

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	Middle Fly District-Western Province
DIALOGUE DATE	Thursday, 10 October 2024 10:00 GMT +10:00
CONVENED BY	Brenda Tagune, Communications and Advocacy Officer, World Vision PNG
EVENT LANGUAGE	Tok Pidgin
HOST LOCATION	Port Moresby, Papua New Guinea
GEOGRAPHIC SCOPE	Middle Fly District-Western Province
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/54236/



The outcomes from Nutrition Dialogues will contribute to developing and identifying the most urgent and powerful ways to improve nutrition for all, with a focus on women and children and young people. Each Dialogue contributes in four distinct ways:

- Published as publicly available PDFs on the Nutrition Dialogues Portal
- Available as public data on the Nutrition Dialogues Portal "Explore Feedback" page
- Available publicly within a .xls file alongside all Feedback Form data for advanced analysis
- Synthesised into reports that cover which nutrition challenges are faced, what actions are urgently needed and how should these be taken forward - particular, in advance of the Nutrition for Growth Summit in Paris, March 2025.

SECTION ONE: PARTICIPATION

TOTAL NUMBER OF PARTICIPANTS

1

PARTICIPATION BY AGE RANGE

0	0-11	0	12-18	1	19-29
7	30-49	7	50-74	0	75+

PARTICIPATION BY GENDER

6	Female	8	Male	0	Other/Prefer not to say
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NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

0	Children, Youth Groups and Students	0	Civil Society Organisations (including consumer groups and environmental organisations)
0	Educators and Teachers	3	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	3	Food Producers (including farmers)
5	Healthcare Professionals	0	Indigenous Peoples
0	Information and Technology Providers	0	Large Business and Food Retailers
0	Marketing and Advertising Experts	3	National/Federal Government Officials and Representatives
1	News and Media (e.g. Journalists)	0	Parents and Caregivers
0	Science and Academia	0	Small/Medium Enterprises
0	Sub-National/Local Government Officials and Representatives	0	United Nations
0	Women's Groups	0	Other (please state)

OTHER STAKEHOLDER GROUPS

NA

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

We had a mixture of stakeholders for our nutritional dialogue, most were health professionals and representatives from the Agriculture and Community development. We also had local farmers and Village Health Volunteers who are the key people who understand the need for nutrition in the different communities. We also had church representatives, Community leaders and village counsellors.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

Our multi-stakeholder dialogue began with a welcome and introduction of the Nutritional Dialogue and its purpose by our Lead Health Specialist, Ainda Piako Kepon. She delivered a detailed presentation on the nutrition situation in the country and our communities, emphasizing the urgent need to improve nutritional status. She also explained the workshop's purpose and how the ideas contributed will impact the global effort to address nutrition issues. Next, we divided into two groups, each with two facilitators and two recorders. Each group, consisting of diverse stakeholders, discussed seven questions. Four questions were from the nutritional dialogue handbook, and three additional questions were included. The facilitators ensured that each person shared their views and opinions on each question, considering the varied backgrounds and perspectives of the participants. To manage time effectively, we had a timer ensuring everyone had enough time to express their views, which made everyone feel their opinions were valued. Do note that this discussion is specific only to Balimo District in the Western Province of Papua New Guinea (PNG) and experiences shared here are only for this District. For other provinces in PNG, it varies depending on their geographical surroundings.

DISCUSSION

In the two groups, we discussed the following open-ended questions which were also translated into our local language for ease of understanding. 1. What are the feelings or concerns about nutrition in our community? (Yu gat wanem kain think or worry lo nutrition (gudpla kaikai) insait lo community?) 2. How do we ensure we have good nutrition for all in our community? (How ba umi wokim kamapim goodpla kaikai insait lo community blo umi?) 3. Do we have enough good nutritious food in our community? Umi sa planim goodpla kaikai insite lo community blo umi? 4. Who needs to be involved to enable us to achieve good nutrition for all in our community? Whosait ba umi wok wantim lo kamapim gutpla kaikai insite lo community. 5. Why is nutrition important for our children and ourselves? Lo wanm ass gudpla kaikai em bikpla /important lo ol pikinini na umi too? 6. How can we address nutrition for children in our community? Lo wanm way ba umi can helpim kamapim goodpla kaikai blo ol pikinini insait lo community 7. What actions might be needed to ensure good nutrition for all in our community? Ba umi wokim wanm lo kamapim goodpla kaikai insait lo community

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

1. Lack of knowledge on how to properly grow nutritious food
2. Lack of knowledge of how to cook balanced and healthy meals for children
3. Lack of awareness among pregnant mothers and community members on the importance of nutrition.
4. Underage pregnancies affecting children
5. Due to geographical settings, it is difficult to bring children to health centers for immunization, and when children are sick (inadequate access to health services)
6. Lack of health and nutrition awareness is a huge concern in the communities
7. Inadequate maternal and child act practices
8. Staff shortages in rural health centers
9. People too lazy to plant food in the gardens
10. Parents feeding children with sweets and packaged food
11. Mothers feeding babies with solid food before 6 months of age
12. Not enough gardens in the communities to plant vegetables
13. Most people are illiterate which contributes to a lack of understanding and poor decisions are made
14. Limited financial resources
15. The distance to the main health center is too long and costly and most parents don't bring their children to clinics, especially parents living in the remote communities
16. No collaboration between the provincial government and local stakeholders or organizations to strengthen and drive nutritional awareness
17. High rate of teenage pregnancies
18. Lack of family planning
19. Climate change, especially the high rise in sea level destroys food gardens and homes causing people to relocate
20. Lack of government services and presence in the rural communities
21. Most areas are hard to reach and no access to road
22. Lack of medical equipment /medicines in the health centers
23. High cost of living
24. No proper Water Health and Sanitation (WASH) in the communities
25. Contaminated water sources

