

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	From Homes to Health: The Hearth session Approach in Action
DIALOGUE DATE	Thursday, 22 May 2025 09:30 GMT +02:00
CONVENED BY	DIOCESE CATHOLIC OF BYUMBA/CARITAS BYUMBA/WORLD VISION RWANDA Event announced on behalf of the Convenor by: Diocese Catholic of Byumba/Caritas Byumba. Implementing partner of World Vision Rwanda 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/59319/



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	27
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PARTICIPATION BY AGE RANGE

0	0-11	14	12-18	9	19-29
4	30-49	0	50-74	0	75+

PARTICIPATION BY GENDER

21	Female	6	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)
8	Educators and Teachers	2	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
16	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 stakeholder groups included local community volunteers, faith-based leaders. These groups played a key role in mobilizing households, providing local food resources, and promoting behavior change to improve child nutrition through PDH approach

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The Dialogue brought together participants from varied socio-economic backgrounds, including low-income rural farmers, small traders, and local leaders. Ethnic diversity was naturally reflected in the community setting, ensuring inclusivity. Both rural households and those from semi-urban trading centers participated, allowing for a rich exchange of perspectives on child nutrition.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The Stakeholder Dialogue in Kivuruga Sector, Gakenke District, Northern Rwanda, was introduced by highlighting the local context where malnutrition remains a significant concern despite ongoing development efforts. The area is predominantly rural, with most households relying on subsistence farming. However, challenges such as climate change—manifested in irregular rainfall and prolonged dry seasons—affect crop yields and food availability. Seasonal food shortages are common, especially before harvest periods, increasing the risk of child malnutrition. Poverty was discussed as a major driver of limited access to diverse, nutrient-rich foods. Many families depend on staple crops like maize and beans, which are affordable but insufficient to meet full nutritional needs. Additionally, inadequate hygiene practices and limited access to clean water contribute to repeated illnesses that exacerbate undernutrition in children under five. Participants expressed concerns about a lack of knowledge on balanced diets, with some caregivers unaware of how to make use of locally available, affordable foods to provide proper nutrition. Widespread micronutrient deficiencies—such as lack of iron, vitamin A, and zinc—were noted, particularly among young children and pregnant or lactating mothers. The Dialogue was framed around the Positive Deviance Hearth (PDH) approach implemented by Caritas Byumba and World Vision Rwanda, which empowers communities to identify and adopt positive feeding and caregiving practices already successfully used by some families in similar conditions. Facilitators emphasized that the purpose of the meeting was to discuss not only the immediate causes of malnutrition but also sustainable, community-driven solutions.

NUTRITION SITUATION PRESENTATION

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

DISCUSSION

The discussion focused on understanding the root causes of child malnutrition in the community and identifying practical, sustainable solutions through the Positive Deviance Hearth (PDH) approach. Open-ended questions included: What are the main challenges caregivers face in providing balanced diets for children? Which affordable, locally available foods can improve child nutrition? How can we strengthen hygiene and feeding practices at home? What positive examples already exist in our community that others can learn from? How can local leaders, volunteers, and families work together to sustain these changes? These questions encouraged participants to share personal experiences, practical ideas, and commitments to collective action against malnutrition.

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants in the Dialogue identified several pressing nutrition challenges affecting children and families in the Gakenke district, particularly in rural areas like Kivuruga sector. A major issue is limited access to diverse, nutritious foods due to low household income, making it difficult for caregivers to provide balanced meals. Many families depend heavily on starchy staples, with minimal inclusion of protein-rich or micronutrient-rich foods.

Seasonal food shortages were also highlighted, as harvest cycles and climate variability affect availability and affordability of fresh produce. This is compounded by lack of knowledge or misconceptions about nutrition, leading to poor feeding practices such as late introduction of complementary foods or inadequate meal frequency for young children.

Cultural factors also play a role; some communities hold beliefs that restrict certain nutritious foods from children or pregnant women. Workload pressures on mothers, especially in farming families, limit time for preparing proper meals or attending nutrition education sessions.

