

## ESWATINI

### Nutrition situation in Eswatini

#### AT A GLANCE

The population of Eswatini is 1.2 million<sup>1</sup>, with just over 75 % living in rural areas (2017 census). Despite its lower middle-income status, Eswatini's development challenges mirror those of low-income countries. Almost 60% of the population lives below the poverty line<sup>2</sup> and the country has the world's highest HIV prevalence rate in the age group 15–49 (26%), poor maternal and child health care and rising incidence of non-communicable diseases. Women are disproportionately affected by HIV: 35% live with HIV compared to 19% of men. More than 50% of children under-17 are orphaned, about 59% of them having lost parents to HIV and AIDS-related deaths. Eswatini is highly dependent on imports to feed its people,

as national production is constrained by frequent droughts, erratic rainfall, prolonged dry spells, inadequate farming technologies, low investment in seeds, fertilizers and equipment, and structural barriers preventing access to formal markets. High vulnerability to natural disasters and economic shocks also undermines economic growth and reduction of poverty and inequality, while exacerbating food insecurity. Gender-based violence, sexual abuse and gender discrimination affect one in three women and girls. Eswatini has a Gender Inequality Index value of 0.491 and is ranked 124 of 166 countries in the 2023-2024 index. Eswatini has high levels of child stunting and anaemia in women of reproductive age.

#### DATA ON ALL FORMS OF MALNUTRITION



The data reported in the 2023 EU Nutrition Country Profiles is drawn from the UNICEF/WHO/World Bank Joint Child Malnutrition Estimates and the Global Nutrition Report (GNR).

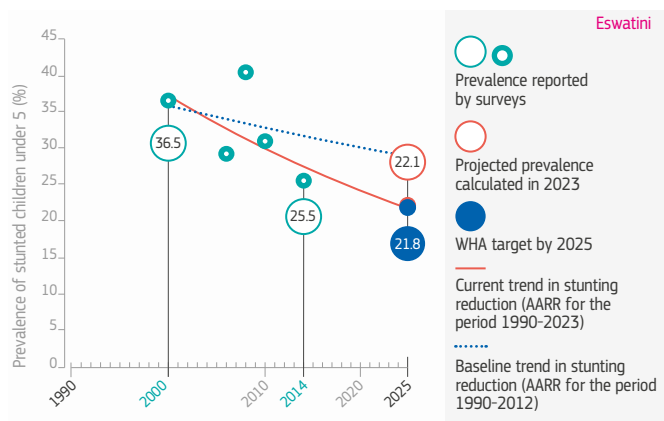
#### NUTRITION GOVERNANCE

- Eswatini joined the Scaling Up Nutrition movement in 2013.
- The 2016 Food and Nutrition Policy has not yet been formally adopted by government. The national policy is under revision.
- The National Nutrition Council was established in 2012 under the Ministry of Health.
- A Nutrition Multi-stakeholders' Forum is established for nutrition coordination.
- At the Tokyo Nutrition for Growth Summit in November 2021, the Government of Eswatini set a target to reduce stunting in children under-five to below 15% by 2030. It further committed to strengthen nutrition surveillance and data systems for accountability and transparency of nutrition actions through the integration of nutrition indicators into the health management information systems by 2025.
- Eswatini is 'on course' to meet four targets for maternal, infant and young child nutrition (MIYCN). No progress has been made towards achieving the target of reducing anaemia among women of reproductive age, with 30.7% of women aged 15 to 49 years now affected.
- Eswatini has shown limited progress towards achieving the diet-related non-communicable disease (NCD) targets. 29.2% of adult (aged 18 years and over) women and 6.6% of adult men are living with obesity<sup>3</sup>.

#### Example of EU support

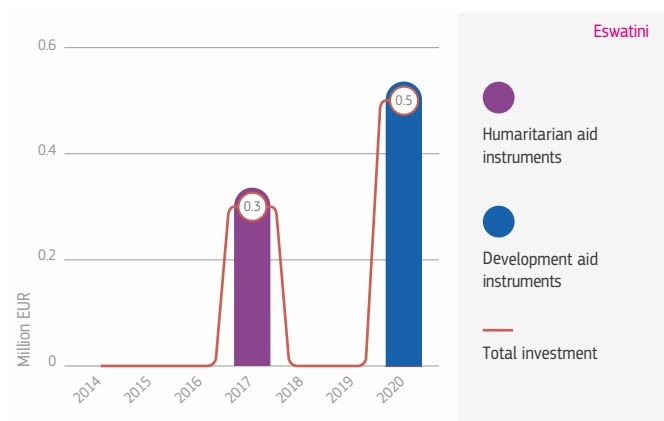
In partnership with the EU, World Food Programme provided food assistance in Eswatini between December 2022 and May 2023. The intervention responded to high levels of food insecurity in 10 constituencies of the country. With a EUR 1 million contribution from EU-ECHO, over 52 000 beneficiaries were reached with multi-purpose cash transfers. Specifically in Lomahasha constituency, in the extreme north-east on the border with Mozambique, 2 380 households were identified as priority 1 and reached; 62% of these households were found in the worst affected chiefdom, Shewula. The action aimed to address food consumption gaps during the lean season using unconditional and unrestricted cash-based interventions for the most food-insecure populations. The action contributes to meet dietary consumption needs and reduce negative coping strategies that may further erode livelihoods and long-term sustainability of the most vulnerable groups.

