

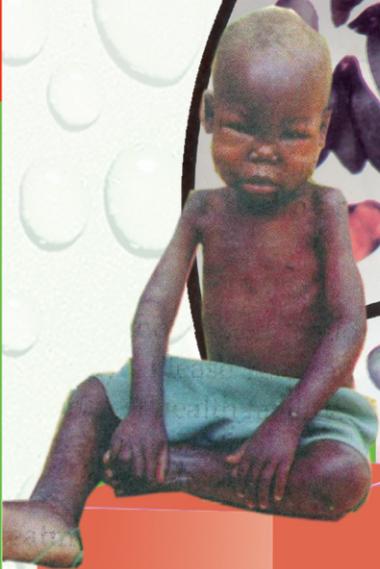


The Government of Malawi

Office of the President and Cabinet

MALAWI NUTRITION PROFILES 2004

MALNUTRITION: A SILENT CRISIS IN MALAWI INVEST NOW





HIS EXCELLENCY
DR. BINGU WA MUTHARIKA
PRESIDENT OF THE REPUBLIC OF MALAWI

I am committed to ensure that my Government realizes the goal of adequate nutrition for all Malawians by 2014 as a prerequisite for economic growth and development

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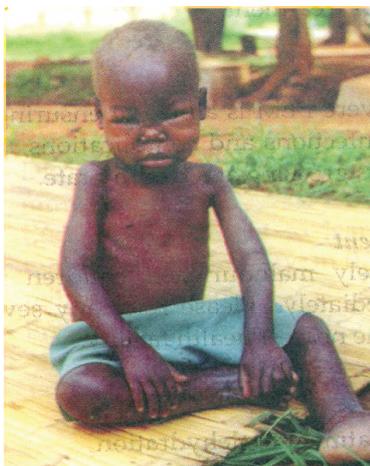


FORWARD

The Government of Malawi and its development partners have implemented several nutrition interventions to improve the nutritional status of various population groups over the years. Malnutrition in children affects mental and physical development resulting in poor learning outcomes and professional capabilities. It also weakens one's immunity and affects the economic development of a nation.

Consequently, there is a need for immediate action to improve maternal and child care practices such as appropriate feeding, nutrition in the life cycle, improving access to quality diet with high nutritive value, ensuring access to nutritious, diversified meals and improved life styles. Malawi Government's nutrition goal is adequate nutrition for all Malawians by 2014. In order to realize the goal, Malawi adopted the Malawi Growth and Development Strategy which has six priority areas and the sixth one being Prevention and Management of Nutrition Disorders, HIV and AIDS with three pillars namely: Nutrition HIV and AIDS and the Interaction between Nutrition and HIV and AIDS. The ultimate goal of the National Nutrition Policy and strategic plan is to spearhead the provision of visionary nutrition guidance, direction and oversight for productive and prolonged lives for all Malawians by 2012. Addressing nutrition disorders will contribute 3% to GDP in productivity.

The goal aims at removing the gloomy picture below and



Mitundu Clinic 2004

Replace it with a vibrant child as seen below

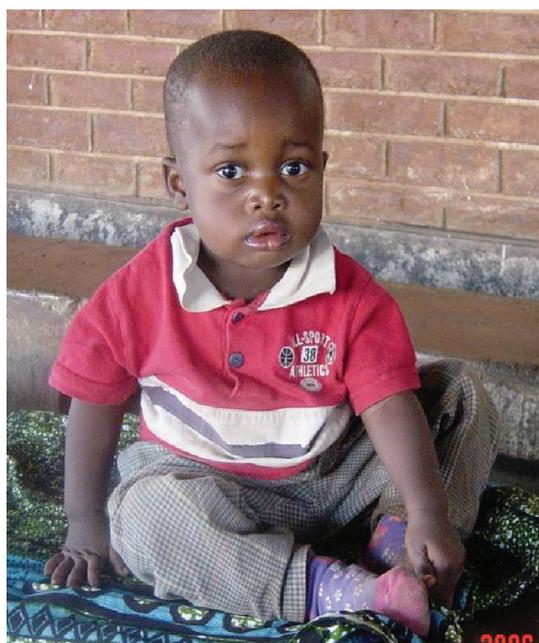


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1.0 INTRODUCTION

Malawi, just like other African countries, has a vision whose components include attainment of sustainable economic and social development, food security, nutrition improvement and fair distribution of income and wealth.

