

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	Through PDH project of World Vision Rwanda in partnership with Caritas Byumba, Caritas conducted a refresher training of Community Health Workers and volunteers on rehabilitation of malnourished children at Kivuruga sector, AP Kivuruga
DIALOGUE DATE	Thursday, 27 February 2025 09:15 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	KINYARWANDA
HOST LOCATION	Nyarutovu, Rwanda
GEOGRAPHIC SCOPE	GAKENKE DISTRICT
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/59210/



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.

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SECTION ONE: PARTICIPATION

TOTAL NUMBER OF PARTICIPANTS	43
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PARTICIPATION BY AGE RANGE

2	0-11	26	12-18	13	19-29
2	30-49	0	50-74	0	75+

PARTICIPATION BY GENDER

24	Female	19	Male	0	Other/Prefer not to say
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NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

4	Children, Youth Groups and Students	1	Civil Society Organisations (including consumer groups and environmental organisations)
4	Educators and Teachers	0	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	2	Food Producers (including farmers)
32	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)	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 health workers and volunteers actively involved in monitoring and rehabilitating malnourished children. Their role is crucial in tracking progress, addressing challenges, and supporting families in rehabilitation

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The dialogue included diverse participants from rural Kivuruga sector, representing different socioeconomic backgrounds, mainly low-income families affected by malnutrition. Ethnic diversity reflected the local population, ensuring inclusive representation. The event focused on rural community health workers and volunteers who directly engage with vulnerable households, making the dialogue relevant to varied experiences of poverty, access to resources, and cultural practices affecting nutrition.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The Stakeholder Dialogue event began with an overview of the local context in Kivuruga sector, highlighting key challenges affecting nutrition such as poverty, limited access to diverse foods, and seasonal food shortages. The area, predominantly rural, faces difficulties linked to climate variability impacting agricultural productivity, which in turn affects food availability and dietary diversity. Participants were informed about persistent malnutrition issues, particularly among children under five, exacerbated by factors such as poor hygiene, limited health services access, and inadequate knowledge of balanced diets. The introduction emphasized the importance of community-based interventions like the PDH approach to address these challenges through active engagement of Community Health Workers and volunteers. Local anxieties about malnutrition included worries over recurring cases of underweight children, the long-term effects on growth and cognitive development, and the struggle to maintain consistent nutrition due to economic constraints and environmental factors. The framing also covered the ongoing efforts by Caritas Byumba and World Vision Rwanda to improve nutrition outcomes by strengthening rehabilitation and follow-up mechanisms. Participants were reminded of the critical role that effective monitoring, education, and support play in preventing malnutrition. Emphasis was placed on the need for collective responsibility, with community members and health workers working together to ensure that malnourished children receive timely and adequate care. Finally, the session set the tone for open dialogue on identifying challenges, sharing experiences, and discussing ways to improve the implementation of the PDH approach amid local realities such as seasonality and resource scarcity. This created a shared understanding of the nutrition situation and fostered collaboration toward sustainable solutions.

NUTRITION SITUATION PRESENTATION

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

DISCUSSION

The main discussion topic focused on the implementation and challenges of the Positive Deviance Hearth (PDH) approach in rehabilitating malnourished children. Open-ended questions included: How can we improve monitoring and follow-up of malnourished children in the community? What obstacles do Community Health Workers face during PDH sessions? How can community members better support nutrition education and rehabilitation efforts? What strategies can be used to ensure consistent access to nutritious foods despite seasonal shortages? These questions encouraged participants to share experiences, identify gaps, and propose practical solutions for enhancing the effectiveness of PDH activities in Kivuruga sector.

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants identified several nutrition challenges during the dialogue:

Limited access to diverse and nutritious foods: Many families struggle to obtain enough protein-rich foods like eggs and fish, which affects children's balanced diets.

Seasonal food shortages: During certain seasons, availability of fresh fruits and vegetables decreases, leading to gaps in nutrition.

Poverty and food insecurity: Economic constraints limit the ability of caregivers to provide consistent, balanced meals.

Lack of awareness and education: Some caregivers have limited knowledge about proper infant feeding practices and hygiene, impacting child nutrition.

Challenges in monitoring and follow-up: Community Health Workers face difficulties tracking the progress of malnourished children due to logistical and resource constraints.

Sanitation and hygiene issues: Poor hygiene contributes to frequent illnesses, which worsen malnutrition in children under five.

These challenges collectively hinder effective rehabilitation of malnourished children and require targeted interventions to address both immediate and underlying causes.

URGENT ACTIONS

Participants identified several urgent actions to improve child nutrition and proposed practical ways to implement them:

Strengthen community sensitization: Increase awareness campaigns on balanced diets, hygiene, and infant feeding practices to educate caregivers. This can be done through regular community meetings and home visits by Community Health Workers (CHWs).

Support food availability: Provide nutritional support such as eggs, small fish, and other protein-rich foods to vulnerable families, especially during food-scarce seasons. Partners and local authorities should coordinate to supply these foods at PDH sites.

Enhance training for CHWs: Regular refresher trainings and supervision should be conducted to improve CHWs' skills in monitoring and counseling caregivers effectively.

Improve follow-up systems: Develop better tools and schedules for home visits to ensure consistent monitoring of malnourished children's progress.

Promote hygiene and sanitation: Encourage construction of latrines and use of clean water to reduce disease incidence, which impacts nutrition.

Strengthen partnerships: Encourage collaboration between government, NGOs, and local communities to pool resources and coordinate nutrition interventions.

Mobilize resources: Advocate for more funding and material support to sustain PDH activities and reach more children.

