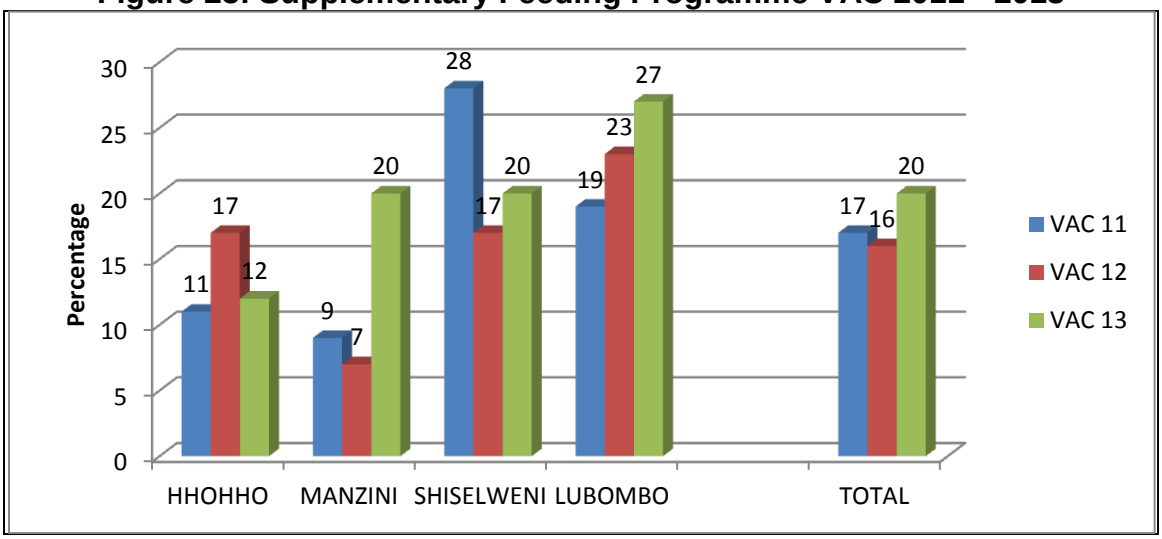


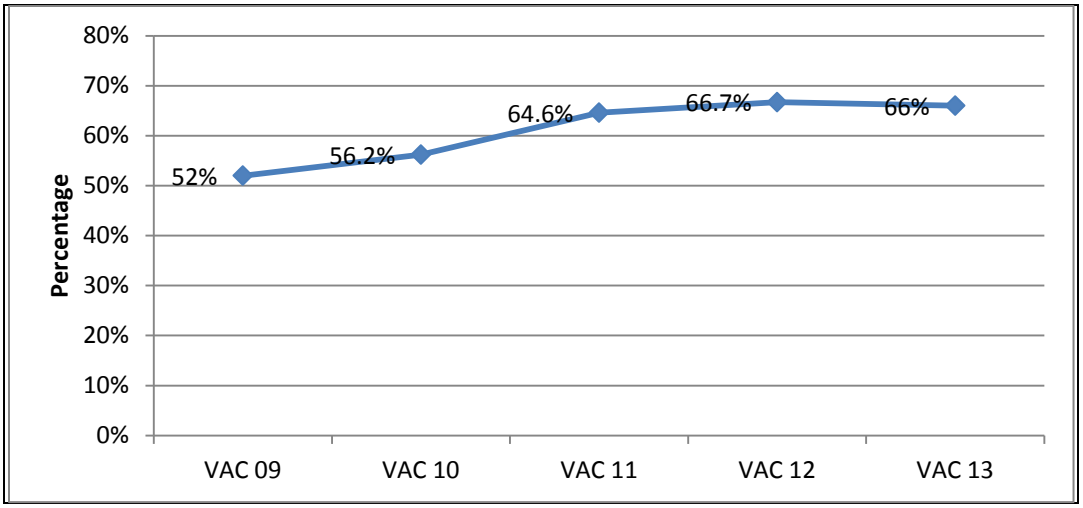
Figure 25 shows that there are more children enrolled in supplementary feeding programmes in 2013 (20%) than the past 2 years. A majority of the children were enrolled at NCPs where Lubombo Region was at 27% while the Hhohho region at 12% with the least number.

