

CASE STUDY

RESILIENCE TO MALNUTRITION: A HOLISTIC AND EFFECTIVE APPROACH | Provinces of Kwilu and Mai Ndombe, DR Congo Democratic Republic of the Congo Red Cross (CRRDC) and Spanish Red Cross (SpRC)

BACKGROUND

In 2020, DRC ranked 175th out of 189 countries in the Human Development Index. 27 million people are food insecure and 3.4 million children are malnourished. There are 5.5 million internally displaced people due to conflict. It is in this context that the **'Resilience to malnutrition'** approach comes in, with three different projects from 2017 to 2022, targeting 1.450 households in Kwilu and Mai Ndombe provinces.

MALNUTRITION PUTS AT HIGHER RISK OF BECOMING ILL, LONG RECOVERY TIME, AND GREATER RISK OF DEATH

OVERVIEW

Project description

The **'Resilience to malnutrition'** approach implemented by CRRDC and SpRC involves a holistic intervention to address the risk of malnutrition from different angles and interrelated components. Not only does it significantly reduce malnutrition rates while the intervention is being implemented, it is sustainable over time; when the program ends, there will be no recurrence of malnutrition in the population.

“

Before the project, there was a lot of shortage in relation to the availability of food, but now we have appropriated learning, we have gardens and we work for our survival!

-Beneficiary testimonial.

The approach **builds on three main components and three complementary cross-cutting activities**¹. Two components focus on changing food and hygiene habits within a large block aimed at strengthening food security and preventing malnutrition among the population. Another component focuses on strengthening livelihoods through improvement of agricultural practices and income-generating activities. Finally, three cross-cutting activities complete the approach: protection and gender, psychosocial support and the complementary introduction of the Resilient Mothers' Clubs approach.

Malnutrition refers to deficiencies, excesses or imbalances in a person's energy and/or nutrient intake. The term covers three main groups of conditions:

- 1) undernutrition, which includes wasting (low weight/height ratio), stunting (low height/age ratio) and underweight (low weight/age ratio);
- 2) micronutrient malnutrition, which includes micronutrient deficiency (lack of essential vitamins and minerals) or excess of micronutrients;
- 3) overweight, obesity and diet-related non-communicable diseases (e.g. heart disease, stroke, diabetes and some cancers).

<https://www.who.int/en/news-room/fact-sheets/detail/malnutrition>

Improved diet

The component that focuses on diet and changes in eating habits is of paramount importance to improve beneficiaries' nutritional status, particularly children. It is mainly based on **raising awareness** among the population (awareness sessions and home visits) and on **learning cooking with local produce of higher nutritional value**. The main activities were:

- IYCF training (Infant and Young Child Feeding) for CRRDC volunteers and RECOs (Community Relays at the local healthcare centres) raises awareness and teaches a series of techniques to improve the nutrition of young children, pregnant and breastfeeding women, in order to monitor nutritional practices as the programme develops.
- Awareness-raising activities, on different themes and carried out through home visits or mass awareness-raising to promote behavioural change in the population. Door-to-door monitoring yields information on nutrition, like recipes or hygiene practices, and provides an opportunity to raise awareness of nutritional good practices.
- Cooking demonstrations. New recipes promote the use of nutrient-rich local produce, and have a direct and rapid impact on improving the health of the local population.



¹ More detailed information at <https://www.livelihoodscentre.org/web/livelihoods-centre/-/r-c3-a9silience-face-c3-a0-la-malnutrition-rd-congo>

Strengthening hygiene practices

The component on hygiene practices and the fight against diseases such as waterborne-diseases and malaria is of utmost importance for the health status and food security of the local population, particularly children: "poor hygiene can be the gateway to malnutrition". Main activities were a PHAST training (Participatory Hygiene and Sanitation Transformation) for CRRDC volunteers and RECOs; awareness-raising activities on hygiene practices; distribution of hygiene promotion equipment and materials, and monitoring of home hygiene according to the PHAST approach.

