

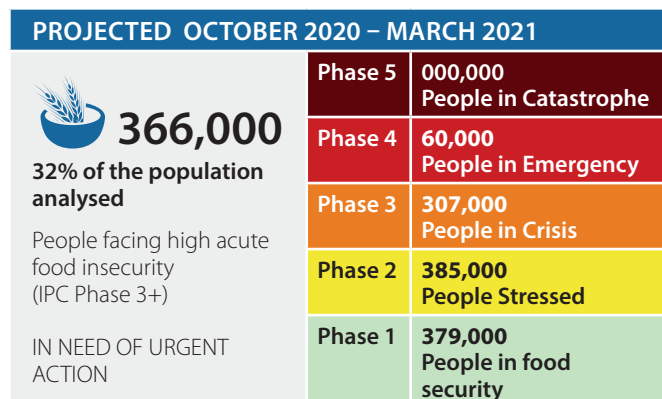
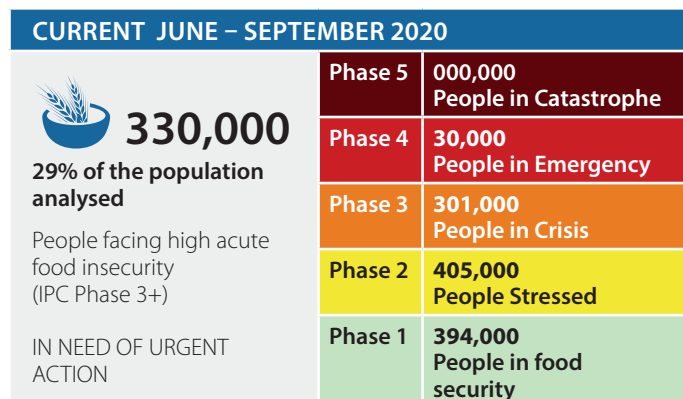
ESWATINI

A prolonged dry season and COVID-19 lockdown measures cause deterioration in food security situation for rural and urban households.

IPC ACUTE FOOD INSECURITY ANALYSIS

JUNE 2020- MARCH 2021

Issued August 2020



Overview

Between June and September 2020, over 330,000 people (29% of the population) is expected to experience high acute food insecurity. This includes nearly 30,000 people in Emergency (IPC Phase 4) and 301,000 in Crisis (IPC Phase 3). Compared with 2019, the country's food insecurity situation has deteriorated with a notable increase in the proportion of the populations in Crisis (IPC Phase 3) and higher. In the projected period, the number of people facing high acute food insecurity will likely increase to over 366,000 people (32% of the total population). This is mainly due to low food stocks from the harvest and the negative economic impacts of COVID-19 on incomes and employment opportunities for rural and urban households.

The IPC analysis was undertaken for rural and urban areas in Eswatini; comprising of four rural districts: (Manzini, Shiselweni, Lubombo and Hhohho); and two urban districts: (Hhohho urban and Manzini urban). In the current period, 32% of the rural population (292,794 people) and 17% of the urban population (37,424 people) are in Crisis or worse (IPC Phase 3 or above), representing 89% and 11% of the total population in Crisis or worse nationwide, respectively.

Key Drivers



Dry spells

Dry spells in November and December led to a delayed start of the farming season, which negatively impacted food production.