Participants emphasized that these actions must be community-driven, supported by local leaders and partners, and continuously monitored for impact to ensure successful rehabilitation and prevention of child malnutrition.

AREAS OF DIVERGENCE

During the dialogue, participants generally shared a common goal of reducing child malnutrition and improving community health. Most views aligned on the urgency of strengthening PDH sessions, increasing community sensitization, and supporting vulnerable families with nutritious food. There was strong consensus on the need for better training and support for Community Health Workers, as they are key actors in implementing nutrition interventions.

However, some divergence appeared regarding resource allocation and prioritization. A few participants stressed the immediate need for food aid to address acute malnutrition, while others emphasized long-term solutions such as education and improving agricultural practices for sustainable nutrition. Some stakeholders also differed in opinions on how best to motivate caregivers and CHWs — with some advocating for direct material support, and others preferring community mobilization and awareness campaigns.

Differences in perspectives were mostly constructive and led to rich discussions on balancing urgent relief efforts with sustainable interventions. There was also agreement on the importance of collaboration between government, NGOs, and communities to harmonize efforts and avoid duplication.

Overall, these differing opinions did not create conflict but instead fostered a more comprehensive approach. The dialogue helped reconcile varying views by focusing on shared goals and exploring complementary strategies to tackle malnutrition from multiple angles. This inclusive environment strengthened trust and commitment among participants to work together effectively.

OVERALL SUMMARY

The Dialogue was a highly productive and inspiring event that brought together diverse stakeholders committed to combating child malnutrition through the Positive Deviance Hearth (PDH) approach. Participants included Community Health Workers (CHWs), local leaders, caregivers, nutritionists, and representatives from implementing partners such as Caritas Byumba and World Vision Rwanda. This inclusive gathering created a dynamic platform for sharing experiences, challenges, and innovative solutions.

The session began with warm introductions and expressions of gratitude, setting a positive and collaborative tone. Participants engaged actively in discussions centered on improving the implementation and impact of PDH sessions in their communities. The focus on rehabilitating malnourished children and preventing future cases resonated deeply with everyone present, emphasizing the critical importance of nutrition for early childhood development.

Throughout the dialogue, participants openly shared challenges such as limited food resources, difficulties in sustaining caregiver engagement, and the need for enhanced training and supervision of CHWs. These candid conversations highlighted the real-life obstacles on the ground, allowing the group to collectively explore practical recommendations. Key actions proposed included providing nutritious food support to vulnerable families, strengthening community sensitization on balanced diets and hygiene, and improving coordination among partners to optimize resource use.

The atmosphere was one of mutual respect and genuine commitment. Even where opinions differed—such as on prioritizing immediate food aid versus longer-term education—the dialogue maintained a constructive spirit. Divergent views enriched the discussion, leading to a more holistic understanding of the multifaceted nature of malnutrition and the pathways to address it sustainably.

From a personal perspective, the event felt energizing and hopeful. It was clear that stakeholders share a deep dedication to child health and are willing to collaborate intensively to overcome barriers. The engagement of CHWs, who are critical frontline actors, was particularly encouraging as they expressed readiness to continue their vital work with renewed motivation. The presence and support of local leaders and implementing partners reinforced the sense of a united front against malnutrition.

This dialogue not only advanced technical discussions but also strengthened relationships and trust among participants. The shared commitment and collective problem-solving approach create a strong foundation for ongoing efforts. As preparations continue for the Nutrition for Growth summit in March 2025, insights and messages from this dialogue will be instrumental in shaping advocacy and programmatic strategies.

In conclusion, the event was more than just a meeting; it was a meaningful step forward in the fight against malnutrition. The collaborative spirit, openness to learning, and focus on actionable outcomes leave a positive outlook for future interventions. Participants left motivated, better informed, and united in their mission to ensure that every child has the chance to grow healthy and thrive.

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. Prior to the event, facilitators were briefed thoroughly on the participant list to identify any potential competing interests and ensure balanced representation of stakeholders, including government officials, community health workers, caregivers, and implementing partners. This preparation helped manage diverse viewpoints respectfully and maintained a collaborative atmosphere. Efforts were made to create a safe space where all voices could be heard equally, encouraging open dialogue and constructive feedback. Participants were reminded of the importance of mutual respect and confidentiality to promote honest sharing of challenges and ideas.

METHOD AND SETTING

The Dialogue was convened using a participatory and inclusive methodology, combining presentations, open discussions, and group reflections to engage all participants actively. Facilitators introduced the PDH approach, followed by sharing challenges and experiences from the field. This interactive method encouraged knowledge exchange and collective problem-solving. The event took place in a formal indoor setting at a community hall within Kivuruga sector.

ADVICE FOR OTHER CONVENORS

My advice for other Dialogue Convenors is to prioritize creating a safe and inclusive space where all participants feel valued and heard. Use interactive methods like open discussions and group work to encourage participation and knowledge sharing. Prepare well by understanding local contexts and challenges to make the dialogue relevant. Ensure clear communication of objectives and follow-up actions. Collaborate closely with community leaders and stakeholders to build trust and ownership.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely thank the Community Health Workers and volunteers for their dedication and hard work in supporting child nutrition and rehabilitation efforts. Our gratitude goes to Caritas Byumba and World Vision Rwanda for their continuous support and partnership in implementing the PDH project. We also appreciate the local leaders and health staff for their collaboration and commitment. Special thanks to the funders and service providers whose resources and expertise made this dialogue possible.

ATTACHMENTS

- **picture**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/WhatsApp-Image-2025-03-28-at-12.25.06-PM-1-300x225-2.jpeg>