

# Global Action Plan on Child Wasting

# Country Roadmap

# DRC

The Democratic Republic of Congo (DRC) is one of ten countries that account for 60% of the global burden of wasting among children under 5 years. The rate of Global Acute Malnutrition (GAM) is 6.1% and rates of Severe Acute Malnutrition (SAM) exceed the emergency thresholds of 2% in 11 out of 26 provinces. It is estimated that 3.3 million children under five years will suffer from acute malnutrition in 2021, including at least 1 million with SAM.

The main drivers of wasting in the DRC are poor infant and young child feeding (IYCF) practices, food insecurity, epidemics, ongoing insecurity, poor water, sanitation and hygiene, poor maternal health, the socioeconomic consequences of the COVID-19 pandemic and limited access to health services.

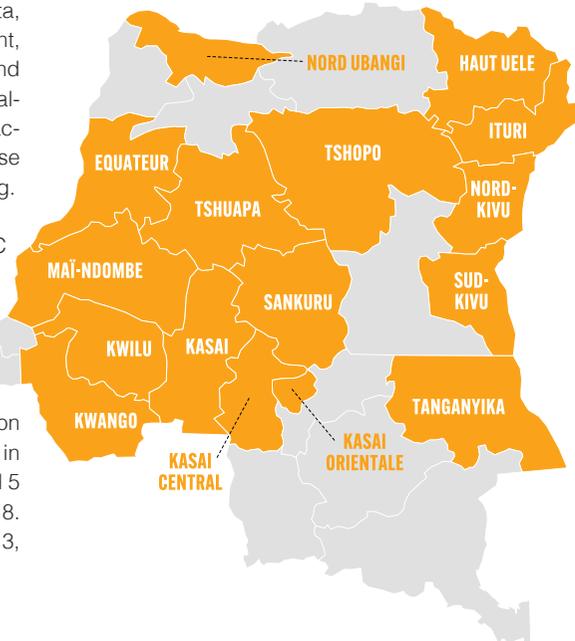
In summary, 46.5% of children under 6 months are not exclusively breastfed, 92% of children 6-23 months do not receive a minimum acceptable diet, 66.1% of households do not have access to safe drinking water, 32.6% of the population use improved sanitation facilities, 79% of households cannot wash their hands with soap and 12% of the Congolese population still practice open defecation. According to available national data, 7.1% of children are born with a low birth weight, 38.4% of pregnant women suffer from anemia and 15% of women suffer from malnutrition. Finally, almost 70% of Congolese people have little or no access to basic health care. The interplay of all these variables negatively impacts rates of child wasting.

Furthermore, the humanitarian crisis in the DRC remains acute and complex and marked by population movements, chronic food insecurity, acute malnutrition, conflicts, and epidemics. The September 2020 Integrated Food Security Classification (IPC) Framework showed that 27.3 million Congolese are food insecure and 6.3 million are in an emergency. Also, the country has experienced 5 consecutive outbreaks of the Ebola virus since 2018. The 12th recorded outbreak was declared on May 3,

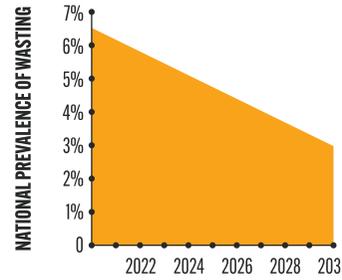
2021, and this came only two and have months after the end of the 11th outbreak in Equateur province. At this time, there is an ongoing outbreak of Ebola in the country and these outbreaks may increase the proportion of wasted children. Finally, the DRC has also been affected by the COVID-19 pandemic like other countries in the world, thus increasing food insecurity and the vulnerability of children.

Efforts to fight wasting in the DRC have focused on wasting treatment for children under 5 years. However, only a limited portion (31%) of health zones offer treatment services. It is essential to strengthen the operational capacities of the National Nutrition Program (PRONANUT) within the Ministry of Health by improving coverage of treatment services, scaling up prevention strategies, integrating nutritional care into routine health services and improving early detection of wasting in the community. Finally, advocating for domestic funding as well as introducing the simplified approaches will also ameliorate the services to treat child wasting.

