

Integrated Community-Based Nutrition, Food Security, and WASH Program for IDPs, Vulnerable, and HIV-Affected Families

Context

Programme de Promotion de Soins Santé Primaires (PPSSP) is a consortium of three local faith-based groups in eastern DRC that joined together following inter-ethnic conflicts, civil war, and political-economic crises in the Ituri District near the border with Uganda. In 2002 the three groups all fled toward the city of Beni and joined to form an emergency and relief program to assist displaced people. PPSSP's methodology is intensely community based and necessarily small in scale, targeting both internally displaced persons (IDPs) and local populations. Approaches are primarily preventive—although early efforts were focused alongside supplementary feeding programs of UNICEF and others—and integrate health/nutrition interventions, WASH, and trauma counseling.

From 2008–2009 PPSSP received funding from Jersey Overseas Aid Commission through Tearfund to work in Kamango and Boga regions, with a population of 91,171 people. During the project period community mobilization activities expanded into Bikima and Mugwanga in response to demands raised by successes in the initial communities.

Activities/Channels

PPSSP's approach combines community mobilization and education and focuses on achieving changes at the local level by gaining the involvement of local authorities and the trust of the community. As part of the process of sensitizing the whole community, PPSSP trained local religious, school, and health leaders on their roles in promoting good public health practices including hygiene, primary health care, and family planning. In each target health area, PPSSP helped form and train Nutrition Committees and Water Committees. Gender balance was achieved in these groups, with about 54 percent participation by women.



Early efforts were focused alongside supplementary feeding programs

PPSSP

The program distributed improved seeds, agricultural tools, and small animals to families with malnourished children and developed communal gardens in each village; these became the responsibility of the Nutrition Committees. Committee members helped construct shelters for cattle and poultry and organized visits to homes of malnourished children. As part of this effort, 148 severely malnourished children were referred to Mbau Therapeutic Nutritional Centre (76 km from Kamango) due to parents' sensitization by trained community health workers, women leaders, and the nutrition advisory council committees. The project demonstrated improved food cooking methods as part of its practical training for mothers. New techniques included extracting soya milk and peanut milk. Demonstrations were attended by women in the community and also by pupils of a nutrition secondary school and an agronomic secondary school, teachers, and members of community farming groups.

PPSSP helped form and train Water Committees to protect springs. Community mobilization for WASH focused on constructing latrines in schools and health centers and sensitizing families on constructing latrines, waste pits, and showers.

Results

A program evaluation included knowledge, attitude, and practice baseline and endline surveys, analysis of health data from the target communities, home visits, and focus groups. Results showed a significant reduction in malnutrition and waterborne disease rates among children 6–59 months of age. Among children identified as malnourished, 90 percent returned to normal weight-for-age during the 12-month program. Over 60 percent of households constructed family-improved latrines during this time. All water springs were protected by the local communities, reflecting their sense of ownership. After 12 months, 18.2 percent of families established their own vegetable gardens; 8.9 percent had added additional fruits to their diet within six months of project implementation. Through local health centers in the Boga area, PPSSP also provided 200 couples with family planning implants.

Lessons

Community involvement was considered the key to the success of this project. Beneficiaries learned that food

is medicine if used properly. The project served as a practical learning site for students of both the nutritional and agronomy schools. Communities recognized that the project contributed to reconciliation between conflicting tribes as people worked toward the common goal of fighting malnutrition. After funding ended, the Nutrition Committees restructured themselves under the leadership of the health zones and in one area they agreed that the Anglican Church Development department (which was part of the committee) would support the groups and ensure monitoring of progress.

Resources

Rapport d'évaluation et d'audit du Projet Nutrition à Assise Communautaire (NAC) De Juin 2008 à Mai 2009. Avec l'appui de Tearfund UK et Jersey Overseas Aid Commission. Fiduciaire de Gestion des Entreprises Privées (FIGEP). BUTEMBO, RD Congo, Juillet 2009. Programme de Promotion des Soins de Santé Primaires (PPPSP) et FIGEP.

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