

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	We meet and discuss more on how activities of fighting against malnutrition are being done: We are now in Partnership Evaluation.
DIALOGUE DATE	Tuesday, 9 September 2025 09:30 GMT +02:00
CONVENED BY	DIOCESE CATHOLIC OF BYUMBA/CARITAS BYUMBA 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: CATHOLIC DIOCESE OF BYUMBA/CARITAS BYUMBA. IMPLEMENTING PARTNER OF WVR
EVENT LANGUAGE	ENGLISH
HOST LOCATION	Byumba, Rwanda
GEOGRAPHIC SCOPE	GICUMBI DISTRICT
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/59872/



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	14
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PARTICIPATION BY AGE RANGE

0	0-11	2	12-18	10	19-29
2	30-49	0	50-74	0	75+

PARTICIPATION BY GENDER

9	Female	5	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)
1	Educators and Teachers	1	Faith Leaders/Faith Communities
2	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
9	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 church leaders, different partners of WVR, WVR Staff Buranga cluster and CARITAS BYUMBA STAFF MEMBERS

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The Dialogue event brought together a wide range of participants representing different income levels, social groups, and community settings. This diversity enriched the discussions, as perspectives from vulnerable families, faith-based organizations, and local authorities were combined with technical input from development partners.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The Stakeholder Dialogue was framed by highlighting the local context of poverty, food insecurity, that directly affect child nutrition in the Buranga cluster. Facilitators emphasized the reality that many households struggle to provide balanced diets due to limited resources, changing weather patterns, and the rising cost of food. Attention was also drawn to widespread concerns about malnutrition among children under five, with stunting and underweight cases frequently reported in rural communities. The introduction underlined the importance of community-driven solutions such as the Positive Deviance Hearth (PDH) approach, which identifies local, affordable foods and feeding practices that can be shared across households. Caritas Byumba and World Vision Rwanda explained how this model empowers families to overcome challenges by learning from positive examples within their own communities. Participants were reminded that addressing malnutrition requires strong communication, partnership, and collaboration between all stakeholders. The introduction framed the Dialogue not just as a review of project outcomes, but as an opportunity to reflect on collective responsibility—families, churches, community leaders, and development partners working together for children's well-being. Overall, the event was grounded in the reality of local anxieties around nutrition, while also offering hope through evidence of progress and shared commitment to sustainable solutions.

NUTRITION SITUATION PRESENTATION

<https://nutritiondialogues.org/wp-content/uploads/2025/09/DIALOGUE-ON-THE-EVALUATION.pdf>

DISCUSSION

The discussion focused on child nutrition, malnutrition prevention, and community-based solutions in the Buranga cluster. Open-ended questions encouraged participants to share challenges and experiences, such as: "What barriers prevent families from providing balanced diets?" "How can local foods be used to improve child nutrition?" "What support do caregivers need to sustain healthy feeding practices at home?" Discussions also explored seasonal food shortages, hygiene practices, and ways the Positive Deviance Hearth approach can empower families to address malnutrition effectively. Caritas Byumba in details shows its strategies in implementing the project of PDH s that it has the impacts in the community

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants highlighted several nutrition challenges affecting children and families in the Buranga cluster. A primary concern is child malnutrition, including stunting, underweight, and micronutrient deficiencies. Many families struggle to provide balanced diets due to poverty, limited access to diverse foods, and high food costs. Diets often rely heavily on staple crops, with insufficient protein, fruits, and vegetables.

Seasonal food insecurity is another major challenge. During lean periods, households face reduced food availability, forcing meal skipping or portion reduction, which increases the risk of malnutrition. Participants also noted that unpredictable weather and crop failures exacerbate food insecurity and make it difficult for families to plan balanced meals consistently.

Hygiene and sanitation were widely mentioned as contributing factors. Limited access to clean water and proper sanitation facilities increases the prevalence of illness, which negatively affects nutrition outcomes. Caregivers reported challenges in maintaining hygiene practices due to lack of resources and time constraints.

