Updates

- The Swazi VAC presented its 2010 Work plan to the SADC VAC Annual Organisational Meeting (AOM) held in Livingston in December 2009.
- The El Niño Contingency Plan, led by the UN Inter-agency Committee is taking place.
- The Swazi VAC plans to undertake its post-harvest assessment in May, 2010.

Inside this issue:

- Economic Conditions
- Agricultural Production
- Food consumption
- Markets and Prices
- Livelihoods
- Swaziland - Key Facts
- Health and Nutrition

Inside this issue:

Economic Conditions

• The Government is reviewing the National Disaster Management Policy with the aim of updating and providing a well-coordinated framework for disasters in Swaziland.

• According to the Central Bank of Swaziland, the consumer price inflation dropped to single digits again in 2009 and is expected to remain in single digits for the next few years. Interest rates have been falling since the end of 2008 and were expected to end the year at 7 percent.

• Reduced maize production is expected in the Lowveld and Lubombo Plateau this season due to reduced planning area and erratic weather conditions.

• The October 2009, the Swazi VAC/WFP household survey found that households in the Lowveld agro-zone have the worst food consumption in the country, followed by those in the Middleveld and then the Lubombo Plateau. More than 80% of the households in the Highveld had acceptable food consumption.

• The VAC/CHS survey found that purchasing power was highest in the salary/wages livelihood group (E 50 person/month), followed by skilled trade (E 45 person/month) while the median per capita income for gifts/begging households was zero.

• According to the UNICEF publication, Tracking Progress on Child and Maternal Nutrition (2009) Swaziland is one of the countries that has low underweight prevalence (5%) but unacceptably high stunting rates (29%)

Update on Policy

• The Government is reviewing the National Disaster Management Policy with the aim of updating and providing a well-coordinated framework for disasters in Swaziland.

• A recent International Monetary Fund mission (Nov-Dec 09) to Swaziland for an Article IV Consultation noted that the 2008 food and fuel crisis followed by the global economic crisis in 2009 impacted the country and led to a significant drop in transfers from the SACU, has had a negative impact on medium-term fiscal sustainability.

• Just months after releasing Swaziland’s country strategy paper for the period of 2009-2013, the African Development Bank decided to focus its financial assistance toward budget support for the Kingdom of Swaziland. The bank’s country economist informed that several of AfDB’s proposed projects in the indicative lending program have been put on hold to make way for the budget support allocation. The proposed initiatives involve improving road infrastructure, water supply and irrigation and health service delivery, as well as strengthening the educational sector. Nonetheless, some of these projects will most likely be included in the pipeline for 2011.

• The country strategy paper for the 2009-2013 period seeks to help address extreme poverty, high HIV/AIDS incidence, and unemployment by enhancing productivity and competitiveness through infrastructure development as well as promoting human capacity development.
Economic Conditions

- According to the Central Bank of Swaziland, the consumer price inflation dropped to single digits again in 2009 and is expected to remain in single digits for the next few years.
- Interest rates have been falling since the end of 2008 and were expected to end the year at 7 percent.
- The exchange rate is expected to depreciate at a slow pace in the coming years due to the anticipated recovery of the US economy and subsequent strengthening of the US dollar.
- The headline inflation rate for December 2009 is 4.50% which is 0.06 index points higher than the corresponding annual rate of 4.44% observed in November 2009.

Agricultural Production

- Swaziland has experienced declining agricultural production over the last decade due to impacts of successive years of crop failures. The prolonged drought and climate variability/change (dry spells, high temperature, and erratic rainfall), production under rainfed conditions and the declining use of improved agricultural technology, increasing commodity prices including inputs, poverty, and the effects of HIV and AIDS have all compounded the situation.
- In December, dry spells in the Lowveld and Lubombo Plateau affected maize crop production. By December the total area planted with maize in the Lowveld was 7,045 ha compared to 14,700 ha in normal years while the area planted with maize in the Lubombo Plateau was 2,300 ha compared to 2,400 ha.
- The graph below shows reported area cultivated by agro-zone for rural households in the October 2009 VAC/CHS survey. More than 90% of the households in the Highveld had access to land for cultivation, followed by 87% in the Middleveld, 78% in the Lowveld and only 67% in the Lubombo Plateau.

