

# RETURN FORM OFFICIAL

DIALOGUE TITLE	Echo from the Mpox Treatment Center TEAM
DATE OF DIALOGUE	Sunday, November 24, 2024 1:00 PM GMT +01:00
SUMMONED BY	Sylvain Kayumba Event announced on behalf of the organizer by: {advertiser_name}. {explanation}  Feedback published on behalf of the organizer by: SYLVAIN KAYUMBA. Main Facilitator
LANGUAGE OF THE EVENT	French and Lingala
HOST PLACE	Gemena, Democratic Republic of the Congo
GEOGRAPHIC SCOPE	community level
AFFILIATIONS	world vision
EVENT PAGE OF DIALOGUE	<a href="https://nutritiondialogues.org/fr/dialogue/56018/">https://nutritiondialogues.org/fr/dialogue/56018/</a>



# SECTION ONE: PARTICIPATION

## TOTAL NUMBER OF PARTICIPANTS

12

## PARTICIPATION BY AGE GROUP

0 0-11

0 12-18

3 19-29

5 30-49

4 50-74

0 75+

## PARTICIPATION BY GENDER

6 Female

6 Male

0 Other/Prefer not to say

## NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

0 Children, youth groups and students

0 Educators and Teachers

0 Financial institutions and technical partners

11 Health professionals

0 Information and Technology Providers

0 Marketing and Advertising Experts

0 News and Media (e.g. journalists)

0 Science and Universities

0 Government officials and representatives  
local/sous-national

0 Women's Groups

0 Civil society organizations (including  
consumer groups and organizations  
environmental)

0 Religious Leaders/Religious Communities

0 Food producers (including farmers)

0 Indigenous peoples

0 Large food companies and retailers

0 Government officials and representatives  
national/federal

0 Parents and Caregivers

0 Small/Medium Enterprises

1 United Nations

0 Other (please specify)

## OTHER STAKEHOLDER GROUPS

Mpox treatment center team; provincial coordinator of the National Nutrition Program, UNICEF consultant

## ADDITIONAL DETAILS ON PARTICIPANT DIVERSITY

The session of this dialogue on nutrition is characterized by a heterogeneous and diversified participation in terms of qualification and professional category, but also in the context of the MPOX epidemic with 1 Limited response for the Province of South Ubangi in general and the Gemena Health Zone in particular; there are: 3 Doctors (1 Consultant Unicef came to support PRONANUT Provincial for the response to nut Mpox treatment, Med of Staff HGR, Med Chief ZS,4Infirmers,2Nut,2IS ECZS

# SECTION TWO: FRAMEWORK AND DISCUSSION

## MANAGEMENT

The framework of the event is during a training workshop for providers of the MPOX treatment center associated with the Health Zone Supervision Team (ECZ) on the nutritional treatment of MPOX patients, which provided us with the opportunity to conduct this dialogue on nutrition; At the end of their material related to clinical nutrition, the participants accepted and followed with attention a brief introduction on the mobile of the nutritional dialogue and then a brief presentation of the nutritional situation and hunger in the world, in the DR Congo and in the south Ubangi / Gemena, then they were invited to participate in discussions in 2 groups of 6 people, focused on 4 major questions: Their perceptions / opinions and considerations, related to malnutrition; The challenges encountered; The solutions / actions / commitment to nutrition.

## PRESENTATION OF THE NUTRITIONAL SITUATION

<https://nutritiondialogues.org/wp-content/uploads/2024/12/Presenation-Introduction-du-Dialogue-sur-la-Nutrition-Nov-2024-Ledia-Sylvain-1.pdf>

## DISCUSSION

After the powerpoint presentation, the manager of the Gemena health zone expressed great astonishment to hear the statistics shared by the WV on malnutrition at the national and provincial level, even locally, saying that it is an alarm bell, the situation is glaring at all levels, then falling back on the Provincial PRONANUT present in this session of the dialogue, asking him 1 question are you aware of all these statistics or do you have all this information? the latter's answer is YES, then taking the floor, the Chief Medical Officer of the Gemena Health Zone, expressed the wish by saying that something must be done, otherwise the life of the entire population is in danger; He started, like the other participants, from an observation made to detect the triggers of malnutrition/hunger in Gemena: 1. The eating habits of the population of Gemena now turned towards fresh food (frozen imported food) sold at a lower cost after it was isolated for hours in the cold chain; 2. The non-compliance with the attendance of the Preschool Consultation Service (CPS) and other health services by Parents and the slacking off of Providers to properly organize this service; 3. The rise in cases of malnutrition associated with HIV and Tuberculosis in the Intensive Therapeutic Nutrition Unit (UNTI) of the HGR of Gemena; 4. A weak review of parents; 5. Small areas of land sown for agriculture, hence low food production; 6. The other sectors related to health do not want to be aware and want to abandon the entire burden to the health sector alone to do everything; There is no regular meeting or a permanent framework for meeting for nutrition; 7. The early sale of field produce; 8. After harvesting field produce, the population does not think about food stocks in their households.

