

# OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	38 Head of home based ECD of Bushoki sector, Tare AP were trained on health, hygiene and sanitation to promote children's health through PDH project.
DIALOGUE DATE	Wednesday, 19 March 2025 09:30 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 CATHOLIC OF BYUMBA/CARITAS BYUMBA. IMPLEMENTING PARTNER OF WVR
EVENT LANGUAGE	KINYARWANDA
HOST LOCATION	Karambo, Rwanda
GEOGRAPHIC SCOPE	RULINDO DISTRICT
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	<a href="https://nutritiondialogues.org/dialogue/59216/">https://nutritiondialogues.org/dialogue/59216/</a>



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	39
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## PARTICIPATION BY AGE RANGE

0	0-11	14	12-18	18	19-29
7	30-49	0	50-74	0	75+

## PARTICIPATION BY GENDER

28	Female	11	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)
2	Educators and Teachers	0	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
23	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)	9	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 local community leaders, parents, and volunteers who support ECD centers. Their involvement ensures community ownership and strengthens collaboration for promoting child health and nutrition through PDH activities.

## ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The dialogue involved diverse participants from various socioeconomic backgrounds, including low-income families and community volunteers. It included representatives from different ethnic groups living in rural areas of Bushoki sector. This diversity helped address unique challenges faced by urban and rural communities, ensuring inclusive discussions on health, hygiene, and child nutrition.

# SECTION TWO: FRAMING AND DISCUSSION

## FRAMING

The Stakeholder Dialogue began by highlighting the local context of Bushoki sector, where poverty and seasonal food shortages heavily impact child nutrition and health. The community faces challenges such as limited access to clean water and sanitation facilities, which increase the risk of diseases contributing to malnutrition. Climate variability causes irregular harvests, leading to food insecurity and reliance on less nutritious food. Participants expressed concerns about widespread nutrition deficiencies among children under five, including stunting and wasting. The dialogue emphasized the critical role of Early Childhood Development (ECD) centers in promoting child well-being through integrated approaches involving health, nutrition, hygiene, and parenting education. Local anxieties focused on the community's vulnerability to these risk factors and the urgent need for sustainable solutions to improve children's nutrition and growth outcomes. The introduction set the tone for collaborative discussions aimed at strengthening ECD functionality and addressing systemic barriers to child health in the region.

## NUTRITION SITUATION PRESENTATION

<https://nutritiondialogues.org/wp-content/uploads/2025/08/BUSHOKI-ECD-TRAINING.pdf>

## DISCUSSION

The discussion focused on strengthening the role of Early Childhood Development (ECD) centers in promoting children's health and nutrition. Open-ended questions included: How can ECD centers better support child nutrition and hygiene? What challenges do you face in implementing health and sanitation practices at ECD centers? How can we improve caregiver involvement in child well-being? What resources or support do you need to enhance ECD functionality? Participants were encouraged to share their experiences, challenges, and suggestions to improve the effectiveness of ECD programs in preventing malnutrition and promoting overall child development in their communities.

# SECTION THREE: DIALOGUE OUTCOMES

## CHALLENGES

Participants identified several nutrition challenges during the dialogue:

- Limited awareness and knowledge among caregivers about proper child nutrition and balanced diets, especially for children under five.
- Inadequate access to diverse and nutritious foods due to poverty and limited local food availability.
- Poor hygiene and sanitation practices contributing to frequent illnesses that worsen malnutrition.
- Seasonal food shortages that affect food security and quality of diets.
- Insufficient resources and materials at ECD centers to effectively support nutrition and hygiene education.
- Low caregiver involvement and engagement in nutrition and health activities, limiting behavior change.
- Challenges in integrating nutrition messages with other sectors such as health, WASH, and child protection.

These challenges affect child growth and development, increasing the risk of malnutrition and related health problems in the community.

## URGENT ACTIONS

Participants identified the following urgent actions and proposed ways to move them forward:

- Strengthen Nutrition Education:** Increase awareness among caregivers on balanced diets and proper child feeding practices. This can be done through regular community sensitization, home visits by CHWs, and training sessions at ECD centers.
- Improve Access to Nutritious Foods:** Support families, especially poor households, with nutritious food items like eggs and small fish. Promote local food production and diversification to ensure availability year-round.
- Enhance Hygiene and Sanitation:** Promote WASH practices in communities and ECD centers to prevent diseases that contribute to malnutrition. This includes providing hygiene materials and training on sanitation.
- Provide Resources to ECD Centers:** Supply cooking and hygiene materials to support the effective functioning of ECDs in promoting child health and nutrition.
- Increase Caregiver Engagement:** Encourage caregivers to actively participate in nutrition programs and behavior change activities by organizing more interactive sessions and follow-ups.
- Cross-sector Collaboration:** Strengthen integration between nutrition, health, WASH, and child protection sectors for holistic child development.
- Monitoring and Support:** Continue regular monitoring and support from CHWs and volunteers to ensure proper implementation of nutrition interventions.

Participants recommended that these actions be taken forward through collaboration between local leaders, health workers, NGOs like Caritas Byumba and World Vision Rwanda, and community members to ensure sustainability and impact.