Finally, participants emphasized that poverty, limited agricultural diversity, and insufficient community-level support systems create a cycle where malnutrition persists despite efforts to address it. These challenges underscore the need for both behavioral change and structural support through community-based interventions like the Positive Deviance Hearth approach.

URGENT ACTIONS

Participants proposed several urgent actions to combat child malnutrition and improve household nutrition in the Gakenke district.

First, they emphasized strengthening nutrition education for caregivers, focusing on practical skills such as meal planning, food preparation, and proper feeding practices for children under five. They recommended expanding the Positive Deviance Hearth approach to more villages, ensuring every community has trained local volunteers to lead sessions.

Promoting kitchen gardens was identified as a priority to increase year-round access to vegetables and diversify diets. Participants suggested that households be supported with seeds, tools, and training on climate-smart gardening techniques to cope with seasonal changes.

They also called for improving hygiene and sanitation, proposing that handwashing stations be established in households and public places, coupled with ongoing community awareness campaigns. Access to clean water was seen as essential, requiring collaboration with local authorities and NGOs to improve water infrastructure.

On the economic front, participants recommended income-generating activities for women, such as small livestock rearing or cooperative farming, to boost household food purchasing power. They suggested linking these activities with nutrition education so that increased income translates into better diets.

For early detection and treatment of malnutrition, participants urged stronger links between community health workers and households, with regular home visits and growth monitoring. They proposed integrating nutrition checks into existing health outreach programs.

Culturally, they highlighted the need to challenge food taboos that limit children's diets, recommending targeted dialogues with community leaders, elders, and faith-based groups to foster acceptance of more diverse foods.

AREAS OF DIVERGENCE

During the dialogue, most participants shared a common understanding of the urgency of addressing child malnutrition and improving community nutrition. There was strong agreement on the importance of practical, community-driven approaches like the Positive Deviance Hearth, nutrition education, and promoting local food production. Many saw these as both effective and sustainable because they use local resources, empower families, and build on existing community structures.

However, some differences emerged in priorities and implementation approaches. While many emphasized expanding kitchen gardens and small livestock projects, others argued that the most urgent action should be improving access to clean water and sanitation, believing that poor hygiene is the root cause of repeated child illnesses and malnutrition.

Another divergence was on the scale of interventions. Some participants favored expanding programs quickly to cover more villages, while others recommended focusing on deepening impact in a few areas first before scaling up, to ensure quality and community ownership.

In terms of resource allocation, there were differing views on whether funds should prioritize training more community health volunteers or providing material support like seeds, farming tools, and food supplements.

Cultural aspects also sparked discussion. Some participants strongly advocated for challenging long-standing food taboos immediately, while others felt this should be approached gradually to avoid resistance from elders and traditional leaders.

Despite these variations, there was no fundamental disagreement on the overall goal. The dialogue reflected diverse perspectives shaped by participants' different roles, such as caregivers, local leaders, health workers, and NGO representatives. These differences enriched the discussion, offering multiple pathways to achieve shared objectives.

OVERALL SUMMARY

The dialogue convened brought together a diverse group of stakeholders deeply engaged in addressing child malnutrition in Northern Rwanda, particularly through the Positive Deviance Hearth (PDH) model implemented by Caritas Byumba and World Vision Rwanda. Participants included community health workers, local leaders, caregivers, nutritionists, and implementing partners, all committed to sharing experiences and insights on improving nutrition outcomes for children under five.

The event was characterized by a strong spirit of collaboration and mutual respect, with participants openly exchanging knowledge and challenges encountered during PDH implementation. The dialogue was anchored in the shared recognition that malnutrition remains a critical public health issue linked closely to poverty, limited access to diverse foods, sanitation challenges, and cultural practices. Many expressed hope and motivation drawn from the tangible progress seen in their communities—children moving from underweight to healthier nutritional statuses thanks to the hearth sessions.