# SECTION THREE: RESULTS OF THE DIALOGUE

## CHALLENGES

The nutritional challenges faced by the population can be summarized in these few lines: 1. Low household income influences the eating habits of the population of Gemena instead of consuming what is produced locally and organically, now the population is turning to fresh food (frozen imported food) sold at a lower cost after it has been isolated for hours in the cold chain; 2. Parents of children rarely use health services in the Preschool Consultation (CPS); Family Planning (FP) with a low rate of attendance at these services and the slacking off of providers to properly organize these services, especially since most nurses do not have a salary granted by the Congolese state; 3. The lack of employment and income-generating activities maintains the low income of households unable to have access to sufficient and quality food; 4. The laziness of some members of the community, sown for agriculture small areas of land, hence low food production; 5. Low awareness of other sectors related to health who do not want to get involved in the multi-sectoral fight against malnutrition; 6. Absence of a permanent framework (such as the nutrition cluster) of meetings for nutrition; 7. Making parents aware of making food stocks in households not only because of low income but also after collecting the products from the fields, the populations prefer to sell everything; this increases the vulnerability of households who plunge into the situation of malnutrition and hunger without a doubt within their community; below are the actions and recommendations proposed for the rapid improvement of the situation.

## URGENT ACTIONS

The urgent actions to be undertaken are as follows: 1. Intensify the management of malnutrition cases; 2. Migrate to Income Generating Activities (IGA); 3. The UNICEF consultant proposes multi-sectorality to resolve the problem of malnutrition; 4. The State must get involved to prohibit the early sale of field products and after harvest prohibit the sale of everything (keep food stocks in households); 5. Support households with agricultural kits to do Agriculture; 6. The State must invest in Family Planning to reduce the number of unwanted births and awareness raising must be intensified; 7. Work hard on the mentalities of the populations to hope for change or reverse the trend; 8. Reorganize and resume the meetings/meetings of the South Ubangi nutrition cluster; 9. Intensify awareness raising with other sectors for their involvement in changing the trend on the malnutrition situation;

## AREAS OF DIVERGENCE

Even though the participants are all unanimously recognized the seriousness of the nutritional situation in Gemena, and they are aware of it thanks to the revelation of this nutritional dialogue, some points of divergence are noted during the pooling of discussions in plenary, which we can summarize as follows: (1) While some blame parents for not attending health services, including preschool consultations and family planning; another side of the story is the Central Office of the health zone which recognizes the slacking off of health care providers to properly organize these health services although their salary situation is not resolved; professional conscience must act, hence World Vision's advocacy is of great importance to the Congolese government; (2) Some members of the community have fields although they are not on large areas, but they do not have the means or food stocks in their households; while others have neither the fields, nor the means, nor the food stocks; while the fight against malnutrition concerns everyone, this constitutes another point of divergence between the members of the Ngandu community who believe that the fight against malnutrition is everyone's business.

