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LIFT and FANTA-2 Recommendations to Support Food Security, Nutrition, Economic Security and HIV Activities in the DRC

Main Objectives:

- Assess the strengths and weaknesses of the DRC's approach to:
 - Nutrition among HIV-infected and affected populations
 - Economic strengthening in HIV services
- Make recommendations for use of PEPFAR/DRC funds to strengthen programs in these areas.

*The Livelihoods and Food Security Technical Assistance (LIFT) program is a 5-year cooperative agreement awarded by the USAID Office of HIV/AIDS to FHI 360 through the **FIELD-Support LWA**. Find out more at <http://theliftproject.org>*

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After years of civil war and continuing conflict in some parts of the country, the Democratic Republic of the Congo (DRC) has become one of the world's least-developed countries. In 2007, 41% of people in the country suffered from chronic malnutrition. Among the DRC's most vulnerable groups are people living HIV (PLHIV) and orphans and vulnerable children (OVC)—in 2009, one in four children in the country fell into this category. HIV contributes to and results from economic and food insecurity. PLHIV have increased nutritional needs but decreased ability to work and provide for themselves and their family. Those who are malnourished benefit less from antiretroviral therapy (ART), suffer more from its side effects, and are more vulnerable to opportunistic infections. Adult illness and death further worsen food and economic security for affected children.

In 2011, USAID/DRC allocated \$2 million in PEPFAR funds for food and nutrition activities related to PLHIV and OVC. At the request of USAID/DRC, FHI 360's Food and Nutrition Technical Assistance II Project (FANTA-2) and Livelihoods and Food Security Technical Assistance Project (LIFT) visited the country in July. Staff met with government agencies, international and local organizations, and community members to assess the strengths and weaknesses of their current approaches to (1) nutrition among HIV-infected and affected populations and (2) economic strengthening (ES) in HIV services. This brief summarizes some of the team's recommendations for use of PEPFAR/DRC funds to strengthen existing programs in these areas.

Select recommendations for nutrition and food security components of HIV services

Support PRONANUT, the National Nutrition Program, in revising and finalizing national guidelines for nutrition care for PLHIV. The current guidelines lack clear instructions for HIV-service providers on meeting the nutritional needs of PLHIV, and some of the recommendations are out of date. FANTA-2 suggested convening a workshop of stakeholders to draft new guidelines and ensure that they are harmonized with national guidelines on treatment of acute malnutrition.

Target OVC under 5 years old for nutrition care and support. Recommendations included holding focus group discussions within communities to identify the needs, developing plans to address them, and identifying community mentors to make home visits to caregivers of vulnerable children younger than 5 years old.

Integrate nutrition and HIV messages into existing counseling materials. UNICEF's counseling flipcharts on nutrition are widely used in the DRC, and FANTA-2 could work with UNICEF to update the materials with messages for targeted groups.

Increase uptake of HIV counseling and testing. Many providers offer counseling and testing only to those who request it (opt in). FANTA-2 recommended implementing a provider-initiated approach, under which clients are tested routinely unless they opt out. Late diagnosis of HIV is related to late diagnosis of malnutrition among PLHIV.

Strengthen links between in-country partners of The Centers for Disease Control and Prevention (CDC) and PEPFAR to improve clinical practices. The CDC partners have access to tests that PEPFAR partners currently do not. FANTA-2 recommended that CDC partners collaborate with PEPFAR to improve the early diagnosis of HIV infection in infants, children, and pregnant and lactating women and the diagnosis of virologic treatment failure.

Strengthen government coordination of nutrition and HIV activities. The FANTA-2/LIFT team found that coordination among ministries and other government bodies is limited, that policies are inconsistent, and that the government's capacity for providing leadership on nutrition and HIV is limited by lack of exposure to successful implementation by other countries.

Strengthen monitoring and evaluation of nutrition and HIV interventions. The FANTA-2 "Guide to Monitoring the Evaluation of Nutrition Assessment, Education, and Counseling of People Living with HIV" is available in French and could be disseminated to key stakeholders. FANTA-2 could advocate for improved indicators of nutrition and food security and also support PRONANUT in training providers to collect the necessary data.

Encourage task-shifting. With a critical shortage of accessible facilities and health care providers, the DRC could benefit by training health extension workers and non-medical personal to help extend coverage of services. FANTA-2 recommended HIV counseling and testing (HCT) by health extension workers; ART prescription by nurses (currently only doctors are allowed to prescribe); and using community health workers to treat severe acute malnutrition and manage uncomplicated cases of diarrhea, malaria and pneumonia.

Select recommendations for economic strengthening components of HIV services

The LIFT project follows a model of economic strengthening that defines three types of approaches, each appropriate for different levels of vulnerability:

1. Provision: direct offer of food, cash or other essential services/products for the most vulnerable households to meet their basic needs.
2. Protection: helping very vulnerable households restore or maintain their resources, recover from economic shocks and build assets.
3. Promotion: helping households that are poor but stable to increase their household income and seize employment or self-employment opportunities.

Recommendations for PEPFAR/DRC partners are based this model so that assistance could be tailored to the level of vulnerability. Specifically, LIFT recommended:

- Using economic vulnerability, not HIV status, as eligibility criteria for participation in generalized ES activities. LIFT's assessment found that providing support based only on HIV status exacerbated stigma against PLHIV and created resentment among people not living with HIV, who also perceive of themselves as poor.
- Limiting targeted assistance to extremely vulnerable PLHIV, OVC and caregivers with a focus on provision activities.
- Building the capacity of PEPFAR/DRC partners in ES.
- Replacing the current reliance on grants, training in income-generating activities (IGAs), and subsidized credit with a community-managed savings and lending approach. The team found that IGAs had a low rate of success, that grants sometimes led to a "handout" mentality or feeling of helplessness among recipients, and that training people to focus on one small business was actually a risky business model. LIFT recommended that for its **general economic strengthening activities**, USAID/DRC should consider either the village savings and loan associations (VSLA) model or the saving and internal lending community (SILC) model. The team laid out three options for rolling out this approach.
- For **targeted assisted** to the most vulnerable, the LIFT team recommended using LIFT Field Support LWA funds for technical assistance. Work would include (1) determining the provisions that would be most useful (cash transfers, food supplements, asset transfers); (2) developing criteria to determine who would receive these provisions; (3) exploring youth-friendly approaches; and (4) conducting research to determine how best to help OVC develop successful livelihoods.

Poverty, food insecurity and HIV are inexorably linked. Our responses must also be linked, with no opportunity missed to address the wide range of needs of the DRC's most vulnerable people.