

# OFFICIAL FEEDBACK FORM

<b>DIALOGUE TITLE</b>	Stakeholder Dialogue with Community Health Workers
<b>DIALOGUE DATE</b>	Wednesday, 20 November 2024 10:00 GMT +02:00
<b>CONVENED BY</b>	Nkosingiphile Kunene, Health and Nutrition TP Manager, World Vision Eswatini
<b>EVENT LANGUAGE</b>	Siswati and English
<b>HOST LOCATION</b>	Buhleni, Eswatini
<b>GEOGRAPHIC SCOPE</b>	Mhlangatane
<b>AFFILIATIONS</b>	Eswatini Nutrition council, Eswatini Ministry of Health, Eswatini Scaling Up Nutrition
<b>DIALOGUE EVENT PAGE</b>	<a href="https://nutritiondialogues.org/dialogue/55198/">https://nutritiondialogues.org/dialogue/55198/</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

40

## PARTICIPATION BY AGE RANGE

0	0-11	0	12-18	3	19-29
20	30-49	17	50-74	0	75+

## PARTICIPATION BY GENDER

1	Female	39	Male	0	Other/Prefer not to say
---	--------	----	------	---	-------------------------

## 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)
30	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)	10	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 dialogue was conducted in Mhlangatane constituency which is in the Hhohho region of Eswatini. The participants were made up of 30 community health workers and 10 community volunteers. The participants were made up of mostly women and were of defect ages with the majority being 30 years and above. The constituency is located in a rural area.

# SECTION TWO: FRAMING AND DISCUSSION

## FRAMING

The dialogue was introduced to the participants as a session that is aimed to discuss the local challenges of nutrition for children in the community esp. the under 5 and the current solutions that the community Health Workers advise, the practices of breastfeeding in the community, the use and application of indigenous approaches to nutrition and also the current trends of feeding in the community.

## 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 groups? Are we winning the fight against malnutrition?

# SECTION THREE: DIALOGUE OUTCOMES

## CHALLENGES

The challenges faced by the participants is low practice of exclusive breastfeeding for babies 0 - 6 months. There is also a challenge of inadequate immunization for children which hinders their growth and nutrition. The other challenge is that there is limited knowledge on proper nutrition that results into poor choices on food and food preparation. Poverty and limited access to food, since the area is very dry and there is no water in the community, is also a challenge. Some nutrition challenges result form limited care for children due to young mothers leaving their children with grandparents because they need to work or go back to school. There is also an observation of poor hygiene practices due to shortage of water in the community. The exorbitant costs for food, especially infant formula milk, for children under 2 is also a challenge for mothers who are unable to breastfeed for numerous reasons.

## URGENT ACTIONS

1. Request for support on improved access to water in the community to improve hygiene, handwashing and also water for household backyard gardens. Proposals to be sent to government and other NGOS, including WV to support with clean water supply
2. Training for community members on nutrition to improve access to information on nutrition for households and community
3. Initiatives to target the decrease of teenage pregnancy and poor nutrition for pregnant mothers and newborns. Target pregnant teens and teen mothers with information on nutrition and child health
4. Prioritize exclusive breast-feeding to all pregnant and lactating mothers.

## AREAS OF DIVERGENCE

The participants had unanimous views for most of the opinions. In the most part, it was concluded that the value of some traditional methods of feeding and the foods that are no longer available. because most community members had moved with the times.

## OVERALL SUMMARY

40 participants - 39 female and 1 male

Mhlangatane is in the middleveld and lowveld climatic parts of the country, with community receiving low rainfall and high temperatures. Typically a rural community and poverty is high, with insufficient employment opportunities especially for young people. There are few organizations that support access to clean water in the community, thus poor access. There is a high rate of teenage pregnancy and thus many children are left by teenage mothers in the care of their mother or grandmothers, as they continue with school or work. Teenagers generally, do not want to breastfeed because they want to maintain their figures and have a perception that breastfeeding opposes that idea, including sagging breasts. The use of formula milk is expensive and unsustainable, thus leading the formula to be made too weak, increase in gender based violence cases and absent fathers of children. There is a high number of fathers not supporting the pregnant mothers, thus leaving the mothers to fend for themselves. Poor access to family planning leads to mothers having more children and leaving beyond their means. The current nutrition trends included children being fed processed and instant food (especially snack pack yoghurt) instead of fresh food. There is also a rise of mixed feeding, before the baby is 6 months old, with the wrong food. Alcohol abuse amongst teenagers and young mothers also leads to poor care for children.

# SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

---

## PRINCIPLES OF ENGAGEMENT

## METHOD AND SETTING

Highly participatory methods were used to facilitate the training with participants contributing to the discussions through group discussions and question and answer sessions.

## ADVICE FOR OTHER CONVENORS

The use of open-ended questions is very important so that you obtain all the qualitative data that is specific to each community or sector.

# FEEDBACK FORM: ADDITIONAL INFORMATION

## ACKNOWLEDGEMENTS

The partnership with the Nutrition Council is highly appreciated since they have good insight on the country's nutritional situation.

## ATTACHMENTS

- **Group work**  
[https://nutritiondialogues.org/wp-content/uploads/2024/11/IMG\\_4314-scaled.jpg](https://nutritiondialogues.org/wp-content/uploads/2024/11/IMG_4314-scaled.jpg)
- **Group work**  
[https://nutritiondialogues.org/wp-content/uploads/2024/11/IMG\\_4320-scaled.jpg](https://nutritiondialogues.org/wp-content/uploads/2024/11/IMG_4320-scaled.jpg)