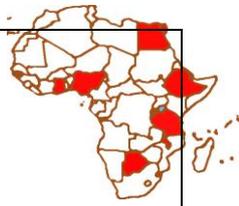


2012

Nutrition Education Book of  
Quotations from a Case Study  
Survey in Africa





# Overview

This short booklet presents quotations from the Food and Agricultural Organization of the United Nations (FAO) needs assessment in nutrition education and communication. Over 100 interviews took place in 7 African countries; Botswana, Egypt, Ethiopia, Ghana, Malawi, Nigeria, Tanzania in March 2011. Further information on the project is available at <http://www.fao.org/ag/humannutrition/nutritioneducation/69725/en/>

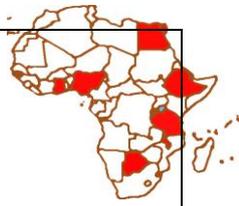
Through the words of the interviewees, we hope to give a snapshot of the need for nutrition education.



***"TELL ME AND I'LL FORGET, SHOW ME AND I MAY REMEMBER, INVOLVE ME  
AND I'LL UNDERSTAND"***

**CHINESE PROVERB**

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## Nutrition is neglected.....

*In general nutrition has been a neglected issue (corner) in the country (Abuye, Ethiopia Health and Nutrition Research Institute, Ethiopia)*

§

*I still feel like nutrition issues are not taken seriously and in fact there seem to be trends towards strengthening the curative instead of preventive wing of health. Preventive nutrition issues ... seem to take the backburner hence there is need for advocacy to consider nutrition as an important contribution to health (Maruapula, University of Botswana)*

§

*Nutrition is one of the skills considered to be scarce in the country (Nnyepi, Senior Lecturer and Surveyor, University of Botswana)*

## ...Why and How

*... limited funds allocated to nutrition education programs ... poor supervision ...poor intersectoral collaboration ... lack of commitment to nutrition leads to under-investment in nutrition, which reinforces lack of commitment since government believes nutrition programs don't work ... families and government don't recognize the human and economic cost of malnutrition ... poor community based nutrition programs ... (Khallaf, Community Medicine & Public Health Consultant, NNI, Egypt)*

§

*....some institutions didn't separate food and nutrition as well as food security and nutrition security. It is dawning on them now (Lwanda, Ministry of Agriculture and Food Security, Malawi)*

§

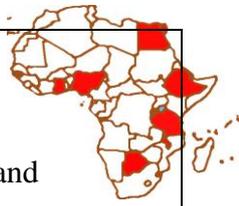
*Having the (National Nutrition Strategy) program alone is not sufficient. We need professionals at different capacity to implement the program (Abebe, Alive and Thrive, Ethiopia)*

§

*.....the gap is still that? we don't have a separate nutrition institution in Ethiopia. There should be one to co-ordinate all other sectors (Abuye, Ethiopia Health and Nutrition Research Institute, Ethiopia)*

§

*..... inadequate support from leaders and planners in an effective nutrition education programme. Ineffective nutrition education programmes are more likely to be a result of ineffective implementation processes, rather than a lack of technical knowledge about what*



*works in nutrition education to bring about behaviour change (Kinabo, Senior Lecturer and Surveyor, Sokoine University, Tanzania)*

## **... but some progress has been made and there is hope for the future.**

*We have identified areas where it's lacking and areas where it can be included and scaled up in the NNP. We have brought nutrition high up on the agenda and it's our time to put our words into action (Lemma, Federal Ministry of Health, Ethiopia)*

§

*..... The existing pro-nutrition and pro-NEAC environment at the national level and the presence of an army of Health & Agricultural Extension Workers ...can enable the country to advance in the area of nutrition and NEAC (Ersino, Lecturer and Surveyor, Hawassa University, Ethiopia)*

§

*Progress has been made, though not enough (Onimawo, Senior Lecturer and Surveyor, National Nutrition Institute, Nigeria)*

§

*There is a need to situate nutrition higher up in national administration as a cross-cutting issue' (Colecraft, Senior Lecturer and Surveyor, University of Ghana, reporting a key informant)*

§

*Speaking about leaders and planners: Their decisions and commitment to provide appropriate support for the work are fundamental (Kinabo, Senior Lecturer and Surveyor, Sokoine University, Tanzania)*

## **Nutrition requires inter-sectoral collaboration.....**

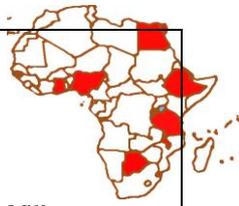
*There is a lack of appropriate guidelines for coordination and integration, which has led to inadequate cooperation among various sectors and lack of harmonization (Kinabo, Senior Lecturer and Surveyor, Sokoine University, Tanzania)*