## GEOGRAPHICAL PRIORITY AREAS

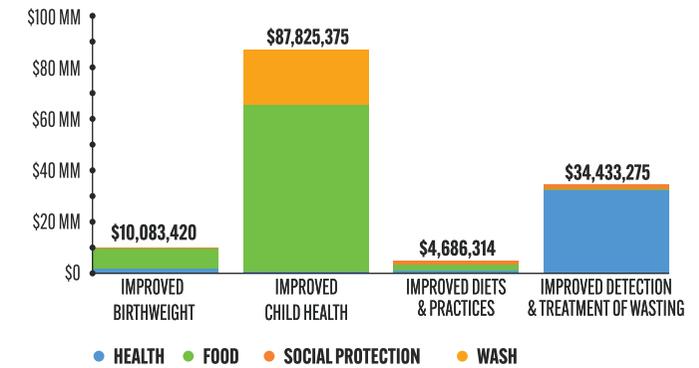


## REACHING THE SDG TARGET BY 2030



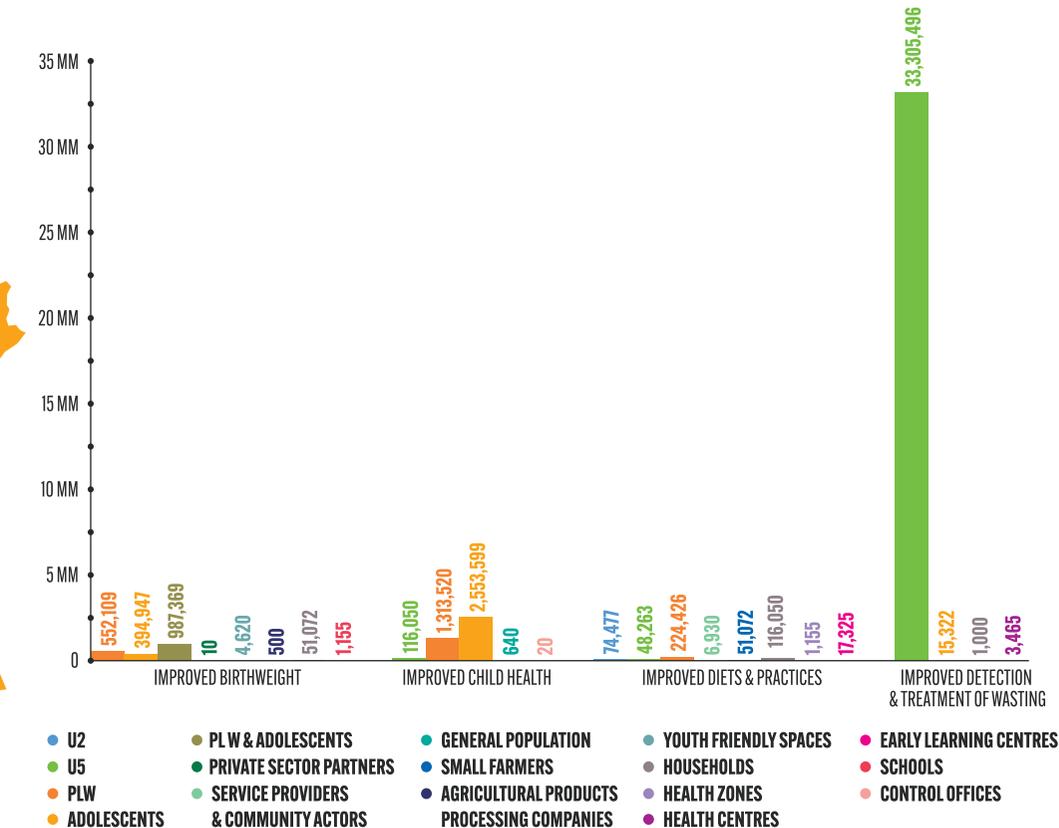
SDG TARGETS = 3%

## ANNUAL COST (USD)



TOTAL ANNUAL COST (USD) = \$137,028,384

## TARGET POPULATION GROUPS



TOTAL NUMBER OF PEOPLE REACHED = 39,643,590  
TOTAL NUMBER OF HH/GROUPS REACHED = 173,242

- **REDUCE LOW BIRTHWEIGHT BY 30%**
- **INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 70%**
- **INCREASE THE COVERAGE OF TREATMENT SERVICES BY 50% FOR WASTED CHILDREN**
- **IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR A SELECT 60% OF THE POPULATION**

## OUTCOME 1

### REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen iron folate supplementation for PLW
	Iron folate supplementation for teenage girls
	Strengthen deworming for PLW
	Strengthen deworming for adolescents
	Support the introduction and distribution of micronutrients to pregnant women
	Support youth friendly spaces that take into account family planning and everyday life skills
	Promote the use of reproductive health services including, family planning
	Support the development and evaluation of the strategic plan for the health and well-being of adolescents and young people
	Integration of postpartum family planning (PPFP) in the midwifery training curriculum
	Support the management of seropositive PLW
Popularize maternal nutrition guidelines in the various sectors at the national level	
Advocacy and sensitize donors as well as other stakeholders on the importance of improving maternal and child nutrition.	
FOOD	Support small producers to improve their production along the different value chains
	Support food diversification programs targeting pregnant, lactating and adolescent women
	Promote family fish farming and small and medium-sized agricultural enterprises: production, processing and marketing of fishery products
	Facilitate women's access to micro credits (land, materials and equipment, working capital)
	Revitalize the alliance for food fortification
	Develop partnership with the private sector for food systems for nutrition
	Support agrifood processing programs, fortification and bio-fortification of foods.
Distribute fortified organic seeds to vulnerable families	
Support nutrition-sensitive food aid programs based on the specific nutritional needs of adolescents, pregnant and lactating girls and women	
SOCIAL PROTECTION	Support the scaling up of the school feeding program using local products
	Support the promotion of nutrition, health and hygiene in educational establishments
	Support the research and planning departments of various nutrition-sensitive ministries to integrate nutrition into their sector plans
Scale up social protection programs to support households during shocks and for the resilience of populations	

