



# HALTING HUNGER

**While an organization in Katanga province focuses on prevention, a group in North Kivu province treats malnourished children.**

**W**hen his young neighbour died, José Manda thought enough was enough. He had watched the 12-year-old boy grow up and then waste away. The cause of death was obvious to those who knew him. For too long, the child had not eaten well enough. How was this possible in a mining town like Likasi, in the midst of a once prosperous copper belt?

José Manda, who works for a local NGO, decided that something had to be done. It seemed obvious to him that subsistence farming had to resume. In Likasi (population: 360,000) the idea seemed somewhat absurd. This was a big city. Its streets were well laid-out and lined with flowering trees. With its elegant colonial architecture, it had an air of wealth.

For years, the town was a stronghold of the company Gecamine, the local copper giant. The company gave work to able-bodied men and food rations to their children. That is why farming virtually disappeared – even though there was an abundance of farmland nearby. Agriculture, it seemed at the time, was for peasants, not for sophisticated city-dwellers. When Gecamine went bankrupt in the nineties, Likasi residents had their beliefs shaken. “This is an urban area that is turning into a rural area,” explains Dr. Delphin Antwisi, a local official with the Ministry of Health.

To feed his neighbours, Manda founded an association known as MANOMAPIA. In Swahili, the name means: Join together to fight malnutrition.



Today, the association has about 60 members. With UNICEF support, they are implementing a community-based nutrition project, which has already delivered.

The association persuaded a traditional chief to donate a three-hectare plot of land just outside city limits. The land was uncultivated. Now, it's green year-round. During the rainy season, association members plant corn, cassava, soybean and peanuts. In the dry season, they plant cabbage, amaranths, tomatoes and carrots.

After the harvest, they sell their vegetables at the market – but not at market prices. A pail-full of their corn is worth 200 Congolese francs, 50 francs less than the regular price. Annoyed by the cost-cutting, local farmers complained to the authorities about this competition. But their complaints fell on deaf ears. José Manda did not appreciate the farmers' behaviour. "They're only interested in their own profit," he says. "We're doing this for the good of the entire community."

Not all association members tend the land. Some have volunteered to act as community workers. Thanks to

UNICEF-provided training, they visit homes, markets and churches to spread the word about malnutrition. Their message is simple: weigh babies regularly. In practice, infant weight is tracked at a health station, where a nurse and three female community workers tend to children using UNICEF-provided equipment. Vitamin A is also provided to mothers who have just given birth.

The results of these efforts are obvious at the health centre in Nkolomoni, a 13,000-strong community where the association keeps tabs on children affected by malnutrition. Are they making progress? Nurse Michel Tshikalabanze smiles as he takes out his calculator. In 2003, total reported cases of malnutrition added up to 234. But when he adds up the monthly statistics for 2004, the figure comes up to 100. "Without the association's hard work, these results would have been impossible," explains Dr. Abraham Kilanga Seya, a doctor who works at the Nkolomoni Health Centre.

On the streets of Likasi, many people agree. They often stop José Manda



who is seen as a local hero. "Thank you for what you have done," they say. "Please keep encouraging us." The people of Likasi know exactly what José Manda's association does and whom it benefits.

Unfortunately, not all cities in the Democratic Republic of the Congo are quite as fortunate.

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In Goma, capital of North Kivu, about 50 children attend a therapeutic feeding centre called Muungano ("Solidarity" in Swahili). These children, aged four months to six years,

all suffer from severe malnutrition. They will stay here for three or four weeks before going home. Surrounded by their loved ones, usually their mothers, the children are fed a diet of therapeutic milk and staple foods.

This centre, inaugurated in 2004, is part of a small hospital managed by Caritas, a Roman Catholic NGO and UNICEF partner. Its red-brick walls are brand new. But its garden, still strewn with lava, is a sobering reminder that the volcano looming over Goma affected many people's livelihoods when it erupted and destroyed part of the city in 2002.

“Here, people eat only once a day, and the portions are too small,” explains Pascaline Kisimba, a Caritas nutritionist. One out of ten Goma children suffers from malnutrition, and cases of severe malnutrition (severely underweight children) are on the rise.

Extreme poverty and setbacks suffered by local farmers are at the root of the problem. But harmful traditional practices have made the matter worse, explains Muungano director Viateur Semakoma. Parents often take their sick children to see a healer whose treatments can aggravate or even cause malnutrition. When faced with a child suffering from tonsillitis, for instance, traditional practitioners sometimes insert leaves and twigs into the child’s throat. The risk of infection is high. When this happens, swallowing becomes difficult and painful, and the child stops eating.

The war that has ravaged the east of the Democratic Republic of Congo has also exacerbated everyday hardships. Many people, especially men, have died. Many breadwinners lost their jobs when the local economy collapsed. Consequences on family life are

disastrous. “Fathers no longer see themselves as men because they can’t provide for their families,” explains Viateur Semakoma, “so they abandon their wives and children.”

As a result, single mothers abound, as well as grandmothers who must care for their grandchildren. As they become poorer and poorer, these women are asked to feed more and more children.

Malnutrition starts at an early age in North Kivu province. As elsewhere in the DRC, mothers breastfeed babies for up to two years. But, since they themselves are malnourished, they produce little milk, especially after the fourth month. At that age, they start feeding their babies a porridge made from green banana flour, sorghum flour, and water from Lake Kivu. This is not ideal because mothers do not always have the time or the means to purify the water (usually through chlorination).

As children grow, they are fed them a mix of grain (sorghum and corn) and legumes (soybeans). But it is not a well-balanced diet. At the therapeutic feeding centre, mothers are advised to

use less grain and more legumes, even though this is more expensive.

At the centre, some mothers refuse to have their children treated because they believe that the three- to four-week treatment is too long. How can they stay away from home to be with their sick children for so long? Who will take care of siblings? “I can’t sacrifice my other children to save just one,” a mother once told Pascaline Kisimba. “I’ll have to sacrifice one to save the others.”

To avoid this kind of reaction, the centre gives the women corn flour, beans, oil and salt for family members back at home (thanks to the World Food Programme). Despite this, however, some mothers still pull their children out of treatment after just a few days and go home. “They’re afraid that they could lose their husbands if they leave them alone for a month,” explains Viateur Semakoma. But this is not an everyday occurrence since nine out of ten children complete the treatment.

The children’s improvement can sometimes be spectacular. Children who were severely malnourished only days earlier can be seen prancing

around hospital grounds. It is not surprising then that some mothers try to stay at the centre for as long as possible. When they leave, centre nutritionists exhort them to pass on their newly acquired knowledge. "Now," they tell them, "you have to show other mothers what you learned here."

