

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	Strengthening Families Through Proper Infant Nutrition-Nyagatare District
DIALOGUE DATE	Sunday, 28 December 2025 09:15 GMT +02:00
CONVENED BY	Catholic Diocese of Byumba/ Caritas BYUMBA /WVR Event announced on behalf of the Convenor by: Catholic Diocese of Byumba/ Caritas BYUMBA . iIMPLEMENTING PARTNER OF WVR Feedback published on behalf of Convenor by: CATHOLIC DIOCESE OF BYUMBA/CARITAS BYUMBA. iIMPLEMENTING PARTNER OF WVR
EVENT LANGUAGE	KINYARWANDA
HOST LOCATION	Katabagemu, Rwanda
GEOGRAPHIC SCOPE	NYAGATARE DISTRICT
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/60068/



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

999

PARTICIPATION BY AGE RANGE

0	0-11	345	12-18	401	19-29
205	30-49	48	50-74	0	75+

PARTICIPATION BY GENDER

489	Female	510	Male	0	Other/Prefer not to say
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NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

21	Children, Youth Groups and Students	1	Civil Society Organisations (including consumer groups and environmental organisations)
35	Educators and Teachers	0	Faith Leaders/Faith Communities
56	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
348	Healthcare Professionals	0	Indigenous Peoples
43	Information and Technology Providers	0	Large Business and Food Retailers
29	Marketing and Advertising Experts	0	National/Federal Government Officials and Representatives
432	News and Media (e.g. Journalists)	0	Parents and Caregivers
35	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 religious leaders from the Catholic Diocese of Byumba, community health volunteers, local opinion leaders, and family representatives. These stakeholders played a key role in mobilizing the community.

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The dialogue brought together participants from diverse backgrounds, including families from different wealth categories, with a strong representation of vulnerable and low-income households. It included men and women, caregivers, community health volunteers, and religious leaders from rural communities of Nyagatare District. Participants came from various ethnic and social backgrounds, ensuring inclusive discussions.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The Stakeholder Dialogue was introduced by setting a clear picture of the local context of Katabagemu sector in Nyagatare District, where many families depend on subsistence agriculture and livestock for their livelihoods. The introduction emphasized the current nutrition situation, noting the persistent cases of child stunting, underweight, and micronutrient deficiencies, especially among children under five. Family-related challenges were also discussed, including family conflicts, unequal caregiving responsibilities, and limited male involvement in child nutrition, which further undermine children's well-being. Religious leaders and facilitators stressed that nutrition is not only a health issue but also a family and social responsibility, deeply connected to harmony, care, and shared decision-making within households. The dialogue was framed within the context of the Family Day of the Diocese of Byumba, linking faith-based values with nutrition and family protection. His Lordship Bishop Papias Musengamana emphasized that protecting the family begins with ensuring proper nutrition for children and maintaining peaceful family relationships. This framing resonated strongly with participants, as it addressed both spiritual and practical dimensions of daily life. Participants were reassured that despite these challenges, practical and locally available solutions exist, such as improved infant feeding practices, use of locally produced foods, kitchen gardens, and small livestock. The introduction concluded by encouraging open dialogue, collective responsibility, and collaboration between families, faith leaders, community health volunteers, and development partners to reduce malnutrition and build resilient, healthy families.

NUTRITION SITUATION PRESENTATION

<https://nutritiondialogues.org/wp-content/uploads/2026/01/MIMULI-FAMILY-day-1-1.pdf>

DISCUSSION

The discussion focused on improving infant and young child feeding practices and strengthening family roles in preventing malnutrition. Open-ended questions included: How can parents use locally available foods to prepare balanced meals for infants and young children? What challenges do families face in providing adequate nutrition throughout the year? How can fathers and other caregivers better support mothers in child feeding? What role can faith leaders and community structures play in promoting good nutrition and reducing family conflict? Participants were encouraged to share experiences, concerns, and practical solutions to improve child nutrition and family well-being.

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants in the dialogue identified several nutrition-related challenges affecting infants, young children, and families in Katabagemu sector, Nyagatare District. One of the most significant challenges is limited dietary diversity, with many households relying heavily on staple foods and lacking regular access to protein-rich foods, fruits, and vegetables. This situation contributes to micronutrient deficiencies, particularly iron, vitamin A, and other essential nutrients critical for child growth and development.