7.12 INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTISES

7.12.1 Exclusive Breastfeeding:

Breastfeeding for the first two years of life protects children from infection, provides an ideal source of nutrients. Breast milk is considered safe. Figure 26 shows the trends of exclusive breastfeeding since 2009 and it has increased from 52% to about 67% in 2012, however, a slight decrease of about 1% is observed this year.

Figure 26: Exclusive Breastfeeding Trend 2009 - 2013



8.0 Conclusion and Recommendations

- An in-depth study on Impact of HIV/AIDS on livelihoods, poverty and the economy & investigate the link between HIV/AIDS, demography and livelihoods in rural areas.
- Strengthening of health sector capacity on poverty issues, including better analyses of poverty-health links and creation of strategies that put health at the centre of poverty reduction efforts.
- Monitoring of caloric intake for people with HIV/AIDS to ensure that energy needs is met using the WHO HIV-infection clinical stages to address suggested caloric requirements for each stage.
- The 2006 Rural Livelihoods Baselines need to be updated as they are becoming less and less credible for analysis of current data. There is also the need to develop urban profiles in light of the deepening urban poverty and increasing vulnerability.
- Whilst the issue of Institutionalization and manning of the Swazi VAC Office has been discussed over the years it remains a major priority for effective integration of the VAA process with other initiatives aimed at uplifting peoples' livelihoods through the provision of timely information for decision making.

9.0 Annex

9.1 Household Education Statues

		No school	Primary	Secondary and High	Tertiary
Male	Hhohho	3.8%	31.4%	56.8%	8.0%
	Manzini	4.3%	31.9%	57.1%	6.7%
	Shiselweni	10.5%	37.0%	49.3%	3.3%
	Lubombo	17.7%	36.9%	42.8%	2.7%
Total		9.0%	34.2%	51.5%	5.2%
Female	Hhohho	6.5%	32.1%	54.5%	7.0%
	Manzini	5.9%	34.2%	53.9%	6.1%
	Shiselweni	11.2%	35.8%	51.3%	1.7%
	Lubombo	19.7%	37.6%	39.5%	3.2%
Total		10.9%	35.0%	49.8%	4.3%
All	Hhohho	5.2%	31.8%	55.6%	7.5%
	Manzini	5.1%	33.1%	55.5%	6.4%
	Shiselweni	10.9%	36.3%	50.5%	2.4%
	Lubombo	18.8%	37.3%	41.0%	2.9%
Total		10.1%	34.6%	50.6%	4.7%

9.2 Food Consumption Score

Food Consumption Score is a proxy indicator of household food security. The score is calculated using information on dietary diversity (8 different food groups consumed by household members) and the frequencies of consumption using a 7-day recall period. Information on the variety and frequency of different foods and food groups are used to calculate the weighted food consumption score. Weights based on the nutritional density of the foods and the results often a reflective of the food security situation at the household level. It captures both the quality (different food groups\dietary diversity) and quantity (food frequency) elements of security.

$$FCS = a_1X_1 + a_2X_2 + ... + a_8X_8$$

Where: i=food group: x=frequency and a=weight

Cut off points are used to categorize households into:

i. **Acceptable -** Households with **'acceptable'** (FSC >35) consumption are those that are consuming an equivalent of cereals, vegetables oil and meat (high quality protein) for a minimum of 4 days per week.
ii. **Borderline -** Households with '**borderline'** (FSC <21 – <35**)** consumption are consuming the equivalent of cereals and vegetables on a daily basis plus pulses and oils about 4 times per week.

Poor - Those with '**poor'** (FCS 0<21) consumption managed to eat the equivalent of only cereals and vegetables on a daily basis. This is considered a bare minimum and is a sign of extreme household food insecurity.