§

*Currently, the ministry of health is the only implementer of nutrition activities and less priority is accorded to nutrition issues (Kinabo, Senior Lecturer and Surveyor, Sokoine University, Tanzania)*

§

*The challenges have been as to who is responsible for nutrition; is it MoH or Agriculture? (Orion, Senior Nutrition Expert, Disaster, Prevention & Preparedness (DPPC) under MOA, Ethiopia)*



*Collaboration among organisations and sectors, such as local government, social organisations, worksites, educational organisations, health centres, and cultural groups, can facilitate nutritional improvements. Nutritionists alone or communicators alone are not able to deliver nutrition information to all sections of the population: they need to collaborate with other stakeholders in providing information on nutrition and other development issues.*  
(Kinabo, Senior Lecturer and Surveyor, Sokoine University, Tanzania)

§

*There weren't good communications between different sectors dealing with nutritional issues.*  
(Aisha Mahboub Gamal Eldin, Ministry of Health, Egypt)

§

*Nutrition should be the business of every sector/organisation (Education, Health, Water, Agriculture.....) I think building partnerships across these sectors is essential. Which will lead to the need for high level management (beyond the FMOH), maybe under the co-ordination of the PM office* (Abebe, Alive and Thrive, Ethiopia)

## **... and especially more presence in agriculture and food security**

*We really lack nutrition education in our food security intervention programs.....and I suggest we should improve on that* (Orion, Senior Nutrition Expert, Disaster, Prevention & Preparedness (DPPC) under MOA, Ethiopia)

§

*Take for instance our farmers, we just concentrate on food production without giving much consideration to the nutritional value of the crops. It appears we are for quantity as opposed to nutrient-rich crops. We do not engage experts to teach us nutrition and crop diversification*  
(Sebi, Agriculturalist (Food Security), Ministry of Agriculture, Botswana)

§

*This department concentrates on making people become food secure by way of food production – ploughing and planting their own food. The food items that we concentrate on mostly are cereals because cereals are our staples in the country ...* (Sebi, Agriculturalist (Food Security), Ministry of Agriculture, Botswana)

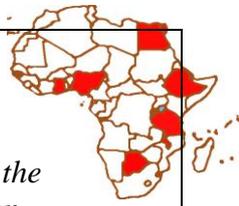
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*..... there is a need for integration, especially integration between the agricultural sector, the health sector .....* (Ntshebe, Co-ordinator Nutrition Rehabilitation Programme (OVC centre), Botswana)

§

*With the Ministry of Food and Agriculture, NEAC is not a priority* (Colecraft, Lecturer and Surveyor, University of Ghana, reporting a key informant)

§



*Least effective - agricultural extension advice, because of inadequate capacity to deliver the services due to inadequate knowledge on nutrition by staff and low numbers of extension workers (Geresomo, Human Nutrition Lecturer, Bunda College of Agriculture Malawi)*

## **There is a general lack of knowledge and awareness of nutrition ...**

*We produce good food from our fields and if we ate our foods, we would be well. But we are not aware or do not appreciate the value of our wholesome foods and the nutrition they provide (Chakalisa, Education Officer, Curriculum Development and Evaluation, Botswana)*

§

*One of the main causes of malnutrition is inadequate or lack of knowledge of food and health. (Mtimuni, Senior Lecturer and Surveyor, Bunda College, Malawi)*

§

*Poor nutrition and nutritional status in this country has not always been because of lack of food but more so due to a lack of awareness which should come from behaviour change communications and nutrition education (Ersino, Lecturer and Surveyor, Hawassa University, Ethiopia)*

§

*Most people don't know about the scope and depth of nutrition issues (Abebe, Lecturer, Ethiopia)*

§

*You can go to any mother in rural area and ask what she should feed her child; she wouldn't know anything unless she is exposed to health facilities (Gobezie, retired nutritionist, former FAO staff, Ethiopia)*

§

*Even some physicians have poor and wrong knowledge about nutrition (Sultan, Clinical nutrition consultant and lecturer, NNI, Egypt)*

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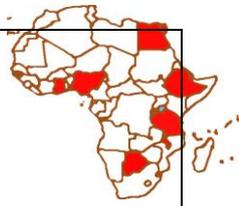
*Awareness on nutrition is not high compared to other issues such as HIV and contraception. (Aryeetey, Lecturer and Head of Department, University of Ghana)*

§

*Consumer education needs to be supported, it has been weak. People do not know much about food labels and how they can use them (Gobotswang, Senior Lecturer, University of Botswana)*

§

*People don't see nutrition as a development issue; hence they don't pay much attention to it (Alatiah, Tutor, Kimtampo Rural Health Training School, Ghana).*



## and many misperceptions and poor practices.....

*Among the general population (and also among health practitioners) there are also a lot of misperceptions about nutrition* (Aryeetey, Lecturer and Head of Department, University of Ghana)