Poverty and economic constraints were highlighted as major barriers to adequate nutrition. Many families have limited income and struggle to purchase nutritious foods, especially during periods of food price increases. Seasonal food insecurity, linked to unpredictable rainfall and prolonged dry seasons, further reduces food availability and household resilience. Climate variability affects crop yields and livestock production, increasing the risk of malnutrition, particularly during lean seasons.

Participants also discussed inadequate infant and young child feeding practices, including late initiation of complementary feeding, insufficient meal frequency, and poor food preparation methods. Limited knowledge about age-appropriate feeding, portion sizes, and balanced diets was identified as a challenge, especially among young and first-time parents. Cultural beliefs and misconceptions about certain foods for infants were also mentioned as barriers to proper feeding.

Family and social challenges further complicate nutrition outcomes. Family conflicts, unequal distribution of caregiving responsibilities, and limited involvement of fathers in child nutrition were reported to negatively affect feeding practices and child care. Mothers often bear the primary responsibility for feeding children while also managing heavy workloads, limiting the time available for proper meal preparation and child care.

URGENT ACTIONS

During the dialogue, participants identified several urgent actions needed to improve infant and young child nutrition and strengthen family well-being in Katabagemu sector, Nyagatare District. One of the top priorities was improving infant and young child feeding practices. Participants emphasized the need for parents to prepare balanced meals using locally available foods, incorporating carbohydrates, proteins, vitamins, and minerals in appropriate portions. They proposed community training sessions, cooking demonstrations, and peer-to-peer learning as practical ways to share knowledge on nutrition and meal preparation.

Another key action identified was the promotion of dietary diversity and sustainable food sources. Participants suggested support for small livestock, kitchen gardens, and fruit tree planting, particularly among vulnerable families, to ensure year-round access to nutritious foods. They highlighted the role of local authorities, NGOs, and faith-based institutions in providing technical guidance, seeds, and starter livestock to families in need.

Participants also underscored the need for greater male involvement and shared family responsibility in child feeding and care. They proposed community awareness campaigns and faith-based messaging to encourage fathers and other caregivers to actively participate in nutrition, household decision-making, and the prevention of family conflicts that can affect children's well-being.

Health and hygiene measures were highlighted as urgent complementary actions. Participants recommended regular growth monitoring, deworming campaigns, and access to clean water and sanitation, combined with education on hygiene practices, to prevent disease-related malnutrition. Collaboration with community health workers was seen as essential to ensure that families receive timely advice and support.

AREAS OF DIVERGENCE

During the dialogue, participants generally shared a strong consensus on the urgency of improving infant and young child nutrition and the importance of strengthening family cohesion. Most participants agreed on key issues such as the need for balanced meals using locally available foods, promotion of dietary diversity, male involvement in child care, and improved hygiene practices. There was a shared recognition that malnutrition is influenced by economic, social, and environmental factors, and that addressing it requires coordinated efforts among families, community leaders, faith-based institutions, and development partners.

However, some divergences in views and opinions emerged regarding the practical implementation of these actions. For example, while most caregivers emphasized the need for immediate food support and small livestock for vulnerable households, some community leaders and faith representatives suggested focusing more on long-term education and awareness programs to ensure sustainable behavior change. This divergence highlighted the balance needed between short-term interventions to address immediate malnutrition and long-term strategies for sustainable food security and nutrition education.

Another area of differing perspectives was male involvement in child nutrition. While the majority agreed on its importance, some participants expressed concern about cultural norms and resistance from fathers in certain households, suggesting that gradual engagement and faith-based advocacy would be more effective than direct mandates. This discussion underscored the need for context-sensitive approaches that respect local traditions while promoting positive change.

Participants also debated the role of external support versus local initiative. Some emphasized that government programs and NGOs should provide resources and technical guidance, while others stressed the importance of family and community self-reliance to sustain nutrition improvements

OVERALL SUMMARY

On 28th December 2025, in Katabagemu, Nyagatare District, Caritas Byumba, in partnership with World Vision Rwanda, conducted a community dialogue focused on infant feeding practices and combating malnutrition, held in conjunction with Family Day at the level of the Diocese of Byumba. The event brought together a diverse group of participants, including parents, caregivers, community health volunteers, religious leaders, and local opinion leaders. This diversity allowed for rich discussions and the sharing of perspectives across different socio-economic backgrounds, ethnic groups, and rural households, ensuring that the dialogue reflected both common experiences and unique challenges faced by families in the community.

