

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	United for Child Nutrition and Development: WVR, CARITA BYUMBA, AEE
DIALOGUE DATE	Thursday, 22 January 2026 08:15 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	ENGLISH
HOST LOCATION	Byumba, Rwanda
GEOGRAPHIC SCOPE	GICUMBI DISTRICT
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/60088/



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

19

PARTICIPATION BY AGE RANGE

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

PARTICIPATION BY GENDER

8	Female	11	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)
0	Educators and Teachers	1	Faith Leaders/Faith Communities
3	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
14	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 leaders, faith-based organizations, These actors play a key role in promoting nutrition awareness, supporting vulnerable families, encouraging proper child feeding practices, and strengthening community

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The Nutrition Dialogue brought together participants from diverse backgrounds, including faith-based organizations, and development partners. Participants represented different socio-economic groups, including vulnerable households and families with limited resources. Both men and women were actively involved, ensuring balanced participation in discussions on child nutrition.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

During the introduction of the Stakeholder Nutrition Dialogue in Gicumbi District, WVR, CARITAS BYUMBA AND AEE provided an overview of the local nutrition situation and the broader context influencing child malnutrition in the community. It was emphasized that malnutrition among children under five remains a significant concern in some rural areas, particularly due to factors such as poverty, limited household resources, and inadequate knowledge of appropriate infant and young child feeding practices. Many families depend on small-scale agriculture, which makes food availability highly sensitive to seasonal changes and climate variability. Periods of drought or irregular rainfall can reduce food production, affecting household food security and dietary diversity. Participants also reflected on the importance of the first 1,000 days of life, from pregnancy to a child's second birthday, highlighting that this period is critical for a child's physical growth, cognitive development, and long-term health. However, challenges such as insufficient dietary diversity, delayed introduction of complementary feeding, and limited awareness of balanced diets were identified as contributing factors to child malnutrition in some households.

NUTRITION SITUATION PRESENTATION

<https://nutritiondialogues.org/wp-content/uploads/2026/03/NUTRITION-DIALOGUE.pdf>

DISCUSSION

The discussion focused on understanding the root causes of child malnutrition and identifying practical community-based solutions to improve nutrition among children under five. Participants discussed how families can promote balanced diets using locally available foods, strengthen infant and young child feeding practices, and improve hygiene and sanitation. Open-ended questions included: What are the main causes of malnutrition in our communities? How can families improve children's diets using available foods? What role can community members, local leaders, and faith institutions play in supporting vulnerable families? How can community initiatives like mutual support groups help prevent and reduce malnutrition sustainably?

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants in the Nutrition Dialogue highlighted several key challenges affecting the nutritional wellbeing of children under five in their communities. One of the major challenges discussed was limited dietary diversity at the household level.

Another challenge identified was inadequate infant and young child feeding practices. Some caregivers introduce complementary foods too early or too late, while others do not maintain exclusive breastfeeding during the first six months of life. In addition, children are sometimes fed foods that are not appropriate for their age or nutritional needs. Participants noted that limited knowledge about recommended feeding practices contributes significantly to malnutrition among children under five.

Poverty and food insecurity were also recognized as major barriers to adequate nutrition. Some households struggle to consistently access diverse and nutritious foods due to limited income, seasonal food shortages, and rising food prices. Climate variability affecting agricultural production was also mentioned as a factor that can reduce household food availability and increase vulnerability to malnutrition.

Poor hygiene and sanitation practices were another challenge raised during the dialogue. Inadequate handwashing before food preparation and feeding, as well as limited access to clean water and sanitation facilities, increases the risk of infections and diseases that can worsen a child's nutritional status.

URGENT ACTIONS

Overall, participants agreed that these actions should be taken forward through strong multi-sectoral collaboration among government institutions, development partners, faith-based organizations, and communities themselves. Regular monitoring, community engagement, and alignment with national nutrition priorities will be essential to achieving sustainable progress toward ending child malnutrition.

Participants proposed identifying and developing a model village within the areas where Caritas Byumba and AEE operate. This village would serve as a demonstration community where all stakeholders including families, local leaders, health workers, and development partners work together to achieve and maintain zero malnutrition. The model village would promote good feeding practices, hygiene and sanitation, kitchen gardens, and strong community support systems. It would also provide a practical learning site for other communities to replicate successful nutrition interventions.