§

*.....of course awareness is different from practice. The awareness could be there .....but practice is not satisfactory. Mind you, when you go to the rural places compared to cities, I'd say the nutrition information and information in general is still very limited* (Tiroeng, Program Officer (Food, Nutrition and Livelihoods Security), Project Concern International Botswana)

§

*The elderly especially ... resist dietary advice to an extent that they would tell you things like 'I grew up eating this way. Why do you expect me to change now?'* (Semele, Nutrition Lecturer, Institute of Health Sciences, Gaborone, Botswana)

§

*Most people think nutrition is only about eating food or being full - which leads to overconsumption of the same food over and over* (Abebe, Lecturer, Ethiopia)

§

*Only men get priority during meal times. Women and children are usually ignored or they have to manage on 'left-over' foods* (Gudisa, Medical Director, Adare Hospital, Ethiopia)

§

*Other than the food taboo, there is some perception as to what children should eat or not eat. Good nutrition is thought to be eating raw meat, fatty meat ... .being fat/overweight is taken as a sign of good nutrition* (Abebe, Alive and Thrive, Ethiopia)

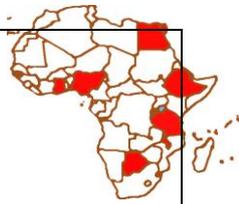
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*Children are neglected. They are fed on 'leftovers' from parents. The other perception is considering 'shortness' (stunting) as something passed on from parents (genetic) rather than the consequence of malnutrition so people are not alert to seek treatment* (Tadele, Pediatric Resident, Medical Faculty, Addis Abeba University, Ethiopia)

§

*Most of the wrong perceptions centred on the feeding of infants and young children including the (perception that) giving of colostrum (first milk) is not good for infants and also meat and eggs are not good for young children* (Ersino, Lecturer and Surveyor, Hawassa University, Ethiopia)

§



*Issues like ‘children shouldn’t eat eggs or meat’, the giving of other drinks (water, tea) than breast milk.....(the idea that) pregnant mothers should not eat vegetables or should not drink milk because there will be some white covering on the child’s head (Lemma, Federal Ministry of Health, Ethiopia)*

§

*Mothers give butter to a newborn child thinking it will soften the intestine of the baby. They also give water with sugar and other things ... In urban areas people are getting fat indicating poor diet especially copying western diet. We are heading to chronic diseases more than our hospitals can support (Gobezie, retired nutritionist, former FAO staff, Ethiopia)*

§

*People associate being fat with ‘eating well’ and a sign of wealth, which has led to obesity especially in towns and cities (Guta, PATH, previous MOH, Malawi)*

§

*Food in Malawi means maize meal (Swira, Principal Nutrition & HIV/AIDS officer, Ministry of Gender, Children & Community, Malawi)*

§

*Agricultural practices- most farmers (are) still growing only staple foods with little or no production of legumes and rearing of small ruminants so that they can have balanced diet (Chilabade, Ministry of Health, Malawi)*

§

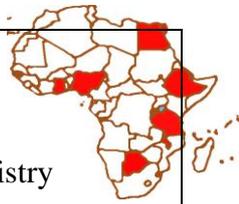
*(There is) excessive intake of alcohol and pork meat in pubs and general intake/preference for high energy foods with minimal level of exercise especially in towns; low recognition of the nutritive value/importance of fruits and vegetables in diets partly because of high cost but mainly due to ignorance as there is tendency to go for soft drinks and beers (Mugyabuso, Save the Children in Tanzania)*

§

*Local/indigenous foods (are) perceived as low class and (there is) much dependence on exotic quick fixes in addressing local problems versus local solution for local problems (Benjamin, Helen Keller International, Tanzania)*

§

*Vegetables are perceived as food for poor people (Shirima, Counseling Nutrition & Health, COUNSENUTH, Tanzania)*



*The importance of the amount rather than the quality (Aisha Mahboub Gamal Eldin, Ministry of Health, Egypt)*

§

*Urbanization and globalization (are) leading to a sedentary lifestyle and increasing consumption of junk food and sugar among all age groups (is) contributing to increasing prevalence of obesity and non communicable diseases among Egyptians (Genena, Medical Research Institute, Egypt)*

§

*The perception (is) that highly refined foods are high class and good (Heri, Muttimbili University of Health and Allied Sciences, Tanzania).*

§

*Most people in rural areas believe that imported food items are more nutritious than our indigenous food (Obiakor, Lecturer, Enan Newerem University, Nigeria)*

§

*... Poor diet may be due to modernization, for example young women feeding children using formula instead of breastfeeding because it is the modern thing to do ... people abandon traditional foods and instead eat refined foods as this is a sign of being modern (Maruapula, Lecturer, Botswana).*

