

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	Meeting with Community Health Workers of Mutete sector, Kageyo AP, Buranga cluster, united for starting PDH Sessions that will contribute to rehabilitation of malnourished children.
DIALOGUE DATE	Tuesday, 7 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: CARITAS BYUMBA/DIOCESE BYUMBA. IMPLEMENTING PARTNER OF WVR
EVENT LANGUAGE	KINYARWANDA
HOST LOCATION	Rukomo, Rwanda
GEOGRAPHIC SCOPE	Gicumbi District
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/58683/



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	47
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PARTICIPATION BY AGE RANGE

0	0-11	19	12-18	24	19-29
4	30-49	0	50-74	0	75+

PARTICIPATION BY GENDER

32	Female	15	Male	0	Other/Prefer not to say
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NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

0	Children, Youth Groups and Students	1	Civil Society Organisations (including consumer groups and environmental organisations)
12	Educators and Teachers	0	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
29	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
1	News and Media (e.g. Journalists)	5	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 village leaders and ECD caregivers who play a key role in mobilizing families and supporting child nutrition activities at the community level.

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The Dialogue brought together Community Health Workers from different villages of Mutete sector, representing diverse socio-economic backgrounds. Participants came from both relatively better-off and low-income households in rural communities. This diversity allowed for a rich exchange of ideas, as they shared different experiences related to child nutrition and local challenges.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The Dialogue event was introduced by highlighting the ongoing nutrition challenges faced in the Mutete sector, especially among children under five. The local context of poverty, food insecurity, and seasonal food shortages was emphasized as a major contributor to chronic and acute malnutrition. Community Health Workers acknowledged that many families, particularly the poorest, struggle to access nutritious foods such as animal protein and vitamin-rich vegetables. The facilitator underlined how environmental factors like poor harvests, limited access to diverse foods, and lack of clean water also contribute to child undernutrition. There was a shared concern that without timely interventions, these conditions would continue to affect children's growth and development. The objective of the meeting—to officially start the Positive Deviance Hearth (PDH) sessions—was framed as a community-driven solution to address these challenges. The facilitator explained how PDH sessions identify and reinforce positive nutritional practices from within the community itself, rather than relying solely on external support. Participants were encouraged to reflect on local strengths, discuss possible barriers, and share practical suggestions. The tone was collaborative, focused on joint responsibility and mutual support to improve child health outcomes. The introduction laid a foundation of urgency, but also of hope—emphasizing that through joint action, even resource-limited communities can rehabilitate malnourished children and prevent future cases.

NUTRITION SITUATION PRESENTATION

<https://nutritiondialogues.org/wp-content/uploads/2025/08/MUTETE-KAGEYO-AP.pdf>

DISCUSSION

The discussion focused on launching Positive Deviance Hearth (PDH) sessions in Mutete Sector to rehabilitate malnourished children. Open-ended questions included: When should PDH sessions begin in the community? What key actions are needed for effective implementation? What challenges might we face and how can we overcome them? How can we ensure families remain motivated to apply the good practices at home? What support is needed to improve the success of PDH sessions? These questions encouraged participants to share insights, propose solutions, and commit to their roles in fighting child malnutrition.

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants highlighted several nutrition challenges affecting the Mutete Sector community. The most pressing issue mentioned was the insufficient availability of nutritious food at the household level, especially for poor families. This scarcity of food commodities hinders the consistent implementation of recommended feeding practices, particularly during the PDH (Positive Deviance Hearth) sessions aimed at rehabilitating malnourished children.

In addition, limited access to animal-source foods such as eggs, milk, and small fish, which are essential for children's growth and recovery, was reported. The community also faces economic barriers that prevent families from purchasing diverse and nutrient-rich foods, resulting in monotonous diets based mainly on starchy staples.

Participants also raised concerns about caregivers' limited knowledge and skills in preparing balanced meals with locally available foods. This gap in knowledge contributes to poor feeding practices, especially during the critical first 1,000 days of a child's life.

