

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	STRENGTHENING COMMUNITY ACTION AGAINST CHILD MALNUTRITION THROUGH THE POSITIVE DEVIANCE HEARTH APPROACH IN GICUMBI-TRAINING
DIALOGUE DATE	Wednesday, 26 August 2026 09:00 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: DIOCESE CATHOLIC OF BYUMBA/CARITAS BYUMBA . IMPLEMENTING PARTNER OF WVR
EVENT LANGUAGE	KINYARWANDA AND ENGLISH
HOST LOCATION	Byumba, Rwanda
GEOGRAPHIC SCOPE	GICUMBI DISTRICT
AFFILIATIONS	WVR
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/60095/



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	98
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PARTICIPATION BY AGE RANGE

0	0-11	0	12-18	23	19-29
69	30-49	7	50-74	0	75+

PARTICIPATION BY GENDER

56	Female	43	Male	0	Other/Prefer not to say
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NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

0	Children, Youth Groups and Students	34	Civil Society Organisations (including consumer groups and environmental organisations)
2	Educators and Teachers	3	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	4	Food Producers (including farmers)
54	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
2	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 stakeholders included local leaders, community health workers, health facility staff, sector-level actors, caregivers and community members. Their involvement was important for translating the PDH approach and nutrition knowledge into practice

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The Dialogue brought together participants from different levels and backgrounds, including district, hospital, health centres and sector-level actors, as well as local leaders and community representatives. The diversity of participants helped bring together perspectives from both service delivery and community settings, including experiences from rural households facing challenges such as limited food access and difficult terrain.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The Dialogue was framed around the continuing challenge of child malnutrition in Gicumbi District and the need for sustained, coordinated action. Participants were presented with local nutrition data showing that stunting among children under five in Gicumbi was 42.2% in 2019/20, compared with 33.1% nationally, and had declined to 38.8% in 2025. Although progress has been made, Gicumbi still recorded the highest stunting prevalence among districts in Rwanda. At the same time, stunting among children under two declined from 37% in 2020 to 21% in 2024, highlighting both progress and the need to maintain momentum. The introduction emphasized that preventing and addressing malnutrition requires action at household, community and institutional levels. Participants reflected on challenges including insufficient food in some households, difficult mountainous terrain and long journeys that may increase energy expenditure, as well as challenges related to children's recovery. The Dialogue was therefore positioned within the Positive Deviance Hearth (PDH) approach, which focuses on identifying positive practices within communities and strengthening caregivers' ability to use locally available resources to improve child nutrition. The training also formed part of Professional Umuganda, providing an opportunity for professionals and local leaders to strengthen their capacity and translate knowledge into practical community action. The overall framing emphasized shared responsibility among government authorities, health professionals, local leaders, development partners and communities to accelerate the reduction of child malnutrition and ensure that children have the opportunity to grow and develop.

NUTRITION SITUATION PRESENTATION

<https://nutritiondialogues.org/wp-content/uploads/2026/09/TRAINING.pdf>

DISCUSSION

The discussion focused on how the PDH approach can strengthen the prevention, early identification and rehabilitation of child malnutrition in Gicumbi District. Participants explored: What are the main factors contributing to child malnutrition? How can families use locally available foods and positive practices to improve child nutrition? How can professionals, local leaders and communities work together to strengthen screening, referral and follow-up? What practical actions are needed to translate the knowledge gained through the training into sustainable community-level interventions?

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

Participants identified several nutrition challenges affecting children and households in Gicumbi District. One major challenge was insufficient food in some households, which can limit children's access to adequate and diverse diets. Other challenge seen in not having knowledge on nutritious food preparation and even myths about some meals. Difficult mountainous terrain and long journeys were also highlighted, as these can increase energy expenditure and make access to health and nutrition services more challenging for some communities.

Another challenge was translating nutrition knowledge into consistent practices at household and community level. Although positive nutrition practices may already exist within communities, families and caregivers need practical support to identify, adopt and maintain these practices using locally available resources.

The discussion also highlighted challenges related to recovery from malnutrition. Children who have been identified with malnutrition require appropriate assessment, care and follow-up, and the success of rehabilitation depends on continued support from caregivers, health workers and communities.

Overall, participants recognized that child malnutrition cannot be addressed through a single intervention. It requires coordinated action involving families, community health workers, health facilities, local leaders, professionals and development partners. Strengthening community capacity, improving early identification and follow-up, promoting positive household practices and ensuring continued collaboration were identified as important areas for addressing these challenges.

URGENT ACTIONS

Participants identified several urgent actions needed to strengthen the prevention, early identification and rehabilitation of child malnutrition in Gicumbi District.

First, they emphasized the need to strengthen early screening and identification of malnutrition among children, particularly those under five. They proposed that health workers and community health workers conduct regular screening and ensure that children identified as at risk are referred and followed up appropriately.

Second, participants called for stronger community-level action to improve caregivers' nutrition practices. They proposed using the Positive Deviance Hearth (PDH) approach to identify positive practices already existing within communities and help caregivers adopt practical solutions using locally available foods and resources.

Third, participants emphasized the importance of continued follow-up of children identified with malnutrition. Health facilities, community health workers, local leaders and caregivers should work together to monitor children's progress and support their recovery, including addressing the factors that may contribute to relapse.

