

CHAPTER 1: INTRODUCTION

PURPOSE OF THE STUDY

In the context of the 2002/3 Southern Africa regional humanitarian emergency there is common agreement that HIV/AIDS has contributed to the depth and breadth of problems faced by rural households in Swaziland. What is less well understood is the extent of this impact on the Swaziland population, its structure and composition, demographic related outcomes such as morbidity and mortality, as well as its impact on the structure and workings of individual households. Furthermore, there is also no clear-cut analysis of how the demographic structure of the country and the livelihood profiles of the population is exacerbating or restraining the impact of HIV/AIDS on food security and livelihoods in general. Previous food security and livelihood assessments carried out by the Swaziland Vulnerability Assessment Committee (Swazi VAC) during 2002/3 were not specifically designed to analyse the relationships between HIV/AIDS, demographic patterns and livelihoods. However, all three Swazi VAC reports have made strong recommendations for more in-depth studies to investigate these relationships and the impact of HIV/AIDS.

The Vulnerability Assessment Committee (VAC) system in southern Africa comprises of a Regional Vulnerability Assessment Committee (RVAC) and National Vulnerability Assessment Committees (NVACs), currently in existence in about nine SADC Member States. The RVAC was constituted within the Southern African Development Community (SADC) Food Agricultural and Natural Resources (FANR) Directorate in 1999 in response to a need for the SADC regional food security programme. SADC wished to keep abreast of all developments that were going on in the field of vulnerability assessments and analysis in particular the Food Insecurity and Vulnerability Information and Mapping System (FIVIMS) initiative that came out of the 1996 World Food Summit and the various other methodologies that were being employed by a host of agencies and NGOs in member States. Under the Regional Early Warning Unit within the FANR Directorate, the RVAC was mandated to promote and strengthen the capacity of Member States to undertake and utilise vulnerability assessments for the purposes of food security planning in both emergency and non-emergency situations.

The purpose of this study is to attempt to fill some of the existing information gap and try to determine the impact of HIV/AIDS on the demographic structure and livelihood patterns in rural Swaziland. This study was designed to provide a statistical base to document the impact of HIV/AIDS at various levels of society, ranging from the individual and household level through to the national level. In view of the capacity building requirements of the Swaziland VAC and the regional implications of such a large study, every effort will be made to document and learn from the process of the study.

The study aimed to achieve the following objectives:

- To provide information on the links between HIV/AIDS, current demographic status and livelihoods in rural Swaziland to enable better informed decision making for policies, programmes and interventions
- To ascertain the quantitative impact of HIV/AIDS on the rural population of Swaziland, in particular on the age and sex composition
- To establish relationships between HIV/AIDS and livelihoods in rural Swaziland
- To analyse and learn from the process of the study

This study originated from concerns in earlier Swazi VAC assessments about the available population figures in the rural areas. During the preparation of the second VAC report in December 2002 several stakeholders involved in the VAC assessment wishing to utilise VAC outputs expressed their concerns about the validity of the base population figures and the annual percentage increment used to represent normal population increase in rural areas that were a basis for a lot of the food aid predictions. Concerns about urban areas were not deemed a major priority at the time. The demographic basis for previous VAC assessments was data collected during the 1997 population census (plus an annual increase of 2.9% to incorporate population growth). Swaziland VAC stakeholders felt that it was necessary to obtain more up to date demographic information given the contradictory opinions being expressed. Several NGOs were of the opinion that the available population figures and therefore food requirements were being underestimated in their areas of operations. Furthermore, all stakeholders concurred that there was a real need to understand and disentangle the impact that HIV/AIDS was having on the population. It was hypothesised that given the real possibility of an increase in mortality levels, (due to AIDS-related illnesses), there could even be a decline in population numbers in some areas. However, it was agreed that many of the hypotheses surrounding the impact of HIV/AIDS in southern Africa have not been statistically proven or quantified. The Swazi VAC needed to have strong statistical backing to its research in order for its findings to have sway with current programmes and interventions.