Loss of employment

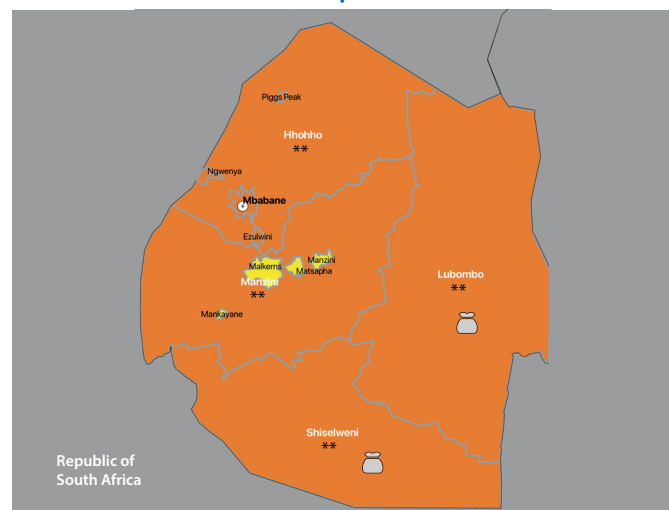
Loss of employment due to COVID-19 lockdown measures resulted in loss and/or reduction of income, negatively impacting households' ability to purchase food and farm inputs.



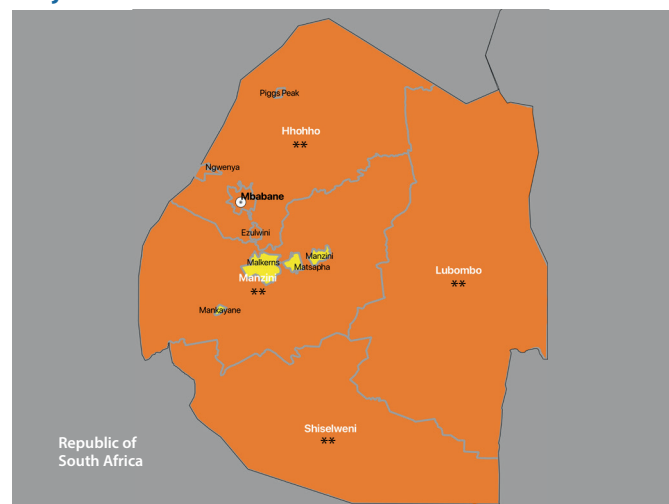
High commodity prices

Unusually high commodity prices further restricted food access and exacerbated the already compromised food availability for poorest households.

Current Situation June - September 2020



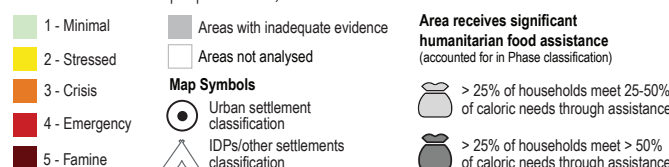
Projected Situation October 2020 - March 2021



Key for the Map

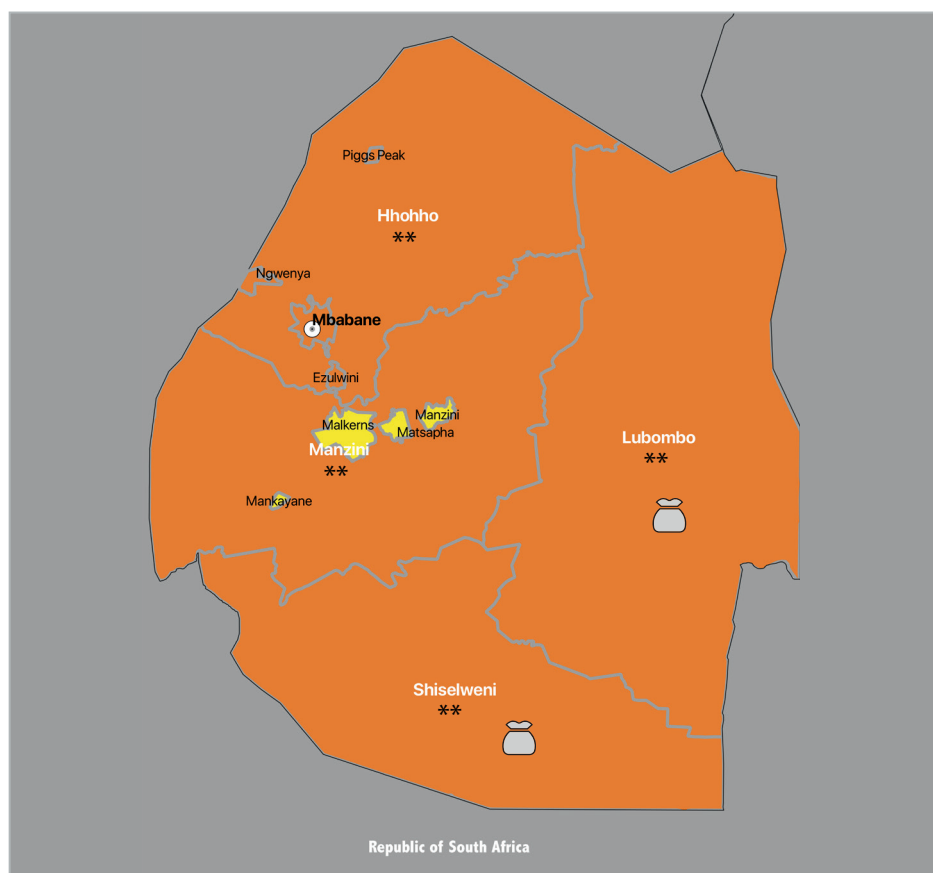
IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)



