

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	Strengthening Local Capacity: PD/Hearth Training for Health and Local Leaders
DIALOGUE DATE	Thursday, 8 May 2025 08:00 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 WVR Feedback published on behalf of Convenor by: DIOCESE CATHOLIC OF BYUMBA/CARITAS BYUMBA. IMPLEMENTING PARTNER OF WVR
EVENT LANGUAGE	ENGLISH
HOST LOCATION	Kageyo, Rwanda
GEOGRAPHIC SCOPE	GICUMBI DISTRICT
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/59334/



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	52
------------------------------	----

PARTICIPATION BY AGE RANGE

0	0-11	11	12-18	35	19-29
6	30-49	0	50-74	0	75+

PARTICIPATION BY GENDER

32	Female	20	Male	0	Other/Prefer not to say
----	--------	----	------	---	-------------------------

NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

0	Children, Youth Groups and Students	1	Civil Society Organisations (including consumer groups and environmental organisations)
16	Educators and Teachers	1	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
34	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 community health workers, local leaders, and volunteers who play active roles in mobilizing families, monitoring child nutrition, and facilitating behavior change within their communities.

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The Dialogue brought together participants from diverse backgrounds, including different wealth levels, ethnic groups, and both rural and urban areas. This mix ensured a broad perspective on nutrition challenges and solutions. Rural participants highlighted issues related to limited access to services and food diversity, while urban attendees focused on knowledge gaps and lifestyle factors. Ethnic diversity enriched the discussion by sharing varied cultural practices around child feeding

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The Stakeholder Dialogue began by setting the local context, highlighting key challenges such as poverty, seasonal food shortages, and the impact of climate change on agricultural productivity. Participants were reminded that these factors contribute significantly to persistent child malnutrition in the area. The dialogue acknowledged the community's anxiety around rising cases of malnutrition, worsened by limited access to diverse and nutritious foods during certain seasons. The discussion framed malnutrition not only as a health issue but also as a social and economic challenge linked to poverty and environmental stress. Participants recognized that pollution and poor sanitation also play roles in increasing vulnerability to malnutrition, especially among children under five. The introduction emphasized the importance of community-led solutions, particularly the Positive Deviance/Hearth (PD/Hearth) model, which leverages local knowledge and practices. This approach aligns with the community's desire for sustainable, culturally appropriate interventions that empower families to improve child nutrition using resources readily available to them. Overall, the framing fostered a shared understanding of nutrition challenges within the broader socio-economic and environmental realities, setting the stage for a collaborative and solutions-focused dialogue.

NUTRITION SITUATION PRESENTATION

<https://nutritiondialogues.org/wp-content/uploads/2025/08/DIALOGUE-2.pdf>

DISCUSSION

The main discussion topic focused on the Positive Deviance/Hearth (PD/Hearth) model as a community-driven approach to tackling child malnutrition. Open-ended questions included: How can families identify and adopt positive nutrition practices already existing in their community? What challenges do caregivers face in implementing recommended feeding and hygiene behaviors? How can local leaders and health workers better support nutrition monitoring and behavior change? What role does community participation play in sustaining nutrition improvements? How can we strengthen collaboration among stakeholders to ensure lasting impact on child nutrition? These questions encouraged participants to share experiences, identify barriers, and propose locally relevant solutions.

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

- Participants highlighted several nutrition challenges faced in their communities:
- Limited awareness and knowledge: Many caregivers lack understanding of proper child feeding practices, nutrition diversity, and hygiene, leading to malnutrition risks.
 - Poverty and food insecurity: Economic hardships limit access to diverse and nutritious foods, forcing families to rely on staple foods with low nutrient value.
 - Poor sanitation and hygiene: Inadequate WASH (Water, Sanitation, and Hygiene) facilities contribute to frequent illnesses, which worsen nutritional status.
 - Seasonal food shortages: During certain times of the year, availability of fresh and nutritious foods declines, increasing malnutrition risk.
 - Cultural beliefs and practices: Some traditional beliefs discourage optimal feeding practices, such as early introduction of adult foods or restricting certain foods to young children.
 - Limited access to health services: Remote areas face challenges accessing nutrition screening, counseling, and treatment for malnourished children.
 - Low community engagement: Insufficient mobilization and participation hinder behavior change and support for nutrition interventions.
- Overall, these challenges underscore the need for community-based solutions that address knowledge gaps, economic barriers, hygiene, and cultural factors to improve child nutrition.

URGENT ACTIONS

- Participants identified several urgent actions to address child malnutrition:
- Enhance nutrition education: Increase awareness among caregivers about balanced diets, proper feeding practices, and hygiene through community trainings and home visits.
 - Strengthen community mobilization: Engage local leaders, health workers, and volunteers to actively promote nutrition programs and positive behaviors.
 - Improve food security: Support households with income-generating activities and promote local food production to ensure access to diverse, nutritious foods year-round.
 - Expand growth monitoring and early detection: Regular screening of children using simple tools (weight, height, MUAC) to identify and treat malnutrition early.
 - Integrate WASH interventions: Improve water, sanitation, and hygiene facilities.

