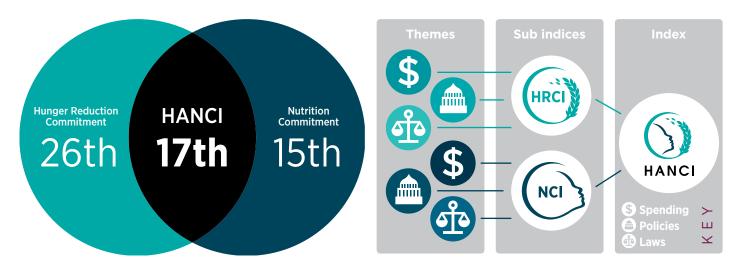


Key data for Swaziland





Existing rates of: Wasting: 2% Stunting: 25.5% Proportion of population underweight: 5.8% Source: Government of Swaziland (MICS5, 2014)

Strong Performance

- Swaziland instituted a separate budget line for nutrition, enabling transparency and accountability for spending.
- The National Nutrition Policy/Strategy identifies time bound nutrition targets and a multisectoral and multistakeholder policy coordination mechanism has been set up.
- Policymakers in Swaziland benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2014.
- The Government of Swaziland promotes complementary feeding practices.
- In Swaziland 98.5% of women aged 15-49 were visited at least once during pregnancy by skilled health personnel in 2014.

Areas for improvement

- Spending on agriculture (3.3% of public spending in 2016), does not meet government commitments set out in the African Union's Maputo Declaration (10% of public spending).
- Swaziland's spending in its health sector (14.9% of public spending in 2015) is close to, yet not fully meeting government commitments set out in the African Union's Abuja Declaration (15% of public spending).
- In Swaziland, the law does not give women economic rights equal to men. Men and women have equal legal access to agricultural land, but this is not effectively enforced and discriminatory practices against women continue, increasing their vulnerability to hunger and undernutrition.
- The Government of Swaziland has not enshrined the International Code of Marketing of Breastmilk Substitutes into domestic law.
- The Government of Swaziland has achieved two high doses of vitamin A supplementation for only 43% of children in 2014.
- Weak access to improved sanitation facilities (58% in 2015) obstructs better hunger and nutrition outcomes.
- In Swaziland, constitutional protection of the right to food and the right to social security is weak.
- Social safety nets in Swaziland are basic and only cover few risks for a limited number of beneficiaries.
- Civil registration rates are weak (53.5% in 2014) and potentially hold back children's access to critical public services such as health and education.



Key data for Swaziland



Hunger Reduction Commitment Index (HRCI)

Public spending	Score*	Year	HRCI Rank of 45		
\$ Public spending on agriculture as share of total public spending ¹	3.3%	2016	33rd		
\$ Public spending on health as share of total public spending ²	14.9%	2015	3rd		
Policies					
Access to land (security of tenure) 3	Moderate	2014	Joint 19th		
Access to agricultural research and extension services 3	Moderate	2013	Joint 29th		
Civil registration system — coverage of live births	53.5%	2014	32nd		
Functioning of social protection systems ³	Weak	2014	Joint 8th		
Laws					
 Level of constitutional protection of the right to food ³	Weak	2016	Joint 29th		
	In Law, not in Practice	2014	Joint 1st		
	Not in Law	2014	Joint 26th		
constitutional right to social security (yes/no)	No	2017	Joint 29th		
Possible scores are: <75% of agri. spending pledges (AU commitments set out in the Maputo Declaration) >=75% & <100% >=100% Possible scores are: <75% of health spending pledges (AU commitments set out in the Abuja Declaration) >=75% & <100% >=100% Possible scores are: Very Weak/Weak Moderate Strong/Very Strong					

Nutrition Commitment Index (NCI)

⁴ Possible scores are: Not in Law In Law Not in Practice In Law & Practice

Public spending	Score*	Year	NCI Rank of 45
\$ Separate budget for nutrition (No/Sectoral only/Yes)	Yes	2016	Joint 1st
Policies			
Vitamin A supplementation coverage for children	43%	2014	34th
Government promotes complementary feeding (yes/no)	Yes	2014	Joint 1st
Population with access to an improved water source	75.2%	2015	30th
Population with access to improved sanitation	58%	2015	10th
Health care visits for pregnant women	98.5%	2014	3rd
Nutrition features in national development policy ¹	Moderate	2013-2018	20th
National nutrition policy/strategy (yes/no)	Yes	2014	Joint 1st
Multisector and multistakeholder policy coordination (yes/no)	Yes	2015	Joint 1st
Time bound nutrition targets (yes/no)	Yes	2017	Joint 1st
Mational nutrition survey in last 3 years (yes/no)	Yes	2014	Joint 1st
Laws			
(f) ICMBS [^] Enshrined in domestic law ²	Not Enshrined in Law	2016	Joint 33rd

¹ Possible scores are: Very Weak/Weak Moderate Strong/Very Strong (Note: Performance relative to other countries).





² Possible scores are: Not Enshrined in Law Few/Many Aspects Enshrined Fully enshrined.

[^] International Code of Marketing of Breastmilk Substitutes