

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	NUTRITION DIALOGUE PHASE2 - BREAKING THE CYCLE OF CHILD MALNUTRITION IN GHANA; POLICY, PRACTICE AND PARTNERSHIPS FOR CHANGE - WA WEST PERSPECTIVE
DIALOGUE DATE	Monday, 18 May 2026 11:26 GMT +00:00
CONVENED BY	Alberta Dnso Event announced on behalf of the Convenor by: Joshua Okomongye. Local Level Advocacy/Acting Campaigns Coordinator Feedback published on behalf of Convenor by: Joshua Okomongye. Local Level Advocacy and Campaigns Coordinator
EVENT LANGUAGE	Dagati and English
HOST LOCATION	Wechiau, Ghana
GEOGRAPHIC SCOPE	Wechiau is the Capital town of the Upper West Region of Ghana. Situated close to the Ivory Coast Ghana boarder. at the north. The area is predominantly a rainfed farming community
AFFILIATIONS	It is part World Vision Ghana's phase 2 Nutrition dialogue
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/60379/



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

48

PARTICIPATION BY AGE RANGE

0	0-11	5	12-18	8	19-29
10	30-49	15	50-74	10	75+

PARTICIPATION BY GENDER

19	Female	29	Male	0	Other/Prefer not to say
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NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

8	Children, Youth Groups and Students	2	Civil Society Organisations (including consumer groups and environmental organisations)
3	Educators and Teachers	5	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	5	Food Producers (including farmers)
5	Healthcare Professionals	5	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
2	News and Media (e.g. Journalists)	10	Parents and Caregivers
0	Science and Academia	0	Small/Medium Enterprises
3	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 Wa West Dialogue showcased diversity across wealth, ethnicity, and rural/urban groups. Low-income Subsistence farmers challenges and district officials with policy influence. Faith leaders from varied cultural backgrounds highlighted food taboos, while rural households facing seasonal food insecurity contrasted with urban perspectives. These socio-economic and cultural differences ensured recommendations addressed vulnerable families, traditional beliefs & institutional framework.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The Dialogue was framed within the context of persistent poverty, climate variability, and widespread food insecurity in the Wa West District. Most households depend on subsistence farming, making them vulnerable to erratic rainfall and drought, which contribute to seasonal hunger particularly during the June-July lean period affecting children's nutrition. Economic pressures further worsen the situation, as families often sell food before meeting their own needs. Limited income, poor storage, post-harvest losses, and resource demands from cultural and religious activities deepen food insecurity and restrict access to diverse, nutritious diets. Additionally, poor nutrition awareness and harmful socio cultural practices, including food taboos and limited male involvement in childcare, reduce dietary quality. Health challenges such as common illnesses and feeding difficulties also contribute to malnutrition, highlighting the need for coordinated, multi-sectoral responses.

NUTRITION SITUATION PRESENTATION

<https://nutritiondialogues.org/wp-content/uploads/2026/06/NUTRITION-DIALOGUE-PHASE-2-PRESENTATION-1.pdf>

DISCUSSION

The discussion focused on open-ended questions around child nutrition challenges and solutions in Wa West. Stakeholders explored community perceptions of malnutrition, barriers to adequate feeding, and cultural practices affecting diets. Questions included: What are the main challenges households face in feeding children? How do cultural beliefs and food taboos impact nutrition? What roles should men, faith leaders, and institutions play in improving child nutrition? How can social protection, education, and agricultural practices be strengthened to ensure children receive adequate nourishment? What are your feelings or concerns about nutrition in our community? How do families experience challenges with child feeding and nutrition? What cultural practices or beliefs influence nutrition here, and how can they be improved? What actions might be needed locally to ensure good nutrition for all households? • What policies or bylaws currently exist to support nutrition in Wa West? How can the District Assembly strengthen institutional frameworks to reduce malnutrition? What resources or partnerships are needed to improve nutrition outcomes? In three years, how can we ensure all children under five have access to nourishment and essential health care? What are the main health-related barriers to good nutrition in Wa West? How can health facilities better support mothers with infant and young child feeding? What monitoring and evaluation systems can track nutrition progress effectively? Who should be involved to ensure all children have access to essential health care alongside nourishment? How can local agriculture be strengthened to reduce reliance on imported vegetables? What role can farmers play in ensuring diverse and affordable foods for households? What technologies or practices could improve food production and nutrition outcomes? In three years, how can agriculture contribute to ensuring all children under five are nourished?

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants in the Wa West Dialogue faced multiple nutrition challenges rooted in poverty, climate change, and harmful cultural practices. Subsistence farmers reported insufficient household income and premature sale of produce, leaving families without adequate food stocks. Seasonal food insecurity during the lean months of June and July was a recurring concern, compounded by droughts, spoilage, and climate-related declines in crop yields. Cultural taboos restricted children and pregnant women from eating protein-rich foods like eggs and meat, while fasting practices and traditional medicine prescriptions further limited dietary diversity. Faith leaders highlighted misconceptions, such as the belief that meat makes children thieves, which perpetuate poor diets. Health workers noted barriers including neglect of child feeding by men, stigma discouraging male involvement, and medical conditions like malaria, diarrhoea, and worm infections that undermine nutrition. Institutional gaps, such as the absence of comprehensive by-laws on child nutrition and weak collaboration among agencies, added to the challenge. Together, these socio-economic, cultural, and health-related factors created a complex environment where children's nutritional needs were consistently unmet, leaving households vulnerable and malnutrition widespread.

