

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	AP Buberuka, Buranga cluster: Community Health Workers quarterly meeting continue helping them to assess and plan household counselling for families with children aged 0-23months
DIALOGUE DATE	Wednesday, 12 February 2025 10:10 GMT +02:00
CONVENED BY	Catholic Diocese 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 BYUMBA/CARITAS BYUMBA. Implementing partner of WVR
EVENT LANGUAGE	Kinyarwanda
HOST LOCATION	Cyeru, Rwanda
GEOGRAPHIC SCOPE	Burera District
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/59205/



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	49
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PARTICIPATION BY AGE RANGE

3	0-11	32	12-18	13	19-29
1	30-49	0	50-74	0	75+

PARTICIPATION BY GENDER

32	Female	17	Male	0	Other/Prefer not to say
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NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

5	Children, Youth Groups and Students	1	Civil Society Organisations (including consumer groups and environmental organisations)
3	Educators and Teachers	0	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
39	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)	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 stakeholders included community leaders and local caregivers who actively support CHWs in promoting maternal and child nutrition. Their involvement ensured culturally appropriate counselling and reinforced health messages.

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The Dialogue brought together participants from diverse backgrounds, including CHWs from both rural and semi-urban areas, representing households of varying economic status. Families ranged from low-income to moderate-income levels, ensuring perspectives from different wealth categories. Participants also reflected the local ethnic diversity, creating an inclusive environment.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The Stakeholder Dialogue began with an introduction that set the stage by outlining the local context and nutrition challenges affecting the Buranga Cluster in Rwerere Sector. Facilitators highlighted that the area is predominantly rural, with most families relying on subsistence farming, which is highly vulnerable to seasonal changes and unpredictable weather patterns that impact food availability and diversity. The community faces economic constraints, with many households living on low incomes, limiting their ability to consistently access nutritious and varied foods. The local nutrition situation was described as concerning, with recent screening identifying cases of malnutrition among children under 2 years. Participants discussed how these cases are often linked to inadequate maternal nutrition during pregnancy and lactation, poor infant and young child feeding practices, and limited awareness of balanced diets. Hygiene and sanitation challenges—such as unsafe water sources and poor waste management—were also noted as contributing factors to recurrent childhood illnesses, which further increase malnutrition risks. Local anxieties expressed by the community include the fear that rising food prices and climate variability will worsen the situation, making it harder for vulnerable households to afford or produce nutrient-rich foods year-round. There was also concern about knowledge gaps among caregivers, especially young mothers, regarding proper feeding practices from conception through the first two years of life. The framing of the Dialogue emphasized the importance of empowering Community Health Workers (CHWs) to address these issues through regular household counselling, targeted nutrition education, and close follow-up of pregnant and lactating mothers. The PDH (Positive Deviance Hearth) approach was introduced as a proven method to rehabilitate malnourished children by using locally available and affordable foods.

NUTRITION SITUATION PRESENTATION

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

DISCUSSION

The discussion focused on improving maternal and child nutrition for families with children aged 0–23 months in Rwerere Sector. Key questions included: How can CHWs effectively support pregnant and lactating mothers in adopting balanced diets from conception to birth? What locally available foods can be used to prevent and treat malnutrition? How can hygiene and sanitation practices be improved to reduce illness-related malnutrition in children under five? What strategies can strengthen community engagement and follow-up? How can seasonal food shortages and rising prices be mitigated to ensure consistent access to nutritious foods?

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants identified several key nutrition challenges in the community. Limited knowledge among some pregnant and lactating mothers about the importance of proper nutrition from conception to birth was a major concern, leading to poor feeding practices. Seasonal food shortages, driven by climate variability and low household food production, limit access to diverse and nutritious foods, especially for low-income families. Rising market prices for nutritious foods further exacerbate the problem, making it difficult for vulnerable households to afford balanced diets.