§

*Banana is thought to promote weight loss.....banku (staple food) is considered a promoter of overweight.....plantain is considered a good source of iron (Aryeetey, Lecturer and Head of Department, University of Ghana)*

§

*There is a perception that alcohol promotes appetite hence a lot of people drink before eating and this would inhibit the absorption of certain nutrients.*

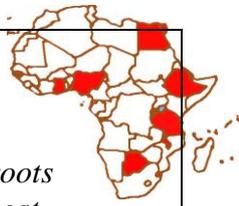
*There is the notion that the bigger or fatter you look the wealthier you are*

*(Alatiah, Tutor, Kimtampo Rural Health Training School, Ghana).*

§

*Some people believe that vitamins and mineral supplementation will lead to obesity.....some believe that vegetables and fruits have no role in nutrition and that the only nutritious food is meat (Sultan, Clinical nutrition consultant, National Nutrition Institute, Egypt).*

§



.... Someone who has anaemia – people here think that this person has to eat beetroots ... in our society there are some food items that people say a pregnant woman should not eat. For example, eggs – it is said that the baby will be bald. .... (Moruisi, Principal Dietician, Ministry of Health, Botswana)

§

Children would not be allowed to eat a full meal with meat if the breadwinner is not home. They would just be given the gravy. When the breadwinner gets home, that is when the meat will be dished out and the bulk of the meat still would be given to the breadwinner.

We give our children breadcrumbs..

(Sebi, Agriculturalist, Ministry of Agriculture, Botswana)

§

It is very common to be told by caregivers that kids do not eat green vegetables because they have not developed a liking to them. Vegetables are regarded as an elective kind of food. You'd hear caregivers telling you that 'vegetables are very expensive, hard to get and labour intensive to prepare!' and because of that, they just don't eat them.....The other attitude I usually note, is that people prefer to eat and feel full. There is therefore a tendency to eat a large meal consisting largely of carbohydrate and meat. Someone would say 'if I have phaleche (stiff maize meal porridge) and seswaa (pounded meat), I'll have energy to go on for the whole day.' ..... (Makhanda, Clinical Nutritionist, Botswana-Baylor Children's Clinic)

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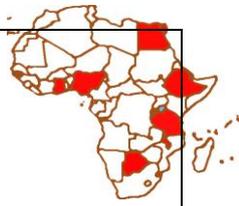
There is a perceived Setswana way of how an infant or child has to be fed. Caregivers feed children soft porridge, since it is soft. If a single child in a household is malnourished amongst several other children in the family, it is almost like it is the child's fault....how come she is malnourished and all the other ones are okay? (Ntshebe, Co-ordinator- Nutrition Rehabilitation Programme (OVC centre), Botswana)

§

Sometimes I'd ask them 'what did you eat today?' The response will be something like 'We did not eat today because we were late for the clinic.' OR I'd ask 'did you carry any food with you to eat in the clinic?' 'No we didn't. We just got up too early and we couldn't cook anything.'

That got me thinking that maybe we ought to talk about feeding and meal preparations where I can encourage them to prepare something quick or suggest to them to cook the night before they come to the clinic and carry the food with them and eat while they are waiting their turn to be attended to in the clinic.

Even food choices – we asked them 'What did you eat today?' 'Oh, we ate motogo (sorghum soft porridge) with sugar.' Or 'We ate motogo.' 'With what?' 'No, we didn't have anything so we diluted it with water.' 'And then what else did you eat?' 'Nothing other than mabele (sorghum porridge), or paleche.' –Notice, these are all choices from the carbohydrates group. From this I could tell it appears they don't seem to know that different food groups exist. (Makhanda, Clinical Nutritionist, Botswana-Baylor Children's Clinic)



§

*People do not want to look thin.....but I suspect that because of the stigma around HIV/AIDS, some people might be over-eating to appear 'normal' (Gobotswang, Senior Lecturer, University of Botswana)*

## **... and, not surprisingly, a lack of nutrition education and of good nutrition education.....**

*there is a lack of what could be called NEAC in the country. Respondents (to the case study) had to ponder a lot before they could conclude if something is or isn't nutrition education. (Ersino, Lecturer and Surveyor, Hawassa University, Ethiopia)*

§

*There are no specific strategies on nutrition education (Kalimbira, Senior lecturer in Human Nutrition, University of Malawi).*

§

*It appears that NEAC has until recently not been fully recognized as an important activity in its own right. This may be related to the general perception of NEAC as mainly giving nutrition information or at best promoting a message (Mtimuni, Senior Lecturer and Surveyor, Bunda College, Malawi)*

§

*Information transfer is the most common method.....It doesn't mean BCC and participatory approaches are not in place, but they aren't emphasised (Abebe, Lecturer, Ethiopia).*

§

*Information transfer (is the most common method) We simply tell our patients general things and answer their questions (Gudisa, Medical Director, Adare Hospital, Ethiopia)*

