

OFFICIAL FEEDBACK FORM

| | |
|----------------------------|---|
| DIALOGUE TITLE | Through PDH Model Project of Caritas Byumba and World Vision International/Rwanda, we have received visitors from World Vision Japan to hearth session of Rugarama village, Akagera cluster. |
| DIALOGUE DATE | Thursday, 20 March 2025 09:30 GMT +02:00 |
| CONVENED BY | DIOCESE CATHOLIC OF BYUMBA/CARITAS BYUMBA/WVR Event announced on behalf of the Convenor by: CARITAS DIOCESE OF BYUMBA. IMPLEMENTING PARTNER OF WVR Feedback published on behalf of Convenor by: DIOCESE CATHOLIC OF BYUMBA/CARITAS BYUMBA. IMPLEMENTING PARTNER OF WVR |
| EVENT LANGUAGE | ENGLISH |
| HOST LOCATION | Bugaragara, Rwanda |
| GEOGRAPHIC SCOPE | NYAGATARE DISTRICT |
| AFFILIATIONS | WVR |
| DIALOGUE EVENT PAGE | https://nutritiondialogues.org/dialogue/59189/ |



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 | 42 |
|------------------------------|----|

PARTICIPATION BY AGE RANGE

| | | | | | |
|---|-------|----|-------|----|-------|
| 3 | 0-11 | 16 | 12-18 | 19 | 19-29 |
| 4 | 30-49 | 0 | 50-74 | 0 | 75+ |

PARTICIPATION BY GENDER

| | | | | | |
|----|--------|----|------|---|-------------------------|
| 23 | Female | 19 | Male | 0 | Other/Prefer not to say |
|----|--------|----|------|---|-------------------------|

NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

| | | | |
|----|---|---|---|
| 0 | Children, Youth Groups and Students | 4 | Civil Society Organisations (including consumer groups and environmental organisations) |
| 2 | Educators and Teachers | 3 | Faith Leaders/Faith Communities |
| 2 | Financial Institutions and Technical Partners | 0 | Food Producers (including farmers) |
| 28 | Healthcare Professionals | 0 | Indigenous Peoples |
| 1 | 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) | 0 | 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 community health workers, health center managers, nutrition interns from the University of Rwanda, local leaders (village and sector levels), and caregivers of underweight children.

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The dialogue event was inclusive, bringing together participants from various backgrounds including rural caregivers, health professionals, community health workers, and local leaders. Participants came from different economic levels—some from low-income households with malnourished children, while others were professionals and decision-makers. The presence of delegates from Japan added international diversity. This enriched the discussion and ensured broad representation about child nutrition

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

During the introduction of the Stakeholder Dialogue event at the “URUMURI” hearth session in Rugarama Village, the local context was clearly framed. The Director of Caritas Byumba welcomed all participants and introduced the purpose of the gathering, highlighting the ongoing struggle with child malnutrition in the region. It was emphasized that many families in the area face poverty, seasonal food shortages, and limited access to nutritious foods, all of which contribute to undernutrition in children under five. Caritas Byumba and World Vision Rwanda explained the Positive Deviance Hearth (PDH) model and how it addresses these local challenges. They noted that over 220 children in Rwimiyaga Sector had been screened as underweight, with 88% showing improvement through PDH interventions. The dialogue acknowledged local anxieties around recurring malnutrition despite general food availability, emphasizing a lack of nutrition knowledge and poor feeding practices as root causes. Participants were informed about how the PDH model builds local capacity by teaching caregivers to use available, affordable foods to prepare balanced meals. They also discussed the impact of environmental factors that affect food security. Stakeholders shared a collective concern about sustaining the gains made through PDH, highlighting the need for continuous community education, follow-up, and policy support. The dialogue thus set a strong foundation for collaborative discussion focused on practical, locally-driven solutions.

