# Swaziland

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Joined: November 2013

Demographic data	
National Population (million, 2010)	1.19
Children under 5 (million, 2010)	0.2
Adolescent Girls (15-19) (million, 2010)	0.08
Average Number of Births (million, 2010)	0.04
Population growth rate (2010)	1.54%
WHA nutrition target indicators (MICS 2010)	
Low birth weight	8.7%
0-5 months Exclusive Breastfeeding	44.1%
Under five stunting	31.0%
Under five wasting	0.8%
Under five overweight	10.7%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea	-
Pregnant Women Attending 4	76.6%
or more Antenatal Care Visits	
Vitamin A supplementation (6-59 months)	33.0%
Households Consuming Adequately Iodized Salt	51.6%
Women's Empowerment	
Female literacy	-
Female employment rate	-
Median age at first marriage	23.1
Access to skilled birth attendant	82.0%
Women who have first birth before age 18	22.0%
Fertility rate	3.7
Other Nutrition-relevant indicators	
Rate of urbanization	21.00%
Income share held by lowest 20%	4.10%
Calories per capita per day (kcal/capita/day)	2,358.7
Energy from non-staples in supply	47.09%
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	53.8%
Open defecation	15.4%
Access to Improved Drinking Water Sources	67.3%
Access to Piped Water on Premises	40.0%
Surface Water as Drinking Water Source	21.0%
GDP per capita (current USD, 2013)	3,034.00
Exports-Agr Products per capita (current USD, 2012)	23.78
Imports-Agr Products per capita (current USD, 2012)	18.15



#### Distribution of stunting across wealth quintiles



#### **Trend of Exclusive Breastfeeding Rate**



Targeted Stunting Reduction



## Bringing people together into a shared space for action

As a new SUN country in 2014, current bodies mandated on nutrition include the Swaziland National Nutrition Council (SNNC) and its secretariat. Both are located within the Ministry of Health, with the Ministry of Agriculture acting as a co-chair. They convene meetings with other members of the SNNC including the line ministries of education; commerce; finances; economic, planning and development. The UN System is also represented through UNICEF, WHO, WFP and FAO, which provide financial and technical assistance to the SNNC meetings. CSOs through World Vision and the Swaziland Infant Nutrition Action Network also participate and a separate CSO network already exists in the form of the Food Security Consortium. The SNNC is mandated on policy making, resource mobilisation and provision of technical responses. Multi-sectoral initiatives mandated on nutrition exist outside of the SNNC and include: the Child Health and Nutrition Forum (CHN); the Food Security and Nutrition Forum and The Cost of Hunger National Implementation Team.

## Ensuring a coherent policy and legal framework

Swaziland already has specific nutrition legislation in place. The National Health Sector Strategic Plan 2008-2013 aims at reducing stunting in under 5 children from 40 to 10% by 2025, increase breastfeeding from 44 to 60%, Vitamin A supplementation to more than 90% and salt iodization to more than 80%. The country is also developing the National Health Sector Strategic Plan II and in this document, issues of stunting and other nutrition indicators are addressed.

It also has a National Food Security Policy (2005), a Food and Nutrition Strategy (2010-2015); salt iodization regulations (1997) inserted to the Public Health Act of 1969; several guidelines related to IMAM (2010), infant and young child feeding (2010), Nutrition and HIV (2010) or TB (2012). Swaziland is also updating the National Nutrition Act (1945), which was amended and awaits cabinet approval and is drafting a Food and Nutrition Policy. The Code of Marketing of Breast Milk Substitutes is being approved to be integrated into the Public Health Act of 1969. Swaziland also has nutrition sensitive legislation with the National Development Strategy (1997), whose aim is to achieve food and nutrition security; the Poverty Reduction Strategy (2007), whose aim is to increase consumption of iodized salt; the Social Welfare Strategy (2011-2015), which includes elements on nutrition; and a School Feeding Strategic Framework (2013). Additionally, drawing from the CAADP Initiative, the Agricultural Policy in draft includes a focus on nutrition and the reduction of stunting.

## Aligning actions around a Common Results Framework

As there is still no Common Results Framework, the national priority remains to merge sectoral planning processes that contribute to nutrition in a coherent and harmonized manner. The government is working on the development of a comprehensive national nutrition strategy with a multi-sectoral approach to encompass direct nutrition interventions as well as nutrition sensitive actions. As a first step, joint indicators in dietary diversity and food insecurity are being identified and a mapping exercise of the actors working on nutrition is underway.

### Financial Tracking and resource mobilization

There is a specific budget line for nutrition. Since the Cost of Hunger in Swaziland was launched in July 2013, some significant efforts have been observed in terms of advocacy, programmatic planning and conceptualization of the response to the recommendations of the Cost of Hunger report. The Cabinet approved the study and commissioned an Action Plan for implementation of the recommendations. A USD20-million cash transfer pilot project by the World Bank, the European Union (EU) and the DPMO expanded its targeted population to include infants in the first 1,000 days of life. Several programs receive budgets from government and/or external partners.

## 2014<sup>1</sup> Baseline on Four SUN Processes Swaziland

