

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	Tracking Child Growth (Monitoring): Simple Tools, Life-Saving Impact
DIALOGUE DATE	Monday, 26 May 2025 09:15 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	Matimba, Rwanda
GEOGRAPHIC SCOPE	NYAGATARE DISTRICT
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/59322/



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	108
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PARTICIPATION BY AGE RANGE

9	0-11	46	12-18	49	19-29
4	30-49	0	50-74	0	75+

PARTICIPATION BY GENDER

1	Female	0	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)
0	Educators and Teachers	3	Faith Leaders/Faith Communities
21	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
38	Healthcare Professionals	45	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 local health workers, community volunteers, and faith leaders who actively supported growth monitoring and nutrition education. Their involvement strengthened community trust and encouraged parental participation

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The Dialogue brought together participants from diverse backgrounds, including low-income rural households, small-scale farmers, and traders. Attendees represented different ethnic groups and varied educational levels, ensuring a broad range of perspectives. Most participants were from remote rural areas, but some came from semi-urban centers, bringing contrasting experiences of access to nutrition services. This diversity enriched discussions, as participants shared challenges linked to poverty

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The Stakeholder Dialogue opened with an overview of the local context in the Akagera cluster, AP Muvumva, highlighting persistent nutrition challenges affecting children under five. The introduction underscored high poverty levels, limited access to diversified foods, and seasonal variations in food availability, which often result in dietary gaps. Climate change impacts—such as unpredictable rainfall and prolonged dry spells—were noted as factors reducing crop yields and exacerbating food insecurity. Facilitators explained the current nutrition situation, citing community screening data that revealed cases of moderate and severe malnutrition, particularly in vulnerable households. Common deficiencies included lack of protein-rich foods, micronutrients, and balanced diets. Hygiene and sanitation challenges, coupled with limited nutrition knowledge, were also identified as risk factors contributing to recurrent malnutrition. Local anxieties were acknowledged, with participants expressing concerns about the silent nature of early malnutrition, which often goes unnoticed until it becomes severe. The introduction emphasized how regular growth monitoring using MUAC, weight, and height can detect malnutrition early, allowing timely intervention. The Dialogue was framed as a collaborative platform for sharing experiences, challenges, and workable solutions, with a focus on strengthening the Positive Deviance Hearth (PDH) model. The opening remarks inspired active participation by highlighting the role of communities in preventing malnutrition and building resilience against future risks. This framing set a hopeful, solutions-oriented tone for the discussions.

NUTRITION SITUATION PRESENTATION

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

DISCUSSION

Our discussion focused on early detection of malnutrition through regular growth monitoring using simple tools like weight, height, and MUAC. Open-ended questions included: How can we improve early screening of children at risk? What strategies can promote better feeding practices with local foods? How can the community sustain these nutrition improvements long-term? Participants shared ideas on enhancing awareness, caregiver education, and strengthening follow-up support to prevent severe malnutrition and improve child health outcomes.

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants highlighted several nutrition challenges during the dialogue. Key issues included limited access to diverse and nutritious foods due to poverty and seasonal food shortages, which affect children's diet quality. Many caregivers lack knowledge on appropriate infant and young child feeding practices, leading to poor nutrition and increased malnutrition risk. Inadequate hygiene and sanitation were also noted as contributors to malnutrition, as they increase disease prevalence that affects nutrient absorption. Additionally, some families face difficulties in accessing health and nutrition services regularly due to distance or lack of awareness. These challenges collectively hinder efforts to improve child nutrition and require integrated community support and education.

URGENT ACTIONS

Participants identified several urgent actions to address nutrition challenges. They emphasized the need to increase community awareness on proper infant and young child feeding practices through regular education and counseling sessions led by Community Health Workers. Providing nutritious food support, such as local protein sources like small fish and eggs, was proposed to motivate and assist vulnerable families. Improving hygiene and sanitation practices was also highlighted to reduce disease and malnutrition risk.

To take these actions forward, participants suggested strengthening collaboration between local health workers, community leaders, and nutrition programs like PDH. They recommended regular monitoring and follow-up visits to ensure sustained behavior change and support for malnourished children. Engaging local volunteers in training and empowering caregivers with practical skills were also seen as key steps. Finally, participants called for continuous resource mobilization and support from partners to maintain and expand these efforts effectively.

