# OFFICIAL FEEDBACK FORM

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| **DIALOGUE TITLE** | Nutritional Dialogues Phase 2- STAKEHOLDERS- Chavakacheri-Sri Lanka |
| **DIALOGUE DATE** | Tuesday, 5 May 2026 10:00 GMT +05:30 |
| **CONVENED BY** | Lavanya Suriyakumar (National Campaign Manager), Jennifer Fernando (Policy Advocacy Specialist) |
| **HOST LOCATION** | Chavakachcheri, Sri Lanka |
| **GEOGRAPHIC SCOPE** | Chavakacheri -Community level |
| **AFFILIATIONS** | World Vision Lanka- Chavakacheri Area Development Programme |
| **DIALOGUE EVENT PAGE** | https://nutritiondialogues.org/dialogue/60236/ |



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

11

## PARTICIPATION BY AGE RANGE

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

## PARTICIPATION BY GENDER

| | | | | | |
|---|---|---|---|---|---|
| 8 | Female | 3 | Male | 0 | Other/Prefer not to say |

## 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) |
| 0 | 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) | 0 | Parents and Caregivers |
| 0 | Science and Academia | 0 | Small/Medium Enterprises |
| 11 | Sub-National/Local Government Officials and Representatives | 0 | United Nations |
| 0 | Women's Groups | 1 | Other (please state) |

## OTHER STAKEHOLDER GROUPS

NA

## ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

All of them are the local government representatives.

# SECTION TWO: FRAMING AND DISCUSSION

## FRAMING

The nutrition dialogue was initiated by the World Vision Field Office staff, with the facilitator introducing the session as a friendly and open dialogue rather than a formal meeting. Participants were encouraged to actively engage and share their views, emphasizing that even small ideas can contribute to meaningful change. It was also noted that two participants had taken part in the previous dialogue, providing continuity to the discussion. Participants were asked whether they were familiar with the ENOUGH campaign and its meaning. The session also reflected on the previous year's nutrition dialogue, where community-generated data was presented at national and global platforms, including a global summit. Participants were shown images from the previous dialogue and informed how their contributions influenced policy-level advocacy, demonstrating that their voices lead to tangible action and not just documentation. The purpose of the current dialogue was to examine whether previously identified challenges still exist or if new issues have emerged.

## NUTRITION SITUATION PRESENTATION

https://nutritiondialogues.org/wp-content/uploads/2026/07/Nutritional-Dialogues-Phase-2-Slide-deck_compressed-3.pdf

## DISCUSSION

The discussion began with participants reflecting on their daily food consumption, particularly what they eat in the morning. It was acknowledged that dietary practices have changed over time due to evolving lifestyles. Participants were encouraged to consider how these habits could be improved to become more nutritious. Participants also discussed ongoing school-based nutrition initiatives. It was noted that Public Health Midwives (PHMs) and Ayurvedic medical students conduct awareness programmes in schools, and student growth monitoring (such as weighing) is carried out once per school term. However, concerns were raised that unhealthy food items, such as sweets, are strategically placed near counters to attract students, undermining healthy eating practices.

# SECTION THREE: DIALOGUE OUTCOMES

## CHALLENGES

1. Some children bring instant or processed foods (e.g., instant noodles or shop-bought food) due to poverty and convenience, despite existing school meal guidance.
2. Young parents often lack the knowledge and skills to prepare traditional, nutritious meals and show limited willingness to learn.
3. Children prefer hot meals; while this is manageable in primary schools, adequate facilities are lacking in secondary schools.
4. Adolescent nutrition is significantly neglected, particularly among children from vulnerable families, leading to fatigue and fainting in school.
5. Unhealthy lifestyles are increasing due to reliance on processed foods and reduced engagement in agriculture-based activities.
6. There is growing concern about reduced life expectancy and the increasing prevalence of non-communicable diseases such as cancer.
7. Children lack knowledge of nutritious foods and appropriate portion sizes, even when parents possess some awareness.
8. Nutrition practices during pregnancy are not consistently continued into early childhood and adolescence.
9. School meal programmes are not consistently available across all preschools, despite the need.
10. Unhealthy food and beverages, including fizzy drinks, remain easily accessible to children in and around school environments.
11. Traditional nutritious foods are not adequately promoted, and children are not encouraged to develop a preference for them.
12. There is a shortage of nutritionists and dieticians in hospitals, limiting access to professional guidance at community level.
13. Policy implementation remains weak, with gaps in coordination, enforcement, and monitoring at both school and national levels.
14. Food choices are often influenced by convenience, social pressures, and changing lifestyles rather than nutritional value.
15. Concerns were raised regarding the use of chemicals in food production and exposure to harmful substances through processed and packaged foods.