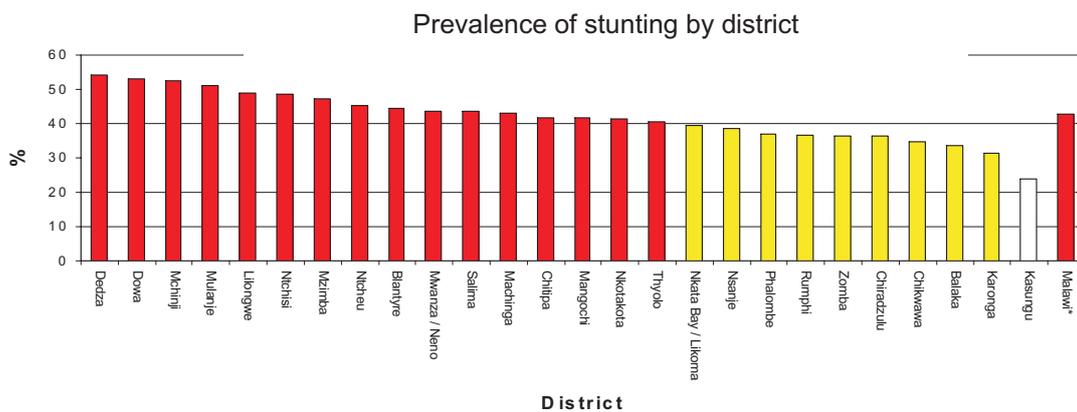
This vision can only be fully realized if there is adequate investment in human capacity development, especially in children and women. This means under-five children who constitute about 17% of the population and those being conceived and born today should be given the opportunity to live to their full potential. This also requires that the children should have a good start in life by promoting good health and nutrition status of their mothers.

Malawi is faced with an endemic malnutrition problem whose major contributing factors are low availability and access to food in terms of quantity, quality and diversity; poor child care practices, poor hygiene and sanitation, as well as low availability and access to optimal health care services.

The Malawi Demographic Health Survey (MDHS) 2004 shows that as much as 48% of under-five children are stunted. This is the second highest prevalence of stunting in Sub-Saharan Africa after Ethiopia with 51%. It further shows that, 22% of the under-five children are underweight, 5% are wasted and 5.3% of all live births have low birth weight which is less than 2500g. In addition, Malawi experiences high prevalence of micronutrient deficiencies of Vitamin A, Iron and Iodine.

These high levels of malnutrition have adverse consequences on the human well being of the population since poor nutritional status affects pregnancy outcomes and predisposes one to various infections. Poor nutrition during pregnancy reduces physical development that may lead to miscarriages, low birth weight or worse still, still birth, perinatal death and irreversible damage to the unborn child and the mother. Low birth weight babies have a high risk of frequent infections and deaths.

Furthermore a child with poor nutritional status is highly susceptible to frequent illnesses due to impaired immune system that reduces child survival, physical and mental development leading to poor school performance. Stunting that occurs before the age of 2 leads to significant physical and mental damage that may be irreversible even if their nutritional status improves later in their life. All these results in poor economical growth develop at household, community and national level due to low human productivity.



Common childhood illnesses such as malaria, pneumonia, and diarrhea are major contributing factors to high mortality rates in the country whose effect are compounded by poor nutritional status of under five children and women. Maternal, infant and under five mortality rates in Malawi are unacceptably very high at 984/100000, 76 and 133 per one thousand live births respectively.

Maternal and Under-five Morbidity and mortality Rates

- Maternal Mortality Rate = 984/100000
- Infant Mortality Rate = 133/1000
- Child Mortality Rate = 76/1000

Although these problems are enormous, their full magnitude and impact on the individual and economy is not appreciated. Usually there are no obvious signs of the problem such that even the victims are not aware of their situation for them to take timely and appropriate action.

Since the impact of malnutrition is not fully appreciated, nutrition has been given low priority at all levels, among others, government, other service providers, bilateral and multilateral partners, non governmental organizations (NGOs), the private sector and the media.

The gloomy picture of malnutrition presented in this paper requires immediate action aimed at improving maternal and child care practices such as appropriate feeding, early health care seeking behaviour during illness, improving access to high quality health care services, ensuring access to nutritious foods and diversified diets, improved sanitary facilities such as those for safe drinking water and proper waste disposal. In addition this calls for increased resource allocation for effective implementation of nutrition policies and programmes that virtually reach all infants, children, pregnant women and lactating mothers holistically.



