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DIALOGUE TITLE	Let's listen to the feedback from the adults at the Ferme health center in the Congo A district on the current situation of nutrition and hunger
DATE OF THE DIALOGUE	Thursday, July 30, 2026 14:00 GMT +01:00
SUMMONED BY	Sylvain KAYUMBA Event announced on behalf of the organizer by: {announcer_name}. {explanation} Feedback published on behalf of the organizer by: Sylvain KAYUMBA. Facilitator
LANGUAGE OF THE EVENT	Lingala
HOST VENUE	Gemena, Democratic Republic of Congo
GEOGRAPHIC SCOPE Village	
EVENT PAGE OF DIALOGUE	https://nutritiondialogues.org/fr/dialogue/60935/

SECTION ONE: PARTICIPATION

TOTAL NUMBER OF PARTICIPANTS	44
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PARTICIPATION BY AGE GROUP		
0 0-11	0 12-18	10 19-29
18 30-49	16 50-74	0 75+

PARTICIPATION BY GENDER		
20 Female	24 Male	0 Other/Prefer not to say

NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP		
5 Children, youth groups and students	0 Civil society organizations (including consumer groups and organizations environmental)	
4 Educators and Teachers	4. Religious Leaders/Religious Communities	
0 Financial institutions and technical partners	5. Food producers (including farmers)	
2 Healthcare professionals	0 Indigenous Peoples	
0 Information and Technology Providers	0 Large food companies and retailers	
0 Marketing and Advertising Experts	0 Government officials and representatives national/federal	
0 News and Media (e.g., journalists)	2 Parents and Caregivers	
0 Science and Universities	0 Small/Medium-Sized Enterprises	
2 Government officials and representatives local/sous-national	United Nations	
20 Women's Groups	0 Other (please specify)	

OTHER STAKEHOLDER GROUPS
Single and married men and women; community liaisons and construction workers for the Farm health center construction

ADDITIONAL DETAILS ON THE DIVERSITY OF PARTICIPANTS
This workshop with adults was very popular with participants from several segments of the population. Congo A district, Ferme Health Area, including the District Chief, street chiefs, religious leaders, and intermediaries community members, healthcare workers, women vendors and farmers, tradesmen, and relatives caregivers; construction workers, the group of women; there were 20 women and 24 men; and breakfast was served. shared at the end of this dialogue.

SECTION TWO: FRAMEWORK AND DISCUSSION

MANAGEMENT

This workshop with adults was very well received by participants from many different segments of the population in the Congo A neighborhood, Ferme Health Area, including the Neighborhood Chief, street chiefs, religious leaders, community liaisons, healthcare workers, women vendors and farmers, tradesmen, caregivers, construction workers, and a women's group. There were 20 women and 24 men in attendance. A breakfast was shared at the end of the dialogue. A review of the context in which the Phase 1 nutritional dialogue sessions were held was presented, along with the sharing of some statistics on hunger (food insecurity) and malnutrition (acute and chronic) at the international, national, and provincial (South Ubangi) levels. We provided feedback on the summary report of all 70 dialogue sessions organized in the DRC with 1902 participants. The main recommendations are organized into six areas (these are the several urgent actions needed to combat malnutrition), including: 1) food security, 2) improved healthcare, 3) scaling up nutrition education, 4) economic empowerment (creating income sources, entrepreneurship, and a culture of saving), 5) environmental sustainability (protecting the environment before any action, planting trees, avoiding cutting down trees, and avoiding burning bushes), and 6) policy implementation. The following discussion questions were posed in two groups, with men and women invited to participate, focusing on the main recommendations of the synthesis report: 1) What has improved since 2024, phase 1 of the nutrition dialogue, to the present day? 2) What has worsened during this period? 3) What remains to be done? A survey question regarding the validated school meal strategy adopted by WVDRC with the DRC Government FY26-30: Have we already heard about school meals?

DISCUSSION

What has been done? Or what has improved since 2024 (phase 1) to the present day (phase 2) of the nutritional dialogue? The members of these 2 groups (women and men) responded to this open question as follows: Food security: presence of plot gardens, presence of good water points in the community, economic empowerment: small livestock farming, the trade, income-generating activities, environmental sustainability: presence of vegetation, policy application: Improvement of health care: presence of medicines at the Center, adequate infrastructure availability; rural activities, agriculture, thanks to the various awareness campaigns carried out by the actors of the Ledia WV Gemena program and others, on the one hand, no longer selling agricultural products at the market before they are ripe, nor selling everything after harvest, the change in behavior regarding food and nutrition due to the various awareness campaigns received, especially for children's nutrition in all communities through the actors of the Ledia program of World Vision; Some households are carrying out on-site sanitation; the management of malnutrition in children under 5 years old is being improved through the provision of materials and inputs with the support of the World Vision program, and healthcare providers are being trained in several primary healthcare topics; people have acquired knowledge and skills in income-generating activities; we have been provided with drinking water boreholes in certain parts of the city by the State and Technical and Financial Partners; the population knows how to save thanks to the creation of several savings groups; some households are raising small livestock; trees are being planted in some public places; children are starting to eat more than twice a day; health centers are being built and rehabilitated and provided with medical supplies and equipment.