The dialogue was framed by introducing the local nutrition context. Participants were reminded that while Nyagatare has agricultural potential, families face poverty, seasonal food shortages, climate variability, and limited access to diverse foods, all of which contribute to persistent cases of child stunting, underweight, and micronutrient deficiencies. Community anxieties were openly discussed, including inadequate feeding practices, limited knowledge about balanced diets, and challenges related to family conflict and unequal caregiving responsibilities. These factors were identified as major contributors to child malnutrition and overall family vulnerability.

Key discussion topics focused on improving infant and young child feeding, promoting balanced meals using locally available foods, and increasing family involvement in child nutrition. Participants were encouraged to share their experiences and challenges, including barriers to dietary diversity, cultural beliefs, and misconceptions about child feeding. The dialogue also emphasized the importance of male involvement, highlighting the role of fathers and other caregivers in supporting mothers and ensuring consistent, adequate care for children.

Throughout the event, participants identified urgent actions required to address malnutrition. These included community training sessions on infant feeding, practical demonstrations of balanced meal preparation, promotion of kitchen gardens and small livestock, improved hygiene and sanitation, and greater male engagement in household nutrition practices. Stakeholders stressed the need for a multi-stakeholder approach, combining efforts from families, faith leaders, NGOs, and local authorities to ensure sustainable change. The role of religious leaders was particularly highlighted, with His Lordship Bishop Papias Musengamana reminding parents that protecting the family begins with providing proper nutrition and maintaining peaceful family relationships.

While participants largely agreed on the importance of these actions, some divergence emerged regarding prioritization and implementation strategies. Caregivers emphasized immediate support for vulnerable households, whereas community leaders suggested focusing on long-term education to ensure sustainable behavior change. Cultural norms also influenced discussions on male involvement, with participants acknowledging the need for context-sensitive approaches to gradually engage fathers in child nutrition.

From an overall perspective, the dialogue was highly interactive, engaging, and emotionally impactful. Participants expressed a sense of empowerment and renewed commitment to improving child nutrition and family cohesion. The event fostered an environment of mutual learning, shared responsibility, and collective problem-solving, highlighting the importance of community-driven approaches to combat malnutrition. Observing participants actively exchange ideas, share experiences, and propose actionable solutions created a strong sense of solidarity and optimism for the future.

In conclusion, the dialogue successfully achieved its objectives: it raised awareness of infant feeding and nutrition challenges, encouraged community-led solutions, and strengthened partnerships between families, faith-based institutions, and development actors. The discussions underscored that reducing malnutrition requires both immediate and long-term interventions, integrating education, access to nutritious foods, family engagement, and health services.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The Dialogue was designed to reflect the Principles of Engagement by promoting inclusivity, transparency, and mutual respect among all participants. Before the event, facilitators reviewed the Participant list to ensure representation across diverse groups, including parents, caregivers, religious leaders, community health volunteers, and local opinion leaders. Potential competing interests were identified in advance—for example, differences in priorities between caregivers seeking immediate support and community leaders emphasizing long-term education. Facilitators were briefed to manage these dynamics by encouraging open discussion, balancing perspectives, and fostering consensus around shared goals of improving infant and young child nutrition. Participants were encouraged to voice opinions freely, while maintaining respect for differing views. The dialogue also addressed confidentiality and transparency, with participants informed that information shared can be used constructively

METHOD AND SETTING

The Dialogue was convened using a facilitated, participatory methodology recommended for stakeholder engagement. Facilitators guided open-ended discussions, encouraged experience sharing, and prompted problem-solving among participants. Key aspects included structured dialogue topics, interactive Q&A sessions, and group reflections, ensuring all voices were heard. The event was held in a formal setting within a community hall at Katabagemu, Nyagatare District, arranged to promote engagement

ADVICE FOR OTHER CONVENORS

For other Dialogue Convenors, it is essential to plan thoroughly and ensure diverse representation from parents, caregivers, community leaders, and faith-based actors. Prepare facilitators by reviewing participant backgrounds and potential competing interests. Use interactive, participatory methods, including open-ended questions, group discussions, and practical demonstrations, to engage all participants effectively.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We would like to sincerely acknowledge and thank all stakeholders who contributed to the success of this Dialogue. Special appreciation goes to Caritas Byumba and World Vision Rwanda for their partnership and technical support. We are grateful to His Lordship Bishop Papias Musengamana and the Diocese of Byumba for their guidance and inspiration. We also thank community health volunteers, local leaders, parents, and caregivers for their active participation and valuable contributions.

RELEVANT LINKS

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ATTACHMENTS

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