Rain-fall outlook for Jan-Mar 2010 shows a chance of above normal rainfall over western parts while there is an increased chance of below normal to normal over the eastern parts of the country.
Food Consumption

• In October 2009, the Swazi VAC and WFP jointly conducted the Community and Household Surveillance (CHS) with complete country coverage.

• The chart on the right shows the consumption by Agro-zone, indicating that households in the Lowveld have the worst consumption in the country, followed by those in the Middleveld and then the Lubombo Plateau. More than 80% of the households in the Highveld had acceptable food consumption.

• For the sample of households from the October 2009 VAC/CHS, households with ‘poor’ consumption were eating on average, only maize every day, and then vegetables 3 days a week and sugar only twice. Those with acceptable consumption eat maize and sugar daily, oil five times a week, vegetables 4 times, beans twice and meat and chicken/eggs only once a week.

Markets and prices

In January, 3,332 tonnes of maize were imported into Swaziland followed by 4,880 tonnes in February. The wholesale price of maize is fixed at E 115/50 kgs. Importation of rice was at a much smaller scale, with 676 tonnes imported in January and 1050 tonnes in February. The wholesale price of rice increased by about 1 percent, from E 4874.8 per tonne to E 4,894.2 per tonne.

The chart on the left shows price trends for maize meal, rice and vegetable oil in urban areas through December 2009.

“There are seven distinct livelihood zones in Swaziland and four agro-ecological zones.”

Livelihoods

• For rural households, the June 2009 VAC study identified 11 main livelihood groups with 23 percent of households relying mostly on salary/wages and 15 percent dependent on remittances. In terms of purchasing power, the worst off groups were those relying on food assistance (E 9 person/month) and transfers and begging and gifts (E 10 person/month). This compares to salary/wage households who reported more than E 100/person per month.

• From October 2009 VAC/CHS survey, the most common livelihood groups were again, salary/wages, pension and remittances. Purchasing power was highest in the salary/wages group (E 50 person/month), followed by skilled trade (E 45 person/month) while the median per capita income for gifts/begging households was zero.

• Households relying on pension for their livelihoods had the highest share of monthly expenditure for food (65%), followed by remittance households (64%). The gifts/begging households had the lowest share of monthly expenditure for food (47%).

• Lastly, the livelihood groups with the best food consumption were those relying on remittances (76% with acceptable consumption), small business (76%) and salary/wages (76%) while those with the worst consumption are those relying on gifts/begging (34%), and food assistance/livestock/poultry (49%).
Due to the effects of AIDS, Swaziland has seen a dramatic increase in morbidity and mortality. Infant's mortality rate is 85 deaths per 1,000 live births and the under-five mortality rate is 120 deaths per 1,000 live births.

Maternal mortality is about 589 maternal deaths per 100,000 live births in Swaziland. That is, for every 1,000 births, about 6 women die of maternal causes (SDHS 2007). From 2006 to 2008, over 30% of all hospital admissions are attributed to conditions related to AIDS and tuberculosis (TB) and 75% of all outpatient cases had AIDS related complaints.

Also attributed to HIV and AIDS, the number of OVCs is projected to rise up to 200,000 by 2010 (National Plan of Action for OVC 2006 – 2010).

Malnutrition can occur even when access to food and healthcare is sufficient and the environment is reasonably healthy. The social context and care environments within the household and the community also directly influence nutrition. Factors influencing nutritional status include feeding practices, maternal hygiene, morbidity and HIV and AIDS.

According to the UNICEF publication, Tracking Progress on Child and Maternal Nutrition (2009) Swaziland is one of the countries that has low underweight prevalence (5%) but unacceptably high stunting rates (29%) with the ratio of stunting to underweight being 5.4. For national development and public health, it is important to reduce both stunting and underweight.

In addition, Swaziland is one of the 17 countries with more than 10 percent of the children being overweight.

The Swazi VAC has been collecting information on maternal nutrition for four years and it’s clear that in Swaziland, there is a problem with over-nutrition rather than under-nutrition. Consistently, at least half of the women sampled are found to be overweight or obese. This can be a reflection of the poor quality diet which consists mostly of cereals/carbohydrates with little diversity. But a high calorie/quantity diet can also be low in quality which is more or less a reflection of this phenomenon in Swaziland.