In particular, there was a programmatic need from several stakeholders to have access to current demographic information, such as the dependency ratio - possibly at Tinkundla level³. One idea mooted was to analyse the demographic and “effective” dependency ratio’s to obtain statistical evidence of the geographic locations in Swaziland where HIV/AIDS was having the largest (probable) impact on food security and livelihoods, particularly as a result of higher mortality rates, an increase in the level of chronic illness and a rising number of orphans. If such information was collected, the potential use of the data could be enhanced by another initiative underway in Swaziland. UNICEF was in the process of digitising the spatial and demographic information of Enumeration Areas (EAs) from the 1997 census. By combining newly collected information with a spatial backdrop of the country at the lowest level, areas of the country most heavily affected could be identified and mapped out which would greatly assist relief operations (see Figure 4).

The issue of accurate population figures in the rural areas was tabled at a VAC stakeholder meeting in February 2003. At the meeting it was agreed in general terms that a study needed to be carried out to ascertain the impact of HIV/AIDS on the population. In essence the proposal entailed that a large-scale sample census be conducted in the rural areas of the country. Besides collecting demographic information at a household level, a number of income and food production questions were to be included in the questionnaire in an attempt to analyse the relationship between HIV/AIDS and livelihood patterns. The Swaziland VAC presented the proposal regarding the envisaged study at a Regional VAC workshop in Pretoria in March 2003. An agreement was reached in principle to proceed with the study. Support was pledged by key regional partners such as DFID, the RVAC and UNAIDS.

SWAZILAND IN CONTEXT

Macro-Economic Picture

Swaziland is a landlocked nation with an economy that is heavily dependent on South Africa from which it receives 83% of its imports and sends 74% of its exports. Export products

³ Administrative level 3 in Swaziland – Nation, Region, Tinkhundla and Chiefdom. There are 55 Tinkhundla in Swaziland.

include wood pulp, soft drink concentrate and sugar. South Africa's economic success has had negative effects on the Swaziland economy as a result of its attraction to foreign investors. In 2001 Swaziland only attracted US\$20 million in foreign direct investment. Agriculture and the agro-industry form the basis of the economy with sugar, citrus and wood pulp as the main products. Subsistence agriculture employs about 60% of the population. In terms of its political and constitutional framework, the King (Mswati III) is the country's head of state. He plays an active role in governance with the Government and Parliament.

As Swaziland continues to benefit from the United State's Africa Growth and Opportunity Act (AGOA), it is likely that real Gross Domestic Product (GDP) growth will increase, consolidated by an acceleration of real GDP growth in South Africa, which is Swaziland's main export market. However, the current national economic slowdown is proving to be exceptionally deep and broad. The global climate is not good and Swaziland faces some specific problems around access to the US markets through AGOA and the Generalised System of Preferences (GSP) because of policy complications. Taiwanese companies and others in the garment industry have warned government that they will pull out if AGOA/GSP status is lost. Thus there are real issues around both the structure of the economy and the type of employment being created. There has been a real decline in the total number of people employed in the formal sector forcing people to make a living in the informal sector, through agriculture or by moving to South Africa.

The structural context constraining livelihood options remains little changed over the past two-to-three years. Depressed employment opportunities, poor agricultural production, plus rising staple food prices and the effects of HIV/AIDS have undermined livelihoods. The formerly important cotton industry of the Lowveld has more or less collapsed over the past 4-5 years. High levels of household vulnerability combined with the shocks of two years of erratic weather patterns and an economic slow-down (2000-2002) precipitated a crisis for many Swazi communities. Poverty is endemic on Swazi National Land (SNL) where 70% of the population contribute to the agricultural sector's modest 10% share of GDP.