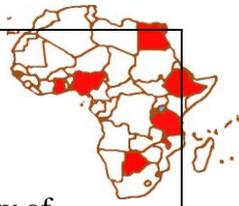
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*IEC materials on their own are least effective. Materials rarely reach the community (Mwale, Ntheu District Agriculture Office, Malawi)*

§

*What I have seen in Tanzania is IEC- though proving ineffective (Benjamin, Helen Keller International, Tanzania)*

§



*IEC and information transfer are most frequently used especially with patients in the hospitals and the maternal health children centres (Aisha Mahboub Gamal Eldin, Ministry of Health, Egypt)*

§

*Individual counselling (home visit) had been effective since it helps the mother to reach and agree upon actions by clearing her fears and questions (Abebe, Lecturer, Ethiopia)*

§

*Speaking about Nutrition Education: If any, there is very little (Matsapa Phegelo, Ministry of Health, Botswana)*

§

*I would not say the activities are ineffective, but rather that they could be improved. For example the school feeding program is done on a stand-alone (basis) and is not linked to any education efforts for the students. School gardens are done from an agricultural point of view and not linking them to nutrition education (Maruapula, Lecturer, Botswana)*

§

*Hospital counselling is the least effective because the professionals only talk and whether the individuals understand and can do what they are being told is not known (Alatiah, Kintampo Rural Health Training School, University of Ghana)*

§

*I cannot say this one is more or less effective than another type of program. We know that one drop cannot make an ocean. They are probably each addressing a section which together moves us somewhere (Moruisi, Principal Dietician, Ministry of Health, Botswana)*

## **... some reasons why**

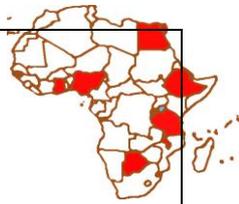
*Many interventions have been piecemeal and remained in the domain of the nutrition discipline without adequate integration of related disciplines/sectors ... frontline staff lack technical knowledge, and skills to adequately implement interventions, especially to carry out effective nutrition education (Colecraft, Senior Lecturer and Surveyor, University of Ghana)*

§

*NEAC is not well addressed in most of Tanzania policy and if it is there, (there are) no good strategies for implementation (Maseta, Teaching and Research Activities, Open University, Tanzania)*

§

*Activities that focus on general nutrition education for all population groups are limited due to limited funding and low recognition of the importance of nutrition. (Kinabo, Senior Lecturer and Surveyor, Sokoine University, Tanzania)*



§

*There is lack of clear coordination and integration of nutrition activities as it should be. This is due to failure to fully integrate food and nutrition considerations into development plans at all levels from household, village, and district, regional and national level. This poses a great challenge to nutrition education and training in the country* (Kinabo, Senior Lecturer and Surveyor, Sokoine University, Tanzania)

§

*Evaluations of NEAC are not done in many interventions* (Tawfik, Surveyor, National Nutrition Institute, Egypt)

§

*NEAC is poorly tackled in the Medical & Nursing undergraduate curriculum ... limited number of trained personnel in the NEAC ... poor communication and co-ordination between related ministries and authorities on the national and local levels* (Khallaf, Community Medicine & Public Health Consultant, NNI, Egypt)

§

*I think the whole issue of education (health & nutrition) and communication in general is lacking from the MOH side* (Lemma, Federal Ministry of Health, Ethiopia)

§

*There have been a lot of NEAC initiatives by many stakeholders. However, these efforts have largely been uncoordinated* (Kalimbira, Senior lecturer in Human Nutrition, University of Malawi)

§

*It has to be participatory*

*For example community conversation in community based nutrition program .....the ability of health extension worker to facilitate participation and reach or agree on actions is not sufficient. So there is a need to build their capacity to lead on dialogues* (Abebe, Lecturer, Ethiopia).

§

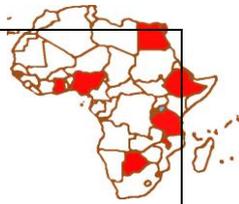
*I still go back to the issue of capacity building. We need more professionals* (Abebe, Alive and Thrive, Ethiopia)

§

*NE is done by untrained personnel who may have nutrition knowledge but lack communication skills* (Tawfik, Surveyor, National Nutrition Institute, Egypt)

§

*We do lack knowledge of nutrition and NEAC at the national level. It takes political commitment to change this. We also need sectoral collaboration* (Tadele, Pediatric Resident, Medical Faculty, Addis Abeba University, Ethiopia)



§

*NE shouldn't be a matter of occasion but needs to be done continuously*  
(Lemma, Federal Ministry of Health, Ethiopia)