Alinafe Clinic March 2005

2.0 METHODOLOGY

The consequences of malnutrition and benefits of action as presented in this paper were estimated using the PROFILES computer software. PROFILES was developed by the Academy for Education Development (AED) under USAID-funded nutrition communication project. The software has been widely used in various countries e.g. Tanzania, Ghana, Mali, Uganda, Bolivia, El Salvador, Philippines and Bangladesh to communicate the importance of malnutrition as a social and economic problem and to generate political support for nutrition interventions at different levels. The software contains spreadsheet models based on published scientific research relating malnutrition to functional consequences in terms of death, sickness, mental capacity and economic productivity. PROFILES is both a software for policy analysis and provides a means for policy dialogue. As a software tool it uses nutritional, demographic, economic and other data together with the latest epidemiological knowledge from the scientific literature to quantify and predict the impact of nutritional problems on morbidity, mortality, worker productivity, education and other functional outcomes.

Therefore the consequences presented in this paper are based on research information from various literature, demographic data and information related to nutrition and health indicators from Malawi Demographic and Health Survey (MDHS) 2004, and the second Integrated Household Survey (IHS2) as reported by the National Statistical Office (NSO), economical data from government reports, Micronutrient Survey report 2001, World Bank poverty assessment report 2005. Reference was also made to the Malawi Vision 2020, MGDS (2006-2011). However where data was not available extrapolations were made from existing literature and global information as well as technical inputs from experts from different government departments, NGOs, bilateral and multilateral partners and private sector like the media present during the workshop and other stakeholders to whom the script was circulated.

These consequences are calculated over a ten-year period from 2006 to 2015. Costs and benefits are quantified in US dollars for the purpose of comparison with other countries.

3.0 CONSEQUENCES OF MALNUTRITION

3.1 Effects of malnutrition on human wellbeing

Malnutrition is one big challenge facing Malawi today because of its devastating impact on maternal, infant and child morbidity and mortality. Malnutrition on its own is a major cause of death among under-five children. A malnourished child is prone to frequent infections. The infections are likely to be more severe than if same child was well nourished, hence increases the risk of death. Being underweight further dramatically increases the risk of death.

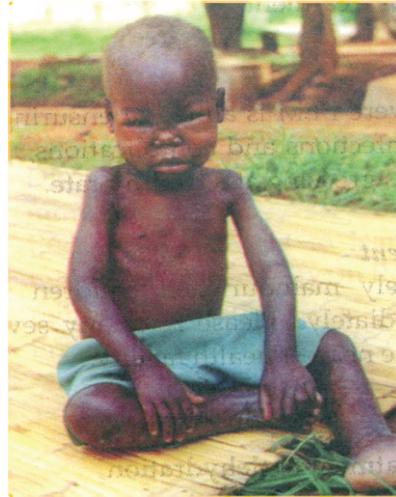
Scientific evidence based on a meta-analysis of findings of eight studies from five countries (Bangladesh, India, Tanzania, Papua New Guinea and Malawi) by Pelletier et al. in 1994, shows the massive contribution that malnutrition makes to under-five mortality levels in developing countries. The meta-analysis shows that in children under five years of age, the risk of death increases exponentially (i.e. by multiplicative factor) as Protein Energy Malnutrition (as measured by low weight for age) becomes more severe.

Most common forms of malnutrition in Malawi are protein energy malnutrition which manifests in marasmus and kwashiorkor refer to the figs below.

Marasmic child



Kwashiorkor child



According to the Malawi Demographic and Health Surveys of 2004, under-five children were 48% stunted, 22% were underweight and 5% were of under-five children are underweight which contributed to under-five mortality rates is substantial.



Stunting reduces productivity: For every 1% decrease in height is equivalent to 1.38% decrease in productivity

Based on this prevalence, it is estimated that about 38% of all child deaths beyond early infancy are associated with protein-energy malnutrition, making it one of the biggest causes of child mortality in the country. Most of these child deaths result from mild (63%) and moderate (29.6%) malnutrition due to large numbers of children that are affected compared to severe malnutrition which accounts for only 7.5%. In most cases the signs of mild and moderate malnutrition are not easily recognised by the victims themselves, the care givers and service providers for timely intervention. Significant reductions in mortality can therefore only be achieved by preventing mild and moderate malnutrition.

