

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	Breastfeeding for a Healthier Future: Fighting against Malnutrition in Mutete
DIALOGUE DATE	Tuesday, 5 August 2025 09:30 GMT +02:00
CONVENED BY	DIOCESE CATHOLIC OF BYUMBA/CARITAS BYUMBA/WVR 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	KINYARWANDA
HOST LOCATION	Byumba, Rwanda
GEOGRAPHIC SCOPE	GICUMBI DISTRICT
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/59768/



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

789

PARTICIPATION BY AGE RANGE

21	0-11	394	12-18	1	19-29
374	30-49	0	50-74	0	75+

PARTICIPATION BY GENDER

569	Female	220	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)
9	Educators and Teachers	8	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
453	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)	318	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 community leaders, faith-based organizations, and representatives from women's groups AND parents and caregivers.

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The Dialogue was diverse, including participants from varying socio-economic backgrounds, rural and urban areas, and different ethnic groups. Parents, health workers, and community leaders contributed perspectives shaped by their unique experiences. This diversity ensured comprehensive discussions on breastfeeding and child nutrition, addressing local challenges while fostering inclusive solutions.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

During the introduction of the Stakeholder Dialogue at Musenyi Health Center, facilitators framed the discussion within the local context, emphasizing the persistent challenges faced by rural communities in Mutete Sector. Participants were informed about the region's vulnerability to seasonal food shortages, limited dietary diversity, and the impact of poverty on access to nutritious foods. Climate variability, including unpredictable rainfall patterns, was highlighted as a contributing factor affecting agricultural production and household food security. The dialogue also addressed local anxieties surrounding child nutrition, noting high prevalence of stunting, underweight, and micronutrient deficiencies among children under five. Participants discussed how environmental factors such as water pollution, inadequate sanitation, and limited access to health services exacerbate the risks of malnutrition. Health workers shared insights from their routine interactions with families, emphasizing recurring patterns of delayed breastfeeding initiation, early weaning, and reliance on low-nutrient complementary foods. Facilitators underscored that optimal breastfeeding practices, particularly within the first 1,000 days of life, are critical for child growth and development, but are closely linked to the mother's nutritional status. Parents and community leaders reflected on socio-cultural beliefs and economic constraints that influence feeding practices, reinforcing the importance of community-based support and education. The framing of the dialogue highlighted the interconnectedness of social, economic, and environmental factors in shaping child nutrition outcomes. By situating breastfeeding and complementary feeding practices within this broader context, the event encouraged participants to consider holistic, locally relevant solutions.

NUTRITION SITUATION PRESENTATION

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

DISCUSSION

The discussion focused on breastfeeding and child nutrition within the first 1,000 days of life. Open-ended questions encouraged participants to share experiences and challenges related to exclusive breastfeeding, timely introduction of complementary foods, and dietary diversity. Other questions explored the influence of cultural practices, socio-economic factors, and local food availability on feeding practices. Participants were also asked about community-based strategies to support mothers, improve child nutrition, and address barriers such as poverty, limited awareness, and environmental risks affecting healthy growth.

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants of the Nutrition Dialogue at Musenyi Health Center highlighted multiple nutrition challenges affecting their families and communities. One of the primary concerns was limited dietary diversity, as many households rely heavily on staple crops such as cassava, maize, and beans, with insufficient consumption of fruits, vegetables, and protein-rich foods. This limited variety contributes to micronutrient deficiencies, including iron, vitamin A, and iodine, which affect child growth and development.

Seasonal food insecurity was another recurring issue, with certain periods of the year bringing shortages due to poor harvests, erratic rainfall, or pest infestations. Participants noted that during these lean seasons, both children and mothers often consume fewer meals with lower nutritional quality, increasing vulnerability to malnutrition.

Economic constraints were also emphasized, as poverty limits families' ability to purchase diverse and nutrient-rich foods. Many participants reported relying on low-cost, calorie-dense foods that do not meet the nutritional needs of young children. Additionally, cultural practices and lack of awareness sometimes lead to delayed initiation of breastfeeding, early weaning, and improper complementary feeding practices.