§

*(We need to redesign) the communication package for trainers and educators (to make it) more practical to the Ghanaian context (for instance can mothers really do exclusive breastfeeding for 6 months in this country given the women's work outside the home etc?)*  
*Need specific information on the nutritive value of local foods so that more specific messages on food choices can be developed* (Adokiya, Lecturer, University of Development Studies, Temale, Ghana)

§

*Involve participants more in practice and feedback*  
(Odenybo, Lecturer, Michael Okpara University of Agriculture, Nigeria)

§

*There is need for a proper assessment of the community's understanding of the nutrition issues. People are not sure of what to do with the information ...* (Galeemelwe, Ministry of Health, Botswana)

§

*There has to be deliberate funding by government and other partners of nutrition activities. Currently, information transfer is the only approach that is mostly funded.* (Tiroeng, Program Officer (Food, Nutrition and Livelihoods Security), Project Concern International Botswana)

§

*Undertake research to know what people know and need to know, focus on behavior change instead of just the knowledge domain*

**EVALUATE; EVALUATE the effectiveness/impact of the programs**

(Maruapula, Lecturer, University of Botswana)

§

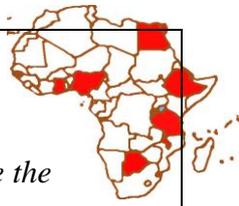
*There is need to also develop a coherent communication strategy for nutrition education.*  
(Ntshebe, Co-ordinator Nutrition Rehabilitation Programme (OVC centre), Botswana)

§

*Counselling may not help a lot, there should be some way to economically empower them (food security) so that they can make good use of the counselling at health facilities*  
(Tadele, Pediatric Resident, Medical Faculty, Addis Abeba University, Ethiopia)

§

*Challenges are there ... Most of our clients are poor. You may be talking about food and nutrition but then they don't have money to buy good quality food ... some caregivers are*



*grandmothers, are old and do not have the energy .....Sometimes, a grandmother will be the one attending the workshops but somebody else is the one preparing meals at home.*  
(Makhanda, Clinical Nutritionist, Botswana-Baylor Children's Clinic)

§

*The other lesson is that these programs require a lot of monitoring, coaching and motivation.*  
Tiroeng, Program Officer (Food, Nutrition and Livelihoods Security), Project Concern  
International Botswana)

§

*.....personal communication and demonstration was the most effective tool with children*  
(Sultan, Clinical nutrition consultant, lecturer and trainer, National Nutrition Institute, Egypt).

## Do the media play a role?

*I think the national radio station (Radio Botswana 1) is probably the only one broadcasting to remote areas of the country, but how often does it broadcast issues on nutrition?* (Makhanda, Clinical Nutritionist, Botswana-Baylor Children's Clinic)

§

*(There is a) virtual absence of nutrition items in the national daily news paper* (Ersino, Lecturer and Surveyor, Hawassa University, Ethiopia)

§

*Programs in the Department of Public Health often use the national television station and radio stations ... .Since such coverage is sporadic, useful programs ... do not have as much impact on social awareness about NEAC issues* (Nnyepi, Senior Lecturer and Surveyor, University of Botswana)

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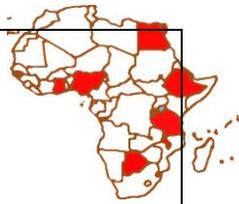
*The nutrition programmes are not routinely aired. They are only aired when there is a free slot and the producer is interested in the subject* (Kinabo, Senior Lecturer and Surveyor, Sokoine University, Tanzania)

## Nutrition Education is needed in the family.....

*I know the mothers are the ones caring for children but I believe the education should be given to both parents* (Lemma, Federal Ministry of Health, Ethiopia)

§

*We may target the mothers, but mothers have no control over resources. So both the mother and the husband should be educated*  
(Gobezie, retired nutritionist, former FAO staff, Ethiopia)



§

*Men/Husbands - women usually confer with the men about what to cook. Men are also given a greater proportion of the food hence if they understood nutrition issues they would help their wives to make better food decisions and also there would be more equitable distribution of food in the home (Alatiah, Kintampo Rural Health Training School, University of Ghana)*

§

*Youth – school-going children up to form five. We should not assume that they are going to eat whatever the society feeds them..... Young children do not understand the value of good nutritional foods (Chakalisa, Education Officer, Curriculum Development and Evaluation, Botswana)*

§

*The elderly – they have been neglected (Moruisi, Principal Dietician, Ministry of Health, Botswana)*

## **in the community.....**

*If you look at people around, everybody needs help (Matsapa Phegelo, Ministry of Health, Botswana)*

§

*NEAC should be in the community. We produce good food from our fields and if we ate our foods, we would be well. But we are not aware or do not appreciate the value of our wholesome foods and the nutrition they provide (Chakalisa, Education Officer, Curriculum Development and Evaluation, Botswana)*

