

# Question 2: What are effective and sustainable mechanisms or processes to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into health system strengthening efforts?



## Nutrition Education, and Lifestyle Changes to Promote Health: Using the Eat Better South Africa Model.

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### Eat Better South Africa NPC

**Context**  
Describe the context in which the activity takes place. What is the health problem that you are trying to solve? What health system challenges contribute to this problem? Which voices were engaged in solving this problem before your activity started? Who was missing from the discussion and what was the impact of that absence?

**Eat Better South Africa** - Founded in 2015 out of our passion to address the burden of metabolic and other non-communicable diseases on the country's healthcare system, as well as to improve the general health of community members across the country.

Our solution to effect changes in this regard has been to implement **dietary intervention programs** at grassroots levels in isolated, poverty-stricken, and rural based communities across the South Africa, by providing community members access to nutrition education programs and lifestyle changes to promote health, through the through **Network of Community-based Health Coaches**.

We aim to change the face of health management in local communities, granting every South African equal opportunity to a disease free healthy future.



**EAT BETTER SOUTH AFRICA!**

CHANGING LIVES, ONE COMMUNITY AT A TIME

### Activity Description

What systems-thinking approach did you take to address the health problem identified above? What government agencies or other stakeholders did you work with, why did you choose them, and how did you engage them? Describe in detail the process or mechanism used to integrate local, community, sub-national, national, or regional voices, priorities, and contributions into this approach. How did you build community, government/stakeholder ownership or buy-in? It may be useful to describe your theory of change.



Generally, if a person is eating the correct diet, and meeting their body's nutritional need for a healthy metabolic system, this person would often not struggle with diseases that stem from nutrition and therefore will not need to rely heavily on the public **healthcare system**.

During the program, through our **network** of community-based health coaches - we provide communities with mentorship support, nutrition education, how to budget, prepare and buy healthier foods, and coach them on the benefits of following a healthy and well-balanced eating habits lifestyle, and the effects this has on high cholesterol, blood pressure, obesity, diabetes, insulin resistance and general health.

#### Eat Better SA 6 week programme consists off:

- Weekly meetings
- Health assessments of Participants
- Nutrition education sessions and presentations
- Budget meal planning & shopping - Food diaries
- Guidebooks - Cooking demonstrations
- Sugar awareness & food addiction, and
- Empowerment through education

Every week the groups meet at a central place within their community, shares their experiences, has their blood pressure, blood glucose tested and BMI checked. We have had the honor of working with



**Activity Impact**  
How did this activity strengthen the health system? Which components of the health system did you act on (for example, did you support improvements in financing, cross-sectoral coordination, governance, local ownership, information, human resources, behavior of health system actors, service delivery, or medical products, vaccines, or technologies)? How does this activity contribute to health equity, quality or resource optimization? Be sure to explain the causal pathway by which your engagement of new voices contributed to this impact.

In all participants we consistently see improvements in weight, blood glucose, blood pressure, and energy levels.

Many have been able to reduce medication intake tremendously and some have come off their blood pressure and cholesterol medication and have significantly reduced household expenditure on food and medication.

- Promote human health & improve quality of life
- Provide insight into the role of healthy nutrition-focused foods in the human diet
- Establish novel management for chronic disease in the absence of drugs
- Knowledge advancement across communities & habits of better food choices

Based on previous implementations of Eat Better South Africa programs, on **Nutrition Education, and Lifestyle Changes to Promote Health** may be well suited to form part of a healthy diet. We access to nutrition education and information form an early age, while into adulthood adults can not only aid in preventing adult malnutrition and stunting in children, but also improve overall health and prevent the onset of numerous diseases of lifestyle, such as obesity, diabetes and other early childhood illnesses.




**Evidence**  
What evidence do you have that the integration of local, community, sub-national, national, and regional voices, priorities, and contributions in this approach was successful? What evidence do you have that this approach led to health or health system impacts? How can you best show what your activity accomplished? How do you know that you met your goals? Is the evidence able to be measured? Graphs or charts may be useful here to show this evidence.

Based on our previous and more recent experience - The average amount of food that people live on a day in low-income and poverty-stricken communities is somewhere between **R20, and R50** in some cases, and mothers feeding their children the most abysmal diet but doing their best.


**Success and Feedback of our Eat Better South Africa project thus far:**

- Most women said that when following the Eat Better South Africa intervention they felt less hungry, more energetic and they felt that their health had improved.
- Participants often speak of the socioeconomic challenges that make it difficult for them to follow Eat Better South Africa's recommendations, such as employment status, safety issues in the community, and lack of support from relatives.

**Data Evidence:**  
Throughout the programme, data is collected from our participants which includes weight, bodily measurements, BP and glucose testing. The data collected includes qualitative and quantitative data.  
Most participants followed EBSA's dietary recommendations and experienced health improvements during the 6-week program. 6-month follow up data will confirm whether these changes can be sustained. Qualitative discussions and interviews will explore their perceptions and experiences of EBSA.

[Click here](#), to learn more about our most recent Early Childhood health development project.


[Click here](#) to learn more about our evidence based pilot study



**Facilitators**  
What aspects of the health system, context, or external partner support helped make this successful? For example, were there existing working groups in place that enabled efficient coordination between stakeholders on this activity? Did you use a tool or knowledge resource from a global partner like WHO or UNICEF to help inform your activity?

Sustainability is a key factor in the success of the EBSA programme. Our trained network of community-based health coaches, providing us an opportunity to collectively utilize the impact of our work and passion for the good of all who take part or wish to participate in our programmes, while empowering local community members through nutrition education programs via a network of community-based health coaches.

**Our Community Coaches are:**  
Passionate individuals who are self-confident community builders and enthusiastic about nutrition and health, particularly the direct link between food and health.  
They are grassroot innovators, seeking to clarify and find sustainable nutritional solutions that respond to the local situation, the interests and values of the communities involved, and  
Are willing or likely to take practical action in making positive changes and be part of the solution.




**Challenges**  
What were some problems or challenges that you faced during your activity implementation? Did you expect these challenges or were they unanticipated? How did you respond to these challenges?

A few challenges we faced during activity implementation includes educating certain individuals who have followed the old dieting method for years and not easily convinced to follow our programme. Individuals struggle to adapt to a new lifestyle and healthier lifestyle changes. It can become very challenging for new participants to adopt a healthier lifestyle because 'fast foods' are cheaper and easier to consume in a fast-paced lifestyle. We encourage participants to go through our resources and be open to positive change. We also provide participants with budget-friendly quick recipes to help them adopt this healthier lifestyle.

Some participants could not continue the programme due to lack of consistency or time management. At EBSA we try and customize our programmes to cater for all participants to participate.

These challenges were expected for the reason of having participants / target beneficiary's reside in rural or poverty-stricken communities where access to resources may be more limited than individuals living in middle-to-high income communities.



**Lessons Learned**  
What lessons have you learned while you implemented this activity? How will this impact future activities or approaches? What advice would you give to other implementers and health systems actors in other countries that might want to adapt your approach?

**Programme implementation:**  
A lesson we learnt during the implementation of our activity is that not everything goes as planned. Yes, planning your programme and activities is important but some aspects are more time consuming than others; E.g. data verification and analysis.

**Future activities or approaches:**  
Priorities and approach are based on the individual community's need, size and scale. Larger communities need more time while smaller communities need less time. Consistency is key when dealing with the key stakeholder, administration and communication.

**Advice**  
Prioritise the dignity of your program beneficiary's before anything else. Involve community members from planning, implementation as well as program development, and importantly remain consistent and continue to make a positive impact in the world.

The future outlook of your community's health depends on YOU!

