Swaziland

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 or more Antenatal Care Visits 76.6%
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
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.

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.
2014 Baseline on Four SUN Processes
Swaziland

2014 Scoring of Progress Markers

- Bringing people together into a shared space for action: 21%
- Ensuring a coherent policy and legal framework: 24%
- Aligning actions around a Common Results Framework: 27%
- Financial Tracking and resource mobilization: 19%

1 Externally assessed by the SUN Movement Secretariat