AREAS OF DIVERGENCE

Views and opinions among participants were largely aligned, showing strong consensus on the importance of early detection and community-based interventions to combat malnutrition. Most agreed on the value of the PDH model and the role of Community Health Workers in supporting families.

However, some differences emerged regarding resource availability and the pace of implementation. A few participants expressed concerns about insufficient food supplies and funding, which could limit the reach and effectiveness of the program. Others emphasized the need for increased government support and policy backing to scale up nutrition interventions sustainably.

Despite these differences, the overall position was united in prioritizing child nutrition and agreeing on collaborative approaches. Participants recognized challenges but remained committed to working together to overcome obstacles, showing a shared dedication to improving child health outcomes in their communities.

OVERALL SUMMARY

The dialogue brought together community health workers, local leaders, and nutrition stakeholders from the Akagera cluster to discuss strategies for combating child malnutrition through early detection and the Positive Deviance Hearth (PDH) approach. The event was marked by a strong sense of collaboration and shared commitment to improving child nutrition outcomes.

Participants shared experiences about the challenges they face, such as limited food resources and seasonal food insecurity, which hinder the consistent implementation of nutrition programs. Despite these difficulties, there was widespread recognition of the effectiveness of regular growth monitoring and home-based nutrition education. The PDH model, with its focus on practical cooking demonstrations using affordable local foods, was praised for empowering caregivers and fostering sustainable behavior change.

The dialogue fostered open communication, allowing participants to voice their concerns and contribute ideas. This openness created a positive and supportive atmosphere, reinforcing trust among stakeholders. There was unanimous agreement on the need for continued community engagement, strengthening local capacities, and increasing support from government and partners to scale up interventions.

From a personal perspective, the event was inspiring and hopeful. It showcased how grassroots efforts, when well-coordinated and supported, can make a tangible difference in child health. The energy and dedication of community health workers were particularly impressive, as they are the frontline actors driving these changes. Their passion and perseverance underscored the importance of investing in their training and motivation.

Overall, the dialogue was not just a meeting but a collective reaffirmation of commitment to fighting malnutrition. It highlighted the power of local solutions combined with external support, and the critical role of community participation in sustaining health improvements. This event set a strong foundation for future collaboration and will inform ongoing efforts ahead of the Nutrition for Growth summit in March 2025, emphasizing practical, community-centered approaches to ending malnutrition in Rwanda.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

Our Dialogue strongly reflected the Principles of Engagement by ensuring inclusivity, transparency, and respect for all participants. Before the event, facilitators were thoroughly briefed on the participant list to identify any potential competing interests, allowing us to manage discussions fairly and maintain neutrality. We emphasized open communication, encouraging all voices to be heard, particularly those from community health workers and local leaders, who are central to nutrition efforts. Confidentiality was respected, and financial disclosure requirements were communicated clearly to avoid conflicts of interest, promoting trust among stakeholders. The facilitation team actively managed any differing opinions by fostering a respectful and constructive environment, helping participants focus on shared goals rather than disagreements.

METHOD AND SETTING

The Dialogue was convened using a participatory methodology recommended for nutrition discussions. We combined formal presentations with open discussions and group work to encourage active participation and knowledge sharing among stakeholders. The session began with a clear introduction of objectives and context, followed by interactive activities to explore key nutrition issues.

ADVICE FOR OTHER CONVENORS

For successful Nutrition Dialogue events, plan carefully and ensure clear objectives. Use inclusive methods like presentations combined with open discussions to engage all participants actively. Choose a comfortable, quiet venue that encourages participation. Prepare facilitators well to manage time and handle diverse opinions respectfully. Encourage honesty and openness to build trust among stakeholders.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely thank the dedicated Community Health Workers and volunteers whose commitment drives the success of our nutrition programs. Our gratitude also goes to Caritas Byumba and World Vision Rwanda for their continued partnership and support. We appreciate the funders who make these initiatives possible and the local leaders who facilitate community engagement. Special thanks to our facilitators and support staff for their hard work in organizing and managing the dialogue sessions.

ATTACHMENTS

- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/Gqni4LMXIAAZ5Ji.jpg>
- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/Gqni4LuXoAAPBj8-1.jpg>
- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/Gqni4M-W4AAOLfQ.jpg>