

## **SPEECH BY**

**THE UNICEF REPRESENTATIVE MS. CARRIE AUER**

**AT THE NATIONAL NUTRITION SYMPOSIUM,**

**LILONGWE**

**23<sup>rd</sup> June 2010**

The Principal Secretary for Nutrition, HIV & AIDS Dr. Mary Shawa

All Principal Secretaries Present

Cooperating Partners and United Nations Colleagues

Representatives of Non-Governmental Organizations and the Private Sector

Distinguished Guests, Ladies and Gentlemen.

I feel greatly honored to have been invited to make a few remarks at this Symposium. This meeting is yet another example of the tremendous efforts Dr. Shawa and her team are making to raise the national profile of nutrition and to place it high on the nation's development agenda. Only a few months ago, we supported her office to produce a nutrition kit for Members of Parliament, who were subsequently oriented on nutrition at workshops in Lilongwe and Blantyre.

Six months ago, we were part of the highly-publicized launch of the National Nutrition Policy and Strategic Plan here in Lilongwe. These are hugely positive steps and let me use this opportunity, Dr. Shawa, to congratulate you

and your team on a job well done. Let me also reiterate our satisfaction with the work you are doing and pledge our continued support to your efforts to end child malnutrition in Malawi.

This Symposium is a necessary follow-up to the policy and strategic plan which was launched in January. The purpose of this Symposium is therefore to disseminate the policy and strategic plan to policymakers and programme managers so that they are familiar with its provisions and are able to integrate it in their programmes.

Ladies and gentlemen, we need no reminder of the urgent need for Malawi to aggressively deal with chronic malnutrition in children. According to the Multiple Indicator Cluster Survey of 2006, almost half of all under-five children in Malawi are stunted. In simple terms, this means 1.2 million children aged five years and below are too short for their age, a sign of chronic malnutrition. These rates have been persistent for over a decade and if you look closely at countries with similar or higher rates, all of them have experienced or are still experiencing armed conflict or civil strife. For Malawi, which has been an oasis of peace and tranquility even in times when its neighbors were torn apart by conflict, how do we explain these high rates of stunting?

While we acknowledge that chronic malnutrition in children is complex and has many causes, it is clear is that Malawi has made relative progress in reducing stunting in under-five children since 1992. I understand that

preliminary data from a micro-nutrient survey conducted in 2009 indicate that there has been an improvement in severe and moderate stunting from 53 per cent to about 35 per cent. Though the data once validated will represent major progress, a third of the country's under-five population will remain hampered by stunting.

It is also clear that improving food security alone does not automatically result in improved nutrition for children. For, even when food is readily available, it may not reach those children who, quite literally, are at the bottom of the food chain.

This is why we are encouraged by the commitment of the President Dr. Bingu wa Mutharika to push for ending child hunger during his chairmanship of the African Union. We share his vision that no child in Malawi should go to bed hungry. We believe that for this vision to become a reality, efforts to increase food production need to be matched with specific strategies that make food available to children, especially those from poor households.

It is critical therefore that programmes that promote infant and young child feeding and school-feeding be adequately resourced and scaled up.

It is also clear that availability of food in enough quantities alone does not guarantee adequate nutrition. If we have learnt anything in the last few decades, it is that over-dependence on one type of food perpetuates a different kind of malnutrition – micronutrient deficiencies.

Commonly referred to as “hidden hunger” due to the fact that they are often not readily visible, micronutrient deficiencies are quite prevalent in Malawi. A Micronutrient Survey carried out in 2001 revealed that 60 per cent of all preschool-aged children, 38 per cent of all school-going children, 57 per cent of all women of child-bearing age and 38 per cent of all men suffer from Vitamin A deficiency. In addition anemia affects 80 per cent of all pre-school children, 27 per cent of all women of reproductive age, 22 per cent of all school-going children and 17 per cent of all men. On a more positive note, we have seen a continuous increase in the use of iodized salt by households from 56 per cent in 2002 to 73 per cent in 2006.

From these figures, it is clear that ongoing efforts to diversify diets need to be scaled up. These will be complemented by ongoing interventions which include:

- Bi-annual Child Health Days through which children receive Vitamin A supplementation and de-worming;
- Ante natal care at health facility level and community outreach activities through which pregnant women receive iron folate and are educated on how to diversify their diets;
- Social marketing activities which promote the use of iodized salts and activities to monitor the importation of non-iodized salts at various border posts;
- Promotion of the Infant and Young Child Feeding Programme;

- Scaling-up the Community Therapeutic Care Programme through which children suffering from acute malnutrition are identified and their condition managed.

Ladies and gentlemen, you will agree with me that we have a unique opportunity through the implementation of this policy and strategic plan to change the status of children in Malawi. The policy alone, however, will be ineffective unless it is turned into action and is adequately supported by human, financial and material resources.

I would like to assure you, Dr. Shawa, that we stand ready to support you as you explore strategies to reduce stunting. We will continue to render our support to you in the scale-up of the Community Therapeutic Care Programme and ensure that local manufacturers of Plumpy-Nut maintain their international certification. We will also continue to support the Child Health Days, the sugar fortification initiative, and efforts to promote the use of iodized salt.

The Convention on the Rights of the Child obligates us to ensure that children have adequate health and nutrition. We will support the implementation of the Nutrition Policy and Strategic Plan in order to ensure that the best interests of the child are served.

Zikomo!