



Nutrition

The Integrated Health Project in the Democratic Republic of Congo (DRC-IHP)

has been working since 2010 to improve the health of the Congolese people in 78 health zones in four provinces. Funded by USAID and led by Management Sciences for Health, with partners International Rescue Committee and Overseas Strategic Consulting, Ltd. (OSC), the project focuses on maternal, newborn, and child health; family planning; nutrition, malaria, and tuberculosis; HIV and AIDS; and water, sanitation, and hygiene (WASH)—applying many proven, low-cost, high-impact innovations on a large scale.

DRC-IHP stresses low-cost, high-impact innovations that can be used by providers at all levels of the health system. This project has improved health services for more than 12 million people—17 percent of the Congolese population. Data modeling shows that DRC-IHP interventions saved the lives of more than 150,000 children over just three years.

Now replaced by DRC-IHPplus, the project has recently been expanded to 83 health zones through June 2016, with partners OSC and Pathfinder/Evidence to Action (E2A).

Integrated Health Project in the Democratic Republic of Congo



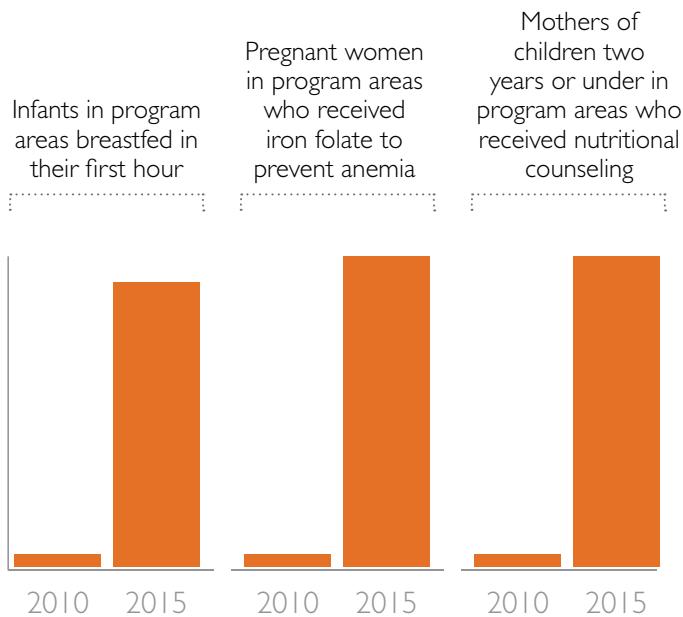
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STRATEGY

Malnutrition causes stunting in over 40% of Congolese children under five years, according to the DRC DHS 2013–14. Assisting the Ministry of Health by providing **training** for health workers, promoting **breastfeeding**, and establishing infant and young **child feeding support groups** for parents, DRC-IHP is making lasting changes in child health.

RESULTS



13.9 million doses of vitamin A
provided to children under five

DRC-IHP

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Nutrition

Challenge: Widespread malnutrition causes stunting in 43 percent of children under five years in the Democratic Republic of Congo.

DRC-IHP response: DRC-IHP supports the DRC's Ministry of Health to reduce malnutrition through training for providers and nutrition education and services for families. The project particularly encourages early and exclusive breastfeeding and infant and young child feeding (IYCF) support groups for parents. It also sponsors revision of protocols, data systems, vitamin A supplementation for children, and curricula for nutrition education at all levels.

Simple but effective approaches

Breastfeeding and other IYCF efforts

Breastfeeding provides many benefits—bonding, optimum nutrition and immunity for newborns; health advantages and birth spacing for mothers as well. Birth attendants help women start breastfeeding within an hour of birth, and community health workers make sure they continue learning about nutrition through home visits and IYCF support groups called ANGE groups, a French acronym that also means “angel.”

Treatment of severe, acute malnutrition

In collaboration with the Ministry of Public Health, DRC-IHP facilitates the transport of therapeutic foods including Plumpy'Nut and fortified milk. With the National Nutrition Program, we train and provide follow-up coaching to health providers in their use.

Vitamin A Supplementation

Over the course of the project, IHP has provided 13.9 million doses of vitamin A to children under five through community health campaigns.

Outcomes and results

During the project, 1.4 million women have received nutritional counseling for their children. Today, over 1,000 trained community health workers lead 1,080 support groups throughout 45 health zones. In project areas, the percentage of newborns breastfed in their first hour jumped from 2% at baseline to 96%. ■

Feeding Baby Ali

IN THE TOWN OF LUIZA, THREE OUT OF FIVE CHILDREN ARE MALNOURISHED.

Poverty contributes, but so do lack of birth spacing and low awareness of nutrition. In April 2014, two community health workers (CHW) visited the town, both trained by DRC-IHP in infant and young child feeding and family planning.

In one family, they found all five children malnourished. One-year-old Ali weighed only 13.2 lbs (6 kilograms) and measured 23.8 inches (60.5 centimeters). The health workers taught Ali's parents how to better



feed all their children, and the benefits of family planning. They also invited Thérèse, Ali's mom, to join an IYCF support group, where health workers led cooking demonstrations with local foods to show that nutritious meals can be easy and affordable.

Despite modest means, Thérèse now regularly cooks recipes she got from the support group. Family meals may include amaranth soup, maize-flour porridge, caterpillar powder, red oil, and iodine-fortified salt. The whole family benefits—and Ali has made a dramatic recovery. After three months of better food, he weighed nearly 20 pounds (9 kg).

Thérèse says she will continue to practice and share her new cooking style.