Environmental factors were cited as further challenges. Poor access to clean water and sanitation contributes to recurrent illnesses such as diarrhea, which reduces nutrient absorption and exacerbates undernutrition. Participants also noted that exposure to pollution and limited healthcare access hinder consistent monitoring of child growth and the provision of nutritional support.

Participants expressed concern about the high prevalence of stunting, wasting, and underweight among children under five, acknowledging that these issues have long-term consequences for cognitive development, school performance, and overall health.

URGENT ACTIONS

During the Nutrition Dialogue at Musenyi Health Center, participants identified several urgent actions needed to improve child nutrition and promote optimal breastfeeding practices. First, they emphasized the importance of enhancing community education and awareness on exclusive breastfeeding, timely introduction of complementary foods, and dietary diversity. Mothers and caregivers suggested organizing regular community workshops, peer-to-peer support groups, and home visits by health workers to provide practical guidance and reinforce positive behaviors.

Second, participants highlighted the need to improve access to nutritious and diverse foods. They proposed establishing community gardens, promoting small-scale poultry and livestock rearing, and supporting local farmers to increase production of fruits, vegetables, and protein-rich foods. Participants stressed that these initiatives should be combined with nutrition counseling to ensure families understand how to use available resources to meet the nutritional needs of children and mothers.

Third, addressing maternal nutrition was considered a priority, as the health and diet of mothers directly affect breastfeeding quality. Participants recommended integrating maternal nutrition counseling into routine health services and providing supplements or food support where needed, especially for vulnerable households.

Additionally, participants identified strengthening local health systems as critical. They proposed training health workers on nutrition counseling, growth monitoring, and early identification of malnutrition, while also ensuring regular follow-up and support for families. Collaboration with community leaders, women's groups, and faith-based organizations was highlighted as key to mobilizing resources, monitoring progress, and sustaining behavior change.

AREAS OF DIVERGENCE

During the Nutrition Dialogue at Musenyi Health Center, participants' views and opinions showed both agreement and divergence, reflecting the diversity of experiences and socio-economic backgrounds. There was broad consensus on the importance of breastfeeding and addressing malnutrition, particularly within the first 1,000 days of a child's life. Participants agreed that maternal nutrition is crucial and that community engagement is key to improving child health outcomes.

Divergence arose mainly around practical approaches to implementation. Some participants emphasized community-driven solutions such as local gardens, peer support groups, and home visits by health workers, while others advocated for direct interventions from government programs or NGOs, including food supplementation and material support. These differences reflected variations in resources, prior experiences with interventions, and perceptions of what is most feasible and effective.

Cultural norms and traditional practices also contributed to differing positions. For example, some caregivers supported early introduction of complementary foods based on local customs, whereas health workers advocated for exclusive breastfeeding for the first six months. Negotiations around these differences allowed participants to share experiences and scientific guidance, fostering understanding and respectful dialogue.

Economic disparities further influenced perspectives. Families facing financial constraints emphasized affordability and access to diverse foods, while relatively resource-secure participants focused more on education, knowledge gaps, and behavior change. These differences highlighted the necessity of tailored strategies that address both structural and educational barriers.

Despite the divergences, participants collectively valued collaboration and compromise. By sharing diverse perspectives, the dialogue helped identify inclusive and locally relevant solutions.

OVERALL SUMMARY

On August 2nd, 2025, Caritas Byumba in collaboration with World Vision Rwanda convened a Nutrition Dialogue at Musenyi Health Center, Mutete Sector, as part of World Breastfeeding Week. The event brought together parents, caregivers, health workers, community leaders, and representatives of local organizations to discuss child nutrition, maternal health, and breastfeeding practices, with a particular focus on the critical first 1,000 days of life.

The dialogue was framed within the local context, recognizing the multiple challenges that rural communities face, including poverty, limited access to diverse and nutritious foods, seasonal food insecurity, climate variability, and environmental health risks such as water pollution and poor sanitation. Participants were invited to reflect on both personal and community experiences with malnutrition, stunting, underweight, and micronutrient deficiencies among children. This framing helped to contextualize the discussion, making it both practical and relevant to everyday realities.