9.3 Current use of contraception among all women age 15-49 by age group and region

	Modern method												Traditional method					
	Any method	Any modern method	Female Sterilization	Male Sterilization	Pill	IUD	Injectables	Implants	Male condom	Female condom	LAM	Emergency contraception	Any Traditional method	With drawal	Rhythm/ Billing/ Mucus	Other	Not using	Number of women
15-19	17.2	16.2	0.0	0.0	2.9	0.0	8.3	0.0	5.0	0.0	0.0	0.0	1.1	0.0	0.0	1.1	82.8	557
20-24	54.1	52.4	0.3	0.2	11.1	0.0	26.2	2.3	11.9	0.2	0.2	0.0	1.7	0.5	0.0	1.2	45.9	603
25-29	65.8	65.6	0.0	0.0	11.3	0.2	35.1	3.2	14.3	0.4	0.9	0.2	0.2	0.0	0.0	0.2	34.2	462
30-34	65.8	63.8	1.1	0.0	12.9	0.3	29.3	3.4	16.1	0.0	0.6	0.0	2.0	0.9	0.3	0.9	34.2	348
35-39	61.4	60.7	1.9	0.0	13.5	1.9	28.5	1.5	12.4	0.4	0.7	0.0	0.7	0.4	0.0	0.4	38.6	267
40-44	46.3	45.1	4.9	0.0	10.1	0.0	15.3	3.7	10.1	1.1	0.0	0.0	1.1	0.0	0.4	0.7	53.7	268
45-49	32.0	29.0	2.2	0.0	5.2	0.7	9.7	1.9	9.3	0.0	0.0	0.0	3.0	1.5	0.4	1.1	68.0	269
Total	47.9	46.6	1.1	0.0	9.3	0.3	22.0	2.2	11.1	0.3	0.3	0.0	1.3	0.4	0.1	0.8	52.1	2774
Hhohho	49.9	48.0	4.7	0.0	17.5	0.9	39.1	5.5	27.1	0.6	0.9	0.0	1.9	2.6	0.3	0.9	50.1	688
Manzini	48.9	48.4	1.7	0.3	22.9	0.7	39.7	6.1	26.3	0.3	0.7	0.3	0.5	0.3	0.0	0.7	51.1	608
Shiselweni	50.5	49.8	1.2	0.0	18.9	0.5	54.4	3.6	18.9	1.0	0.0	0.0	0.7	0.0	0.5	1.0	49.5	826
Lubombo	41.7	39.4	1.5	0.0	18.4	0.7	48.5	2.9	21.0	0.0	1.5	0.0	2.3	0.4	0.0	5.1	58.3	652

9.4 Tinkhundla Survival Deficits – Market Scenario

Region	Inkhundla	Current Population	Vulnerable population	Cash Equivalent to required staple food	Staple required in Tons (Maize Equivalent)
Hhohho	Hhukwini	10,757	0	0	0
	Lobamba	28,397	0	0	0
	Mandlangempisi	18,560	4,219	1,076,995	297
	Maphalaleni	21,274	0	0	0
	Mayiwane	16,534	905	199,662	55
	Mbabane East	40,234	0		
	Mbabane West	25,686	0	0	0
	Mhlangatane	24,519	5,524	1,410,332	389
	Motjane	33,780	0	0	0
	Ndzingeni	20,903	457	100,947	28
	Nkhaba	17,173	0	0	0
	Ntfonjeni	23,120	0	0	0
	Pigg's Peak	18,983	0	0	0
	Timphisini	9,263	0	0	0
Hhohho Total		**309,184**	**11,105**	**2,787,936**	**769**
Manzini	**Kukhanyeni**	**19,955**	**0**	**0**	**0**
	Kwaluseni	46,100	0	0	0
	La-Mgabhi	13,157	0	0	0
	Ludzeludze	31,287	0	0	0
	Mafutseni	17,183	1,468	324,015	89
	Mahlangatsha	20,731	0	0	0
	Mahlanya	20,741	0	0	0
	Mangcongco	7,286	0	0	0
	Manzini North	43,616	0	0	0
	Manzini South	17,011	0	0	0
	Mhlambanyatsi	9,911	0	0	0
	Mkhiweni	26,403	2,731	602,673	166
	Mthongwaneni	19,091	0	0	0
	Ngwempisi	30,048	0	0	0
	Nhlambeni	13,755	457	100,821	28
	Ntondozi	16,295	0	0	0
Manzini Total		**352,568**	**4,656**	**1,027,509**	**284**
Lubombo	Dvokodvweni	30,170	6,930	1,769,095	488
	Hlane	7,573	1,800	459,518	127
	Lomahasha	23,749	0	0	0
	Lubuli	15,398	3,610	796,711	220
	Lugongolweni	16,573	1,322	291,732	81
	Matsanjeni North	13,819	0	0	0

