

HealthNet TPO

Nutrition Proposal

Sustainable agricultural and Health practices for enhancement of Nutrition and health status of small holder communities Gitega and Butembo

Introduction

Malnutrition is a health and welfare problem in many developing countries of the world. Under nutrition, particularly in children, is a vice locked around humanity, preventing individuals and even whole societies from achieving their full potential. Children who are undernourished have lowered resistance to infection and are more likely to die from such common childhood ailments as diarrhoeal diseases and respiratory infections (UNICEF, 2006). Those who survive may be locked into a vicious cycle of recurring sickness and faltering growth, often with irreversible damage to their cognitive and social development (UNICEF, 2006). Whereas other developing countries have experienced a down ward trend in levels of childhood and maternal malnutrition, Sub Saharan countries and particularly those of Central Africa have remained stagnant and in some countries have actually increased (UNICEF, 2002). According to Sinkiyajako, 2006, majority of the population in Central Africa depend on agriculture for food and income, despite these, a large number of people are still poor and the level of malnutrition among children below five years is still high. In BurudimGitega Province has 11 health structures serving a total of 228,120 people and 75.5% of the population depend on agriculture. 72.2% of the population is estimated to be poor with 16.7% extremely poor. Monthly household income among the very poor is estimated to be around 3,000 FBU-6,000 FBU (Sinkiyajako, 2006). Malnutrition among children below five years is also very high in the region, 45.1% of the children are underweight, 57% stunted and 7.5% wasted (UNICEF-Burundi, 2001), in addition 15% of morbidity and mortality among under fives is due to malnutrition (Republic of Burundi, 2005). In Butembo, there are about 24 health centers serving a total number of 225,000 people and malnutrition continues to be a leading cause of morbidity and mortality among children below five years in both eastern and western parts of DR Congo (UNICEF, 2003). In 2005 UNICEF reported that DRC had one of the highest under-five mortality rates in the world with more that 200 deaths in every 1000 live births, apart from malnutrition the other causes of death were malaria, diarrhoea and acute respiratory illnesses (UNICEF, 2003). One third of all the children under five years are stunted, nearly one child in every eight suffers from acute malnutrition and 3% are severely malnourished (PRONANUT-DR Congo, 2007).

Agriculture is central to the lives of people in Gitega and Butembo, 90% and 67% of population in Burundi and Congo respectively live in rural areas and they depend on agricultural activities for both food and income (USAID, 2004). Therefore through this project, HealthNet TPO in collaboration with Consortium of Improvement of Agricultural-based Livelihoods in Central Africa (CIALCA), aspire to help communities establish and sustainably make use of the links between agriculture, nutrition and health.

HealthNet TPO is a non-profit NGO founded on the principle that access to affordable quality health care is a basic human right. HealthNet TPO works in low income countries that have to cope with severe devastation of their health systems due to war, social unrest, disaster and poverty. HealthNet TPO aims at improving the quality of life of vulnerable people by empowering them to manage their own health situation and by increasing their self-sustainability and independence. CIALCA (www.cialca.org) is a Consortium of the International Agricultural Research Centers (IARCs) and their national research and development partners that aims at close technical and administrative collaboration in order to accelerate impact at the farm level. IITA, Bioversity International and CIAT are just some of the members. Both HealthNet TPO and CIALCA have been working in Burundi and DR Congo and their collaboration in this project is expected to have more positive impact. This proposal is led by Beatrice Onyango (Bioversity International) and has been developed with support from Piet Van Asten (IITA), Marjolein Moreaux (nutrition consultant), Guy Blomme (Bioversity

International) and Martha Nyagaya (TSBF-CIAT). Their support is expected even during the project implementation phase.

Target Area and time frame

This project is targeting rural households around Butembo and Gitega, with possible spillover at later stages to other CIALCA mandate areas in South Kivu, Rwanda, and Burundi. The project entry points will be existing health facilities. The project is expected to operate in at least two sites in each of the regions, thus 4 sites in total. The current proposal describes activities up to December 31, 2008. However, if the project proves to be successful, it is anticipated that the activities will continue well beyond 2008, while the number of sites could increase both within the area of Gitega and Butembo, as well as to other CIALCA mandate areas.

General Objective

Enhancing nutrition and health status of families with children under five years old through improved agricultural systems in Burundi and DR Congo

Specific Objectives

1. To establish baseline information on agricultural activities, nutrition and health status of families with children below five years in Gitega and Butembo region
2. To build capacity of Health Care Providers and Community Health Workers on proper nutrition and use of agricultural strategies in enhancing food security.
3. To facilitate communities in adopting and adapting agricultural strategies that enhance food security, nutrition and health at household level