URGENT ACTIONS

- Everyone in the discussions agreed that nutrition is a huge problem as it is evident in the communities and discussed some ways to improve nutrition.
1. Collaborate with local government and NGO's to improve nutrition
 2. Ensure to equip village health assistants with skills to teach parents in the communities the importance of nutrition
 3. Have the Village Health Assistants be part of the Department of Health but based in the community so they can fully be committed to raising awareness
 4. More awareness and information to reach the communities
 5. Integrate health activities when going into communities for immunization and other health programs
 6. Emphasize and raise more awareness of the importance of nutritional food and its benefits for children
 7. Have proper health centers that are fully equipped with enough staff and medicine and equipment
 8. Do hands-on practical cooking demonstrations and awareness in the communities to encourage balanced meal
 9. Have Water Health and Sanitation (WASH) programs in the communities like tanks and toilets installed to address and reduce water and sanitation issues
 10. Nutrition school clubs are already in schools, utilize this to talk about nutrition and teenage pregnancies etc.
 11. Provide referral pathways to children identified as malnourished in the communities
 12. Introduce gardening in the schools and around health facilities
 13. Improve the health care system
 14. Conduct Financial Literacy trainings in the communities

AREAS OF DIVERGENCE

Our Village Health Assistants(VHA) have received training in Climate-Smart Agriculture, Reliance Inclusive Social Enterprise, Infant and Young Child Feeding, Integrated Management of Acute Malnourishment, and Celebrating Families. Each community has two VHAs who work with the communities to raise awareness, identify malnourished children, and provide support through cooking demonstrations and referrals to health facilities for serious cases. During the stakeholders' dialogue, one health worker mentioned that there is ample land for gardening, but people are choosing fast food due to laziness. Another local farmer and a Village Health Volunteer pointed out that despite their efforts to raise awareness, most parents are stubborn and don't practice what they are taught. It was also noted that parents mainly feed their children fish and cassava (sago), the local staple food.

OVERALL SUMMARY

The discussion proved to be eye-opening for the diverse stakeholders as they delved into the pressing issues contributing to malnourishment in the community. The intricate geographical landscape and daily challenges in the communities set the stage for a transformative approach to combat malnourishment. Exploring a variety of viewpoints and opinions on addressing local issues with locally tailored solutions ignited a path forward in this compelling discussion.

The utilization of nutrition school clubs and the mobilization of Village Health Assistants (VHAs) under the Better Enhanced Nutrition Project (BEAN) in each community have proven to be key in addressing nutrition. The VHAs, trained under the BEAN project, have been actively supporting different communities by conducting cooking demonstrations for mothers, promoting immunization, and identifying malnourished children.

The BEAN project has also provided vital support by supplying seeds and gardening equipment to facilitate these efforts. The discussions emphasized the critical need for raising awareness and advocating for the preparation of nutritious food for children, addressing teenage pregnancies, promoting family planning, and ensuring immunization. It was highlighted that despite the availability of ample land, parents often resort to feeding their children manufactured food, underscoring the continuous need for awareness and education.

Additionally, it was emphasized that partnering and collaborating with local government entities is imperative to effectively combat malnourishment. Given the limited health centers and services, the key takeaway was the shared responsibility of all individuals in addressing nutrition. To combat malnutrition, the collective effort should focus on cultivating the land and providing children with nutritious, locally sourced food.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

Prior to the stakeholder dialogue, we conducted a trial run with the local World Vision staff to ensure our facilitators, recorders, and timekeepers were fully prepared to deliver an engaging and effective session. We orchestrated the two-hour event to feature concise 2-minute speaking slots for each participant, strategically punctuated by a brief 5-minute break after the fourth question. This meticulous planning ensured a seamless and impactful experience for all involved. We then had lunch with all the participants and this helped the participants to engage in a friendly and more informal manner.

METHOD AND SETTING

The dialogue took place in a well-appointed conference room, providing a comfortable setting for all participants. We strategically set up a projector to guide the facilitators through the discussion, eliminating the need for paper materials. The space between the two groups was carefully arranged to ensure optimal engagement. To maximize participation and efficiency, we divided the groups, as we believed that a single large group would prolong the session.

ADVICE FOR OTHER CONVENORS

It's crucial to involve young adults in these dialogues, as their role in our communities is indispensable. We should also double-check the list of participants and follow up to confirm their attendance. Those who are unable to make it can designate a representative to ensure logistical preparations are not disrupted.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

A huge thank you to WV PNG team members Agnes Tal Health and Gender Portfolio Manager & Ainda Piako Kepon Lead Health Specialist for their input in this. Also to Salome Norman BEAN Project Coordinator and her BEAN project team, Sonale Alibi, Kameda Kauka, Wadson Sinba John Kiwa, and Brenda Tagune who acted as facilitators, record keepers, and time keepers.