Improvement of agricultural activities

Activities under this component contribute to increasing agricultural production and diversification, the introduction of nutritious crop varieties grown by the target households and the sustainable strengthening of their livelihoods. The approach includes support (both collective and individual) to food crops (soybean, maize, groundnut, etc.), and to market gardens through technical advice and training (including climate change adaptation practices), input distribution and processing support.

Complementary components

The **protection and gender** component was gradually integrated into the approach as it was replicated in different locations, given the serious situation in terms of gender inequality and the essential importance of women for effective progress in building resilience to malnutrition.

Psychosocial support was also key, starting with psychosocial first aid training (PSS) for volunteers, mass awareness-raising and home visits to beneficiaries, and monitoring and occasionally supporting those in need of psychological support (PSS), especially Internally Displaced People (IDP) arriving mainly from the Kasai region, but also refugees who fled past conflicts in nearby countries such as Angola.

The **Mothers' Club approach**² was included in some of the interventions, as a complementary element contributing directly to strengthening resilience.

ACHIEVEMENTS

The resilience approach against malnutrition had many obvious direct impacts, such as improving the health of the population, especially children, by effectively reducing

“

With the use of soybeans, we can see the effects on the health of malnourished children in two weeks"

-Testimony of a nutritionist.

² The Mothers' Club (CdM) approach is a holistic approach of the CR/RC Movement, created by the Togolese RC and implemented in many countries, effectively contributing to the economic and social empowerment of women and the improvement of households' and communities' living conditions. <https://www.livelihoodscentre.org/web/livelihoods-centre/-/mothers-clubs-approche-technical-guidance-note>

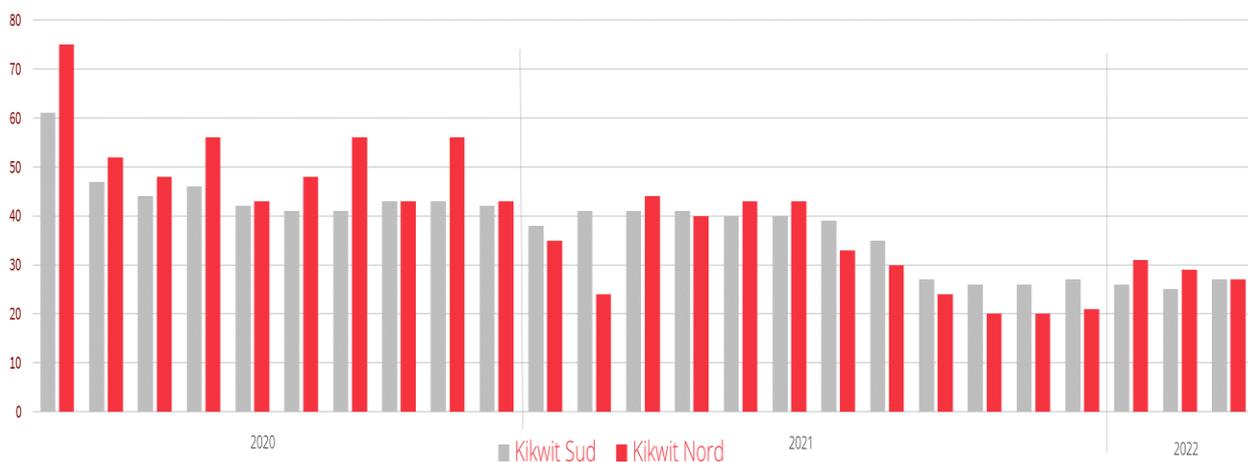
malnutrition rates or reducing the prevalence of certain diseases, such as malaria; increasing knowledge and behavioural change in terms of diet, gender, hygiene and agricultural activities; and enhancing economic autonomy through the resulting harvests from agricultural activities and the implementation of Income Generating Activities (through the Mothers' Clubs).

In addition, the approach promotes other less obvious but highly important impacts, such as:

- the **capacities developed in the community** empower the beneficiaries themselves and turn them into effective disseminators of the approach among the other members of the community;
- the **increased community cohesion and participation** of beneficiaries, especially IDPs;
- the **improvement of children's schooling** and households' **overall living conditions**, as a result of the additional income from the approach's livelihood activities.