Food Security Situation

By July 2002 Swaziland had been incorporated as a beneficiary under a WFP Regional Emergency Operational Plan (EMOP). A total of 144,000 people were targeted for a general targeted food distribution (GFD). A total of 13,500 metric tons (MT) of cereal food aid was budgeted for the programme of assistance. The WFP and a consortium of national NGOs formed a partnership to distribute food aid in the worst affected areas. As part of a regionally coordinated food security and livelihood monitoring programme three consecutive assessments were planned and carried out in 2002 and 2003. The assessment / monitoring exercises were initially designed to provide guidance on food aid interventions throughout the country. However, it was soon realised that the crisis in Swaziland, and also in other countries in Southern Africa, was much more complex requiring a sophisticated analysis of the impact of economic indicators and HIV/AIDS that were affecting and undermining livelihoods in areas where populations were already vulnerable to food insecurity.

In the first round assessment, and under the guidance of the WFP reporting format, it was generally assumed that the number of people in need of food would tend to increase toward the "hungry season" – just before the April/May harvest. The July-August 2002 Swazi VAC first-round assessment provided new scenarios suggesting that the number of the people in rural areas requiring food assistance would rise from 144,000 to 153,000 for the period September through November 2002 and from 231,000 to 265,000 for the period December to March 2003. The total cereal requirement for food aid was increased from 13,500 MT to 19,500 MT.

The second-round November-December 2002 Swazi VAC assessment, using the updated national Livelihood baseline profiles, defined an overall increase in the total number of people in need of food aid. The figure for the core EMOP areas rose yet again to an estimated of 297,000 'affected' people. This assessment confirmed that the worst affected areas were the Lowveld, the Lubombo Plateau and parts of the Middleveld. However it also indicated that the other five livelihood zones had all experienced a decline in mean income of between 7% and 10% and that the total 'affected' population was as large as 450,000 people. This assessment thus increased the total number of "affected" persons by an additional 150,000, albeit at a lesser need for assistance. The total food aid delivered to Swaziland in the 2002-2003 marketing year was 23,100 MT equivalent to 12.7% of domestic consumption requirement. The actual number of EMOP food aid beneficiaries peaked at 265,000 people.

A four-day rapid update exercise in March 2003 was commissioned by the WFP to look at the estimated impacts on the 2002-2003 production year and likely consequences for consumption in 2003-2004. The ongoing WFP programme had been set up to run from July 2002 to April 2003. It was therefore urgent to provide some estimates to guide the last three months of the programme (May to July) that overlapped the immediate post-harvest period. The rapid livelihood monitoring exercise suggested that the core affected areas would be the Lowveld Cattle & Cotton and Lowveld Cattle-Cotton-Maize, Lubombo Plateau and Lomahasha Trading & Arable Livelihood Zones and that up to 190,000 people could be affected by food shortages of up to 4.5-6.5 month duration. It also acknowledged that parts of the southern 'dry' Middleveld might be adversely affected. Between April and June 2003 the extension of the WFP EMOP benefited 152,000 people in the Lowveld, Lubombo and 'Dry' Middleveld.

The above overview indicates that while the EMOP has benefited the core-affected areas and communities with consumption support, many other non-beneficiaries, outside of core-affected areas, have probably incurred the cumulative consequence to 2-3 years of income/food deficits. Their overall levels of vulnerability have probably increased with a probable decline in their asset base. Moreover, rather than the EMOP being accompanied by an agricultural rehabilitation/revival in the core affected areas, the 2002-2003 year turned out to be one of agricultural collapse. The CSO estimated that in the Lowveld and Lubombo Plateau areas for the 2002-2003 season there was a reduction of 14,000 hectares in the area cultivated with maize. Added to this is the significant reduction in households' incomes as a result of the effective collapse of the cotton industry in the country.

Figure 1: Food economy / livelihood zones (with enumeration areas)

NB: This new livelihood zone map includes a disaggregated Middleveld into its 'drier' and 'wetter' parts. This exercise was only completed in February 2004. For the purposes of this report references to the Middleveld include both the dry and wet Middleveld zones.