SECTION THREE: RESULTS OF THE DIALOGUE

CHALLENGES

What has not been done? Or what has not improved or has worsened? From 2024 (Phase 1) to the present day (Phase 2) of the nutrition dialogue, members of these two groups cited the following challenges: Sale of mosquito nets intended for free distribution to the population; insufficient access to drinking water; dilapidated rural roads; lack of dedication among health center staff (refusal to treat patients due to lack of motivation; poor reception of patients at the health center; ignorance of childcare providers regarding nutrition; destruction of gardens by domestic animals (straying); anti-values (theft); non-payment of civil servants by the state, the UN, and the NPO); lack of savings banks; deforestation. Lack of cooperatives; Non-compliance with employment contracts (insufficient remuneration); Non-payment of state workers by the government, with a view to their empowerment; Food insecurity in many households; Non-compliance with family planning by some parents; Subdivision of state-reserved land; Lack of respect for the construction of latrines and garbage pits; Our facilities lack medicines, resulting in nothing more than the issuance of prescriptions; Insufficient access to drinking water, for a city like Gemena experiencing exponential population growth; Low agricultural production, decreased sales of agricultural products at the market; Hunger and malnutrition still affect children, and some die from them in our communities; Our communities experience precarious financial resources (low income), increased poverty; Lack of improved seeds, absence of farming tools; There is only the increase in the economic crisis; Non-payment of state employees; The mothers who sell their wares (the Trikpongbo) come home late and then the children often eat at night, which causes malnutrition.

URGENT ACTIONS

What remains to be done? From 2024 (Phase 1) to the present day (Phase 2) of the nutritional dialogue? Members of these two groups cited the following as urgent actions to be taken: Through the question "What remains to be done?", they identified community issues such as the illegal sale of mosquito nets; Advocacy with decision-makers for the rehabilitation of agricultural access roads; Raising awareness about the implementation of the food and nutrition policy for children; State responsibility for agriculture and livestock farming; Fencing of allotments; Ensuring the safety of the population; State regular payment of civil servants (new hires and unpaid employees); Creation of savings groups in the community; Community awareness-raising on reforestation; Creation, training, and establishment of cooperatives in the community; Addressing the economic crisis; Lowering the price of manufactured goods; and Providing employment for new graduates. Facilitate access to arable land to address soil infertility around the city of Gemena and prevent low agricultural yields; Help some parents reduce alcohol consumption; Provide farmers with improved seeds and farming tools; Combat hunger and malnutrition in our community; Supply health facilities with medicines to reduce prescriptions and significantly expand access to drinking water; 10. Intensify ongoing awareness campaigns on nutrition education, strengthen capacity and raise awareness on environmental management; Increase the number of water boreholes to meet the population growth in Gemena; Implement school canteen programs; Train households on food security and empowerment;

AREAS OF DIVERGENCE

fencing off plot gardens with woods when people do not yet have a culture of reforestation, repeated shortages of medicines in health centers, at the same time talking about the presence of medicines at the health center instead of talking about the insufficient quantity supplied; creation of many savings groups without a safe (cash register);

GENERAL SUMMARY

During this workshop, adults were able to identify some improvements beyond challenges, and the urgent actions needed (recommendations) to improve the nutritional situation in their community and households. These include: changing eating and nutrition habits; increasing meal frequency from 1 to 2 or more times; recognizing the efforts made with the support of the Ledia WV Gemena program in providing access to drinking water and addressing malnutrition in all its forms; improving healthcare: ensuring the presence of adequate and modernly built health infrastructure that meets government standards; eager to see the implementation of the school meals program begin; the growing culture of saving, although the shift towards digitalization is not automatic given the context of Gemena; and, thanks to awareness campaigns and capacity building, several healthcare providers and other community actors have improved their knowledge and skills, and even the quality of care. Some health centers are... The population has sufficient knowledge and experience in income-generating activities (IGAs) to increase their income to the best of their ability. Although the number of public water points is insufficient, drinking water is available in the city of Gemena thanks to the efforts of the government and technical and financial partners. The drinking water networks, with extensions to certain strategic areas of Gemena, represent significant achievements in the city, thanks to the efforts of both the government and technical and financial partners, including World Vision. The community is highly mobilized in the fight against insecurity, urban banditry, and erosion, and is actively advocating for road improvements to facilitate access to schools, the main market, and the city center.

SECTION FOUR: PRINCIPLES OF COMMITMENT AND METHOD

PRINCIPLES OF COMMITMENT

The parents participating in this nutrition dialogue, alongside the children (each group in their own corner), understood and observed many aspects of children's daily lives. They resolved to mobilize in the fight against insecurity, urban banditry, and erosion, and are leading strong advocacy efforts to improve roads and facilitate access to schools, the main market, and the city center, thereby enhancing the living conditions of children and their communities. Various categories of adults (women, men, married and single) participated in this workshop near the health center. At least one adult expressed their thoughts, whether positive or negative. The workshop demonstrated a commitment to transparency and tolerance by encouraging open exchanges, thus allowing for positive reflection and the free expression of concerns. The presence of local authorities also facilitated the taking of group photos.

METHOD AND FRAMEWORK

The Nutritional Dialogue Workshop with Adults was organized using a trust-building method, establishing a friendly atmosphere and a participatory approach that fostered open exchanges and the full participation of adults and young adults, divided into groups representing different categories of people. The methodology incorporated discussions in two heterogeneous groups, with interactions where each group complemented and enriched the other's responses.

ADVICE FOR OTHER CONVICTORS

For other nutritional dialogues; it would be desirable to continue to delve into the school meal strategy, the program of which must be implemented by the government, what adults think about this; to do so in such a way that women express their thoughts, not to reject an idea expressed whether it is relevant or not, this is to break the dominant mindset of men in the context of the culture in southern Ubangi.

RETURN FORM: INFORMATION ADDITIONAL

THANKS

We extend our thanks to the National Office DRC Team (Mgr Plaidoyer and EE and Mgr H&N), the cluster Manager, the Co-Facilitators who agreed to support me closely and remotely, and the health center managers and community relays for mobilizing the participants; but also to the entire team involved in the nutritional dialogue program, enabling us to achieve this.