COVID-19 pandemic mitigation measures to prevent the spread of the virus has negative impacts on some households' livelihoods.

CURRENT SITUATION MAP AND POPULATION TABLE (June - September 2020)



Key for the Map IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas with inadequate evidence
- Areas not analysed

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Area receives significant humanitarian food assistance (accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Evidence Level

- * Acceptable
- ** Medium
- *** High
- Scarce evidence due to limited or no humanitarian access

Region	Total Population	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Hhohho	253,814	101,526	40	88,835	35	63,454	25	0	0	0	0	3	63,454	25
Hhohho Urban	88,361	39,762	45	30,926	35	17,672	20	0	0	0	0	3	17,672	20
Lubombo	195,260	39,052	20	68,341	35	68,341	35	19,526	10	0	0	3	87,867	45
Manzini	261,790	91,627	35	117,806	45	52,358	20	0	0	0	0	3	52,358	20
Manzini Urban	131,679	72,423	55	39,504	30	19,752	15	0	0	0	0	2	19,752	15
Shiselweni	198,251	49,563	25	59,475	30	79,300	40	9,815	5	0	0	3	89,115	45
Total	1,129,155	393,953	35	404,887	36	300,877	27	29,439	3	0	0		330,316	29

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

CURRENT SITUATION OVERVIEW (June - September 2020)

Current Rural Situation Overview

Between June and September 2020, around 292,794 people (32% of the rural population) in Eswatini are experiencing high acute food insecurity, out of which 263,453 people are in Crisis (IPC Phase 3) and 29,439 people are in Emergency (IPC Phase 4). An additional 334,457 people are classified as Stressed (IPC Phase 2). The overall food insecurity situation is partly attributed to the poor performance of the agricultural sector owing to the high variability in weather patterns across the country, despite normal to above normal rainfall during the planting season countrywide. In addition to the late onset of the rainfall season (late October), the central and eastern regions of Lubombo, South-Western Shiselweni and North-Western Hhohho received below normal rainfall. The combination of irregular rains and dry spells affected more than half (54%) of farming households in the country.



The COVID-19 pandemic has compounded the food insecurity situation, leading to an estimated 37% of households with reduced income and 26.9 % with reported loss of employment. High prevalence of HIV and AIDS and its effects on the productivity of most rural households in the country continue to pose a great threat to a large proportion (26%) of the rural population. Lower than normal rainfall, coupled with a high prevalence of disease, during the production season negatively affected food production and availability. The country has recorded a shortfall in maize production of 71.93 metric tons to meet the 162.32 metric tons domestic requirement for the staple crop. Planned import requirements amount to 61.7 metric tons, with an uncovered food gap of 10.22 metric tons. COVID-19 restrictions continue to disrupt food supply chains in the country, negatively impacting food availability. Humanitarian assistance programmes have been initiated to provide cash and food relief to ease the COVID 19-induced food challenges. The greater impact of the pandemic weighs heavily on the rural poor due to the disruption of the informal sector – the mainstay of rural livelihood.