NUTRITION SITUATION PRESENTATION

<https://nutritiondialogues.org/wp-content/uploads/2025/08/REPORT-OF-JAPAN-VISIT-2.pdf>

DISCUSSION

The discussion focused on the effectiveness of the Positive Deviance Hearth (PDH) approach in reducing malnutrition among children under five. Open-ended questions included: What are the main causes of child malnutrition in this community? How is the PDH model helping caregivers improve their children's nutrition? What local foods are commonly used to prepare a balanced diet? What can be done to sustain the impact of these interventions after the 12-day sessions? These questions encouraged sharing of experiences, challenges, and suggestions for future improvement.

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants highlighted several nutrition challenges during the Dialogue. These included limited knowledge on how to prepare a balanced diet using locally available foods, poverty which restricts access to diverse and nutritious foods, and cultural beliefs that affect feeding practices. Seasonal food insecurity was also mentioned as a factor that worsens malnutrition, especially during dry periods when food is scarce. Additionally, some caregivers lack time to attend to child feeding due to work and household responsibilities. In some cases, there is also limited involvement of fathers in child nutrition, putting all the burden on mothers.

URGENT ACTIONS

Participants identified several urgent actions to address malnutrition. First, they emphasized continued education for caregivers on preparing balanced meals using available local foods. They suggested increasing the number of cooking demonstrations and hearth sessions in more villages. Second, they called for stronger community mobilization through local leaders and CHWs to identify and support more malnourished children early. Third, they proposed integrating nutrition education into community gatherings and churches.

Participants also urged increased collaboration between NGOs, health centers, and local authorities to sustain the PDH model. They recommended supporting caregivers with kitchen gardens and small livestock to improve household food diversity. Lastly, they requested regular follow-up visits after hearth sessions to ensure long-term behavior change.

AREAS OF DIVERGENCE

The views, opinions, and positions of participants in the dialogue showed minimal divergence. Most stakeholders — including caregivers, CHWs, local leaders, and project staff — agreed on the importance and effectiveness of the Positive Deviance Hearth (PDH) approach in rehabilitating malnourished children. There was a shared understanding of the urgency to address malnutrition through community-based, locally available solutions.

However, some participants highlighted the need to strengthen the follow-up system after the 12-day hearth sessions to ensure sustainability, while others raised concerns about the lack of consistent food supply in some households, which can affect the adoption of learned practices. A few caregivers expressed challenges related to poverty and limited access to certain food items, while nutritionists stressed the importance of maintaining dietary diversity regardless of economic barriers.

Despite these minor differences in perspective, all parties were united in their commitment to fighting malnutrition, and discussions remained collaborative and respectful.

OVERALL SUMMARY

The Positive Deviance Hearth (PDH) Dialogue event held on March 20, 2025, at the “URUMURI” hearth session site in Rugarama Village was a significant milestone in the collaborative fight against child malnutrition in Nyagatare District. The event brought together a diverse group of stakeholders including caregivers of malnourished children, community health workers, local leaders, nutritionists, university interns, and international delegates from World Vision Japan. This inclusive gathering demonstrated a strong community commitment to improving child nutrition through practical, culturally relevant, and evidence-based approaches.

The dialogue began with a warm introduction by Father Augustin Nzabonimana, Director of Caritas Byumba, who set the tone by emphasizing the shared responsibility of all stakeholders in addressing malnutrition. The subsequent presentations by Caritas Byumba and World Vision Rwanda staff provided a clear overview of the PDH model—its goals, methodology, and successes in rehabilitating underweight children. These presentations helped anchor the dialogue in the local context, highlighting both the scale of the problem and the measurable impact achieved through community-driven interventions.

Caregivers shared heartfelt testimonies about their experiences during the 12-day hearth sessions. Many described how their children's nutrition status improved, moving from yellow (moderate malnutrition) to green (healthy) status on nutritional charts. They expressed deep gratitude for the knowledge and support received, noting that the training on preparing balanced diets using local foods has empowered them to take better care of their children. Their stories underscored the transformative power of practical education and community solidarity in combating malnutrition.