- ✓ The women who participated in the Mother's Clubs are more self-determined and have saved money for their families.
- ✓ Malnutrition has been reduced by 50% in a year and a half. Diarrhoea cases have decreased by 80% from 2020 to 2022.
- ✓ After the end of the project, the beneficiaries keep cooking the recipes they were taught at cooking demos thanks to the involvement of the local healthcare centres and CRRDC local branch.

Number of malnourished children between the ages of 0 and 5 in Kikwit Sud & North



Graph above shows the evolution of the number of malnourished children aged 0-5 in Kikwit South and Kikwit North between 2020 and March 2022, where the malnutrition rate has been reduced by more than 50% thanks to the **involvement of the local healthcare centres**

The **cost-benefit ratio** of this approach compared to other standard approaches (punctual nutritional supplementation in emergency situations) demonstrates the economic efficiency in the medium and long term, as the sustainability of the combined practices of the approach components limits relapses and contributes to the physical and intellectual development of children.

The interventions have resulted in a clear and definitive improvement of the nutritional situation; as the institutions report, there have been no relapses.

CHALLENGES

One of the main challenges faced by this approach has been **convincing** beneficiaries that the new practices worked. As they began to see results, more people joined the programme, who in turn began to see their health improve. **False beliefs** were also a major challenge throughout the project, so awareness-raising, training and continuous support to the population were crucial.

Another important challenge was **land ownership** and the high percentage of the harvest exacted by the so-called "caciques of the land" (land chiefs) for use of their land. In this sense, regular contact and advocacy work with these caciques to reduce this percentage are crucial, as much as is the work done with local authorities to explore the possible community use of public land.

For most of the challenges encountered throughout the programme, the key to success was involving the population at all stages. Indeed, for the targeted population to change basic lifestyle aspects such as nutrition, hygiene and agricultural practices, it is crucial that it takes ownership of the project and is willing to do so, rather than having such changes being imposed on the population. Involving the community was also key in establishing criteria for the distribution of tools, since there were not enough items/tools for all beneficiaries.

THE INVOLVEMENT OF
COMMUNITY LEADERS IN THE
PROGRAMME IS A KEY FACTOR
FOR ITS SUCCESS DUE TO THE
CHALLENGE OF CONVINCING
THE POPULATION TO USE THE
NEW PRACTICES.

The holistic approach strengthens livelihoods and food security; once the project is over, people continue to use the new practices they have been taught by the programme.

GOOD PRACTICES

Key good practices involved in the implementation of this approach.

- Activities that helped increase household incomes, such as **Mothers' Clubs**, empowered women in the communities socially and economically, and also contributed to the dissemination of the programme.
- People save some of the seeds for planting in the next season, which contributes to the sustainability of **agricultural practices**.
- **Cooking demonstrations** helped people become familiar with the products and feel confident using them. It encouraged beneficiaries to try out the recipes and products themselves. Years after the program ended, they were still using the "corn-enriched fufu", which was introduced in the cooking demos.

- **RDC Red Cross volunteers** strengthened their capacities by being trained in infant and toddler feeding as part of the diet improvement target along with PHAST, gender, inclusion and protection, and psychosocial first aid.
- **Psychosocial first aid** had a significant impact in the community and helped creating a good environment for the displaced population.
- **Home visits** were highly beneficial, as they provided support to the families in implementing each step of the project, including complementary aspects such as psychosocial aid, protection and gender equality.
- **Good relationships** with local authorities, health services and public institutions helped ensure the support needed to carry out the activities during and after the project's completion.



The implementation of the approach was closely monitored and supported by Red Cross volunteers and community relays who, together with the participation of state actors (particularly the health services), facilitated the implementation of new practices and ensured their sustainability.

The approach helps the population feel ownership of the project, which contributes to its **effectiveness, efficiency and sustainability**. Years after the end of the project, cooking demonstrations continued in Bagata as an initiative of the Health Zone and the local Red Cross.

CONTACT

IFRC Livelihoods Resource Centre: Email: livelihoods@cruzroja.es