Manzini rural has deteriorated from Stressed (IPC Phase 2) in 2019 to Crisis (IPC Phase 3) in 2020. Around 20% of the population (52,358 people) is experiencing Crisis levels of acute food insecurity (IPC Phase 3) or higher. Although the region experienced normal seasonal rainfall, the late onset of the rainy season, coupled with dry spells, affected agricultural production. The high number of COVID-19 cases (332 confirmed cases, the highest in the country) has adversely affected economic activities, resulting in 33.9% of households reporting a loss of employment. About 40% of households have food stocks that will last six months or more, while 60% of households have food stocks that will last them less than five months. Increasing food prices, resulting from the impact of the COVID-19 pandemic, are likely to compromise food access. Loss of employment (and reduced household income) due to the national lockdown has forced some households to engage in several livelihood coping strategies which include: depletion of savings (61%), selling of assets (19.3%) and resorting to borrowing (43%) to purchase food.

Hhohho rural has maintained a Crisis (IPC Phase 3) classification from 2019, with about 25% of the rural population (63,454 people) experiencing high acute food insecurity. Although nearly more than half (52%) of the population in the region has compromised access to food due to lower food stocks (lasting for less than five months), a reasonable proportion (47%) of people have enough food stocks to last for more than six months. An increase in the proportion of the population in Crisis adopting crisis coping strategies has been observed. Sampled households have spent savings (55%), borrowed money (61%), sold animals (51%), reduced non-food expenses (34%) and sold productive assets (26%) in order to access food. Due to the region's deteriorating conditions, 25% (16,087) of the population received food aid (food and cash) from the World Food Programme (WFP) from January to April 2020.

Shiselweni has maintained a Crisis (IPC Phase 3) classification from 2019, with an estimated 45% of the population (89,115 people) facing high acute food insecurity and in need of urgent action. An estimated 79,300 people are in Crisis while 9,815 people are in Emergency (IPC Phase 4). Although the area of crops planted in the region was higher than the previous year, unusually high levels of pests and disease compromised crop harvests. Around 31.4 % of households have food stocks that will last them less than two months. An increase in food prices (associated with the disruption of food supply chains as a result of the COVID-19 global pandemic) compromised food access by crippling the purchasing power of households. Social assistance was provided by humanitarian agencies to mitigate food consumption gaps. The food consumption score and household dietary diversity score suggest the region is facing Crisis levels of food insecurity overall with 46% of households employing food coping strategies, such as: eating less preferred food (88.6%) and reducing meals (62.1%). A large portion of the population (52%) is adopting crisis and/or emergency coping livelihood strategies. Households reported to have spent savings (37.2%), borrowed money (52.8%) and resorted to begging (28.7%) to meet their food needs. Some of the households in the region have started to sell their productive assets, while others have sold more animals than usual to increase their food purchasing power.

CURRENT SITUATION OVERVIEW CONT. (June - September 2020)

Lubombo is classified as Crisis (IPC Phase 3) in the current period, however, the number of people in this phase has increased, compared to the previous season, to an estimated 45% of the rural population (87,867 people) facing high acute food insecurity. The shortfall in food production remains the key driver of food insecurity in the region. Irregular rains and dry spells affected more than half (54%) of rural households. A reduction in the areas of crops planted, due to unfavourable climatic conditions, affected food availability with more than half (53%) of the population reporting to have food stocks lasting less than two months. Other key drivers include price shocks and loss of employment due to COVID-19 mitigation measures such as lockdowns. As food stocks are depleted and food prices display upward trends due to the COVID-19 restrictions, dietary diversity is likely to decrease, leading to widening food consumption gaps. In order to access food, 12% of households employed stress coping strategies, 48% crisis coping and 5% emergency coping strategies. In addition, 51.7% of households had spent their savings on food, while 15.4% sold productive assets in order to access food. The pandemic has also reduced employment and purchasing power of households. The government has rolled out a nine-month humanitarian assistance plan to help alleviate the situation.

