

# OFFICIAL FEEDBACK FORM

<b>DIALOGUE TITLE</b>	The Role of SMAGSs and Neighborhood Health Committees in promoting the consumption of locally produced nutrient dense foods.
<b>DIALOGUE DATE</b>	Tuesday, 8 October 2024 09:30 GMT +02:00
<b>CONVENED BY</b>	James Zimba, National Campaign Coordinator; World Vision Zambia, and Chansa Tembo, Nutrition Specialist; World Vision Zambia
<b>EVENT LANGUAGE</b>	Tonga (translated in English)
<b>HOST LOCATION</b>	Namwala, Zambia
<b>GEOGRAPHIC SCOPE</b>	Makaba Health Post in Namwala District of Southern Province in Zambia
<b>AFFILIATIONS</b>	The event is part of the World Vision Zambia advocacy activities in the Area Program.
<b>DIALOGUE EVENT PAGE</b>	<a href="https://nutritiondialogues.org/dialogue/54739/">https://nutritiondialogues.org/dialogue/54739/</a>



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

21

## PARTICIPATION BY AGE RANGE

0	0-11	0	12-18	0	19-29
15	30-49	6	50-74	0	75+

## PARTICIPATION BY GENDER

15	Female	06	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	0	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
02	Healthcare Professionals	0	Indigenous Peoples
0	Information and Technology Providers	0	Large Business and Food Retailers
0	Marketing and Advertising Experts	0	National/Federal Government Officials and Representatives
0	News and Media (e.g. Journalists)	19	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	1	Other (please state)

## OTHER STAKEHOLDER GROUPS

## ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The 21 participants were all from rural areas, one of the wards in Mbeza Area Program. It consisted of 15 SMAGs, 4 Neighborhood Health Committee Members, and two health facility officials.

# SECTION TWO: FRAMING AND DISCUSSION

## FRAMING

The activity started with a prayer and then introductions of participants and their positions in the community. Due to the weather outside, the health staff allowed us to use one facility room. The activity was framed using open-ended questions to provoke discussion among members. Among the risk factors brought out by the participants during the discussion were; Terminologies such as nutrition, malnutrition, stunting, and wasting were orally defined through a question-and-answer interaction. 1. Growing one type of food crop, such as maize, a staple food. Efforts to diversify food production are difficult because farming inputs are expensive, and crop growth depends on rain-fed agriculture. 2. There is limited community nutrition knowledge on which crops are more nutrient-dense and should be grown by every household to improve food security and nutrition. 3. Climate change and frequent drought are underlying risk factors for poor nutrition among households. 4. Government support is political; only those with access to political structures benefit from the farmer's input program.

## DISCUSSION

The topic under discussion was "All children under five years of age have access to the nourishment they need. Open-ended questions include: 1. What do you think are the causes of malnutrition in communities? 2. Given the drought situation experienced last season, how are households managing to provide nutrition to their children? 3. Are there concerns regarding the levels of malnutrition in the community? 4. How can we ensure good nutrition for all in our community? 5. What must be done, and what actions must be taken to ensure good nutrition in our household and the community? 6. What is the role of SMAGs and NHCs in ensuring good nutrition in our community?"

# SECTION THREE: DIALOGUE OUTCOMES

## CHALLENGES

1. Eating one type of food, a starch-related diet.
2. Poor knowledge about the presence of nutritious foods, preparations, and consumption practices.
3. Poor child spacing in mothers leads to larger families and significant challenges in providing nutritious foods for both children and mothers.
4. Limited access to markets where the community can buy nutritious food for those who can afford it.
5. Traditional practices such as pregnant women being barred from eating eggs for fear of giving birth to children with bare heads. Secondly, it is a traditional belief that men or boys should eat bigger shares and more food to show respect.

## URGENT ACTIONS

1. Mothers require adequate knowledge of what to eat and how to prepare food for their under-five children.
2. The community needs more growth monitoring points to help identify malnourished children and initiate interventions before chronic malnutrition sets in.
3. Mothers require cooking demonstrations to learn food preparation skills.
4. Families will engage in backyard gardens to improve household-level food production
5. Families will diversify crop production to ensure food security.
6. Through community leaders, they will advocate for the construction of earth dams to ensure that gardening water is available all year round.
7. That there is a need to engage agriculture extension officers to help build capacity in peasant farmers on how to grow other types of food.

## AREAS OF DIVERGENCE

1. The young SMAGs focused their submission on acquiring knowledge for food preparation skills, while the older audience concentrated on the lack of crop diversification as the leading cause of malnutrition.

## OVERALL SUMMARY

This meeting's participants were people who had previously been exposed to health-related training and supported their community colleagues. Understanding nutrition matters at this level in rural areas was critical, as the knowledge was firsthand. The event uncovered deep-rooted issues and challenges mothers face in supporting their children with nutritious foods. Personally, the event felt like being taken through a lesson never heard before with facts and reality regarding nutrition at the community level.

Secondly, the event showed that as much as the government and other partners design policies on how to respond to malnutrition in the community, not enough consultations are done. Hence, key information on how communities should deal with nutrition is left out of the designed interventions.

Third, Communities can deal with issues of malnutrition. They lack knowledge about what foods to grow and facilities to enable them to grow diversified crops all year round.

Traditional matters are deeply rooted in some societies, and more information is required to demystify certain norms.

# SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

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## PRINCIPLES OF ENGAGEMENT

The Ministry of Health Staff at Makaba Health Post facilitated the session. Before the session, I had a briefing with the facilitator, and we went through the SUN principles of engagement. Since the participants were from the same community, the discussion had limited divergent views. Issues of respecting one another's views were observed, and participants raised their hands before being allowed to speak.

## METHOD AND SETTING

The activity took place in the vacant ward at the health post. Breakaway meetings also happened outside, under the tree. We opted for a limited number of participants because it is challenging to manage a large audience. Secondly, we avoided prolonging the activity as this would have taken us over lunch, where participants would have asked for lunch allowances.

## ADVICE FOR OTHER CONVENORS

The advice is to adapt the methodology based on your situation. The dialogue meetings were not budgeted for, so it is essential to take into account unintended expenditures.

# FEEDBACK FORM: ADDITIONAL INFORMATION

## ACKNOWLEDGEMENTS

I would like to acknowledge the Health Technical program and the Ministry of Health staff at Makaba Health Post for enabling us to host this activity at their premises. They also did an excellent job mobilizing the participants in a short time for this event.