If no action is taken to prevent protein energy malnutrition among under fives in this country, about 190,000 children are more likely to die between the year 2006 and 2015.

One key cause of malnutrition among the under-five children in Malawi is poor infant and young child feeding practices. The government of Malawi, in accordance with recommendations from the World Health Organisation, UNICEF and other international experts recognises breastfeeding as the best and natural way of feeding infants and young children. Breastfeeding promotes proper child growth, survival and development due to its nutritional, immunological, physiological and psychological benefits. Therefore, the government promotes exclusive breastfeeding of babies for the first 6 months of life with no additional water, other liquids or foods given.

Although breastfeeding is a traditional norm in Malawi, most mothers still practise sub-optimal breastfeeding.



The MDHS, 2004 shows that only 53.3% of mothers exclusively breast-feed their babies for the first 6 months of life. This means many mothers introduce other foods and fluids earlier than six months. This deprives the children of the important benefits of breast feeding. If a child does not adequately breastfed, it is more likely to become malnourished because the other foods and fluids that the child consumes may not provide it with all the necessary nutrients in the right amount and proportion to meet its body requirements. In addition, before the age of six months, the child may not be mature enough to digest the other foods and fluids adequately.

Furthermore, if the child is not getting enough breast milk, it is not adequately protected from diseases. The child is more likely to fall sick often since the natural protection can not be provided by the other foods and fluids that the child is given. For example about 5% of all acute respiratory infections and 15% of all diarrhoea cases in children under-one year are due to sub-optimal breastfeeding practices. In addition, early introduction of other foods and fluids may make the child sick due to poor food hygiene and sanitation. Therefore, sub-optimal breastfeeding is another important factor which significantly contributes to infant and young child mortality in this country.

The infant mortality rate in Malawi is 76 deaths per 1000 live births. It is estimated that sub-optimal breast-feeding practices contribute to about 19% of these infant deaths. In human terms the cost to Malawi of the current sub-optimal breastfeeding practices during the first 6 months of life translates into about 8,200 infant deaths each year.

Insert infant mortality rate

Micronutrient deficiencies also have an immense impact on child mortality in Malawi. A significant problem is Vitamin A deficiency, which according to the National Micronutrient Survey 2001, affects 60% of the country's under-five population.

It is estimated that Vitamin A deficiency contributes to 1 out of every 3 child deaths between the ages of 6 and 59 months. This means that about 156,000 child deaths will be attributed to vitamin A deficiency between the year 2006 and 2015.

Vitamin A supplementation during child health days week



If Vitamin A deficiency is eliminated over the next ten years, about 31,000 child lives and enormous health care costs to Malawian families and the government will be saved.

Nutrition before and during pregnancy is a key determinant of pregnancy outcomes. Women who are malnourished are more likely to face serious reproductive health problems which can lead to the death of the mother and the child. For example, anaemia during pregnancy, which is estimated to affect about 48% of pregnant women in Malawi, has implications for maternal mortality.



Malawi has an unacceptably high maternal mortality rate of 984 per 100,000, of which about 57% is associated with anaemia.

Therefore, improving nutrition would lead to substantial savings for the country because of the positive impact it would have on reducing diseases and deaths especially in under-five children, pregnant women and lactating mothers.

3.2 Effects of Malnutrition on Education

Good nutrition is essential for optimal physical and mental development. Research shows that children who are stunted in the first two years of life have delayed enrolment because they look too small for their age. Such children have low cognitive test scores and are therefore more likely to repeat classes than those that are not stunted. This leads to poor learning and school performance as well as high drop out rate.

In Malawi almost half (48%) of under five children and about a third (30%) of



school age children 5 to 10 years are stunted (MDHS 2004 and National School Health and Nutrition Baseline Survey 2006 respectively) meaning that they don't reach their potential physical and mental

development even if their nutrition improves later in their life. Similarly micronutrient deficiencies of Vitamin A, Iodine and Iron have an enormous impact on education.

