OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	Positive Deviance Hearth Sessions will contribute to rehabilitation of malnourished children. AP Nyagatare, Akagera cluster
DIALOGUE DATE	Wednesday, 8 January 2025 09:00 GMT +02:00
CONVENED BY	Diocese Catholic of Byumba/caritas Byumba/WVR Event announced on behalf of the Convenor by: Diocese Catholic of Byumba/Caritas Byumba. Implementing partner of WVR Feedback published on behalf of Convenor by: DIOCESE OF BYUMBA/CARITAS BYUMBA. IMPLEMENTING PARTNER OF WVR
EVENT LANGUAGE	Kinyarwanda
HOST LOCATION	Nyagatare, Rwanda
GEOGRAPHIC SCOPE	Nyagatare District
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/58680/

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

1

PARTICIPATION BY AGE RANGE

4	0-11	26	12-18	1	19-29
0	30-49	0	50-74	0	75+

PARTICIPATION BY GENDER

24	Female	7	Male	0	Other/Prefer not to say

NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

0	Children, Youth Groups and Students	1	Civil Society Organisations (including consumer groups and environmental organisations)
0	Educators and Teachers	0	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	4	Food Producers (including farmers)
3	Healthcare Professionals	0	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)	22	Parents and Caregivers
0	Science and Academia	0	Small/Medium Enterprises
0	Sub-National/Local Government Officials and Representatives	0	United Nations
0	Women's Groups	0	Other (please state)

OTHER STAKEHOLDER GROUPS

Other stakeholder groups included faith-based community members, community health volunteers, and local kitchen owners who offered their spaces for cooking demonstrations and PDH activities.

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The PDH Dialogue brought together participants from diverse backgrounds, including both rural and peri-urban families, varying income levels, and ethnic communities in Nyagatare. Parents of malnourished children, health workers, local leaders, and volunteers all participated, reflecting a rich mix of socioeconomic and cultural realities. This inclusiveness strengthened dialogue outcomes and ensured that shared solutions were grounded in the everyday experiences of the wider community.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The Stakeholder Dialogue held in Nyagatare District was introduced by providing a clear overview of the local context and nutritional challenges affecting the community. Nyagatare is one of the largest and driest districts in Rwanda, where Seasonal food insecurity directly impacts food availability and diet diversity for vulnerable households. The introduction highlighted national statistics and district-specific data, showing the persistent problem of stunting, underweight, and micronutrient deficiencies among children under five. Stakeholders acknowledged how climate change is increasingly affecting agricultural productivity, limiting household incomes, and reducing access to fresh, nutritious foods. Additionally, the rising cost of food, poor dietary practices, and limited knowledge of balanced meal preparation among caregivers were cited as key drivers of malnutrition. The facilitators also emphasized the emotional weight of nutrition-related anxieties in the community. Many parents expressed deep concern over their children's repeated illnesses, lack of appetite, low energy, and slow growth—symptoms they could not always connect to poor nutrition. Community health workers raised alarms about low attendance at nutrition screenings, late reporting of malnutrition cases, and persistent myths around child feeding, especially for children recovering from illnesses. The dialogue framed the Positive Deviance Hearth (PDH) approach as a locally rooted, practical solution that draws on successful behaviors already existing within the community. It was introduced as an inclusive, evidence-based intervention that not only provides education and skills in meal preparation but also fosters solidarity and peer learning among caregivers. The 12-day PDH sessions were presented as to rebuild malnourished children.

NUTRITION SITUATION PRESENTATION

https://nutritiondialogues.org/wp-content/uploads/2025/08/AP-Nyagatare-PDH-SESSIONS-pdf.pdf

DISCUSSION

The discussion focused on how Positive Deviance Hearth (PDH) sessions can sustainably improve child nutrition in resource-limited settings. Open-ended questions included: What are the local barriers to child nutrition? How can families use affordable, locally available foods to create balanced meals? What role should each stakeholder play in sustaining PDH outcomes? How do we ensure long-term behavior change beyond the 12-day session period?

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants of the Dialogue reported facing a wide range of nutrition challenges, many of which are interconnected and rooted in poverty, seasonal food insecurity, and limited awareness. One of the most pressing issues is chronic malnutrition among children under five, with many suffering from stunting, underweight, and micronutrient deficiencies such as anemia and vitamin A deficiency. These conditions are often caused by poor dietary diversity, with most meals consisting of starchy foods and limited intake of protein, fruits, and vegetables.

Many caregivers noted that they lack knowledge about how to prepare balanced meals using locally available and affordable ingredients. The cost of nutrient-rich foods like animal protein and dairy products is often too high for low-income families, especially during the dry season when agricultural output is low. In addition, limited access to clean water and poor hygiene practices contribute to frequent infections such as diarrhea, which worsen malnutrition.

URGENT ACTIONS

Strengthening Nutrition Education:

Participants emphasized the need for ongoing community-based nutrition education. They proposed that local health workers and trained volunteers continue to sensitize parents—especially mothers—on preparing balanced meals using locally available foods. Demonstrations during Positive Deviance Hearth (PDH) sessions should be scaled up to reach more families.

Improving Hygiene and Sanitation:

As poor hygiene contributes to repeated infections and undernutrition, participants called for regular hygiene campaigns and improvements in access to clean water and latrines. They suggested training households on safe food handling and personal hygiene as part of PDH sessions.

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Enhancing Collaboration and Follow-Up:

Participants proposed that health centers and community leaders maintain regular follow-up with families of malnourished children. They recommended integrating PDH into existing community health systems and school feeding programs to ensure sustainability.