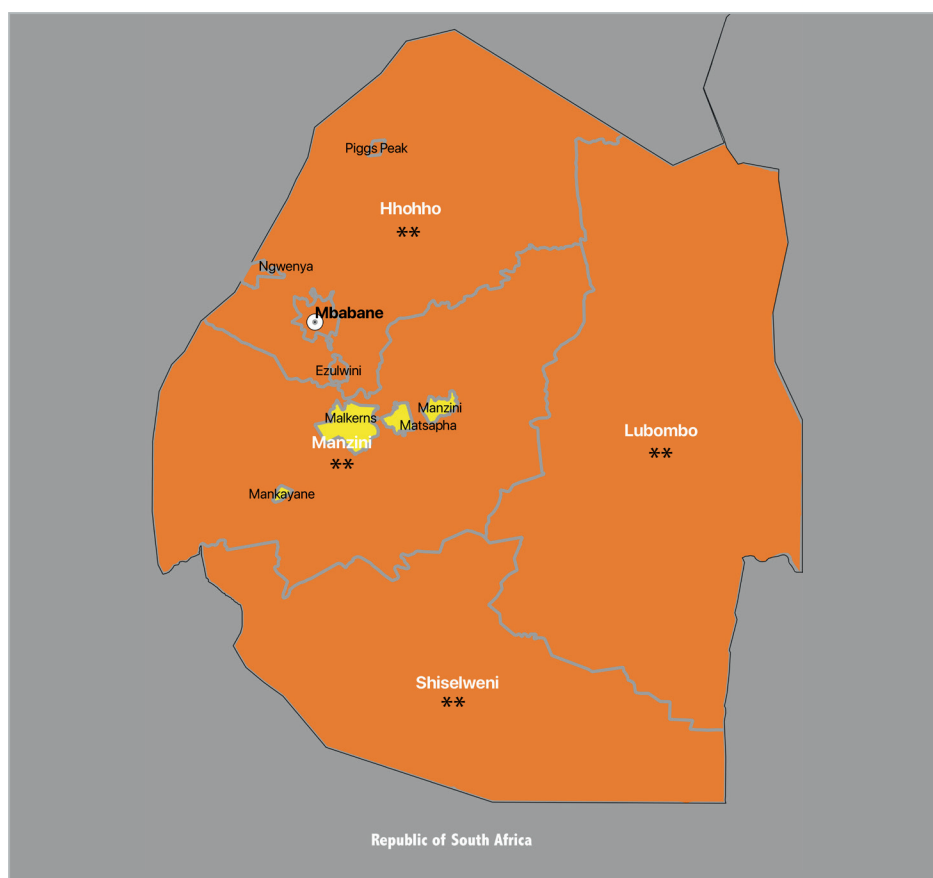
Current Urban Situation Overview

Between June and September 2020, around 37,424 people (17% of the urban population) in Eswatini is experiencing high acute food insecurity and classified as Crisis (IPC Phase 3). An additional 70,430 people are in Stressed (IPC Phase 2). The overall food security situation in urban areas has been negatively affected by COVID-19 related restrictions which continue to disrupt food supply chains, affect food prices and impact livelihoods. Access to food may be more challenging due to reduced purchasing power and complete loss of livelihoods for some households.