## **.....and among professionals..**

*Important groups are the HEW (Health Extension Workers) because they have got a direct link with the community (Abuye, Ethiopia Health and Nutrition Research Institute, Ethiopia)*

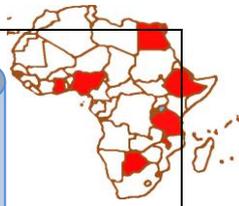
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*Health personnel are most influential. We are supposed to guide the community in right eating but we ourselves do not have training and we don't know how to do it effectively (Sintayehu, Health Officer, Ethiopia)*

§

*People tend to accept advice and education better from health professionals. Usually women (pregnant mothers) and children come to health facilities either for antenatal care or for immunizations. So we have the opportunity to provide NE as part of counselling (Gudisa, Medical Director, Adare Hospital, Ethiopia)*

§



*Community level health, agriculture and community development extension workers serve as educators - nutrition could benefit from such persons (Mugyabuso, Save the Children in Tanzania)*

§

*Policymakers need (education) the most. Because policy makers do not understand nutrition and so if they understand they will make adequate budgetary allocation for nutrition (Eluaka, Federal Ministry of Health, Nigeria)*

§

*Doctors (need to know about nutrition) – largely, what the doctor says goes and it is followed religiously (Chakalisa, Education Officer, Curriculum Development and Evaluation, Botswana)*

§

*For the benefit of patients, I think doctors need nutrition information. Most doctors truly speaking are really ignorant in so far as nutrition is concerned (Makhanda, Clinical Nutritionist, Botswana-Baylor Children’s Clinic)*

§

*Agricultural extension workers (need to know about nutrition) – they need to consider nutrition as they advise people on what to plant to improve food security and ultimately improve nutrition. Policy makers – there is need for them to advocate for funding of nutrition and to prioritize nutrition programs. (Ntshebe, Co-ordinator- Nutrition Rehabilitation Programme (OVC centre), Botswana)*

## **This makes for a strong case for nutrition educators**

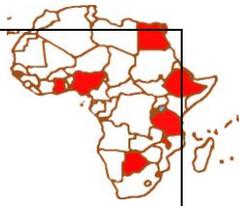
*One of the main solutions to solve or combat nutritional problems, must be “educational” and if this is to be successful it must result in appropriate behavior change (Mtimuni, Senior Lecturer and Surveyor, Bunda College, Malawi)*

§

*My opinion is that NE at all levels is important and essential. There should be a strong department in the Ministries of Agriculture, Education and Health ... NE should start at an early age (from grade one). I have even written 4 books for the first 4 grades of the elementary schools thought I couldn’t convince the MOE to include this in the curriculum (Gobezie, nutritionist, former FAO staff, Ethiopia)*

§

*We need people with a nutritional background to advise our farmers on what other crops should be grown - for example, ground nuts, bambara beans and the like, i.e. foods that are nutrient-rich, to help diversify the crop. (Sebi, Agriculturalist (Food Security), Ministry of Agriculture, Botswana)*



§

*We need more nutrition educators in all settings especially in health facilities because we are having more diet related chronic disease. (Abuye, Ethiopia Health and Nutrition Research Institute, Ethiopia)*

§

*The country needs nutrition educators at schools, at all levels of health facilities, in agriculture, even in the central and local government (Ersino, Lecturer and Surveyor, Hawassa University, Ethiopia)*

§

*No question that we need more nutrition educators. I suggest (that) using nutrition educators in the community (community leaders, religious leaders....) especially in the rural setting, will have more positive effect in reaching the community (Gobezie, retired nutritionist, former FAO staff, Ethiopia )*

§

*Nigeria needs a lot of nutrition educators ... in schools, hospitals and clinics, agriculture, communities, state and federal officers. (Eluaka, Federal Ministry of Health, Nigeria)*

§

*Definitely we need more people passionate about nutrition and not just people in health or nutrition professionals ... people in education, and agriculture also  
(Aryeetey, Lecturer and Head of Department, University of Ghana School of Public Health)*

§

*We especially need those with a strength in communication and advocacy; they need to be placed in health facilities, community, schools (by district) and at the ministry of agriculture to guide integration of nutrition into food production (Ntshebe, Co-ordinator Nutrition Rehabilitation Programme (OVC centre), Botswana)*

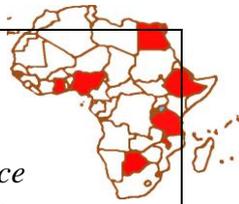
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*Yes we do need more nutrition educators to monitor, educate and continue to raise awareness on nutrition and nutrition related issues and to provide the technical expertise that is needed for different programs. We need them in the communities. (Tiroeng, Program Officer (Food, Nutrition and Livelihoods Security), Project Concern International Botswana)*

