

GOOD PRACTICE GUIDE: BURUNDI & DRC SHOWCASING SUCCESS IN NUTRITION ADVOCACY



WHAT ARE THE ESSENTIAL NUTRITION ACTIONS?

Essential Nutrition Actions (ENA) are a comprehensive set of nutrition services for people of all ages. These services are provided through national all the way to community-level health systems, and they include prevention, early detection and treatment of malnutrition, support for pregnant and lactating mothers, prevention of micronutrient deficiencies, and much more.

Positive Deviance/Hearth (PDH) is a World Vision (WV) core project model that identifies and scales up local solutions addressing the major contributing factors to malnutrition in a community. PDH is a behaviour change programme used to rehabilitate underweight and wasted children without medical complications, sustain their rehabilitation, and prevent future malnutrition. The *Positive Deviance* component of PDH involves identifying the major contributing factors to malnutrition in a community, and discovering what the poor households with healthy children in the same community are doing differently from their neighbours in order to cope with and address the contributing factors. In the *Hearth* component, World Vision supports communities to scale up their own local solutions to malnutrition through a 12-day education session. Malnourished children are rehabilitated using an additional nutrient-dense meal cooked by the caregivers using local ingredients that they contribute. The behaviour change programme empowers caregivers with confidence and knowledge of culturally-acceptable and locally-available nutrient-dense foods to rehabilitate malnourished children and prevent malnutrition at home. PDH falls under the ENA umbrella because of its linkages to supplementary and complementary feeding, through its evidence-based use in the rehabilitation of malnourished children and supplementing young children in their transition to eating solid foods.

As a part of the ENOUGH Campaign, World Vision is focusing its advocacy strength on improving coverage of ENA through strong, resilient health systems that reach communities in the most vulnerable contexts. In this Good Practice Guide, we will learn about how World Vision in both Burundi and the Democratic Republic of the Congo (DRC) has been successful in advocating for government provision of nutrition services.

KEY SUCCESSES

In both Burundi and DRC, World Vision has been successful in working with government to scale up PDH to treat and prevent child malnutrition.

In Burundi, the Ministry of Health (MoH) recognised World Vision's success with PDH programming, which focuses on supporting infant and young child feeding (IYCF) together with integration of water, sanitation and hygiene (WASH) programming. The programme rehabilitates moderate acutely malnourished children by scaling up positive nutritional practices within communities. It also reaches rural areas supported by a digital health application and educates households on improved practices for caregiving, child feeding, nutrition, hygiene, and malaria prevention. The MoH recognised the success of these programmes based on clear data and positive trends in reducing rates of malnutrition. In 2019, the Government of Burundi adopted the PDH programme model as a national directive to be provided across all departments of the country, with PDH curriculum forming part of the national health and nutrition strategy.



The success of PDH in DRC built upon this previous success in neighbouring Burundi. The main success of WV DRC is the uptake, still in progress, by the government of the PDH programme with integrated growth monitoring and promotion (GMP) as a part of the MoH's Community-Based Nutrition programme. This action by the MoH resulted in a reduction in the rate of underweight children in supported communities and a decrease in cases of severe wasting in many of the communities where the project model was successful. Further, many lives were saved when health facilities ran out of ready-to-use therapeutic food to treat cases of moderate acute malnutrition, and PDH menus, using locally-available nutritious foods, were used instead for children's rehabilitation.

SUCCESS WITH PARTNERS

In both Burundi and DRC, World Vision is active in the Scaling Up Nutrition (SUN) Civil Society Alliance (CSA). The SUN CSA is a key advocacy partner and supports implementation and coordination of nutrition programming at the community level, beyond the current reach of national health systems.

In Burundi, World Vision was active in the SUN CSA after it formed in 2013. It led a SUN Multi-Partners Trust Fund project – [Strengthening Civil Society's Role in Scaling Up Nutrition in Burundi](#) – from 2014 to 2016. WV Burundi re-invigorated the SUN CSA following decreased activity during the COVID-19 pandemic. They are currently the host and president of the SUN CSA, who is their greatest partner in collective advocacy for nutrition. Burundi's SUN CSA focuses on advocacy with the government on updated approaches for micronutrient supplementation, harmonisation and integration of PDH and IYCF, and protection from agricultural and climate disasters. UNICEF was a key partner in WV Burundi's success in the MoH uptake of PDH and they were keen to replicate the programme's impact in DRC.

In the past, WV DRC was an active member of the SUN CSA and played an important role in the structure of this movement with very effective advocacy. However, the SUN CSA in DRC was also affected by COVID and is only beginning to revitalise itself. As part of World Vision's ENOUGH global campaign, WV DRC is renewing their participation and leadership in the SUN CSA. For their success in PDH and GMP uptake, WV DRC sought and obtained the commitment of local authorities and religious and community leaders to support PDH sessions through the contribution of local foods, support for household behaviour change, inclusion of disabled minorities in the approach, and the use of kitchen gardens with PDH.

OVERCOMING BARRIERS

One of the key challenges faced by World Vision in both Burundi and DRC is low household income levels, making it difficult for families to purchase nutritious food options. Climate change is driving displacement and agricultural losses in both countries, which further harms livelihoods and food security. Nutrition programmes in both Burundi and DRC integrated economic development initiatives, such as savings groups and home gardens, to support household livelihoods for positive nutrition outcomes. Both programmes also enlisted support from religious leaders to assist with community uptake of good practices and social behavioural change. However, migration, ongoing displacement driven by climate change and conflict, low male participation, as well as limited funding all continue to hamper the success of the government's efforts to prevent malnutrition.

LESSONS LEARNED

All of World Vision's offices can learn from the efforts and successes in Burundi and DRC to improve ENA implementation through advocacy.

Some of the key lessons learned include:

1. World Vision programmes in both Burundi and DRC encountered challenges with financing to ensure sustainability in their nutrition interventions. A key lesson was the importance of substantial and sustainable budget to support government uptake and supervision of nutrition interventions, trainings and refresher trainings, technical support, and development of guidance and tools.
2. The importance of regularly documenting the evidence of successful nutrition interventions, to support scale-up, bring partners alongside, and acquire financing.
3. The involvement of community leaders and health workers, as well as local authorities and religious leaders, ensured a strong community commitment that was fundamental to their success and the future ownership and sustainability of nutrition in these communities.

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