FOOD ECONOMY/LIVELIHOOD ZONES

26°6'40"S

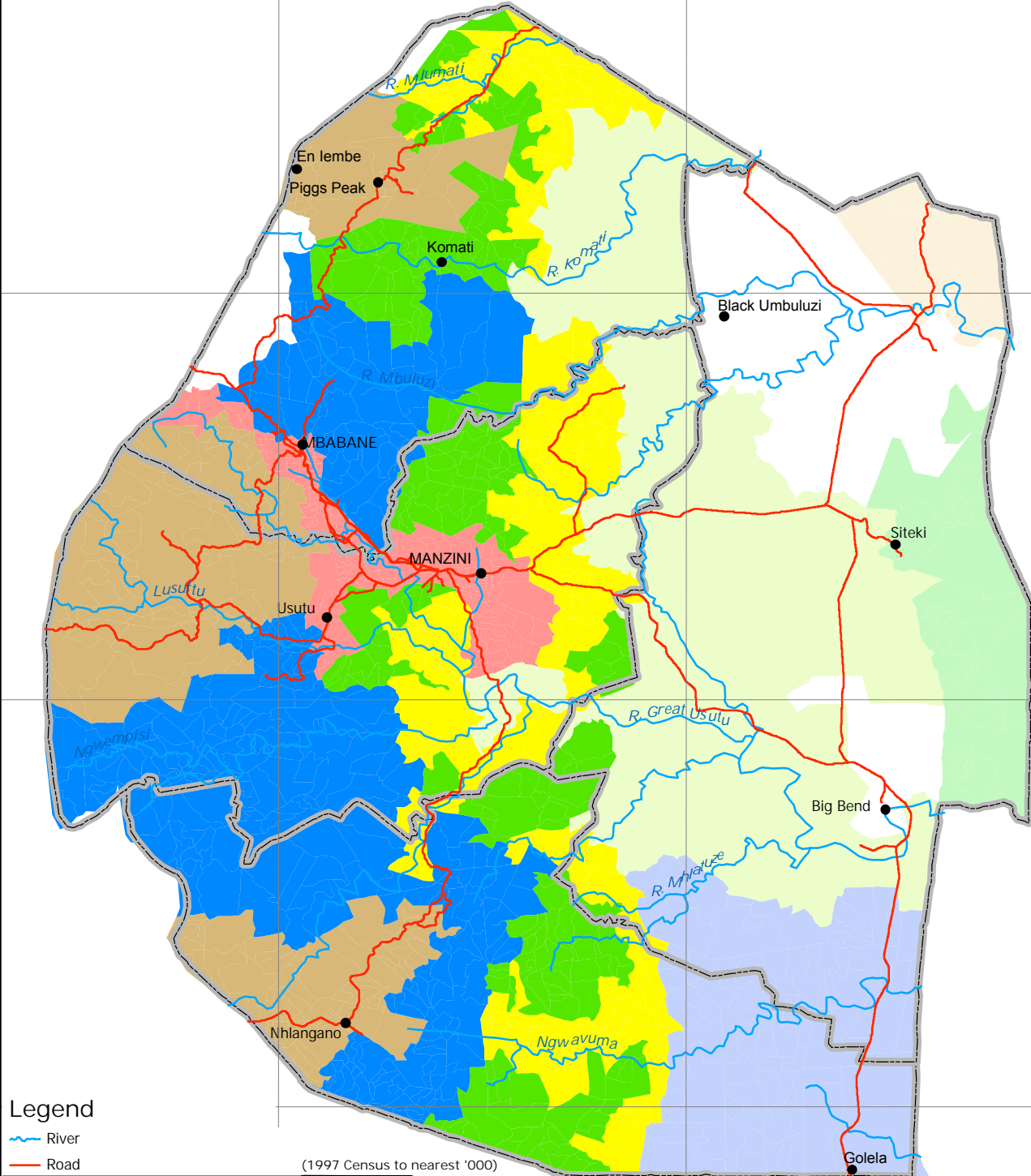
26°6'40"S

26°40'0"S

26°40'0"S

27°13'20"S

27°13'20"S

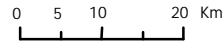


Legend

- River
- Road

(1997 Census to nearest '000)