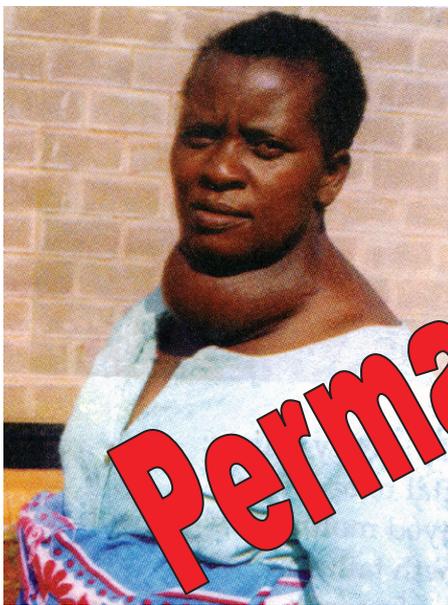
Vitamin A is essential for good vision, resistance to infections, and proper child growth and development.

Vitamin A deficiency affects 60% of preschool children and 38% of school age children in Malawi (National Micronutrient Survey, 2001). Vitamin A deficiency lowers the body's ability to fight diseases.



Therefore a child with Vitamin A deficiency is prone to frequent infections which are more likely to be severe. The resulting illnesses increase absenteeism and reduce concentration at school.

Iodine is needed for normal development of the baby's brain during pregnancy. Pregnant women living in iodine deficient regions or areas are more likely to give birth to children suffering from mental impairment ranging from mild mental retardation to cretinism, characterised by severe brain damage and dwarfism.



Woman with goitre



Cretin child

In Malawi about 50% of school age children 5 to 10 years are iodine deficient (National School Health and Nutrition Baseline Survey 2006). According to various studies done elsewhere, 3% of all babies born to women with iodine deficiency will be cretins, 10% will be severely mentally retarded and 87% would present with some degree of intellectual deficit. These effects are permanent and result in school children with considerably reduced learning ability, school performance and retention rates. The children also have speech and hearing defects.

A child with severe iodine deficiency may develop goitre which has traumatic effects on the child, causing absenteeism, inferiority complex and sometimes severe discomfort.



With appropriate interventions to counter iodine deficiency such as consumption of adequately iodized salt, over 70,000 newborns could be saved from various forms of mental retardation over the next 10 years.

LOST FUTURE WAGES

**Present value due to iodine deficiency
(2006-2015):
US\$ 71 million**

Iron is important in the body for the formation of haemoglobin, a component of red blood cells responsible for transportation of oxygen in the body. Iron is also essential for brain development and function.

Iron deficiency in the body is associated with delayed mental development in infants leading to reduced intellectual ability.

Therefore a child with iron deficiency may have poor performance in school, reduced learning abilities and increased absenteeism. Iron deficiency could also lead to anaemia which makes the body weak resulting in reduced physical ability and productivity. This may also lead to reduced school attendance, enrolment, retention and performance

According to the National School Health and Nutrition Baseline Survey (2006), over half (54%) of school aged children in Malawi were found to be anaemic (<115g/l) as assessed by haemoglobin (Hb) levels. Anaemia differed significantly by age group (66% of 5 year olds, 59% in 6-7 year olds, and 48% in 8-10 year olds). These percentages are high by any standards, reducing greatly the cost-effectiveness of investments in education and the contribution of these children to Malawi's future economy. If no interventions are in place, Malawi's productivity losses due to childhood anaemia would be over US\$ 1.7 billion in 10 years time. However, if the current prevalence is reduced by 30% over the same period, the productivity gains will be over US\$ 458 million.



The adverse impact of malnutrition on education indicated in this presentation, calls for immediate action to prevent malnutrition among women before and during pregnancy, lactating mothers as well as children in order for the country to benefit adequately from the universal free primary school education and the huge investments that have been made in secondary and tertiary education.

Investing in improving people's nutrition status now will also ensure that the country has an intellectual and adequately educated work force in all sectors.