	Mhlume	18,134	13	2,828	1
	Mpolonjeni	21,959	5,490	1,211,653	334
	Nkilongo	16,987	2,560	564,904	156
	Siphofaneni	25,083	5,513	1,216,720	336
	Sithobela	32,392	6,601	1,456,894	402
Lubombo Total		**221,837**	**33,837**	**7,770,055**	**2,144**
Shiselweni	Gege	18,293	0	0	0
	Hosea	19,713	159	35,058	10
	Kubuta	6,959	0	0	0
	Maseyisini	28,116	0	0	0
	Matsanjeni South	16,325	3,977	877,789	242
	Mbangweni	26,206	0	0	0
	Mtsambama	19,001	0	0	0
	Ngudzeni	8,099	0	0	0
	Nkwene	7,205	0	0	0
	Sandleni	13,281	0	0	0
	Shiselweni	12,892	0	0	0
	Sigwe	11,839	1,477	325,898	90
	Somntongo	5,486	1,095	241,581	67
	Zombodze Emuva	16,153	0	0	0
Shiselweni Total		**209,568**	**6,707**	**1,480,326**	**408**

9.5 Tinkhundla Survival Deficits – Inflation Scenario

Region	Inkhundla	Current Population	Vulnerable population	Cash Equivalent to required staple food	Staple required in Tons (Maize Equivalent)
Hhohho	Hhukwini	10,757			
	Lobamba	28,397			
	Mandlangempisi	18,560	4,219	786,982	243
	Maphalaleni	21,274			
	Mayiwane	16,534	905	140,759	43
	Mbabane East	40,234			
	Mbabane West	25,686			
	Mhlangatane	24,519	5,524	1,030,559	318
	Motjane	33,780			
	Ndzingeni	20,903	457	71,167	22
	Nkhaba	17,173			
	Ntfonjeni	23,120			
	Pigg's Peak	18,983			
	Timphisini	9,263			
Hhohho Total		**309,184**	**11,105**	**2,029,467**	**626**
Manzini	Kukhanyeni	19,955	0	0	0
	Kwaluseni	46,100	0	0	0
	La-Mgabhi	13,157	0	0	0