AREAS OF DIVERGENCE

During the Dialogue, participants mostly shared common goals around fighting child malnutrition but had some differing views on approaches and challenges.

Most agreed on the importance of community involvement and using local solutions like the PD/Hearth model. Health workers focused on the need for more resources and training to effectively monitor and support malnourished children. They felt constrained by limited supplies and workforce.

Local leaders emphasized mobilizing the community and changing harmful cultural practices but noted difficulties in shifting long-held beliefs that sometimes hinder nutrition efforts.

Caregivers highlighted poverty and food insecurity as main barriers to providing balanced diets. Some expressed the need for more direct support, such as food assistance or income-generating opportunities.

While opinions diverged on priorities and resource allocation, the overall consensus was that collaboration among all stakeholders is key to overcoming malnutrition. These differences enriched the dialogue, allowing for a more comprehensive understanding of challenges and potential solutions.

OVERALL SUMMARY

The Dialogue convened in Burera District, supported by Caritas Byumba and World Vision Rwanda, was a dynamic and meaningful gathering focused on addressing child malnutrition through the Positive Deviance Hearth (PD/Hearth) approach. Bringing together health workers, local leaders, caregivers, and community volunteers, the event created a collaborative space where shared experiences, challenges, and practical solutions were openly discussed.

From the onset, the atmosphere was one of respect and mutual learning. Participants were eager to engage, reflecting a genuine commitment to improving child nutrition in their communities. The introduction framed the discussion within the local context—highlighting poverty, seasonal food insecurity, and traditional beliefs as significant factors influencing malnutrition. These contextual realities resonated strongly with attendees, setting the stage for honest and focused dialogue.

The core discussion centered on how the PD/Hearth model harnesses existing positive behaviors within vulnerable households to foster sustainable nutrition improvements. Through real-life stories and practical examples, participants recognized the value of peer learning and community ownership. This model's strength lies in empowering families to identify and adopt effective feeding and hygiene practices already proven within their environment.

Nutrition challenges raised included limited access to diverse foods, poverty, and lack of resources for consistent child growth monitoring. Health workers shared concerns about inadequate supplies and understaffing, while local leaders highlighted the difficulty in changing long-held cultural practices that sometimes conflict with nutrition advice. Caregivers expressed the struggle to provide balanced meals amidst economic hardship.

Despite some differences in emphasis—whether on resources, behavior change, or cultural barriers—the dialogue maintained a collaborative spirit. Participants proposed practical actions such as expanding community training, increasing resource allocation for health workers, and promoting income-generating activities to improve food security. The consensus was clear: multi-sectoral collaboration and community-driven solutions are vital.

Overall, the event felt inspiring and hopeful. It was not just a technical meeting but a genuine exchange where voices at all levels were heard and valued. The PD/Hearth approach was appreciated not only as a program but as a community movement fostering resilience and ownership. The energy in the room underscored a shared belief that ending child malnutrition is possible when local knowledge and support are combined.

From my perspective, the dialogue exemplified effective engagement—balancing respect for local realities with the urgency of nutritional needs. It reinforced the importance of inclusive conversations that allow diverse stakeholders to contribute, learn, and commit to action. The event highlighted the power of community-led change and left me optimistic about the ongoing efforts to build healthier futures for Rwanda's children.

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 thoroughly briefed on the participant list, including their roles and any potential competing interests, which helped in managing discussions smoothly and ensuring balanced representation of views. This preparation allowed facilitators to navigate sensitive topics and encourage open, respectful dialogue without dominance by any single stakeholder group. Financial disclosure requirements were communicated clearly to all participants to maintain transparency and build trust within the group. This openness helped mitigate conflicts of interest and ensured that contributions were seen as genuine and unbiased. The event emphasized equal opportunity for all voices, including caregivers, health workers, and local leaders, ensuring no perspective was sidelined.

METHOD AND SETTING

The Dialogue was convened using a participatory methodology combining presentations, group discussions, and Q&A sessions to encourage active involvement. Facilitators introduced the topic, followed by breakout groups where participants shared experiences and identified challenges and solutions. This approach fostered inclusive dialogue and collective problem-solving.

ADVICE FOR OTHER CONVENORS

For successful Nutrition Dialogue events, prioritize creating a safe, inclusive space where all participants feel valued and heard. Use interactive methods like group discussions and practical demonstrations to keep engagement high. Prepare facilitators well, including briefing them on participant backgrounds and potential conflicts. Ensure clear objectives and share them upfront. Be flexible to adapt the agenda based on participant needs.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely thank the dedicated support team whose hard work made this Dialogue possible. Our deep appreciation goes to Caritas Byumba and World Vision Rwanda for their partnership and funding. We also acknowledge the commitment of local health workers, community leaders, and volunteers who actively participated and shared their valuable insights. Special thanks to the facilitators for guiding the discussions with professionalism and care.

ATTACHMENTS

- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/WhatsApp-Image-2025-07-10-at-5.19.27-PM.jpeg>
- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/WhatsApp-Image-2025-07-10-at-5.19.27-PM-1-1.jpeg>