## GENERAL SUMMARY

The session of this dialogue on nutrition with Adults in AP Ledia of the Gemena cluster was part of the logic of the "Enough" campaign which means that we can seize any opportunity for activities (training workshop, awareness-raising) with WV or with Partners to organize this; this is why the main facilitator took care to go around different offices (all TP: Education Protection, CESP, Wash...) for the partners (the Central Office of the Health Zone, the CVA coordination, the Provincial Coordination of the National Nutrition Program) to sensitize them to share their schedule of activities with me, which was done, hence this dialogue is the result; we managed to persuade 12 participants including 6 women and 6 men at the end of their workshop to give us their time to talk to them and listen to their side of the story; they came from different structures and the community, and is characterized by a heterogeneous and diversified participation in terms of qualification and professional category, but also in a context of the MPOX epidemic in full crisis with a very limited response for the Province of Sud Ubangi in general and the Gemena Health Zone in particular; these include: 3 Doctors including a UNICEF Consultant who came to support the Provincial PRONANUT for the response to the nutritional treatment of MPOX patients, the Head Doctor of the Health Zone (MCZ) of Gemena, the Head Doctor of Staff of the General Hospital and Focal Point of the MPOX Treatment Center (CTM) Gemena; The Provincial Coordinator of the National Nutrition Program (PRONANUT); The 2 members of the Management Team of the Gemena Health Zone in addition to the MCZ (Nurse Supervisor and Nutritionist); The 4 providers of the MPOX treatment center (CTM) including 2 Nutritionists and 2 Nurses; The 2 Nurses of the consultation (entrance door of the General Reference Hospital of Gemena. Outside this framework, they are parents and members living in the different districts of the city of Gemena. This dialogue took place in the meeting room of the Central Office of the Health Zone of Gemena; the first gesture of attraction of the audience was the right hand of the facilitator placed on the heart to make the participants understand that WV and he were also affected by the nutritional situation and hunger in a very critical national, international and local context, and that we would like to join them to collect their points of view for a broad advocacy at all levels in order to obtain solutions to the problems of hunger and malnutrition that affect more than one family or several households. It is about listening to the participants to know their perceptions or the causes of malnutrition, the actions to be taken, in what way to achieve it, thus creating a space for debates and exchanges by constituting discussion groups so that everyone can have the opportunity to express themselves freely and openly. This is how the facilitator proceeded to present the Powerpoint to explain certain subjects. This framework, it was during a training workshop for providers of the MPOX treatment center associated with the Health Zone Supervision Team (ECZ) on the nutritional treatment of MPOX patients, which provided us with the opportunity to conduct this dialogue on nutrition; After exhausting their material relating to clinical nutrition, the participants accepted and followed with attention a brief introduction on the mobile of the nutritional dialogue and followed a brief presentation of the nutritional situation and hunger in the world, in the DR Congo and in the south Ubangi / Gemena, then they were invited to participate in discussions in 2 groups of 6 people, focused on four major questions in particular: Their perceptions / opinions and considerations on the causes, linked to nutrition / malnutrition; The challenges encountered; understanding of a good diet; The solutions / actions / commitment to nutrition. material intended to be the subject of exchanges and debate, these include key concepts (hunger, malnutrition, food insecurity), the different types of malnutrition (acute malnutrition, chronic malnutrition, overweight, underweight, and also explained obesity and micronutrient deficiencies) so we made the participants understand the factors constituting malnutrition, the number, the categories of people affected.

# SECTION FOUR: PRINCIPLES OF ENGAGEMENT AND METHOD

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## PRINCIPLES OF COMMITMENT

The principles of engagement were observed and noted throughout this dialogue, including: 1. Participants resolved to start organizing nutrition cluster meetings 2. Encourage and strengthen awareness among other health-related sectors for their involvement in the collective search to change the trends of the poor nutritional situation in Gemena, 3. Raise awareness among health providers to do their job well in terms of CPS and FP; 4. Strengthen community health systems to intensify awareness in favor of CPS and FP and social behavior change. Women and men were all represented.

## METHOD AND FRAMEWORK

The methodology used was andragogical and participatory and that the principles are those related to their interest and real need for their community in light of the shocking, touching statistics at the global, national and provincial/Health Zone levels that were presented to them in record time (less time with a precise/concise message, and key

## TIPS FOR OTHER CONVENERS

By grafting on to an activity to carry out a nutritional dialogue, the essential thing is to capture the attention and maintain the participants in a climate of trust beyond the time allowed without remaining too distracted from all the requirements of the dialogue in a normal sense, i.e. the participants are summoned just for that; When the PowerPoint presentation is finished, the questions asked are discussed directly in the discussion group to fuel the debate and save time.

# RETURN FORM: INFORMATION ADDITIONAL

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## THANKS

We would like to thank 1st the Coordinator of Pronanut Pr who agreed to give me space and time to lead this dialogue at the end of the workshop he organized and to which I joined; but also to the Chief Medical Officer of the Health Zone for this collaboration as co-organizer and finally to the Cluster Manager for his encouragement and follow-up in a difficult context for our Gemena office; and to all those by whom this nutritional dialogue was made possible.

## RELEVANT LINKS

- <https://nutritiondialogues.org/fr/portail/edit-dialogue/>

## ATTACHMENTS

- consent form  
<https://nutritiondialogues.org/wp-content/uploads/2024/12/Consent-form-Adulte-DN-CTM-BCZ-Gna.pdf>
- focus group photo <https://nutritiondialogues.org/wp-content/uploads/2024/12/PHOTO-DN-CTM-BCZ-2-scaled.jpg>
- Attendance list <https://nutritiondialogues.org/wp-content/uploads/2024/12/Liste-Presence-Adulte-DN-CTM-BCZ-Gna.pdf>