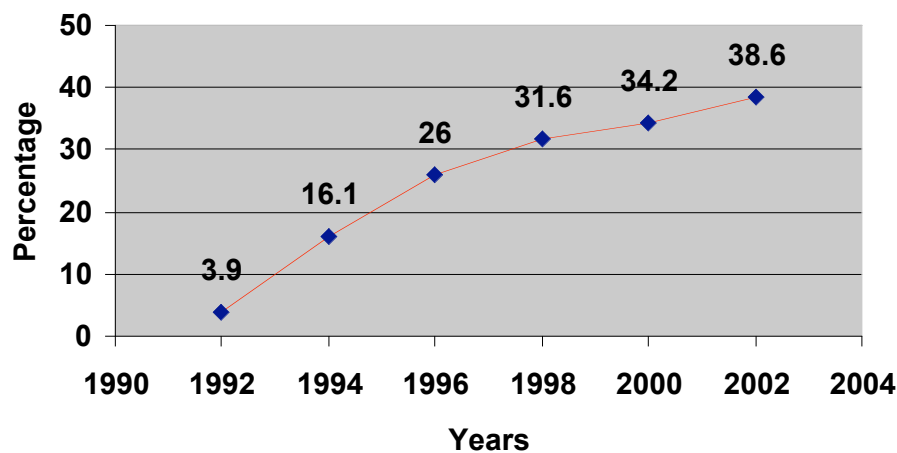
1 Timber Highveld	86000
2 Highveld Maize & Cattle	163000
3 Peri-Urban Corridor	71000
4 Wet Middleveld	127000
5 Dry Middleveld	137000
6 Lowveld Cattle, Cotton & Maize	159000
7 Lowveld Cattle & Cotton	44000
8 Lomahasha Trading and Arable	26000
9 Lubombo Plateau	23000



HIV/AIDS in Swaziland

As elsewhere in the region, the HIV/AIDS epidemic is a serious threat to Swaziland's future. It is thought that the epidemic started in Swaziland about two decades ago. In the initial period, the epidemic was largely unseen and the main source of data pertaining to the epidemic was notified AIDS cases (Whiteside *et al*, 2003). From the first AIDS case reported in 1987, there was a steady increase in the number to over 150 in 1993. In 1992 the first national survey to determine prevalence of HIV in the country was carried out among women attending a sample of antenatal clinics. The results of this survey indicated a prevalence of 3.9% among pregnant women. Since 1992 such studies have been carried out at ante-natal clinics every two years. In 1994 the HIV prevalence rate was 16.1%. The subsequent surveys showed a worrying trend of a steep increase in the prevalence rate on a survey-by-survey basis (see Figure 2).