Knowledge gaps around child feeding practices were also identified. Many parents and caregivers need guidance on age-appropriate complementary feeding, breastfeeding, and nutrient-rich meal preparation. Participants emphasized that training and nutrition education are essential to empower families to improve child health and prevent malnutrition.

Economic limitations and household poverty remain significant barriers. Low incomes restrict the ability to purchase nutritious foods or access health services for children showing signs of malnutrition. Women, often the primary caregivers, face additional burdens balancing work, household responsibilities, and child care.

URGENT ACTIONS

Participants identified several urgent actions to address child malnutrition and improve nutrition outcomes in the Buranga cluster. A top priority was increasing access to nutrient-rich foods. Caregivers and community members proposed expanding programs like the Positive Deviance Hearth (PDH) approach, which uses locally available foods to create balanced meals. They suggested scaling these programs to reach more households, particularly during lean seasons when food insecurity is highest.

Nutrition education and training were also emphasized. Participants recommended regular workshops for parents and caregivers on age-appropriate feeding practices, breastfeeding, complementary feeding, and preparation of micronutrient-rich meals. Peer-to-peer learning sessions were suggested to allow experienced mothers to share practical knowledge with others.

Improving hygiene and sanitation was another urgent action. Participants proposed community-led campaigns to teach handwashing, safe water use, and proper waste management. They suggested involving local leaders and ECD facilitators to reinforce these behaviors both at home and in schools.

Economic support and household food security were highlighted as long-term needs. Participants proposed forming cooperatives or community groups to collectively source affordable nutritious foods. They recommended engaging local government and development partners to provide resources, including seeds, livestock, and food demonstration activities.

Monitoring and community collaboration were considered essential for sustainability. Participants suggested establishing local committees to track child growth, identify early signs of malnutrition, and share best practices. They emphasized that collaboration between families, local leaders, health workers, and development partners would ensure that interventions are effectively implemented and adapted to local needs.

AREAS OF DIVERGENCE

During the Dialogue, views, opinions, and positions among participants generally aligned around the shared goal of improving child nutrition, yet some divergences emerged. Most participants agreed on the importance of addressing malnutrition through community-based interventions, such as the Positive Deviance Hearth (PDH) approach, nutrition education, and improved hygiene practices.

Differences arose regarding prioritization of interventions. Some caregivers emphasized immediate access to nutrient-rich foods and supplementary feeding programs, highlighting the urgent needs of children currently malnourished. Others, including local leaders and development partners, stressed the importance of long-term strategies, such as sustainable food security, capacity building, and nutrition education, to prevent malnutrition from recurring.

There were also subtle divergences in perspectives related to household engagement. Some participants advocated for more direct involvement of parents and caregivers in all project activities, while others suggested community-based facilitators take a leading role in guiding families, citing resource constraints and workload challenges.

Despite these differences, participants treated divergent views as opportunities for constructive discussion rather than conflict. Through dialogue and reflection, they found common ground, combining immediate and long-term solutions to address child malnutrition comprehensively.

Overall, the variations in opinion enriched the discussion. Participants learned from each other's experiences and perspectives, integrating practical household-level knowledge with technical guidance from development partners. This balance between urgent needs and sustainable solutions strengthened collective decision-making and fostered a sense of shared responsibility.

OVERALL SUMMARY

The Stakeholder Dialogue held on September 9th, 2025, at Nice Garden Hotel in Bumba brought together participants from Caritas Byumba, World Vision Rwanda, community leaders, caregivers, and volunteers to evaluate the Positive Deviance Hearth (PDH) project. The overall purpose of the dialogue was to reflect on project outcomes, share experiences, and identify opportunities for improving child nutrition and well-being within the Buranga cluster.

The event was structured around three key pillars: communication, partnership, and collaboration. Effective communication was emphasized from the outset, with facilitators ensuring all participants had opportunities to share their perspectives. Regular reporting, feedback loops, and open discussion allowed participants to understand project achievements and challenges, while fostering transparency and trust.