Manzini urban area is classified as Stressed (IPC Phase 2), with 15% of the population (19,752 people) in Crisis (IPC Phase 3). The majority (57%) of households have spent their savings and reduced non-food expenditures in order to buy food. Around 32% of the population has resorted to borrowing money, begging and selling their household assets to cope with insufficient food access. The outbreak of COVID-19 has led to reduced income for about 70% of households due to temporary closures of businesses and/or reduced business activity. About 20% of households have suffered permanent loss of employment. Although food is available in the market, access is constrained by an increase in food prices (maize meal, rice and beans) and poor purchasing power. There is considerable humanitarian assistance in the area, including some cash relief for urban households.

Hhohho urban area has 20% of the population (17,672 people) classified as Crisis (IPC Phase 3). A loss of employment (39%) and loss of income (56%) represent the major shocks. HIV prevalence is another major aggravating factor to food insecurity in the area: an estimated 53% of people reported to be hosting a person living with HIV which increases the nutritional needs of households. Households in the region are expected to spend more resources on health and medical needs as the COVID-19 pandemic continues to threaten the population. Control measures (partial lockdown, restricted movement and the non-operation of non-essential services) have restricted livelihood opportunities for vulnerable households. Income loss has been inevitable for the population working in non-essential services and this has compromised their access to food.

PROJECTED SITUATION MAP AND POPULATION TABLE (October 2020 - March 2021)



Key for the Map

IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas with inadequate evidence
- Areas not analysed

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Area receives significant humanitarian food assistance (accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Evidence Level

- * Acceptable
- ** Medium
- *** High
- Scarce evidence due to limited or no humanitarian access

Region	Total Population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Hhohho	253,814	101,526	40	88,835	35	50,763	20	12,691	5	0	0	3	63,454	25
Hhohho Urban	88,361	30,926	35	39,762	45	13,254	15	4,418	5	0	0	3	17,672	20
Lubombo	195,260	39,052	20	48,815	25	87,867	45	19,526	10	0	0	3	107,393	55
Manzini	261,790	78,537	30	117,806	45	52,358	20	13,090	5	0	0	3	65,448	25
Manzini Urban	131,679	79,007	60	39,504	30	13,168	10	0	0	0	0	2	13,168	10
Shiselweni	198,251	49,563	25	49,563	25	89,213	45	9,913	5	0	0	3	99,126	50
Total	1,129,155	378,611	34	384,284	34	306,623	27	59,637	5	0	0		366,260	32

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

PROJECTED SITUATION OVERVIEW (October 2020 - March 2021)

Between October 2020 and March 2021, around 37% of the rural population (335,421 people) in Eswatini is expected to experience high acute food insecurity, with 280,201 people classified as Crisis (IPC Phase 3) and 55,219 people as Emergency (IPC Phase 4). An additional 305,019 people are expected to be in Stressed (IPC Phase 2). Meanwhile, around 14% of the urban population (30,840 people) in Eswatini is expected to experience high acute food insecurity in the projected period, with 4,418 people classified as Emergency (IPC Phase 4).

Manzini rural region will likely remain in Crisis (IPC Phase 3) for the projected period. More than a third of the households' food stocks will be depleted as the lean season progresses. Households are expected to employ crisis coping strategies including: depletion of savings, resorting to borrowing and selling of productive assets to account for food gaps.

Hhohho rural has been classified as Crisis (IPC Phase 3) in the projected period. The key drivers of the situation are the depletion of food stocks, an increase in food prices and a Fall Army Worm infestation. The outbreak of the COVID-19 global pandemic will also likely have a negative impact on the availability of labour for agricultural production. COVID-19 control measures, such as restricted travel and partial lockdowns, are expected to hinder the informal sector and most likely exacerbate food insecurity through job and income losses. Since maize and legume prices are expected to increase, poor households are expected to be the most affected. It is also expected they will continue to use food coping strategies and livelihood coping mechanisms in order to access food.