The discussion topics focused on the effectiveness of the PDH model in rehabilitating malnourished children, the importance of using local, affordable foods, and the critical role of caregivers and community volunteers in sustaining these efforts. Participants valued the practical nature of the hearth sessions, where learning was combined with hands-on cooking demonstrations and hygiene education. This approach empowered caregivers with knowledge and skills that they could immediately apply at home, fostering sustainable behavior change.

Key nutrition challenges highlighted included the scarcity of certain nutritious foods during some seasons, ongoing poverty limiting household food security, and gaps in water, sanitation, and hygiene infrastructure that exacerbate malnutrition risk. Cultural food taboos were also noted as barriers that need sensitive but deliberate addressing.

Views diverged mainly on prioritization of interventions. While consensus existed on the importance of community-led nutrition education and support, some advocated for scaling up food production activities, others emphasized hygiene and sanitation improvements, and some called for enhanced training and resourcing of community health workers. These differences reflected the diverse roles and experiences of participants but also enriched the dialogue by introducing multiple perspectives.

The dialogue underscored the critical importance of partnership—between local authorities, health workers, NGOs, and communities themselves—in designing and implementing nutrition programs. Many appreciated the strong cooperation between Caritas Byumba and World Vision Rwanda, which was seen as a model of effective collaboration that enhances resource use and community trust.

From a personal perspective, the dialogue felt inspiring and hopeful. Despite the challenges, there was a palpable sense of shared purpose and determination. Participants were not just discussing problems but actively contributing to solutions, learning from each other, and building networks of support. The event fostered openness, trust, and a collective commitment to improving child nutrition sustainably.

Overall, the dialogue provided a rich platform to reflect on progress, confront challenges, and strategize future actions. It highlighted that nutrition interventions are most successful when they are community-based, context-sensitive, and inclusive of all stakeholders—from caregivers to policy makers. As preparations continue toward Nutrition for Growth 2025, the insights and relationships forged in this dialogue offer a strong foundation for continued progress in the fight against child malnutrition in Rwanda.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The Dialogue strongly reflected key Principles of Engagement, prioritizing transparency, inclusiveness, respect, and collaboration. Before the event, facilitators were thoroughly briefed on the participant list to identify potential competing interests and prepare strategies to manage them effectively. This proactive approach ensured balanced participation and minimized conflicts, fostering an open and respectful environment for dialogue. Participants came from diverse backgrounds including community health workers, local leaders, NGOs, and caregivers, which ensured multiple perspectives were heard and valued. The dialogue encouraged equal voice, allowing each stakeholder to contribute without dominance by any party. Financial disclosures were requested from relevant participants to maintain transparency and build trust among all parties. This helped prevent any perceived bias or conflict of interest in the discussions.

METHOD AND SETTING

The Dialogue was convened using a participatory methodology emphasizing open discussions, presentations, and group work to encourage active engagement. Facilitators ensured inclusivity by inviting diverse stakeholders such as community health workers, local leaders, caregivers, and NGO representatives. The setting was informal yet organized, held within a community meeting room in a local health center, which fostered a comfortable and focused atmosphere.

ADVICE FOR OTHER CONVENORS

The advice for other Dialogue Convenors is to prioritize inclusivity by inviting diverse stakeholders, including community members, health workers, and local leaders. Prepare clear objectives and use interactive methods like group discussions and presentations to encourage participation. Ensure a comfortable and accessible venue to foster open communication. It's important to manage time well and create a respectful environment where all voices are heard.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely thank the entire Caritas Byumba and World Vision Rwanda teams for their dedication and hard work in organizing and implementing the Dialogue. Our gratitude goes to the Community Health Workers and local leaders whose active participation made the event successful. We also appreciate the funders and partners who provided financial and technical support, enabling the smooth running of activities. Special thanks to all service providers and facilitators

ATTACHMENTS

- **picture**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/GtKtaiaXgAAq4eH.jpg>
- **picture**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/GtKtco2X0AAcb4N-1.jpg>