The discussion topics and open-ended questions encouraged participants to share their experiences, challenges, and solutions. Key topics included exclusive breastfeeding, timely introduction of complementary foods, maternal nutrition, dietary diversity, and community strategies to support child health. Participants expressed concern over socio-economic constraints, cultural practices, and knowledge gaps that affect feeding practices, and discussed the roles of local health services, community education, and peer support networks in promoting optimal nutrition.

Several urgent actions were identified during the dialogue. Participants emphasized the need for enhanced community education on breastfeeding and child nutrition, the promotion of maternal nutrition, and practical strategies to increase access to diverse, nutrient-rich foods. Community-driven solutions, such as local gardens, small-scale poultry and livestock projects, and peer support groups, were proposed alongside interventions from government programs and NGOs, including nutritional supplementation and health service support. Strengthening health systems, training health workers in nutrition counseling, and ensuring regular follow-up and growth monitoring were highlighted as critical steps. Multi-sectoral collaboration, engaging local authorities, women's groups, and faith-based organizations, was identified as essential for sustainable and inclusive solutions.

While participants largely agreed on the importance of addressing malnutrition and supporting breastfeeding, some divergences arose around cultural practices, implementation strategies, and resource allocation. Caregivers emphasized practical and affordable solutions suited to their context, whereas health workers focused on adherence to recommended health practices. Negotiating these differences fostered a rich and inclusive dialogue, allowing participants to balance local realities with scientific guidance.

Overall, the event felt dynamic, engaging, and highly participatory. There was a strong sense of shared commitment among participants to improve child nutrition outcomes and support mothers in their caregiving roles. The dialogue provided a valuable platform for exchanging experiences, learning from diverse perspectives, and co-developing actionable strategies that are locally relevant, culturally sensitive, and sustainable. Participants left the session with renewed motivation, a clearer understanding of the critical role of breastfeeding and maternal nutrition, and concrete steps to take within their communities.

This Nutrition Dialogue not only reinforced the importance of community engagement in addressing malnutrition but also demonstrated that inclusive, evidence-informed discussions can generate practical, context-specific solutions while fostering collaboration among diverse stakeholders. The insights from this event will contribute to the synthesis report for the Nutrition for Growth Summit in March 2025, offering guidance for policy and programmatic interventions aimed at improving child nutrition in rural Rwanda.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The Nutrition Dialogue at Musenyi Health Center reflected key aspects of the Principles of Engagement, including inclusivity, transparency, and respect for diverse perspectives. Participants were carefully selected to represent a wide range of stakeholders, including parents, caregivers, health workers, community leaders, women's groups, and local organizations, ensuring that both rural and urban experiences, different socio-economic backgrounds, and cultural perspectives were included. Prior to the event, facilitators reviewed the participant list to identify potential competing interests and ensure balanced representation. This allowed the team to manage conflicts constructively and ensure that all voices could be heard. Participants were briefed on discussion objectives and encouraged to share their views openly, while respecting differing opinions.

METHOD AND SETTING

The Nutrition Dialogue was convened using a participatory, stakeholder-focused methodology. Participants were selected to represent diverse groups, including parents, health workers, community leaders, and local organizations. The session included structured discussions guided by facilitators, open-ended questions, and opportunities for sharing experiences and perspectives.

ADVICE FOR OTHER CONVENORS

For other Dialogue Convenors, careful planning and stakeholder mapping are essential. Ensure diverse representation across socio-economic backgrounds, rural and urban communities, and relevant sectors. Prepare facilitators to manage differing opinions and potential conflicts respectfully. Use participatory techniques, including open-ended questions, small-group discussions, and experience-sharing, to foster engagement. Choose an accessible, comfortable setting.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely acknowledge the support of Caritas Byumba and World Vision Rwanda for organizing the Nutrition Dialogue. Our gratitude goes to the facilitators, health workers, and community leaders whose expertise and dedication ensured a productive and inclusive discussion. We also thank the participating parents, caregivers, and women's groups for sharing their experiences and insights.

ATTACHMENTS

- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/WhatsApp-Image-2025-08-28-at-2.03.03-PM-1.jpeg>
- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2025/08/WhatsApp-Image-2025-08-28-at-2.03.02-PM-3.jpeg>
- **PICTURE**
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- **PICTURE**
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