Shiselweni region is expected to remain in Crisis (IPC Phase 3) for the projected period with around 50% of the population (99,126 people) facing high acute food insecurity. Purchasing power will likely be reduced due to COVID-19-induced income losses. Typical income sources from non-agricultural labour and agricultural labour (weeding and land preparation) will be reduced. Income shocks will likely occur in the projected period due to loss of income from formal employment and reduced income from informal employment (non-agricultural wage labor). This will have an affect on the purchasing power of households countrywide. Food supply chains will remain functional and borders with South Africa will remain open to facilitate food imports; however, movement restrictions due to COVID-19 may cause a delay in cross-border food transfers. Markets are expected to remain accessible, sufficiently stocked and functional. Households' food stocks are expected to be depleted as the lean season progresses. Households will likely be more dependent on markets for food, therefore, a stable source of income and purchasing power will be necessary.

Lubombo region is expected to remain in Crisis (IPC Phase 3) for the projected period. More than half of the households' food stocks will be depleted as the lean season progresses, and a large proportion of households (48%) are expected to employ crisis coping strategies to access food. The anticipated increase in food commodity prices, coupled with COVID-19-induced income losses, will compromise food accessibility in the region. The possibility of an increase in COVID-19 cases also weighs heavily on food security in the region.

Manzini urban area is expected to remain in Stressed (IPC Phase 2) in the projected period. With the possible easing of COVID-19 lockdown restrictions, access to income and purchasing power may increase. Food is expected to be available in the market as food supply chains remain functional and borders with South Africa remain open for importing. However, food access could be constrained due to an increase in food prices (especially for maize meal, rice and beans) and delayed business recovery. There will be ongoing humanitarian assistance in the area which will provide some cash relief for people. However, the assistance will likely not be enough to cover all the affected households.

Hhohho urban area has been classified as Crisis (IPC Phase 3) for the projected period. In addition to 15% of the population (13,254 people) in Crisis, 5% (4,418 people) are expected to move to Emergency (IPC Phase 4). Although it is assumed that possible easing of COVID-19 mitigation measures will slightly improve the informal and formal sectors of employment, an increase in household income and purchasing power will likely be minimal due to job losses during the pandemic. In the current period, 54% of the population were using crisis coping strategies, 9% were using stress coping strategies and 17% were using emergency coping mechanisms. Only 20% of the population did not engage in any negative coping strategies. Therefore, it is expected that, even with the easing of some of the lockdown measures, livelihoods will be slow to recover.

Assumptions for Projection

- Rainfall will continue to perform normally for the remainder of the winter season.
- Neighbouring countries i.e. South Africa, will continue to produce enough food and not impose access restrictions. Food supply chains will remain functional; borders with South Africa will remain open for importing of food commodities. Therefore, food will be available in markets for purchasing. Movement restrictions among borders may cause a delay in the cross-border movement of food.
- Within the country, food can be transported to different markets as there are currently no movement restrictions. Therefore, markets will remain accessible, sufficiently stocked and functional.
- Household food stocks will be depleted as the lean season progresses and most households will be dependent on markets for food purchases.
- Wildfires will destroy range-lands which will reduce fodder resources for livestock. This will have a negative impact on the sustainability of available forage, thus affecting livestock production and contributing to cattle mortality.
- Purchasing power will be reduced through loss of both formal and informal employment due to the COVID-19 pandemic.
- Food prices will rise as is typical for this period (refer to trend analysis on prices for each district). Purchasing power will be reduced owing to income losses. Typical income sources from non-agricultural labour and agricultural labour (weeding, land preparation) will be reduced. Income shocks will likely prevail in the projected period as there will be a loss of income from formal employment and reduced income from informal sector activities and non-agricultural wage labour. This will affect household purchasing power throughout the country.
- Typical income sources from non-agricultural and agricultural labour (weeding, land preparation) will be reduced. Income shocks will likely prevail in the projected period as there will be loss of employment resulting in reduced/loss of income from formal and informal employment.
- Small and medium enterprises will be negatively affected by imposed COVID-19 restrictions.