Local leaders and health officials also voiced their support, acknowledging the importance of sustained partnership between NGOs, government, and communities. They recognized that while the PDH model is effective, its long-term success depends on continuous follow-up, resource allocation, and integration into broader health and nutrition systems.

From my perspective, the event was inspiring and energizing. The presence of international delegates underscored the global significance of nutrition challenges and reinforced Rwanda's commitment to addressing them. The dialogue felt authentic and grounded, as it brought real voices and experiences to the forefront rather than abstract statistics. The collaborative spirit was palpable, with stakeholders listening attentively, exchanging ideas respectfully, and showing a genuine desire to learn from one another.

Moreover, the event highlighted key lessons about the value of context-specific solutions that leverage local resources and knowledge. The PDH model's success lies not only in its technical approach but also in its ability to build trust and ownership within communities. Caregivers' active participation and willingness to share their challenges and successes created a supportive environment that fostered collective problem-solving.

Looking forward, it is clear that scaling and sustaining these interventions will require ongoing collaboration among all stakeholders. Continued investment in capacity building for caregivers, health workers, and community volunteers is essential. Strengthening monitoring and evaluation systems will also help track progress and identify areas for improvement. Importantly, integrating nutrition programs into national and local development plans can ensure that malnutrition remains a priority on policy agendas.

In conclusion, the PDH Dialogue event was not just a reporting session but a powerful platform for empowerment, learning, and partnership. It reinforced the message that ending malnutrition is a shared journey that demands commitment, innovation, and solidarity. With the dedication witnessed at this event, there is reason for optimism that every child in Nyagatare and beyond can grow, thrive, and reach their full potential.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The Dialogue fully reflected key Principles of Engagement, including inclusivity, transparency, respect, and collaboration. Prior to the event, facilitators were briefed on the participant list, which included caregivers, local leaders, health professionals, nutritionists, and international delegates. This preparation helped anticipate and manage any potential competing interests or differing viewpoints, ensuring that all voices were heard respectfully. The facilitators emphasized creating a safe space where participants felt comfortable sharing experiences and concerns without fear of judgment. Efforts were made to balance power dynamics by encouraging caregivers and community members to actively contribute alongside professionals and officials. This fostered mutual respect and collective ownership of the solutions discussed. The dialogue promoted transparency through open sharing of data, challenges, and successes related to the PDH model.

METHOD AND SETTING

The Dialogue was convened using a participatory and inclusive methodology. It took place in an informal, outdoor setting at the “URUMURI” hearth session site in Rugarama Village, Nyagatare District. The event combined presentations, testimonies, and interactive discussions to engage all participants actively. Facilitators guided the conversation to ensure that caregivers, health workers, local leaders, and international delegates could share experiences and insights freely.

ADVICE FOR OTHER CONVENORS

To convene a successful Nutrition Dialogue, prioritize creating a welcoming environment that encourages open, respectful communication among diverse participants. Use participatory methods like storytelling and practical demonstrations to engage caregivers and community members actively. Ensure the dialogue is rooted in local context by involving community leaders and health workers. Prepare facilitators well to manage discussions and balance power dynamics.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely thank Caritas Byumba, community health workers, local leaders, caregivers, and volunteers for their dedication and active participation in the PDH hearth sessions. Our gratitude extends to World Vision Rwanda and World Vision Japan for their valuable partnership and support. Special thanks to the nutritionists and University of Rwanda interns who contributed technical expertise. We also appreciate the funding and logistical support from all partners involved.

ATTACHMENTS

- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/WhatsApp-Image-2025-03-26-at-7.27.30-PM-1.jpeg>
- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/WhatsApp-Image-2025-03-26-at-7.27.30-PM.jpeg>
- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/WhatsApp-Image-2025-03-26-at-7.27.31-PM.jpeg>
- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/WhatsApp-Image-2025-03-26-at-7.27.32-PM-1.jpeg>
- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/WhatsApp-Image-2025-03-26-at-7.27.32-PM-2.jpeg>