## URGENT ACTIONS

1. Introduce a structured school meal timetable where children consume consistent and healthy meals even for children in higher grades.
2. Ensure access to hot meal facilities in secondary schools, not only in primary schools.
3. Expand school meal programmes to include all preschools, regardless of undernutrition classification criteria.
4. Restrict the sale of unhealthy foods and beverages, including fizzy drinks, within and around school environments.
5. Implement pilot projects to promote healthy school food environments and scale them up based on evidence.
6. Strengthen nutrition education for children, focusing on:
o Identifying nutritious foods
o Understanding appropriate portion sizes
7. Conduct practical awareness and capacity-building programmes for parents on preparing affordable and nutritious meals.
8. Ensure continuity of nutrition care by linking maternal nutrition programmes with child and adolescent nutrition interventions.
9. Develop targeted programmes to address adolescent nutrition, particularly among vulnerable groups.
10. Promote home gardening and school-based agriculture initiatives to improve food habits and lifestyle behaviours.
11. Encourage children to develop a preference for nutritious foods from an early age through exposure and practice.
12. Increase the recruitment and availability of nutritionists and dieticians within the healthcare system.
13. Utilize health professionals to strengthen community-level awareness on nutrition and healthy diets.
14. Advocate for stronger national policies on school nutrition and food environments, supported by effective implementation, coordination, and monitoring mechanisms.
15. Strengthen collective action among stakeholders to ensure accountability and sustained impact of nutrition interventions.

## AREAS OF DIVERGENCE

Some stakeholders are actively engaged in supporting children's nutrition. For example, teachers bring valuable insights based on their experience with children's dietary habits within schools. Additionally, dietitians among the stakeholders emphasized the importance of having qualified nutrition professionals available in hospitals and at the community level, so that children and families can access expert guidance on proper nutrition

## OVERALL SUMMARY

The discussion highlighted several challenges affecting nutrition among children, adolescents, and families, emphasizing the need for stronger interventions at household, school, community, and policy levels. Participants noted that despite the availability of school meal guidelines, many children continue to consume instant and processed foods such as noodles and shop-bought snacks due to poverty, convenience, and changing food preferences. Young parents often lack the knowledge, skills, and motivation to prepare traditional, nutritious meals, contributing to unhealthy dietary practices from an early age.

A significant concern raised was the neglect of adolescent nutrition. While considerable attention is given to maternal and early childhood nutrition, support often declines as children grow older. As a result, many adolescents, particularly those from vulnerable households, experience inadequate nutrition, fatigue, and even fainting episodes in school. Participants stressed that nutrition interventions should extend beyond early childhood and provide continuous support throughout adolescence. They also highlighted the lack of awareness among children regarding nutritious foods and appropriate portion sizes, even in cases where parents have some knowledge of healthy eating.

School environments were identified as important settings for addressing nutrition challenges. Children generally prefer hot meals, and while primary schools may have facilities to provide them, secondary schools often lack the infrastructure needed to do so. School meal programmes are also not consistently available across all preschools, leaving many young children without access to nutritious meals. Furthermore, unhealthy foods and sugary beverages remain easily available within and around school premises, undermining efforts to promote healthy eating habits. Participants observed that traditional nutritious foods are not adequately promoted or made attractive to children, leading to increasing dependence on processed foods and convenience foods.

The discussion also highlighted broader health concerns associated with changing lifestyles. Reduced engagement in agriculture-related activities, increasing consumption of processed foods, and growing exposure to chemically treated and packaged foods were seen as contributing factors to the rise of non-communicable diseases. Participants expressed concern about increasing rates of illnesses such as cancer and the potential long-term impact of current dietary patterns on life expectancy and overall health.

Health system and policy-related challenges were also identified. There is a shortage of nutritionists and dieticians within hospitals and healthcare facilities, limiting access to professional nutrition guidance at community level. Participants felt that existing nutrition-related policies are generally adequate but that implementation, coordination, enforcement, and monitoring remain weak. Greater collaboration between stakeholders is needed to ensure that policies translate into meaningful improvements in nutrition outcomes.

To address these challenges, participants recommended strengthening nutrition education for both children and parents, with a focus on nutritious food choices, portion sizes, and affordable meal preparation. They emphasized the need to establish structured school meal schedules, provide hot meal facilities in secondary schools, and expand preschool meal programmes to reach all children. Restricting the sale of unhealthy foods and beverages around schools and promoting healthy school food environments were also identified as priorities. Additional recommendations included linking maternal, child, and adolescent nutrition programmes, promoting home gardening and school-based agriculture initiatives, increasing the availability of nutrition professionals, and strengthening national policies through improved coordination, implementation, and accountability. Collectively, these actions were considered essential for improving nutrition outcomes, encouraging healthier lifestyles, and creating supportive food environments for children and families.

# SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

## PRINCIPLES OF ENGAGEMENT

An interactive and inclusive discussion enabled participants to express their perspectives on challenges, issues, and possible responses. To enhance collective analysis and understanding, a problem tree exercise was conducted, helping participants identify the underlying causes and impacts of the issues discussed.

## METHOD AND SETTING

NA

## ADVICE FOR OTHER CONVENORS

NA

# FEEDBACK FORM: ADDITIONAL INFORMATION

## ACKNOWLEDGEMENTS

We would like to express our sincere gratitude to the World Vision Lanka Chavakacheri Area Programme, its staff members, and community volunteers for successfully organizing this workshop. We also extend our appreciation to Dinuka Bandara(Technical Advisor - Integrated Nutrition) and Chandrika Kularathna (Technical Specialist - Disaster Risk Reduction) for their valuable support and guidance in designing the guiding questions used to facilitate the dialogue.

## ATTACHMENTS

- **During the dialogue**
  https://nutritiondialogues.org/wp-content/uploads/2026/07/Image-51.jpg
- **Group discussion**
  https://nutritiondialogues.org/wp-content/uploads/2026/07/Image-52.jpg
- **Participants sharing their views**
  https://nutritiondialogues.org/wp-content/uploads/2026/07/Image-50.jpg