## AREAS OF DIVERGENCE

Views and opinions were mostly aligned with a strong shared commitment to improving child nutrition and health. Participants agreed on the importance of nutrition education, hygiene, and support for ECD centers. However, some differences arose regarding resource availability, with concerns about insufficient food supplies and materials. A few participants emphasized the need for more financial and material support, while others focused on improving community awareness and behavior change. Despite these minor differences, all agreed on the urgency of acting collectively and supporting CHWs and caregivers. Overall, the dialogue reflected a collaborative spirit with no major conflicts or opposing positions.

## OVERALL SUMMARY

The dialogue convened with Heads of Home-Based Early Childhood Development (ECD) centers in Bushoki sector was a highly productive and engaging event, focused on strengthening child health, nutrition, and hygiene practices through the Positive Deviance Hearth (PDH) project. The participants, comprising 38 ECD leaders, came together with a shared commitment to improving the well-being of children under five years old in their communities.

The event began with an open and warm atmosphere, encouraging open dialogue and active participation. The introduction framed the discussion within the broader challenges faced by the community, including poverty, limited access to nutritious food, and seasonal fluctuations impacting food availability. Participants expressed their concerns about widespread malnutrition and the need for sustainable solutions that involve nutrition education, hygiene, and sanitation as key pillars to prevent child undernutrition.

Discussions were guided by key themes including the six pillars of ECD—health, nutrition, WASH (Water, Sanitation, and Hygiene), parenting education, child protection, and inclusion. Participants were actively engaged through group work, open discussions, and a question-and-answer session that allowed for the sharing of experiences and identification of challenges hindering the promotion of child health. The emphasis on hygiene as a preventive measure against malnutrition resonated deeply with the group, as many highlighted local practices that needed reinforcement or behavioral change.

A significant portion of the dialogue focused on practical strategies to support the functionality of home-based ECD centers. Participants appreciated the distribution of ECD materials, including cooking and hygiene supplies, which were seen as vital resources to improve the daily operations of these centers. The sharing of knowledge on how to integrate nutrition with other sectors such as health and sanitation further enriched the dialogue, fostering a holistic understanding of child development.

One key outcome of the meeting was the recognition of behavior change as a persistent challenge. Participants acknowledged that while knowledge and resources are crucial, changing community habits and attitudes requires continuous effort and support. They proposed ongoing training and community sensitization campaigns as critical steps to sustain progress and ensure that children benefit from improved care and nutrition.

From my perspective, the dialogue was both inspiring and hopeful. It was clear that the participants were deeply invested in the health and future of their children and were eager to collaborate and learn. The respectful and inclusive environment fostered trust and openness, which enhanced the quality of discussions. While challenges such as resource limitations remain, the collective determination to overcome these barriers was palpable.

Overall, the event highlighted the importance of multi-sectoral collaboration and community empowerment in addressing malnutrition. It reaffirmed that strengthening ECD centers and supporting caregivers with knowledge and resources can lead to meaningful improvements in child nutrition and well-being. The dialogue not only served as an avenue to exchange ideas but also as a motivational platform encouraging stakeholders to continue their efforts with renewed vigor.

In conclusion, this stakeholder dialogue was a valuable step towards advancing the goals of the PDH project and contributing to the broader nutrition agenda in Rwanda. It showcased the power of community-driven solutions and the critical role of education, hygiene, and multi-sector integration in tackling malnutrition among young children. The positive energy and shared vision among participants promise continued progress and stronger partnerships in the future.



# 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. Before the event, facilitators were thoroughly briefed on the participant list to identify any potential competing interests or sensitivities. This preparation helped manage discussions constructively and ensured a balanced representation of views. Efforts were made to create a safe and open environment where all stakeholders—including ECD leaders, community health workers, and local officials—felt comfortable sharing their perspectives without fear of judgment or bias. Conflicts or differing opinions were addressed respectfully, encouraging dialogue rather than confrontation.

## METHOD AND SETTING

The dialogue was convened using a formal methodology that combined presentations, group discussions, and Q&A sessions. Facilitators introduced key topics related to early childhood development, nutrition, and hygiene, encouraging active participation and knowledge sharing among stakeholders. The recommended methodology of inclusive engagement and open dialogue was applied to ensure all voices were heard.

## ADVICE FOR OTHER CONVENORS

For an effective Nutrition Dialogue, start with thorough preparation, including identifying relevant stakeholders and tailoring topics to local nutrition challenges. Use interactive methods like group discussions, practical demonstrations, and Q&A to encourage participation and ownership. Ensure inclusivity by engaging diverse voices, especially from vulnerable groups. Provide clear, actionable takeaways that participants can apply immediately.

# FEEDBACK FORM: ADDITIONAL INFORMATION

## ACKNOWLEDGEMENTS

We sincerely thank the dedicated Community Health Workers and volunteers whose commitment is vital to the success of our nutrition initiatives. Special appreciation goes to Caritas Byumba and World Vision Rwanda for their continuous support and partnership. We also acknowledge the local leaders and caregivers for their active participation and collaboration. Our gratitude extends to all trainers and facilitators who shared their expertise during the sessions.