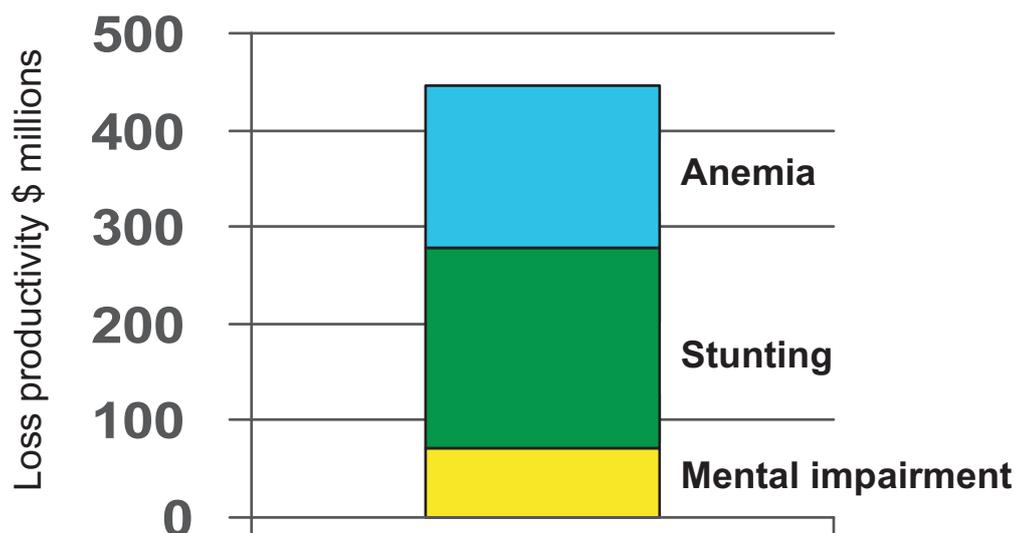
This is a must for sustainable economic growth and attainment of the Millennium Development Goals which Malawi aspires to achieve.

3.3 The effect of malnutrition on economic development

Malawi has a predominantly agricultural economy with agricultural produce accounting for over 70% of all exports in 2004. The country is largely self-sufficient with regard to food, but due to erratic rains and high costs of inputs, Malawi is experiencing food insecurity making it largely dependent on imported maize. Poverty in Malawi is high and deep rooted with no significant change over the years. According to the Integrated Household Survey done in 2004/2005, 52.4% of the population live below the poverty line of MK 16,000 per person per year, which means that more than half of the population lives on MK44 per person per day on average. This translates into about 6.3 million Malawians who are poor. The survey further shows that 2.7million Malawians (22.4%) are extremely poor, meaning that they can not afford to acquire food enough to meet their minimum energy requirements per day. They live on MK10,000.00 per person per year which translates into MK27.00 per person per day.

TOTAL LOSSES: 2006 - 2015

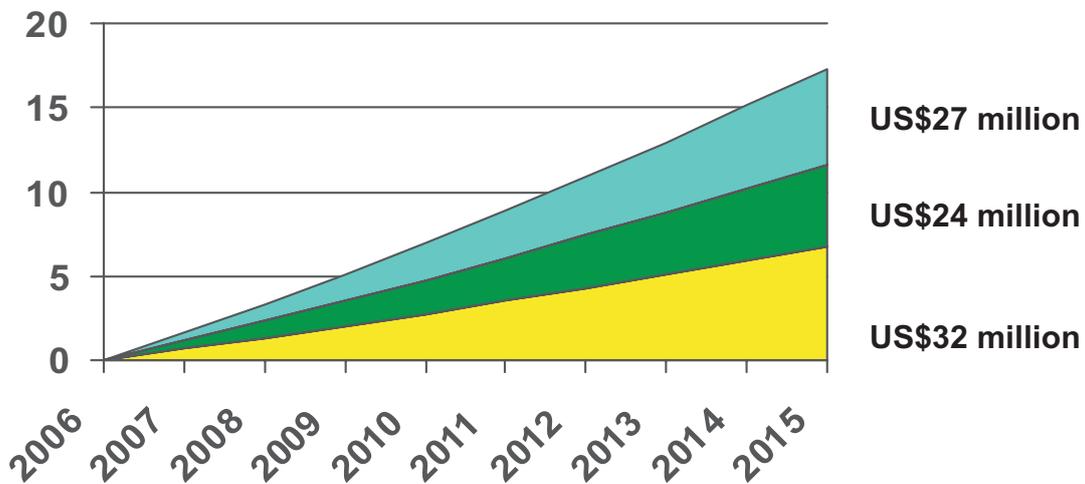
\$ 446 million



The Government of Malawi is committed to improving people's livelihoods and removing them out of abject poverty as stipulated in the Malawi Growth and Development Strategy (MGDS). The MGDS is a government blue print intended to translate the country's vision into reality through an overriding philosophy of reducing poverty by sustainable economic growth and infrastructure development. The main purpose of the MGDS is to transform the country into a middle income industrial nation in the mid-term through adequate and sustainable generation of economic growth for prosperity and better life for everyone. The MGDS recognises the role of nutrition in achieving the country's aspirations and includes prevention and management of malnutrition as one of its focus areas.