RECOMMENDATIONS FOR ACTION

Response Priorities

- Urgent action is needed to reduce food consumption gaps and to protect livelihoods for populations in Crisis (IPC Phase 3) and Emergency (IPC Phase 4).
- Special attention should be given to households affected by COVID-19 and fragile populations facing major food consumption gaps in priority regions such as Lubombo and Shiselweni.
- Provision of complimentary food assistance approaches to protect livelihoods by reducing food consumption gaps of the populations estimated to be in Crisis (IPC Phase 3) and above; include, but are not limited to:
 - Promoting the restoration and recovery of livelihoods through the provision of agricultural inputs (seeds, plant material, tools, and irrigation systems) and livestock, with a particular focus on areas affected by natural hazards (Fall Army Worm and drought/ long dry spells).
 - Developing short-to-medium-term interventions to support people with vulnerable urban livelihoods and who have experienced loss of income opportunities due to COVID-19 mitigation measures.
 - Building and strengthening community resilience by providing safety nets: scale-up programmes for improved self-reliance, and provide social protection to vulnerable communities classified as Stressed (IPC Phase 2) and higher.
 - Implementing a range of activities that promote the prevention of post-harvest losses.
- Documenting and/or promoting good nutritional practices at the household level through nutrition sensitive activities, such as: educational programmes on food management, water purification methods and household backyard gardening.
- Strengthening early warning and food security monitoring systems to mitigate the negative impact of shocks.
- Investing in interventions to prevent Fall Army Worm infestations and other crop diseases.
- Protecting essential productive assets such as livestock as a high priority.

Situation Monitoring and Update

Risk factors that need to be monitored include:

- Rainfall distribution
- Prices of key food commodities
- Impacts of the COVID-19 global pandemic on income and employment opportunities
- Crop pests and livestock diseases

Plan for next analysis

In view of the envisaged developments on the economic impacts of the COVID-19 pandemic, it will be necessary to closely monitor the situation in Eswatini and carry out an update of the projected analysis if appropriate. This could be done in early October 2020 to give a situation update to the end of March 2021.

PROCESS AND METHODOLOGY

Eswatini Analysis Process

A range of multi-sectoral consultative technical meetings were held through the overall management and coordination provided by Eswatini's Deputy Prime Minister's Office, Disaster Management Department. The IPC process started in 2019 by preparing a detailed implementation plan and establishing timelines for activities, including an inventory of available information, identification of data gaps and needs for new data required for the analysis. Training of enumerators preceded the actual collection of data (both primary and secondary data). The IPC analysis covered all the four (4) rural regions of the country: Hhohho, Manzini, Lubombo and Shiselweni; and two (2) urban regions: Hhohho urban and Manzini urban. Since data collection was during the implementation of COVID-19 regulations; data was collected via tele-interviews. The regional IPC unit provided virtual remote technical support based on IPC Version 3.0 protocols.

Main Sources of Evidence in the IPC Acute Analysis

The Eswatini VAC data included direct evidence for food consumption: (Food Consumption Score, Household Dietary Diversity Score, Household Hunger Score and Food and Livelihood Coping Strategies). The Eswatini VAC assessments were designed according to global standards. Other reports from various sectors such as WASH and existing knowledge/expertise from the analysis team contributed to the IPC analysis and classification of the various regions using the IPC Acute Food Insecurity Protocols Version 3.0.

What is the IPC and IPC Acute Food Insecurity?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity is defined as any manifestation of food insecurity found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. It is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact on the determinants of food insecurity.

Contact for further Information

Zandile Mavuso

Chairperson,
IPC Technical Working Group
zandilenx@gmail.com

IPC Global Support Unit
www.ipcinfo.org

This analysis has been conducted under the patronage of the Deputy Prime Minister's Office. It has benefited from the technical support of Eswatini Government and Development Partners.

Classification of food insecurity and malnutrition conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

Acute Food Insecurity Phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; or • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. For famine classification, area needs to have extreme critical levels of acute malnutrition and mortality.)

IPC Analysis Partners:

