

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	Dissecting Nutrition Issues for Children with Community Health workers
DIALOGUE DATE	Tuesday, 19 November 2024 10:00 GMT +02:00
CONVENED BY	Onias Hlungwani Program Design Evidence and impact Coordinator, World Vision Eswatini
EVENT LANGUAGE	Siswati
HOST LOCATION	Mahlalini, Eswatini
GEOGRAPHIC SCOPE	District level
AFFILIATIONS	World Vision, Eswatini SUN network
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/55169/



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

70

PARTICIPATION BY AGE RANGE

0	0-11	0	12-18	5	19-29
25	30-49	40	50-74	0	75+

PARTICIPATION BY GENDER

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

0	Children, Youth Groups and Students	1	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)
50	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)	20	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

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The number of participants were 70 and the 50 were made up of community health workers while 20 were community volunteers. The participants were mostly women and came from two constituencies of Mahlalini and Maseyisini. The participants also came from purely rural backgrounds, while others come from peri-urban areas near Nhlanguano age of participants varied with majority (76%) being over 40 years old while a minority (14%) was under 30 years.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The stakeholder dialogue was introduced as a contribution to nutrition discussions around the low levels of nutrition that is happening in the two constituencies (Districts). Data was shared with participants to show that indicators of exclusive breast feeding had generally gone down in the country and also the two constituencies. In this regard the dialogue was meant to discuss and dissect the causes of these low levels and also nutrition challenges for children and families. This dialogue was contributing to the ENOUGH campaign that was seeking to address challenges of malnutrition and hunger in the country. The campaign was introduced to the participants, including the outcomes and the outputs. The stakeholders were challenged to identify their role in ending child hunger and malnutrition in the country.

DISCUSSION

What are the key challenges of Under 5 Nutrition? What are the challenges in Breastfeeding for children under 2 years?. What can we learn from Indigenous knowledge systems of nutrition. What can we adopt and what do we need to drop? What are the current trends of nutrition and eating habits for different age group. Are we winning the fight against malnutrition. ? What are the recommendations and way forward?

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

The challenges faced by the participants is low practice of exclusive breastfeeding
The other challenge is poor knowledge on nutrition that results on poor choices on food prepared and produced
Poverty and limited access to food is also a key challenge for most vulnerable households

URGENT ACTIONS

Reduction in breast feeding among mothers' especially teen mothers, working mothers and general population of lactating mothers. The action needed to address this was to provide awareness to all pregnant and lactating mothers on the importance of breastfeeding and how it provides the required nutrition's for the child.
Children of school going age eat and buy unhealthy foods at the school The action proposed was to engage school heads and committees to advocate for regulation of the 'school markets" which sells unhealthy foods for children
Teen pregnancy and addressing poor nutrition outcomes for children of this group. This group requires capacity building since they are hard to get and are not willing to breast feed at all. The team proposed to engage them in platforms where they are accessible like social media to promote breastfeeding and address myths and misconceptions.
Training parents on nutrition to address food production, food preparation and choices on food at household level. In general, the participants felt there is need to intensify training of households on food production, [reparation and choices. lessons from indigenous practices were proposed to be adapted for all age groups.

AREAS OF DIVERGENCE

Areas of diverge were noticed when discussing issues of breast feeding for mothers who are working on the factories. Typically, they work long hours a day and thus lose opportunity to spend time with the child and breast feed. Some participants argued that the working mothers do make provisions to provide breast milk through expressing and store it for the child to access it even while she is at work. The facilitators probed to get clarity on possible actions to address this.

OVERALL SUMMARY

The dialogue was conducted in Eswatini with 70 participants made up of community health workers and community volunteers from Mahlalini and Maseyisini constituencies. The dialogue was facilitated by World Vision Eswatini staff in collaboration with Nutrition Council Eswatini. The dialogue, entitled "Dissecting Nutrition Issues for Children with Community Health workers" for under 5 focused on the challenges of nutrition for under 5, the particular challenges in breastfeeding practices, the lessons that can be drawn from traditional approaches to nutrition and the current trends in nutrition approaches for community.

The dialogue was conducted against the backdrop of falling levels of exclusive breastfeeding in the country in general and in particular the two constituencies. Eswatini is facing other challenges related to gender-based violence and high levels of HIV incidence in the world. In addition, the country faces high levels of teen pregnancy that is posing a risk to the newborn health and nutrition due to mother absence and lack of experience in childcare. Eswatini has high levels of poverty which leads to lack of food availability, which in turn has implications on availability, access and affordability of nutritious foods.

The dialogue showed that indeed there is poor access information on nutrition from parents and caregivers that leads to poor nutrition outcomes for children. The participants further showed that teen mothers are on the increase due to teen pregnancy, and they lack support and information about nutrition for the under 5 and critical vaccinations during the first five years of the child life. What also came up from the discussions, was that mothers stopped breastfeeding before the 6 months and started mixed feeding for children which was contrary to recommendations by the Eswatini Ministry of Health. There is also need for sensitization of communities to understand that when children start getting mixed feeding, the family provides nutritious food that is available. The participants observed that many caregivers provide yoghurt and no other foods for children. Other misconceptions that were observed that staple food (maize meal) is the best food for the children because they make them full. Many highlighted that nutrition information is critical for families' caregivers and children. Solution to access food was to grow own food in the households through backyard gardens.

Beyond the household level, participants also noted with growing concern the poor nutrition practices that arise when children buy food at school. All agreed that all schools in the community have vendors who sell children snacks that are normally not health at all. This was impacting children of school going age's nutrition. It was proposed that community speak to school Head teachers to propose better products for children at the school "markets". Some went as far as proposing a policy or law that outlaws selling of unhealthy food to children at school.

Overall the dialogue went well with a lot of conversations that pertained nutrition for children's and adults. The participants also provided insights on the current feeding trends which showed that a lot need to change since most families are lacking proper knowledge and access to nutritious foods.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

Principles of engagement were discussed with the facilitators ensuring that they know the participants invited, and facilitators were given opportunity to declare and conflict of interest pertaining this event. It was discovered that there were no conflicts of interests for all the facilitators

METHOD AND SETTING

Participatory methods were used to convene the dialogue with participants contributing to the discussions through group discussions. The main method used in the dialogues was the round table (talking circles) where participants were sitting in groups in circles and led by a peer to discuss topics that were assigned for discussion. The facilitators listened-in into the discussions and probed for deeper understanding of the issues. The venue was a community hall.

ADVICE FOR OTHER CONVENORS

The advice to other convenors is to plan well in advance and get all the tools and resources needed to conduct the dialogue. This allows creativity among participants if they have a plethora of tools to use to express themselves. It is also good to plan your day well and manage time to ensure enough time allocated to various topics

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We would like to acknowledge the support from World Vision ESwatini Teams in Maseyisini and Mahlalini Area programs who provided financial and logistical support for the event to be successful. Special thanks also go to World Vision ENOUGH Campaign governance team for their guidance and support. Last but not least we would like to thank the Eswatini Ministry of Health through Eswatini Nutrition Council, and Eswatini Scaling Up Nutrition Network who co-facilitated the dialogue.