SUMMARY OF PRODUCTIVITY GAINS

US\$ 83 million



Malnutrition has far-reaching implications on sustainable economic growth as it is both a contributing factor and consequence of poverty. Malnutrition affects economic development due to its impact on human productivity both in physical and intellectual terms. Poor nutrition status during pregnancy, lactation, infancy and young childhood result in low productivity due to:

- Mental impairment resulting from iodine deficiency;
- Stunting caused by protein-energy malnutrition; and,
- Iron deficiency anemia.

The mental impairment caused by iodine deficiency is permanent such that intellectual ability is compromised and may fail to reach their potential education and professional achievements. The present value of lost future wages due to iodine deficiency over the next ten years is estimated at US\$ 71 million.

Similarly, stunting which occurs due to prolonged exposure of children to poor nutrition especially during the first 2 years of life has profound impact on the workers' physical capacity and productivity. Research conducted in the Philippines shows that the productivity of physical labour declines by 1.4% for every 1% reduction in adult height. This is alarming considering the high prevalence of stunting among under-five children in this country.

Currently almost half (48%) of the children under the age of five in this country are stunted, 22% of whom are severely stunted as reported in MDHS, 2004. Such stunted children grow up to become stunted adults whose physical capacity and productivity is significantly reduced.

If current levels of stunting remain unchanged over the next ten years, Malawi will lose US\$ 207 million in future economic production as a direct result of poor nutrition among children.

Iron deficiency also has far-reaching effects on productivity. Scientific research shows that there is at least a 1% reduction in productivity for each 1% drop in iron status. Based on this, it is projected that between 2006 and 2015, Malawi will lose US\$129 million in agricultural productivity as a consequence of iron deficiency anaemia in the female labour force and an additional US\$39 million due to deficiency anaemia in the male labour force. The figures are alarming due to the high prevalence of anaemia in young children and women of child bearing age in the country. Currently, data from national surveys indicate that about 73% of children under-five years, 44% of non-pregnant women and 47% of pregnant women are anaemic.

The impact of malnutrition on economic development should, therefore not be undermined as the consequences are enormous.

From the estimates made, the total value of malnutrition to worker productivity in Malawi is:

- US\$71 Million due to mental impairment
- US\$207 Million due to stunting, and
- US\$168 Million due to deficiency anaemia

This translates into a total loss of US\$ 446 million in just over 10 years (from 2006-2015) and only for the problems highlighted in this presentation.

Investing in nutrition improvement now, is therefore necessary as it will bring a lot of benefits resulting from productivity increases.

Malawi can experience substantial productivity gains if it reduces iodine deficiency, stunting and iron deficiency anaemia. For example, if iodine deficiency, stunting and iron deficiency anaemia were all reduced by 30% by the year 2015, Malawi would make significant benefits as follows:

- US\$24 million from reduction of Iodine deficiency,
- US\$32 million from reduction of stunting, and
- US\$27 million from reduction of Iron deficiency.

This is a total of US\$83 million in present value gained over ten years. However, these gains cannot be realised without commitment and effort to invest in improving nutrition for the vulnerable groups now.

3.4 Costs compared to benefits

Achieving these gains goes with a cost. In Malawi, various programmes are currently being implemented to promote maternal, infant and child nutrition, and reduce protein energy malnutrition as well as micronutrient deficiency disorders of iodine, Vitamin A and iron. Some of these programmes are promotion of use of iodised salt, food fortification with iron, micronutrient supplementation, breastfeeding and growth monitoring and promotion.

The costs of implementing these programs are quite high. However, considering the economic productivity benefits that come out of this, the programmes will still pay for themselves many times over. The unit costs of the programmes, estimated from literature, are shown in the table 1 below.

TABLE 1: UNIT COSTS OF PROGRAMMES

PROGRAMME	UNIT COSTS
Salt fortification & promotion	US\$0.18 per capita/yr
Breastfeeding promotion	US\$1.50 per infant
Intensive growth promotion	US\$3.00 per infant
Iron supplementation	US\$0.40 per pregnancy
Iron fortification	US\$0.09 per capita

Targeting the more expensive and intensive components of the programme will reduce over all costs and maximize benefits. The 10-year cumulative benefits and costs of each intervention component with an impact on economic productivity are summarised in table 2 below

TABLE 2: BENEFIT: COST RATIOS

DISORDER	BENEFIT	COST	B: C
IDD	24	2.8	8.5
	32	4.4	7.3
Anaemia	27	8.5	3.1
Total	83	15.7	5.30

Compared to the US\$83 million estimated ten-year cumulative benefits, the US\$15.7 million cost is relatively small, making this an investment opportunity with a benefit: cost ratio equal to 5.30. Thus every 100 dollars invested will generate over 530 dollars in economic productivity gains.