URGENT ACTIONS

Participants identified several urgent actions to address child nutrition in Wa West. First, they emphasized the need for stronger collaboration among stakeholders, proposing a formal multi-stakeholder coordination platform to align efforts across health, agriculture, and social welfare. Nutrition education was seen as critical, with calls for continuous community sensitization and practical demonstrations to challenge harmful cultural practices and promote dietary diversity. Strengthening social protection programmes, such as expanding LEAP enrolment for vulnerable households, was prioritized to safeguard families during lean seasons. Participants also urged improvements in the School Feeding Programme, including removing political interference and ensuring consistent quality. Economic empowerment initiatives, like promoting income diversification, fish farming, and poultry keeping, were proposed to increase household resilience. Finally, operationalizing Home Science Committees and establishing school gardens were identified as practical steps to embed nutrition education and food production at the community level. These actions were framed as urgent, achievable, and requiring coordinated follow-through.

AREAS OF DIVERGENCE

Stakeholder views showed moderate differences based on roles and experiences, though all agreed that child malnutrition is a serious issue. Community members emphasized economic challenges like food insecurity and low income, while faith leaders focused more on cultural beliefs and behaviors influencing poor nutrition. Differences also appeared in responsibility and gender roles. Some stressed household behavior change, while others highlighted policy and system gaps. Despite this, perspectives were complementary and were harmonized through dialogue, leading to a shared view that addressing malnutrition requires coordinated, multi-sectoral action.

OVERALL SUMMARY

The Stakeholder Dialogue in Wa West was framed as both urgent and deeply contextual, reflecting the lived realities of poverty, climate stress, and cultural practices that shape child nutrition. From the outset, it emphasized the district's reliance on subsistence farming and how climate change—through droughts, erratic rainfall, and declining yields—has intensified seasonal food insecurity, particularly during June and July. This lean season was described as a time of acute anxiety for households, with children most affected.

The event also highlighted widespread deficiencies in nutrition knowledge, with caregivers often unaware of balanced feeding practices. Cultural taboos and beliefs—such as restricting eggs and meat for children and pregnant women—were presented as harmful traditions that perpetuate malnutrition. Faith leaders and community members acknowledged these anxieties, noting how poverty and ignorance combine to limit dietary diversity.

Health-related risks were also framed as part of the challenge. Malaria, diarrhoea, worm infections, and other conditions were identified as compounding factors that weaken children's nutritional status. The neglect of child feeding responsibilities by men, coupled with stigma discouraging male involvement, was raised as a social barrier to progress.

Institutional gaps were acknowledged, with the District Assembly noting the absence of comprehensive by-laws on child nutrition. This lack of governance structures was framed as a critical weakness, leaving interventions fragmented and unsustainable.

Overall, the event felt both sobering and hopeful. Sobering because the dialogue laid bare the depth of challenges—poverty, climate change, harmful traditions, and weak institutions—but hopeful because diverse stakeholders came together with a shared recognition of the problem and a willingness to act. The atmosphere was candid yet collaborative, with participants openly discussing sensitive cultural issues and committing to collective solutions.

The framing underscored that child malnutrition in Wa West is not simply a matter of food scarcity but a complex interplay of socio-economic, cultural, and health factors. By situating the dialogue within this broader context, the event created momentum for coordinated action, ensuring that the ENOUGH Campaign would be grounded in the realities of the communities it seeks to serve. It felt like a turning point—an acknowledgment that nutrition is everyone's responsibility and that urgent, united action is required to secure the future of children in the district.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The Dialogue strongly reflected the Principles of Engagement by ensuring inclusivity, transparency, and respect for diverse perspectives. Stakeholders were carefully selected to represent community members, faith leaders, district officials, and health workers, ensuring that voices from different socio-economic, cultural, and institutional backgrounds were heard. Facilitators were briefed on the participant list and potential areas of competing interests, such as cultural food taboos and institutional responsibilities, to manage discussions constructively. Dialogue sessions were structured to allow candid contributions while maintaining respect for differing views. Financial disclosure was not required, but transparency was emphasized through open sharing of challenges and commitments. Competing interests, such as cultural beliefs restricting children's diets versus health recommendations, were managed by encouraging evidence-based dialogue and collective problem-solving.

METHOD AND SETTING

The Dialogue used structured focus group discussions, dividing participants into four stakeholder groups. Facilitators guided open discussions to encourage honest input. Sessions were held in a formal, participatory setting with separate groups to promote openness, while key insights were documented and later combined into a shared output.

ADVICE FOR OTHER CONVENORS

Convenors should engage diverse stakeholders and create safe, well-structured spaces for open discussion. Using trained facilitators and clear guiding questions helps ensure inclusive and focused dialogue. Proper preparation and context awareness are key to managing differing views, while strong documentation and follow-up are essential to turn discussions into action and sustained collaboration.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We thank World Vision Ghana for leading the Dialogue under the ENOUGH Campaign, and appreciate the facilitators and staff for their effective coordination. Gratitude is extended to community members, faith leaders, District Assembly, and Ghana Health Service participants for their valuable contributions, as well as all partners supporting efforts to improve child nutrition.

ATTACHMENTS

- **Wa West Nutrition Dialogue Stakeholder report**
https://nutritiondialogues.org/wp-content/uploads/2026/06/WaWest_NutritionDialogue_ActivityReport_3.pdf