Another challenge identified was the lack of motivation among some families to actively participate in PDH sessions, especially when immediate material support (like food) is unavailable. This reduces the program's potential for sustainability and long-term impact.

These challenges collectively contribute to persistent cases of acute and chronic malnutrition, underweight, and stunting among children under five in the area. Addressing them requires both short-term interventions, such as food support to the most vulnerable, and long-term strategies, including nutrition education and community empowerment.

URGENT ACTIONS

Participants identified several urgent actions necessary to enhance the effectiveness of the PDH (Positive Deviance Hearth) sessions and improve child nutrition outcomes in the Mutete Sector:

Provision of Nutritious Food Support:
Participants emphasized the need to support PDH sites with nutritious food items such as small fish, eggs, and vegetables. These foods would not only be used during PDH cooking demonstrations but also serve as an incentive for poor families to participate. The community proposed that local partners and government institutions collaborate to mobilize resources or link families to social protection programs like Girinka or Ubudehe support.

Community Sensitization and Mobilization:
It was proposed to strengthen community mobilization through CHWs and local leaders to raise awareness about the importance of PDH sessions. Regular home visits and use of existing community structures were recommended to encourage consistent participation and behavioral change.

Capacity Building for CHWs and Caregivers:
To ensure high-quality PDH implementation, participants proposed continuous training and mentorship of CHWs in nutrition counseling, food preparation, and monitoring of child growth. Additionally, equipping caregivers with knowledge on locally available nutritious foods was seen as key to sustaining practices at home.

Strengthening Monitoring and Evaluation:
Participants recommended improving data collection and follow-up of children enrolled in PDH sessions. This includes the use of standardized tools and frequent supervision to track progress and provide timely feedback.

Linkage with Other Nutrition and Health Services:
Integration of PDH with other community-based services such as growth monitoring, deworming, and ECD centers was proposed to create a more holistic support system for children under five.

AREAS OF DIVERGENCE

During the meeting with Community Health Workers (CHWs) in Mutete sector, there was a high level of consensus among participants regarding the urgency and importance of starting the PDH sessions to rehabilitate malnourished children. Most participants shared similar views on the challenges faced, particularly the lack of sufficient nutritious food in the community, and agreed on the need for support with food items like small fish and eggs to motivate families and ensure the success of the sessions.

However, some differences emerged in opinions related to the implementation strategies. While most CHWs emphasized the importance of regular home visits and community sensitization, a few participants raised concerns about the workload and capacity of CHWs to effectively cover all households in the area. These concerns highlighted the need for additional support and resources to enable CHWs to perform their roles effectively.

There were also slight differences in opinions on the timeline for starting the PDH sessions. Some participants preferred an immediate start to address urgent needs, while others suggested a brief preparatory period to ensure all materials and tools were ready, and adequate training was completed.

Regarding recommendations, there was a shared understanding of the need for collaborative efforts between local authorities, partners, and the community. Nevertheless, some participants stressed the importance of involving more stakeholders and increasing funding to sustain the program, whereas others focused on optimizing existing resources.

Overall, the meeting reflected a spirit of cooperation and unity, with only minor divergences that were addressed through open discussion and consensus-building. These differences enriched the dialogue by encouraging critical reflection on practical challenges and potential solutions to ensure the PDH sessions' success.

OVERALL SUMMARY

The dialogue meeting held with Community Health Workers (CHWs) of Mutete sector, Kageyo AP, Buranga cluster, was a crucial step toward launching the Positive Deviance Hearth (PDH) sessions aimed at rehabilitating malnourished children in the community. The event brought together a dedicated group of CHWs who play an essential role as frontline agents in nutrition rehabilitation and community health promotion.

The atmosphere of the meeting was collaborative and purposeful. Participants arrived with a shared sense of responsibility and urgency to tackle malnutrition among vulnerable children. This unity was palpable throughout the discussions and created an encouraging environment for constructive dialogue and mutual support.