§

*I don't think we have enough of nutrition educators, because I think by now, as a person, I could have interacted with one so far, but I haven't.  
(Batlhophi, Senior Consultant, Institute of Development Management, Botswana)*

§



*(There is a) need for more nutrition educators in all sectors in order to drastically reduce malnutrition in Nigeria .... even the current educators need to be re-trained for quality delivery of services (Onimawo, Senior Lecturer and Surveyor, National Nutrition Institute, Nigeria)*

## **.....and for nutrition education training and trainers**

*For a long time nutrition training has been conducted in a rather traditional fashion; face to face with limited scope for acquiring skills for critical thinking and practical or action orientation ... training is based on description of nutrition problems rather than on action or interventions for solving nutrition problems ... there is need to shift emphasis in training from assessment or description of problems to action/practically oriented training to solve nutrition problems in the country (Kinabo, Senior Lecturer and Surveyor, Sokoine University, Tanzania)*

§

*A careful consideration has to be made as to whom to train as a nutrition educator (Makhanda, Clinical Nutritionist, Botswana-Baylor Children's Clinic)*

§

*NEAC training should be a strong component of training programs for all level of staff involved in delivering nutrition education to mothers..... (Aryeetey, Lecturer and Head of Department, University of Ghana)*

§

*A little of NEAC only happens in home economics classes.*

*(Chakalisa, Education Officer, Curriculum Development and Evaluation, Botswana)*

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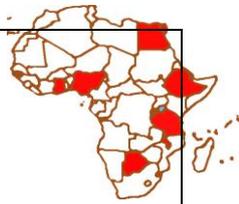
*There is not only need for more but also better NEAC training ... current nutrition training programs with some NEAC content predominantly emphasize non-participatory and top-down learning activities which are not preferred by students ... (there is a) need to improve course content to have a more practical orientation (Colecraft, Senior Lecturer and Surveyor, University of Ghana)*

§

*We need NEAC in the curriculum so that we would get more professionals ... This is what we need in our long term development plan (Orion, Senior Nutrition Expert, Disaster, Prevention & Preparedness (DPPC) under MOA, Ethiopia)*

§

*There should be a practical activity with each subject that connects the students with real community setting. Only then can we talk of effectiveness (Gobezie, retired nutritionist, former FAO staff )*



§

*There is also a need to build capacity, to train NEAC trainers* (Matsapa Phegelo, Ministry of Health, Botswana)

§

*NEAC trainers have adequate knowledge of theories though I can't say that have enough field experience* (Abebe, Lecturer, Ethiopia).

§

*Nigeria is having a problem of students knowing all the theories but with little or no practical experience* (Nkwdala Chaka, Assistant Lecturer, Nigeria)

§

*They may have knowledge of NEAC theory but since the program itself is new, they may lack field experience and professional training* (Ersino, Lecturer and Surveyor, Hawassa University, Ethiopia)

§

*Nutrition education and communication should be encouraged in schools and universities* (Eluaka, Federal Ministry of Health, Nigeria)

§

*Most respondents did not distinguish between NEAC training and the study of nutrition science* (Mtimuni, Senior Lecturer and Surveyor, Bunda College, Malawi)

§

*Current NEAC can be improved by including an extension program which would include work placement and field work to make students understand the local setting* (Alatiah, Kintampo Rural Health Training School, University of Ghana)

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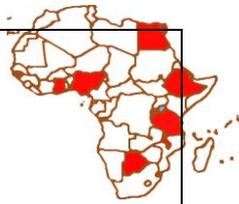
*I believe we benefit more if we get some refresher training on basic knowledge nutrition and also methods of communication ... knowhow on technical skills of communication is important* (Tadele, Pediatric Resident, Medical Faculty, Addis Abeba University, Ethiopia)

§

*Constant training of educators who are the change agents (is needed)* (Obiakor, Lecturer, Enan Newerem University, Nigeria)

§

*Selection of people who are interested ... more practice in the field* (Sultan, Clinical nutrition consultant, lecturer and trainer, National Nutrition Institute, Egypt)



§

*Finding nutrition education material, text books and guidelines specifically tailored for (our) context was a big challenge* (Ersino, Lecturer and Surveyor, Hawassa University, Ethiopia)

§

*NEAC training packages are just what we need in Ghana at this moment to be able to position nutrition as a development issue*  
(Alatiah, Kintampo Rural Health Training School, University of Ghana)

§

*It's very important to integrate NEAC in the educational curriculum starting from elementary level* (Sintayehu, Health Officer, Ethiopia)

§

*From curriculum level, a multipronged approach would be great at schools; we would need advocacy targeting subjects. NEAC would need to be infused and integrated into career subjects* (Chakalisa, Education Officer, Curriculum Development and Evaluation, Botswana)

§

*Before we start to educate the community we have to educate and get training for ourselves*  
(Gudisa, Medical Director, Adare Hospital, Ethiopia)