	Ludzeludze	31,287	0	0	0
	Mafutseni	17,183	1,468	228,427	70
	Mahlangatsha	20,731	0	0	0
	Mahlanya	20,741	0	0	0
	Mangcongco	7,286	0	0	0
	Manzini North	43,616	0	0	0
	Manzini South	17,011	0	0	0
	Mhlambanyatsi	9,911	0	0	0
	Mkhiweni	26,403	2,731	424,877	131
	Mthongwaneni	19,091	0	0	0
	Ngwempisi	30,048	0	0	0
	Nhlambeni	13,755	457	71,078	22
	Ntondozi	16,295	0	0	0
Manzini Total		**352,568**	**4,656**	**724,381**	**223**
Lubombo	Dvokodvweni	30,170	6,930	1,292,714	399
	Hlane	7,573	1,800	335,779	104
	Lomahasha	23,749	0	0	0
	Lubuli	15,398	3,610	561,671	173
	Lugongolweni	16,573	1,322	205,668	63
	Matsanjeni North	13,819	0	0	0
	Mhlume	18,134	13	1,994	1
	Mpolonjeni	21,959	5,490	854,201	263
	Nkilongo	16,987	2,560	398,250	123
	Siphofaneni	25,083	5,513	857,773	264
	Sithobela	32,392	6,601	1,027,093	317
Lubombo Total		**221,837**	**33,837**	**5,535,143**	**1,707**
Shiselweni	Gege	18,293	0	0	0
	Hosea	19,713	159	24,716	8
	Kubuta	6,959	0	0	0
	Maseyisini	28,116	0	0	0
	Matsanjeni South	16,325	3,977	618,831	191
	Mbangweni	26,206	0	0	0
	Mtsambama	19,001	0	0	0
	Ngudzeni	8,099	0	0	0
	Nkwene	7,205	0	0	0
	Sandleni	13,281	0	0	0
	Shiselweni	12,892	0	0	0
	Sigwe	11,839	1,477	229,754	71
	Somntongo	5,486	1,095	170,311	53
	Zombodze Emuva	16,153	0	0	0
Shiselweni Total		**209,568**	**6,707**	**1,043,612**	**322**

9.6 Tinkhundla Livelihood Deficits – Market Scenario

Region	Inkhundla	Current Population	Vulnerable Population	Cash expenditure Deficit
Hhohho	Hhukwini	10,757	2,151	16,148
	Lobamba	28,397		
	Mandlangempisi	18,560	10,174	4,000,613
	Maphalaleni	21,274	3,809	451,527
	Mayiwane	16,534	8,494	4,222,599
	Mbabane East	40,234		
	Mbabane West	25,686		
	Mhlangatane	24,519	13,437	5,284,333
	Motjane	33,780	131	983
	Ndzingeni	20,903	6,847	2,564,440
	Nkhaba	17,173	3,156	150,768
	Ntfonjeni	23,120	8,320	3,207,463
	Pigg's Peak	18,983	1,390	335,848
	Timphisini	9,263	4,717	1,882,206
Hhohho Total		**309,184**	**62,626**	**22,116,930**
Manzini	Kukhanyeni	19,955	2,856	950,294
	Kwaluseni	46,100	816	236,590
	La-Mgabhi	13,157	1,514	11,361
	Ludzeludze	31,287	1,294	375,257
	Mafutseni	17,183	9,225	3,592,117
	Mahlangatsha	20,731	6,012	1,291,633
	Mahlanya	20,741	392	144,610
	Mangcongco	7,286	306	2,294
	Manzini North	43,616	92	26,790
	Manzini South	17,011		
	Mhlambanyatsi	9,911		
	Mkhiweni	26,403	14,212	6,650,023
	Mthongwaneni	19,091	5,219	2,041,467
	Ngwempisi	30,048		
	Nhlambeni	13,755	3,971	1,552,257
	Ntondozi	16,295	3,387	1,100,350
Manzini Total		**352,568**	**49,297**	**17,975,043**
Lubombo	Dvokodvweni	30,170	15,245	5,983,980
	Hlane	7,573	3,960	1,554,322
	Lomahasha	23,749	12,350	2,657,116
	Lubuli	15,398	7,942	2,929,580
	Lugongolweni	16,573	6,510	1,554,727
	Matsanjeni North	13,819	7,186	961,621
	Mhlume	18,134	28	10,400
	Mpolonjeni	21,959	12,078	4,455,363
	Nkilongo	16,987	5,631	2,077,205
	Siphofaneni	25,083	12,507	4,583,862
	Sithobela	32,392	17,696	6,628,007