AREAS OF DIVERGENCE

While the dialogue reflected strong overall alignment in goals, several diverging views and opinions emerged among participants, especially around responsibilities, resources, and sustainability.

Sustainability of PDH Sessions:
There was a debate on whether the 12-day PDH sessions were enough to lead to lasting behavior change. Some believed it should be a recurring, long-term intervention, while others highlighted the value of short, intensive periods to motivate immediate action. A consensus was reached that the 12 days should be followed by periodic refresher sessions and community monitoring.

OVERALL SUMMARY

The Stakeholder Dialogue convened in Nyagatare District was organized by Caritas Byumba in partnership with World Vision Rwanda, under the Positive Deviance Hearth (PDH) Model framework. The event gathered a diverse group of stakeholders including local authorities, health workers, parents of malnourished children, volunteers, and community leaders to strengthen coordination around PDH implementation as a model to fight child malnutrition in rural Rwanda.

The Dialogue opened with a clear contextual framing of the local nutrition crisis. Malnutrition remains a major public health concern in the region, driven by poverty, food insecurity, seasonal scarcity, lack of knowledge on nutrition, and cultural misconceptions around food. Participants acknowledged that while progress has been made, many children still suffer from chronic and acute malnutrition, affecting their growth, school performance, and overall health.

Through a participatory and inclusive approach, the Dialogue aimed to clarify the structure and goals of PDH sessions and to co-create action steps that would improve community ownership, increase participation, and ensure long-term sustainability. The Positive Deviance approach, which is based on identifying locally available solutions and behaviors practiced by well-nourished children from poor households, resonated strongly with attendees. This model, implemented in 12-day group cooking sessions, teaches caregivers how to prepare affordable, nutritious meals using local ingredients while fostering behavioral change and peer learning.

The discussions were dynamic, empathetic, and often emotional. Parents shared firsthand experiences of raising malnourished children and the anxiety it creates. Health workers expressed concern about gaps in awareness, while volunteers noted challenges with community mobilization and consistency of attendance. The sessions created space for mutual learning, personal testimonies, and collaboration.

Key discussion themes included:

The roles and responsibilities of each stakeholder group (parents, volunteers, leaders)

Appropriate composition of the daily cooking menu

Hygiene and food safety during cooking demonstrations

How to select participants in a fair and needs-based way

Monitoring progress through child weight, height, and MUAC indicators

Field visits to active PDH sessions in Rebero and Kigarama villages added depth to the dialogue. Participants observed real-time activities such as weighing children, food preparation, hygiene routines, child stimulation through play, and feeding techniques. These practical experiences bridged the gap between theory and practice and gave stakeholders confidence in the model's relevance.

A shared sentiment throughout the dialogue was hope. Parents expressed gratitude for the knowledge and support provided through PDH and were optimistic about changes in their children's health. Volunteers emphasized the strength of working together and called for continued collaboration. Local authorities pledged to support PDH integration into existing community health frameworks.

Despite some diverging views—particularly on issues such as sustainability, the burden of contributions, and cultural food norms—the dialogue ended in unity and shared commitment. Participants agreed that community-led efforts must be central, with technical guidance and facilitation from supporting organizations.

From a facilitator's perspective, the event was inspiring and deeply human. It moved beyond statistics to highlight the resilience of families and the power of locally driven solutions. There was a strong sense of shared responsibility and urgency, but also joy—especially when visiting sessions where children were laughing, eating, and being nurtured in warm, supportive settings.

The event affirmed that when communities are trusted, trained, and equipped, they are not only capable of tackling malnutrition—they are the best suited to lead the way. The lessons from this Dialogue will inform scale-up in other sectors and feed into the broader Nutrition for Growth 2025 agenda.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The Dialogue embraced inclusivity, transparency, and mutual respect—core Principles of Engagement. It brought together diverse stakeholders: parents of malnourished children, community health workers, local leaders, and volunteers. Prior to the event, facilitators held a briefing session to review the participant list, ensuring balanced representation and identifying potential areas of conflicting interests. Participants were encouraged to share openly, and all voices were given equal weight regardless of status or role. Discussions were guided with neutrality, creating a safe space for differing views—particularly around challenges like food contributions and session scheduling. No financial disclosures were required, but transparency about organizational roles and responsibilities was emphasized throughout.

METHOD AND SETTING

The Dialogue followed a participatory, inclusive methodology aligned with the recommended approach. Stakeholders were invited in advance, grouped by role (parents, health workers, leaders), and guided by facilitators trained on PDH. The setting was semi-formal and held in a community space near AP Nyagatare. The event combined open discussions, small group work, and field visits to PDH sessions, ensuring practical and meaningful engagement across all participants.

ADVICE FOR OTHER CONVENORS

Engage local leaders early to build trust and ensure community participation. Use simple, culturally relevant language and visuals. Incorporate real-life examples—like visiting a Hearth session—to make discussions practical. Keep the environment inclusive and safe for all voices. Brief facilitators beforehand and prepare guiding questions. Always follow up with a clear action plan that reflects community input. Flexibility and respect for local context are key to meaningful dialogue.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely acknowledge Caritas Byumba and World Vision Rwanda for their tireless support in organizing the Dialogue and implementing the PDH model. Special thanks to local leaders, health workers, and volunteers for their commitment to improving child nutrition. We also appreciate the parents who actively participated and shared their experiences. This Dialogue would not have been possible without the collaboration and dedication of every stakeholder involved.