## Progress on the two EU pledges for nutrition



### TREND, PROJECTION AND TARGETS IN THE PREVALENCE AND NUMBER OF CHILDREN (U5) STUNTED

Eswatini has experienced progress in stunting reduction. Recent projections anticipate that Eswatini is on track to meet the Government's own target of 15% by 2030, and it will be close to meeting the World Health Assembly (WHA) target by 2025. The annual rate of decline in the number of children stunted is 2.1% in 2022, a big improvement on the 0.8% estimate in 2012. If this trend is maintained, then approximately 30 000 children are expected to be stunted in 2025.



### EU FINANCIAL COMMITMENTS TO NUTRITION BETWEEN 2014 AND 2020 – TOTAL OF EUR 0.8 MILLION

Between 2017 and 2020 the EU's nutrition commitments in Eswatini amounted to EUR 0.8 million, including EUR 0.3 million in humanitarian support in 2017 for food assistance. In 2020, EUR 0.5 million was committed to Eswatini as a component of Humanitarian actions in favour of Southern Africa and Indian Ocean grant, financed from ECHO.

There have been no further financial commitments in 2021-2022<sup>4</sup>.

## Planning for nutrition 2021-2027

At the 2021 UN [Food Systems Summit](#), the National Dialogues in Eswatini 'revealed major challenges to local food systems towards addressing the "Eswatini's triple burden" of malnutrition, marked by stunting, anaemia and overweight in children under five years of age'. Within its [National Pathways for Food Systems Transformation](#), the Government of Eswatini committed to:

1. improve the affordability of food and improve food and nutrition security through the Sector Development Plan Agreements (agricultural value chain planning and structuring);
2. institutional re-engineering to strengthen the convening power, structure and capacity of the Nutrition Council;
3. support and upscale safe and nutritious food for all: to promote sustainable healthy diets with a particular focus on the vulnerable populations, as well as the promotion of nutritious indigenous food, school feeding programmes and food fortification.

Nutrition forms part of the 360-degree approach of the EU's Global Gateway. Although the EUD in Eswatini currently has no identified actions for nutrition, Priority Area 1 (Human Capital Development) of the EU's Multi-annual Indicative Programme (MIP) 2021-2027 for Eswatini offers entry points for nutrition. Increasing access to education represents an excellent entry point for the promotion of healthy diets and better nutrition. As referenced, 'the improvement of Market-oriented Vocational Education and Training skills in the colleges has a multiplier effect'. The overall objective for the priority area is to contribute towards human capital development and social inclusion by strengthening vocational education and training in line with labour market demands and skill needs, with a particular focus on the economic empowerment and inclusion of youth, women and other disadvantaged groups. Under the objective of empowerment of disadvantaged youth and women in vulnerable situations, the focus will be on supporting the country to mitigate the socio-economic impact of the COVID-19 pandemic amongst targeted youth and women in a vulnerable situation, particularly girls and young people with disabilities. The aim of this component is to improve their well-being through health information, mental health support, counselling and special needs education and training, targeting disadvantaged adolescents in a vulnerable situation who have dropped out of school due to the COVID-19 pandemic and to unplanned teenage pregnancies. Furthermore, the support will aim at empowering youth and women with the necessary life skills to participate in income generation activities in order to improve their livelihoods.

1 - United Nations, Department of Economic and Social Affairs, Population Division (2022). [World Population Prospects 2022, estimate July 2023](#).

2 - World Bank, <https://www.worldbank.org/en/country/eswatini/overview>

3 - [Data from Global Nutrition Report](#), accessed 14 March 2023.

4 - Data in this section excludes some regional, global and policy/research/information commitments that could not be disaggregated by beneficiary country. Data for 2022 are preliminary. The European Commission applied the methodology of the SUN Donor Network for nutrition resource tracking 2014-2020 and the OECD DAC's nutrition policy marker from 2021 onwards.