

African Food Security Urban Network



AFSUN Policy Brief MANZINI

Overview of the Study

In Swaziland urban food insecurity has become a major development problem in recent years due to rapid urbanization, rising poverty and high HIV and AIDS infection levels. Swaziland has a population of a million that is 25% urban and is growing rapidly. Data from the last two censuses (1997; 2007) conclusively show that the majority of female-headed households are the poorest. The urban population of Manzini is just over 59,000 and the city is facing the challenge of mushrooming informal settlements. Three low income suburban areas (Moeni, Ticanweni and Standini) of the city were surveyed in December, 2008. The average size of people per household was 4.2 and the largest household recorded 20 people.

Key Findings

Levels of food security amongst poor urban households: The Lived Poverty Index (LPI) demonstrates that almost half (49%) of households go many times/always without enough food to eat and a further 34% go up to several times a week without enough food to eat. The Household Food Insecurity Access Prevalence Scale (HFIAPS) showed that most households (79%) were severely food insecure, with very few moderately and mildly food insecure (15%). The Household Dietary Diversity Score of four for the sample population is low and is indicative of very low levels of diversity in the diets of Manzini's urban poor. Poverty and severe food insecurity is positively correlated, with female headed households the poorest (mean=E1071.1) compared to male headed households (mean=E1603.1). There is a temporal dimension to food insecurity, with January, February, September and October being the hungriest months for most households.

Sources of food and related insecurity for urban households: The results show that food sources in Manzini are relatively diverse. The three main sources of food consumed are supermarkets (35%), small shops, restaurants/takeaways (19%), and informal markets and street foods (18%). Very few households got their food from food aid (0.2%), remittances (1.3%), grew it (4%) or regularly shared meals with neighbours (3%). There are few variations, with respect to household structure, size, level of income and tenancy type, regarding the main food sources.

The relationship between chronic illnesses and household food security: The main illnesses reported are HIV/AIDS, (17%), TB (11%), diarrhoea (6%), cholera (5%), and pneumonia and accidents (2%). More women (61%) reported illnesses than men (39%) but the difference might be due to the fact that women visit the clinic for maternal-related conditions. Most deaths in the past year were caused by HIV/AIDS (22%) and other related diseases such as TB (15%), diarrhoea (4%), pneumonia (2%). Thirty percent of the severely food insecure households were reported to have lost income contribution due to a sick member.

Migration, food flows and urban food security: A variety of foods were supplied from rural areas over the past year, providing an important supplement to the urban households' food budget. The most important foods were cereals (57%), vegetables (16%), foods made from beans and nuts (9%), roots and tubers (8%), and meat and poultry products (5%). While rural-urban food transfers dominated, it is noteworthy that about 20% of households had also received food over the past year from relatives and friends based in urban areas. There does not appear to be a significant relationship between receiving food transfers and food security status - only 6% of the households that received food from rural areas were food secure.

Policy Issues

(1) There is need to improve access to food so that the majority of the urban poor in Manzini city can be more food secure. (2) Food assistance should target households that are more prone to food insecurity such as female centred households which tend to be poorer and have fewer livelihood strategies to depend on. (3) Tuberculosis and AIDS are leading illness conditions that are related to food insecurity and there is need for scaling up preventives and curative strategies by government.

Project Support

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