## OUTCOME 3

### IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scaling up and strengthening of interventions promoting IYCF practices
	Advocate for the adoption of a policy for the protection of maternity and breastfeeding in the workplace
	Ensure the popularization of the International Code of Marketing of Breastmilk Substitutes
	Strengthen the application of the "kangaroo care" method for sick and low weight newborns
	Develop and popularize a national early childhood development strategy for health structures and the community
	Set up early learning centers for the psycho-emotional stimulation of children at the level of health structures and in the community
Train providers and community actors on the mental health of caregivers and IYCF practices	
FOOD	Monitor and create a legal framework that requires the fortification of consumer food products
	Revitalize and support the functioning of the national alliance for the fortification of consumer food products
	Update the national strategic plan for fortification of consumer foods
	Support small farmers and private sector networks with training and inputs for the production of fortified organic foods
	Support the popularization of fortified organic foods among households for consumption
	Support households in agricultural inputs, fishing and breeding for the diversified production of food
	Promote home gardens in communities
Provide blanket nutrition to PLWs and children aged 6-23 months during the lean season	
Provide vulnerable households with inputs and equipment necessary for food security	
SOCIAL PROTECTION	Provide nutritional supplements to PLWs and children 6-23 months of age during the critical period
	Support the membership of agricultural households in the Mutuelle de Sante
	Set up the mixed cash approach (cash plus infant food) for children under 2 years of age in emergency situations

## OUTCOME 2

### IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Advocacy at the national and provincial level for the improvement of the budget allocation and disbursement on "nutrition" in the state budget
	Strengthen multisectoral governance at the national and decentralized level for the establishment and revitalization of multisectoral nutrition committees
	Integration of the management of malnutrition in the flowcharts of care and in the therapeutic guides developed by the Ministry of Health, mainly in the management of medical complications of SAM
	Support deworming with Albendazole in children (aged 1-14 years) and adolescents
	Reinforce routine vitamin A supplementation every 6 months for children 6 to 59 months
	Support the Office Congolais de Contrôle (OCC) for the control of iodine salt at the borders (distribution of iodization kits)
	Scale up community based nutrition interventions
	Organize, structure, and strengthen the capacities of actors in each sector in associations and / or cooperatives.
	Introduce improved breeds in rural areas for each sector
	Rehabilitate and / or create, and make operational centers for the multiplication of broodstock
FOOD	Set up processing, conservation and storage units for livestock products
	Adopt, implement and popularize a legal framework in accordance with recognized food health standards, in particular in the provisions enacted by the WTO and the Codex Alimentarius
	Improve agricultural governance
	Promote the integration of the gender approach and strengthen human and institutional capacities
	Lead the advocacy for the creation of the High Council for Food and Nutrition Security, responsible for developing a control strategy and coordinating nutrition and food security activities
	Strengthen animal and plant health for the detection, prevention and fight against animal diseases according to international sanitary regulations recommendations
	Improve agronomic research as well as the dissemination of appropriate technology
Sensitize the populations on adequate food and nutritional practices (hygiene)	
WASH	Put on the scale of treatment and consumption of drinking water (home treatment)
	Promote hand washing with soap at community level, in health centres and in schools (Tippy Tap promotion)
	Promote the use of hygienic latrines and their maintenance
	Ensure the implementation of vector control for malaria
	Conduct initial and final household KAP survey in communities of malnourished children

## OUTCOME 4

### IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale up the simplified approach to CMAM with MUAC screening
	Scale up the simplified CMAM approach at community, health center and hospital level in the country
	Strengthen the scaling up of treatment programs for severe acute malnutrition according to the standard approach (SC, OTP)
	Strengthen the scaling up of treatment programs for moderate acute malnutrition according to the standard approach (SFP)
	Integrate the complementary nutrition module in the DHIS for all provinces and analysis workshops, correction of results
	Integrate nutritional inputs into the national supply chain for essential drugs
FOOD	Strengthening the nutritional surveillance and early warning system at the national level
	Carrying out SMART SENS surveys and coverage in all health zones of the country
	Engagement in sustainable banking network (SBN) as an initiative to contribute to the safety of locally produced nutritional products
	Streamline supply chain systems for the delivery of key commodities needed to treat childhood wasting.
SOCIAL PROTECTION	Follow strict quality assurance (QA) standards. Guarantee the safety and quality standards of locally produced specialized nutritious foods necessary for the treatment of child wasting, through better collaboration with the private sector. Support efforts to prevent and reduce aflatoxin and other toxins in therapeutic foods.
	Promotion of Cash Transfer in school canteens targeting vulnerable households
	Donate cash in a food insecure situation, urban response (Kinshasa) to COVID-19 and construction of the transition to shock-responsive social safety net systems (cash transfer intervention, modeling and extension of a shock-responsive social protection program supporting resilience)