Proposed activities

1. Literature review and analysis of available datasets; the data will be obtained from CIALCA, HealthNet TPO, the internet, and wide range of actors active in the field of agriculture and health. CIALCA has conducted a baseline survey in the Butembo area and Gitega area. Healthnet participated in developing health/nutrition related questions in the baseline survey. The survey covered 2600 farmers in Burundi, Rwanda, and DR Congo, of which some 400 farmers from the Butembo and Gitega area. The aim of this first activity is to identify which parameters in the agricultural systems in the Great lakes region strongly relate to food security and health.
2. Based on the outcome of activity 1, more detailed follow-up studies will have to be realised to (i) verify the findings of activity 1, and (ii) to fill in research gaps that help explain which agricultural systems provide better food security. This study may involve interviews with caregivers and community members on nutrition and health-seeking behaviour, in addition to dietary analysis (i.e. diversity & nutrient analysis) of food items given to children (starchy crops, legume dishes, vegetables).
3. Capacity building through training will be done at two levels; a) Health care providers and b) Community Health Workers (CHWs) and Community Own Resource Persons (CORPs)
4. Participatory Development of Behavior Change Communication (BCC) materials will be done with, major focus on posters and brochures.
5. Establishment of demonstration gardens: the gardens will first be formed at the four sites (health facilities) and the community Health workers and Community Own Resource Persons will be expected to facilitate and encourage the formation of more gardens at community and household level. The food crops choice in the gardens will depend on what comes out of activity 1 and 2, but priority will probably be given to vegetables and legumes as a source of vitamins and proteins, and sweet potatoes and bananas as reliable starchy staple crops.
6. At the end of the project, a short participatory evaluation of the project activities will be organized with the main stakeholders, to evaluate the outputs and progress of activities 1 to 5, and to plan a possible way forward.
7. Make publications out of the work.

Log Frame

Objective	Activities	Descriptive Budget	Summary budget	Partners Involved	Activity Leader	Time frame	Output
1.Establish baseline information on agricultural activities, nutrition and health status of families with children below five years in Gitega and Butembo region	1.Literature review, translation and analysis of available datasets and identification of existing gaps	Staff cost: Translation 1,000 US \$ Data analysis 1,000 US \$	2,000 US \$	CIALCA Healthnet TPO	Beatrice	November-January 2007	Knowledge on the Agriculture, nutrition and health situation of the target region
	2.-Conduct additional formative research on a)Nutrition and health knowledge of caregivers b)Dietary diversity & Nutrient analysis of food items given to children (those not analysed) c) Health seeking behaviour of the community.	Travel: 1,500 US \$ Data collection: 1,000 US \$ Data analysis: 1,000 US \$	3,500 US \$	HealthNet TPO CIALCA	Beatrice and Marjolein	February & March 2008	
2.To build capacity of Health care providers and Community health workers on proper nutrition and use of agricultural strategies in enhancing food security.	3. Training of Health care providers, care givers and community own resource persons on Identification and management of malnutrition, infant and young child feeding, Strategies of enhancing food security at household level.	Develop training manuals and IEC materials: 2,000 US \$ Training process: 5,000 US \$	7,000 US \$	Health Net TPO	Beatrice, Marjolein, Martha	April & May 2008	Knowledge on the intergration of Agriculture, nutrition and health by community -Knowledge on sustainable strategies of enhancing nutrition & health by community
3.Facilitate communities in adopting and adapting agricultural strategies that enhance food security, nutrition and health at household level	4. Establish at least 4 demonstration gardens at health centre and scale up to community level	Seeds: 1,000 US \$ Tools: 800 US \$ Allowance for volunteers: 2,500 US \$	4,300 US \$	HealthNet TPO CIALCA	Beatrice & CHWs	June - September 2008	- Enhanced food security in the community - Enhanced nutrition and health status of community members.
	5. To ensure sustainability of the project through output oriented motivation of Community Own resource persons	-	2,000 US \$		Beatrice	July – December and continue in 2009	
	6. Evaluation of the impact of the intervention on nutrition and health status of the community and documenting the findings 7. Making publications from the work	-	1,500 US \$		Beatrice	Late December 2008/Early January 2009	
TOTAL			20,300 US \$				
Contingency 10%			2,030 US \$				
GRAND TOTAL			22,330 US \$				

NB: The budget indicated above is the one that has not been funded yet and would require external financial support in addition to what CIALCA is providing.

CIALCA contributions to this project are:

1. 25% of the personnel costs of a nutritionist (Beatrice Onyango, Bioversity) – approximately 18,000 US\$ per year
2. CIALCA is already organising sampling and analysis of (banana) food products in the region (i.e. samples originate from Rwanda) to the Chemiphar Laboratories in Uganda for analysis. In addition, analysis of micronutrients relevant to human consumption (e.g. Se) from the region (incl. Butembo and Gitega) are currently analysed at Adelaide University in Australia. Sampling and analysis costs are estimated at 6,000 US\$. The data will be made available free of charge and will allow us to assess whether any severe micronutrient deficiencies exists.
3. The project will also have free access to baseline data on agriculture and health issues collected in CIALCA. The costs of collecting this data for the Butembo and Gitega area are estimated at 15,000 US\$, and for the whole region (incl. other sites in DRC, Burundi, and Rwanda) at 80,000 US \$.
4. CIALCA will assist in transport costs where needed by availing locally available CIALCA cars where and when possible.
5. Additional staff time will be invested free of charge by a CIALCA nutritionist (Martha Nyagaya – TSBF-CIAT) and CIALCA systems agronomists (Piet van Asten – IITA, Guy Blomme – Bioversity, Bernard Vanlauwe – CIAT-TSBF).

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