Participants also identified the need for continued nutrition education and awareness at household and community level, including clearer understanding of stunting and other forms of malnutrition, appropriate feeding practices, hygiene and dietary diversity.

To take these actions forward, participants proposed stronger coordination among Gicumbi District, health facilities, community health workers, local leaders, Caritas Byumba and World Vision Rwanda. They emphasized that the knowledge gained through the training should be translated into practical actions within communities rather than remaining at training level.

As emphasized by the Vice Mayor in charge of Social Affairs, "We have to give the full package to teach communities."

AREAS OF DIVERGENCE

There were no major disagreements among participants. Most shared the same concern about child malnutrition and the need for coordinated action. Some differences arose regarding the main causes, with participants highlighting insufficient food, limited dietary diversity, difficult terrain and access to health and nutrition services. These views were complementary and helped broaden understanding of the challenges.

OVERALL SUMMARY

The Nutrition Dialogue was conducted as part of the three-day Positive Deviance Hearth (PDH) Model Approach training held from 26–28 August 2026 at Centre d'Accueil FIAT, under the Professional Umuganda framework of Gicumbi District. The Dialogue brought together participants from district, hospital, health centre and sector levels, as well as local leaders and other community-level actors, with the shared objective of strengthening action to prevent, identify and address child malnutrition.

The discussion was framed by the continuing nutrition challenges facing children in Gicumbi. Participants reflected on local data showing that stunting among children under five was 42.2% in 2019/20, compared with 33.1% nationally, and had declined to 38.8% in 2025. Although progress has been made, Gicumbi continued to face a significant burden of child stunting. At the same time, the decline in stunting among children under two, from 37% in 2020 to 21% in 2024, demonstrated that improvements are possible when nutrition interventions are sustained.

Participants discussed the factors contributing to child malnutrition, including insufficient food, limited dietary diversity, difficult mountainous terrain and long distances that can make access to services more challenging for some families. They also discussed the importance of distinguishing stunting from other forms of malnutrition and ensuring timely screening, referral, treatment and follow-up.

A key message from the Dialogue was that communities should be at the centre of nutrition action. Through the PDH approach, participants explored how positive practices already existing within communities can be identified and strengthened, while caregivers can be supported to use locally available foods and resources to improve children's nutrition. The discussion emphasized that nutrition knowledge needs to be translated into practical and sustainable actions at household and community level.

The Dialogue also highlighted the importance of collaboration. Participants recognized that reducing child malnutrition requires joint efforts from families, community health workers, health facilities, local leaders, government authorities and development partners. The Professional Umuganda framework provided an opportunity for professionals and local leaders to strengthen their knowledge and consider how to apply it through their respective responsibilities.

Overall, the Dialogue felt constructive, practical and action-oriented. Participants appeared engaged with the challenges presented and were willing to share experiences and identify solutions relevant to their communities. Rather than focusing only on the scale of the problem, the discussion encouraged participants to consider what can be done differently and how existing community strengths can be used to support vulnerable children.

The commitment expressed by participants was reflected in the message from Caritas Byumba Director Fr. Augustin Nzabonimana that sustained collaboration is essential because "the country cannot develop when there are malnourished children." The Vice Mayor in charge of Social Affairs similarly emphasized the need to provide communities with a comprehensive package of knowledge and support.

The Dialogue therefore reinforced a shared understanding that addressing child malnutrition requires more than training alone. It requires continued community engagement, early identification, practical nutrition education, appropriate follow-up and strong coordination among stakeholders. Participants left with a clearer understanding of their respective roles and the importance of turning the knowledge gained through the PDH training into sustained action that enables children in Gicumbi to grow, develop and thrive.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The Dialogue reflected the Principles of Engagement through inclusive participation, respectful discussion and shared responsibility. Participants from district, health facilities, sector and community levels shared experiences and perspectives openly. Different views were considered constructively, with no major competing interests identified. The focus remained on evidence, community needs and practical actions to address child malnutrition.

METHOD AND SETTING

The Dialogue used a participatory approach, combining presentations, guided discussions, experience sharing and open-ended questions. Participants were encouraged to share local experiences, identify nutrition challenges and propose practical solutions. The session was held in a formal but interactive classroom setting at Centre d'Accueil FIAT, with participants seated together to facilitate discussion and exchange.

ADVICE FOR OTHER CONVENORS

Use local evidence and real community experiences to guide the discussion, and keep the conversation practical and action oriented. Allow enough time for participants to share perspectives and agree on clear follow-up actions.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We sincerely thank World Vision Rwanda, Caritas Byumba, Gicumbi District and all participating health and community stakeholders for their commitment and valuable contributions to the Dialogue. Special appreciation goes to the facilitators and participants for sharing their knowledge, experiences and practical solutions.

RELEVANT LINKS

- **website**
<https://caritasbyumba.org/publications/6a959e5a738bdb402d9c088a>
- **x**
<https://x.com/CByumba/status/2093371505904116025?s=20>
- **x**
<https://x.com/CByumba/status/2093288189792289070?s=20>
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- **x**
<https://x.com/CByumba/status/2092601647285370999?s=20>

ATTACHMENTS

- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2026/09/HQpggsIWwAAhmMa.jpg>
- **PICTURE**
<https://nutritiondialogues.org/wp-content/uploads/2026/09/HQpj6YqWMAEI3gK-scaled.jpg>
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