Partnership between Caritas Byumba and World Vision Rwanda emerged as a central theme. Both organizations contribute complementary strengths: Caritas brings community-level presence and implementation expertise, while World Vision provides technical guidance, resources, and capacity-building support. Participants highlighted that this partnership extends beyond funding, emphasizing mutual accountability, respect, and shared commitment to improving child nutrition outcomes. Collaboration was equally valued, with joint planning sessions, community mobilization, and monitoring activities demonstrating the importance of working together to achieve tangible results.

During discussions, participants explored the challenges facing child nutrition in the Buranga cluster. Poverty, seasonal food shortages, limited dietary diversity, and lack of caregiver knowledge were identified as major barriers. Hygiene and sanitation challenges were also raised as factors contributing to malnutrition. Participants expressed both concern and hope, noting that approaches like the PDH model empower families by highlighting locally available solutions and positive examples within their own communities.

Urgent actions identified included expanding access to nutrient-rich foods, scaling nutrition education and training for caregivers, improving hygiene practices, and strengthening monitoring systems. Participants recommended a combination of immediate interventions and long-term strategies to ensure sustainability, emphasizing collaboration among families, community leaders, and development partners.

The dialogue was inclusive, engaging participants from rural and urban areas, different socioeconomic backgrounds, and diverse community roles. The atmosphere was open and constructive, with participants actively exchanging ideas, learning from each other, and collectively identifying solutions. Divergent opinions, particularly regarding intervention priorities, were managed respectfully, leading to a richer understanding of community needs and approaches to child nutrition.

Overall, the event felt highly productive and inspiring. Participants left with a strong sense of shared responsibility and renewed commitment to improving child well-being. The dialogue not only evaluated project outcomes but also strengthened relationships, reinforced community engagement, and highlighted the importance of collaborative approaches in addressing malnutrition.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The Dialogue reflected key Principles of Engagement by ensuring inclusivity, transparency, and respect for all participants. Prior to the event, facilitators reviewed the participant list to identify potential competing interests, such as differences in priorities between caregivers, local leaders, and development partners. Briefings were conducted to prepare facilitators on managing these dynamics and ensuring balanced discussions. During the Dialogue, participants were encouraged to share experiences, concerns, and opinions openly while maintaining a respectful and collaborative atmosphere. Clear guidelines were established to ensure everyone had an equal opportunity to speak. Where relevant, financial and resource-related transparency was maintained, and participants were reminded of their responsibilities in reporting any conflicts of interest.

METHOD AND SETTING

The Dialogue was convened using a structured, participatory methodology. Facilitators followed recommended practices including pre-event planning, stakeholder mapping, and agenda setting to ensure inclusive representation of caregivers, community leaders, church representatives, and development partners. Open-ended questions guided discussions, while group reflections and consensus-building exercises encouraged active participation.

ADVICE FOR OTHER CONVENORS

For other Dialogue Convenors, careful preparation is key. Begin by mapping stakeholders to ensure diverse representation, including caregivers, community leaders, health workers, and development partners. Clearly define objectives and design open-ended questions that encourage honest sharing of experiences and challenges. Prepare facilitators to manage differing perspectives respectfully, while creating a safe and inclusive environment.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely acknowledge the invaluable support of the Caritas Byumba and World Vision Rwanda teams, whose dedication ensured the successful convening of this Dialogue.

RELEVANT LINKS

- **X LINK**
<https://x.com/CByumba/status/1965360465938448429>

ATTACHMENTS

- **PICTURE**
https://nutritiondialogues.org/wp-content/uploads/2025/09/IMG_6180-1-scaled.jpg
- **PICTURE**
https://nutritiondialogues.org/wp-content/uploads/2025/09/IMG_6184-1-scaled.jpg
- **PICTURE**
https://nutritiondialogues.org/wp-content/uploads/2025/09/IMG_6180-2-scaled.jpg
- **PICTURE**
https://nutritiondialogues.org/wp-content/uploads/2025/09/IMG_6182-scaled.jpg