Figure 2: HIV Prevalence level among pregnant women in Swaziland



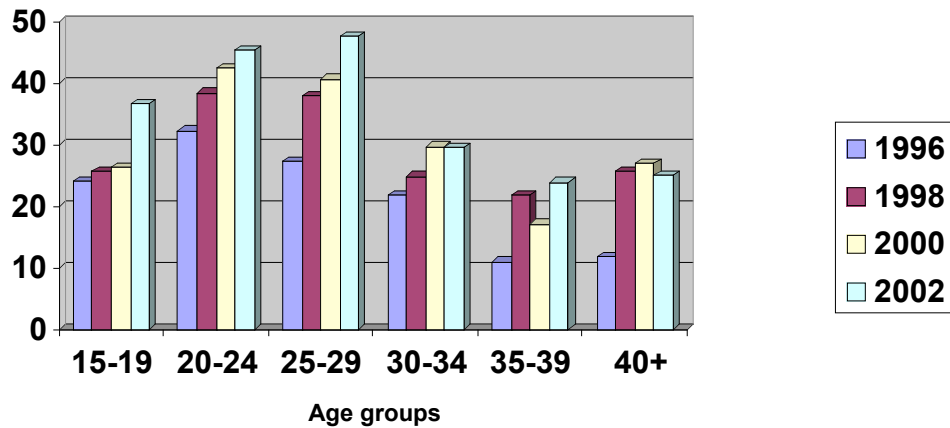
The results of the 2002 survey indicate that Swaziland now has the second highest HIV prevalence rate (38.6%) in the world (after Botswana⁴) (see UNAIDS 2003). This is consistent with near uniform high infection rates within the sub-region. For example, recent data from Zimbabwe and Lesotho also indicate prevalence rates of over 35%. In South Africa there is considerable variation between provinces. In the 2001 surveillance survey carried out in South Africa, prevalence in KwaZulu-Natal Province was 33.5% (a slight decline on the 36% in previous years) while in Mpumalanga Province it has consistently been about 29%. The only location with a significantly lower prevalence is Mozambique's Maputo Province that adjoins Swaziland, where HIV prevalence is 9%.

Another finding of the 2002 surveillance survey worth noting is the fact that the epidemic is widespread within the country. In fact, according to Whiteside *et al*, the uniqueness of Swaziland in terms of HIV/AIDS stems from how uniformly bad the epidemic is (2003). No large differences were found between the four main regions, although the prevalence rate in Shiselweni Region has increased markedly since 2000. Hhohho Region has the lowest level at 36.6%; and Manzini Region the highest at 41.2%. These are the richer and more urbanised regions while the poorer and more rural regions of Lubombo and Shiselweni have prevalence rates of 38.5% and 37.9% respectively. Furthermore, there are no significant differences between urban and rural areas, indicative of high population mobility and close links between rural and urban areas in Swaziland. In addition there are no significant differences between

4 Recent reports (March 04) from the UN suggest that the 2004 HIV/AIDS prevalence study by the Government of Botswana has recorded a decline in prevalence rates, giving Swaziland the unenviable title of the highest HIV/AIDS prevalence rates in the world.

married and unmarried women. The most worrying finding is the high infection rate among teenagers of more than 35%. To a certain extent infection rates in this age category equates an incidence rate, i.e. new infections.

Figure 3: HIV Prevalence by age group 1996 - 2002



This leaves us with the fact that far from being contained, the HIV/AIDS epidemic has continued unabated. In short, it threatens to undo many of the social, health and welfare gains made in the past couple of decades in the country. A first major study of the epidemic in Swaziland undertaken by Whiteside in 1994 makes for sobering reading. Many of his predictions regarding infection levels and increased mortality have been borne out nearly ten years later. In a follow-up study (Whiteside et al, 2003) the drivers of the epidemic were listed in an attempt to understand why the virus spread so rapidly throughout Swaziland. Among the factors listed is the considerable cross border mobility, particularly to South Africa and included within the cross-border mobility has been the high level of migrant labour. Miners formally employed through The Employment Bureau of Africa (TEBA) travel as single men for periods of up to a year away from their homes. In 1998 10,336 Swazi men were employed on the South African mines. Therefore, approximately 8-10% of households had family members employed in South African mines. Many other Swazi seek employment in South Africa both formally and informally. They range from unskilled labourers to highly skilled professionals with further degrees. In addition, a number of other social and cultural factors contribute to the vulnerability of the Swazi population to HIV infection, especially the women.

FORMAT OF THE REPORT

This report is organised as follows. Chapter Two provides an overview of the methodology used in conducting this study. Chapter Three details some of the demographic changes that have occurred in Swaziland, including the impact of rising mortality levels in conjunction with a secular decline of fertility rates in rural Swaziland. Chapter Four outlines some links between livelihoods and the impact of HIV/AIDS in rural Swaziland. Finally, a concluding chapter indicates some pertinent issues around the study and possible follow-ups.

Figure 4: Spatial location of major humanitarian relief initiatives