Malnutrition in children under five remains prevalent, with cases linked to both inadequate diets and frequent illnesses caused by poor hygiene and sanitation practices. Participants also noted that some households rely heavily on starchy staples with minimal protein, fruits, and vegetables, contributing to micronutrient deficiencies such as anemia and vitamin A deficiency.

URGENT ACTIONS

Participants identified several urgent actions to address the nutrition challenges in their community. First, they emphasized the need for continuous household counselling by Community Health Workers (CHWs), especially for families with children aged 0-23 months, pregnant women, and lactating mothers. They proposed that CHWs be supported with refresher trainings, job aids, and regular supervision to ensure accurate nutrition messaging and follow-up.

Strengthening Positive Deviance Hearth (PDH) sessions was seen as critical for rehabilitating malnourished children and equipping caregivers with practical cooking demonstrations using locally available and affordable foods. Participants suggested expanding PDH coverage to reach more villages and increasing community mobilization through local leaders and faith-based groups.

To tackle seasonal food shortages, participants proposed promoting kitchen gardening and small-scale livestock rearing to diversify household diets. They also recommended training households on post-harvest storage to reduce food losses. Collaboration with local agriculture officers and cooperatives was highlighted as a way to increase food production and affordability.

Improving hygiene and sanitation was identified as another priority. Actions include community-led campaigns on handwashing, safe water use, and latrine maintenance. Linking nutrition activities with WASH (Water, Sanitation, and Hygiene) programs was seen as essential to breaking the cycle of infection and malnutrition.

Participants also stressed the importance of addressing cultural barriers. They suggested involving men, elders, and community influencers in nutrition education to challenge harmful food taboos and encourage shared household responsibility for child nutrition.

AREAS OF DIVERGENCE

During the Dialogue, most participants agreed on the importance of addressing malnutrition through a multi-sectoral approach involving health, agriculture, and community engagement. However, some divergence emerged in opinions regarding the most urgent priorities and best strategies to achieve them. A majority emphasized household counselling and PDH sessions as the most effective tools for improving child nutrition, while others argued that without addressing poverty and food insecurity, such interventions might have limited long-term impact. Some participants pushed for more immediate investment in income-generating activities and access to affordable, diverse foods, whereas others maintained that behavior change and education should take precedence, even within low-resource settings.

There were also different perspectives on the role of men in nutrition programming. While some CHWs and community leaders strongly supported actively involving men in nutrition education to ensure shared household responsibility, others expressed concern that this might be difficult to achieve due to cultural norms and men's limited availability.

In discussing agricultural solutions, some participants favored scaling up kitchen gardens and small livestock rearing using local resources, while others called for more government or NGO-supported inputs such as improved seeds, irrigation, and training. There was also debate on whether nutrition programs should primarily target the most vulnerable households or aim for broader community coverage to prevent future cases of malnutrition.

On hygiene and sanitation, participants unanimously recognized its link to nutrition but differed on implementation approaches. Some advocated for community-led WASH campaigns leveraging local leaders, while others preferred integrating WASH education directly into PDH and CHW household visits to ensure consistent follow-up.

OVERALL SUMMARY

The Dialogue was a meaningful and engaging event focused on addressing malnutrition among children under five years in the Mutete sector, Kageyo AP, Buranga cluster. The meeting brought together Community Health Workers (CHWs), local leaders, nutritionists, and implementing partners such as Caritas Byumba and World Vision Rwanda. The purpose was to officially launch and plan the Positive Deviance Hearth (PDH) sessions aimed at rehabilitating malnourished children and preventing future cases.

From the start, the atmosphere was collaborative and optimistic, with all participants demonstrating a shared commitment to improving child nutrition outcomes. The introduction highlighted the serious challenges faced by the community, including food insecurity and limited access to diverse, nutritious foods. There was clear recognition that malnutrition is a complex problem influenced by multiple factors such as poverty, hygiene practices, cultural habits, and seasonal food availability.