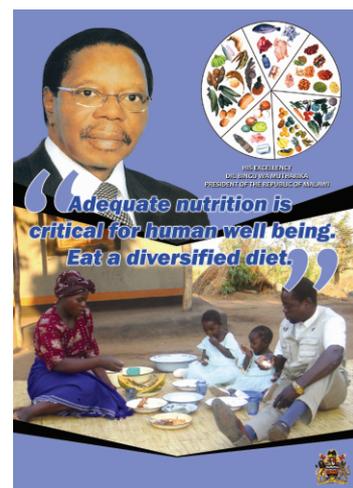
Given the conservative nature of our assumptions and the omission of other benefits, this calculation must be considered an underestimate of the true value of this investment.

4.0 CONCLUSIONS

This presentation shows that Malawi experiences various forms of malnutrition whose current levels among women, especially pregnant and lactating mothers, infants and under-five children are high and alarming. The consequences of the various forms of malnutrition have far reaching effects on health, education and economic development in this country. Malawi risks failing to achieve the long term goals of its vision 2020 and its aspiration to transform the country into a middle income industrial nation in the mid term if the current trends of malnutrition remain unchanged.

Enormous loss in human capacity and productivity resulting from frequent diseases and deaths among women and under-five children, stunted growth and development, mental impairment as well as low educational and professional achievement will undermine Malawi's efforts to achieve sustainable economic growth and improved livelihoods in the next 10 years. The current levels of malnutrition will also jeopardise efforts to achieve the Millennium Development Goals. This could frustrate to the country's leadership, the people, service providers, development partners and the children themselves as future leaders, especially after so much investment in the social and development efforts.

Therefore Malawi should invest in improving nutrition now in order to realise its aspirations of the vision 2020 to attain sustainable economic and social development, food security, nutrition improvement and fair distribution of income and wealth. If Malawi is to achieve these goals, special attention should be given to the future generation's educational and professional achievement as well as work productivity.



Deliberate efforts should especially be made now to reduce malnutrition with special focus on the most vulnerable groups (infants, under-five children, pregnant women and lactating mothers) if Malawi is to achieve sustainable social and economic growth and development in the next 10 years. If adequate investment in nutrition is made now; Malawi stands to achieve enormous gains resulting from improved:

- Infant and young child health,
- Children's school performance
- Maternal nutrition and pregnancy outcomes, and,
- Economic productivity.

5.0 RECOMMENDATIONS

It is, therefore recommended that:

- Government should allocate adequate human and budgetary resources to all relevant sectoral ministries (Health, Agriculture, Gender and Education) for effective implementation of nutrition programmes.
- Non-governmental organisations, bilateral and multilateral partners as well as other stakeholders should adequately support government to build its technical and institutional capacity for effective implementation of nutrition programmes
- Government should provide a well defined mechanism for coordinating implementation of an integrated package of Essential Nutrition Actions that have shown to be both feasible and cost-effective in improving nutrition status of pregnant women and lactating mother's infants and children. These Essential Nutrition Actions are:
 - Optimal breastfeeding.
 - Sustained breastfeeding up to 2 years or more with appropriate complementary feeding.
 - Appropriate nutrition care of the sick child.
 - Control of Vitamin A deficiency.
 - Control of anaemia.
 - Control of iodine deficiency disorders.
 - Women's nutrition.

Effective implementation of nutrition programmes will also require allocation of adequate service providers with relevant technical knowledge and skills; hence government should invest now to build capacity of the service providers at Institutional and community levels.

The Government should also create a conducive environment for promoting relevant nutrition interventions through:

- Adequate enforcement of nutrition legislation and legal instruments such as the Iodisation of salt Act of 1995, the National Code of Marketing Infant and Young Child Foods and Maternity Leave provisions.
 - Strengthening monitoring and evaluation of nutrition programmes by various stakeholders for evidence-based programming
 - Documentation and dissemination of nutrition related information, messages and best practices.
-
- Service providers should give adequate priority to nutrition services in order to achieve and sustain high coverage of the Essential Actions for improving nutrition.

FOR MORE INFORMATION, CONTACT:

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