Participants identified several urgent actions needed to improve child nutrition and prevent malnutrition among children under five. First, they emphasized the importance of strengthening community-based nutrition education. Caregivers need continuous awareness on appropriate infant and young child feeding practices, including exclusive breastfeeding for the first six months, timely introduction of complementary foods, and preparation of balanced meals using locally available foods. Participants proposed that this education should be delivered regularly through community health workers, nutrition promoters, faith-based groups, and local leaders to ensure that behavior change is sustained at household level.

AREAS OF DIVERGENCE

varying interpretations of priorities and urgency contributed to differing positions. Some participants focused on immediate, short-term impacts, such as rapid improvements in nutrition indicators or service delivery. Others prioritized systemic, long-term change, emphasizing capacity-building, policy development, and sustainable resource allocation. These contrasting orientations influenced the recommended strategies and the perceived feasibility of proposed interventions.

Overall, while there was agreement on the general goal of improving outcomes and fostering positive change, the divergence in approaches, priorities, and underlying assumptions was significant. It reflected the complexity of addressing multifaceted issues, where both evidence-based guidance and local insight are essential. The discussion highlighted the need for compromise and integration of perspectives to develop balanced, effective, and contextually relevant strategies.

OVERALL SUMMARY

Gicumbi district, 22 January 2026

Activity: NUTRITION DIALOGUE DONE BY PARTNERS SUCH AS WORLD VISION RWANDA, AEE AND CARITAS BYUMBA. The Nutrition Dialogue highlighted that child malnutrition is not only a health issue but a multi-dimensional challenge rooted in feeding practices, household behavior, food access, care practices, and community support systems. Participants emphasized that adequate nutrition during the first 1,000 days of life from pregnancy to a child's second birthday is critical for physical growth, brain development, and long-term wellbeing. Poor infant and young child feeding practices, limited dietary diversity, and inadequate caregiver knowledge were identified as major drivers of malnutrition among children under five. The dialogue underscored the importance of promoting balanced diets using locally available foods, ensuring that children receive adequate portions of carbohydrates, proteins, vitamins, and minerals. Participants discussed the role of exclusive breastfeeding, timely complementary feeding, proper food preparation, hygiene, and sanitation as essential pillars of good nutrition. It was also acknowledged that poverty, seasonal food insecurity, climate variability, and limited access to nutrition services continue to increase vulnerability among families. Strong emphasis was placed on the need for a multi-sectoral and community-driven approach, involving health services, agriculture, social protection, faith-based institutions, and local leadership. Participants highlighted that sustainable improvements in child nutrition require behavior change, male engagement, family cohesion, and community ownership rather than short-term solutions alone. Aligning community actions with national nutrition priorities and the Zero Hunger (SDG 2) agenda was seen as a key pathway to ensuring that every child has the opportunity to grow healthy and thrive. Overall, the dialogue fostered a shared commitment to transforming nutrition outcomes through collective action, practical learning, and long-term investment in families and children, reinforcing the belief that ending malnutrition is achievable when communities are empowered and supported.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The Nutrition Dialogue reflected the Principles of Engagement through transparency, inclusivity, and collaboration. Ahead of the event, facilitators reviewed the participant list to anticipate areas of potential competing interests and ensure balanced representation from government, NGOs, faith-based organizations, and community actors. Participants were briefed on the objectives, expectations, and the importance of constructive dialogue.

METHOD AND SETTING

The Nutrition Dialogue was convened using a structured, multi-stakeholder methodology recommended for Nutrition Dialogues. Participants from government, NGOs, faith-based organizations, and community groups were invited to ensure diverse representation. The methodology included pre-event briefings

ADVICE FOR OTHER CONVENORS

For other Dialogue Convenors, careful preparation is key. Ensure diverse representation across sectors, including government, NGOs, community groups, and faith-based actors, to capture multiple perspectives.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely acknowledge and thank all partners, facilitators, and support staff who contributed to the successful convening of the Nutrition Dialogue. Special appreciation goes to World Vision Rwanda, AEE, and Caritas Byumba for their guidance, coordination, and technical support.

RELEVANT LINKS

- <https://x.com/CByumba/status/2014424843672784968?s=20>
- <https://x.com/CByumba/status/2014280377888657450?s=20>
- https://youtu.be/hpjXeqOEAoE?si=xRhSXxjqGt6_2XWv
- https://youtu.be/HSEJSqGkYHI?si=OWy5LZ_HET9vzMTW

ATTACHMENTS

- **PICTURE**
https://nutritiondialogues.org/wp-content/uploads/2026/03/G_SpCHeWEAACwvpv-1-scaled.jpg
- **PICTURE**
https://nutritiondialogues.org/wp-content/uploads/2026/03/G_Qoab-XgAAe1ci-1-scaled.jpg