Lubombo Total		**221,837**	**101,131**	**33,396,182**
Shiselweni	Gege	18,293	2,196	16,482
	Hosea	19,713	8,997	3,542,046
	Kubuta	6,959	1,274	407,363
	Maseyisini	28,116	800	6,005
	Matsanjeni South	16,325	8,970	3,316,052
	Mbangweni	26,206	1,626	12,203
	Mtsambama	19,001	2,599	58,755
	Ngudzeni	8,099	1,903	680,654
	Nkwene	7,205	2,330	578,204
	Sandleni	13,281	2,141	546,413
	Shiselweni	12,892	2,418	817,695
	Sigwe	11,839	5,952	2,266,051
	Somntongo	5,486	2,408	888,315
	Zombodze Emuva	16,153	3,078	94,721
Shiselweni Total		**209,568**	**46,692**	**13,230,959**

9.7 Tinkhundla Livelihood Deficits – Inflation Scenario

Region	Inkhundla	Current Population	Population at Risk	Cash Expenditure Deficit
Hhohho	Hhukwini	10,757	2,151	66,202
	Lobamba	28,397		
	Mandlangempisi	18,560	10,174	4,581,670
	Maphalaleni	21,274	3,809	553,945
	Mayiwane	16,534	8,494	4,605,727
	Mbabane East	40,234		
	Mbabane West	25,686		
	Mhlangatane	24,519	13,437	6,048,670
	Motjane	33,780	5,418	39,516
	Ndzingeni	20,903	6,847	2,803,614
	Nkhaba	17,173	3,156	229,112
	Ntfonjeni	23,120	8,446	3,464,462
	Pigg's Peak	18,983	2,430	387,743
	Timphisini	9,263	4,717	2,025,161
Hhohho Total		**309,184**	**69,079**	**24,805,823**
Manzini	Kukhanyeni	19,955	2,856	1,043,575
	Kwaluseni	46,100	816	264,484
	La-Mgabhi	13,157	3,190	57,828
	Ludzeludze	31,287	1,294	419,500
	Mafutseni	17,183	9,225	3,957,361
	Mahlangatsha	20,731	6,012	1,454,302
	Mahlanya	20,741	392	156,921
	Mangcongco	7,286	306	9,405
	Manzini North	43,616	92	29,948
	Manzini South	17,011		
	Mhlambanyatsi	9,911	2,973	19,954

	Mkhiweni	26,403	14,212	7,333,367
	Mthongwaneni	19,091	5,219	2,201,120
	Ngwempisi	30,048	5,743	38,818
	Nhlambeni	13,755	3,971	1,699,437
	Ntondozi	16,295	3,388	1,205,421
Manzini Total		**352,568**	**59,689**	**19,891,441**
Lubombo	Dvokodvweni	30,170	15,245	6,894,043
	Hlane	7,573	3,960	1,790,709
	Lomahasha	23,749	12,350	3,110,265
	Lubuli	15,398	7,942	3,381,627
	Lugongolweni	16,573	6,510	1,852,414
	Matsanjeni North	13,819	7,186	1,225,290
	Mhlume	18,134	28	12,005
	Mpolonjeni	21,959	12,078	5,142,844
	Nkilongo	16,987	5,631	2,397,726
	Siphofaneni	25,083	12,507	5,287,171
	Sithobela	32,392	17,696	7,550,665
Lubombo Total		**221,837**	**101,131**	**38,644,760**
Shiselweni	Gege	18,293	4,390	82,294
	Hosea	19,713	8,997	3,825,386
	Kubuta	6,959	1,274	448,294
	Maseyisini	28,117	8,035	73,173
	Matsanjeni South	16,325	8,970	3,820,777
	Mbangweni	26,206	4,458	69,033
	Mtsambama	19,001	3,667	127,897
	Ngudzeni	8,099	1,903	741,137
	Nkwene	7,205	2,330	642,382
	Sandleni	13,281	2,141	613,275
	Shiselweni	12,892	2,418	896,206
	Sigwe	11,839	5,952	2,533,309
	Somntongo	5,486	2,408	1,025,385
	Zombodze Emuva	16,153	3,078	169,109
Shiselweni Total		**209,568**	**60,021**	**15,067,656**