The meeting began with introductions, establishing a warm and respectful tone that fostered openness and active participation. The importance of the PDH sessions was emphasized as a practical, community-driven approach that empowers caregivers and families to improve children's nutritional status using locally available resources. The emphasis on rehabilitating malnourished children through a 12-day hearth session model resonated well with all participants.

Key objectives were clearly outlined: setting a time frame for the PDH sessions and discussing the main components needed for effective implementation. The participants demonstrated strong commitment to these goals, showing readiness to mobilize their communities and apply the knowledge and tools shared during the meeting.

A major part of the dialogue focused on identifying challenges hindering successful implementation. The most prominent concern was the insufficient availability of nutritious food commodities within the community, which directly affects the ability of families to provide balanced diets to their children. This challenge was openly acknowledged, reflecting the participants' realistic understanding of local conditions.

In response, participants proposed practical recommendations such as supporting PDH sites with nutrient-rich food items like small fish and eggs to motivate poor families. This solution-oriented approach illustrated their deep engagement and willingness to find sustainable ways to overcome barriers. The discussion also highlighted the need for continuous support and follow-up to maintain motivation and ensure that positive nutrition practices become embedded in daily life.

Throughout the meeting, the exchange of ideas was respectful and inclusive. While there were some differences in opinions, especially regarding the timeline for starting the sessions and workload concerns, these divergences were handled constructively. The group reached consensus by valuing each viewpoint and focusing on shared goals rather than disagreements.

The overall feeling of the event was one of hope and collective strength. The participants left the meeting feeling empowered and ready to embark on their mission to reduce malnutrition in their communities. The meeting reinforced the critical role that CHWs play in bridging health services and community needs, underscoring the importance of equipping them with adequate tools, resources, and ongoing support.

From my perspective, this dialogue was a significant milestone in mobilizing community efforts for nutrition improvement. It demonstrated the power of collaboration among health workers, local leaders, and implementing partners in addressing complex health challenges. The candid discussion of obstacles, coupled with a proactive approach to solutions, set a positive precedent for future engagements.

In conclusion, the meeting was not only informative but also inspirational. It highlighted the resilience and dedication of community actors committed to improving child health through practical, locally adapted interventions. The collective spirit observed during the dialogue promises sustained progress in rehabilitating malnourished children and preventing future cases, contributing to the broader goal of enhancing community wellbeing and nutrition security.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The dialogue strictly adhered to the Principles of Engagement by fostering inclusivity, transparency, and respect among all participants. Prior to the meeting, facilitators were briefed thoroughly on the participant list, including their roles and any potential competing interests, ensuring smooth coordination and open communication throughout the event. Efforts were made to create a safe space where all voices, especially those of Community Health Workers and caregivers, were heard and valued equally. This encouraged honest sharing of challenges and collaborative problem-solving.

METHOD AND SETTING

The dialogue was convened using a participatory and inclusive methodology focused on open communication and collaboration. Community Health Workers and key local stakeholders were invited to ensure diverse representation. The meeting began with introductions to build rapport, followed by a clear agenda focusing on PDH session planning and challenges. Facilitators guided discussions to encourage input from all participants and reviewed PDH tools collaboratively.

ADVICE FOR OTHER CONVENORS

For successful Nutrition Dialogue events, ensure inclusive participation by inviting diverse community members and stakeholders. Prepare a clear agenda and share it in advance to focus discussions. Create a welcoming and respectful environment that encourages open communication. Use facilitators skilled in guiding conversations and managing different opinions. Incorporate local context and challenges to make discussions relevant.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely thank all our dedicated Community Health Workers, local leaders, and volunteers for their commitment to improving child nutrition. Special appreciation goes to Caritas Byumba and World Vision Rwanda for their strong partnership and continuous support in implementing the PDH project. We are grateful to the funders and service providers whose resources made this work possible. Finally, we acknowledge the families and communities who actively participate and trust the program.