The dialogue was structured to encourage open participation and knowledge sharing. Participants actively discussed how best to implement PDH sessions, including setting timelines, identifying challenges, and reviewing tools necessary for successful activities. The open format allowed for a rich exchange of ideas, with CHWs sharing practical experiences from the field and community leaders providing insights into local dynamics and resource constraints.

One of the key moments was when participants identified the lack of sufficient food commodities as a major barrier to effective rehabilitation of malnourished children. This led to constructive recommendations to support PDH sites with nutrient-rich foods such as small fish and eggs, which could both motivate and enable poor families to better participate in the sessions. The discussion also emphasized the importance of community involvement and ownership, with the consensus that collective efforts are critical to sustaining positive nutrition outcomes.

The event was not only informative but also inspiring. It reinforced the essential role of CHWs as frontline agents of change, providing education, counselling, and follow-up care to families. Many participants expressed a strong sense of responsibility and motivation to intensify their work, recognizing that their efforts directly impact children's survival and development.

From a broader perspective, the dialogue reflected principles of inclusivity and respect, as diverse stakeholders were given space to voice their views and contribute to solutions. The facilitation ensured that technical guidance was balanced with community realities, making the proposed strategies both practical and culturally sensitive.

Overall, the event felt like a hopeful step forward in the fight against child malnutrition in the region. It demonstrated how coordinated action between government health workers, community volunteers, and partner organizations can create an enabling environment for lasting change. The shared commitment and clear action plans developed during the dialogue set a strong foundation for successful PDH sessions and improved child nutrition outcomes in Mutete sector.

Looking ahead, the dialogue emphasized the need for continued collaboration, resource mobilization, and monitoring to maintain momentum. Participants left with renewed determination to work together and a deeper understanding of how to overcome barriers to nutrition. The meeting was a vital platform not only for planning but also for strengthening partnerships and building community trust – all crucial elements for achieving sustainable nutrition improvements.

In summary, this dialogue was a constructive, energizing, and essential event that combined technical rigor with community engagement. It reaffirmed the collective responsibility to protect the health of the youngest and most vulnerable, paving the way for effective PDH implementation and a healthier future for children in Buranga cluster and beyond.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The Dialogue strongly reflected the Principles of Engagement by fostering inclusivity, transparency, and respect among all participants. Before the event, facilitators were briefed thoroughly on the participant list, including roles and potential areas of competing interests, which helped manage discussions smoothly and ensured all voices were heard equally. Efforts were made to create a safe space where community health workers, local leaders, nutritionists, and partner representatives could openly share their views without fear of judgment or exclusion. The facilitators actively encouraged collaboration and constructive dialogue, emphasizing shared goals over individual interests.

METHOD AND SETTING

he dialogue was convened using a participatory methodology that combined presentations and open discussions to engage Community Health Workers and stakeholders actively. The meeting began with an introduction to the PDH project goals, followed by detailed explanations of nutrition and hygiene practices. Participants were encouraged to share their experiences and challenges, fostering a collaborative problem-solving environment.

ADVICE FOR OTHER CONVENORS

My advice for other Dialogue Convenors is to prioritize clear communication and active participation. Prepare well by understanding the local context and nutrition challenges to make discussions relevant. Use simple language and visual aids to engage all participants, especially those with limited technical knowledge. Encourage open dialogue by creating a respectful and inclusive environment where everyone feels comfortable sharing ideas. Plan sessions with clear objectives and time management.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely appreciate the dedication and hard work of the Community Health Workers and local leaders who actively participated in this dialogue. Special thanks to Caritas Byumba and World Vision Rwanda for their continuous support and collaboration in implementing the PDH project. We also acknowledge the valuable guidance from health professionals and nutrition experts who contributed their knowledge.

ATTACHMENTS

- PHOTO**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/WhatsApp-Image-2025-03-28-at-12.25.06-PM-300x225-2.jpeg>