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USAID OFFICE OF FOOD FOR PEACE
FOOD SECURITY COUNTRY FRAMEWORK
FOR THE DEMOCRATIC REPUBLIC OF
CONGO FY 2011-2015

OCTOBER 2010



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ACRONYMS AND ABBREVIATIONS

English	French	
AAH	ACF	Action Against Hunger / <i>Action Contre la Faim</i>
ADRA	ADRA	Adventist Development and Relief Agency
AfDB	BDA	African Development Bank / <i>Banque de Développement Africain</i>
AFDRC	FARDC	Armed Forces of DRC / <i>Forces Armées de la RDC</i>
AIDS	SIDA	Acquired Immune Deficiency Syndrome/ <i>Syndrome de l'Immuno Déficience Acquisse</i>
ANC	SPN	Antenatal care/ <i>consultations prénatales</i>
ARI	IRA	Acute respiratory infection/ <i>Infection respiratoire aiguë</i>
AXxES	AXxES	SANRU (Santé Rurale)'s AXxes Health Care Project
BEST	BEST	Bellmon Estimation Studies for Title II (BEST) Project
BMI	IMC	Body mass index / <i>Indice de masse corporelle</i>
BXW		Banana Xanthomonas Wilt/ <i>Flétrissement bactérien de la banane</i>
CAADP	PDDAA	Comprehensive African Agriculture Development Program <i>Programme Détaillé pour le Développement de l'Agriculture Africaine</i>
CAF	CAP	Country Assistance Framework / <i>Cadre d'Assistance Pays</i>
CARG	CARG	Rural Agricultural Management Council/ <i>Conseils Agricoles Ruraux de Gestion</i>
CAS	SAP	Country Assistance Strategy / <i>Stratégie d'Assistance Pays</i>
C-Change	C-Change	AED's Communication for Change Project
CDC	CDC	Community Development Committee/ <i>comité de développement de la communauté</i>
CED	----	Chronic energy deficiency
C-IMCI	PCIME	Community-based integration of childhood illnesses
CMAM	PEC-MAS	Community-based management of acute malnutrition/ <i>Prise en charge malnutrition aigue severe</i>
CRS	CRS	Catholic Relief Services
CFSVA		Comprehensive Food Security and Vulnerability Analysis/ <i>L'analyse globale de la sécurité alimentaire et de la vulnérabilité</i>
C3P	C3P	Crop Crisis Control Project
DHS	EDS	Demographic and Health Survey/ <i>Enquête Démographique et de Santé</i>
DRC	RDC	Democratic Republic of Congo/ <i>République Démocratique du Congo</i>
----	DMPCC	<i>Direction des Marchés, Prix et Crédits de Campagne</i>
ENA	AEN	Essential nutrition actions/ <i>Actions Essentielles en Nutrition</i>
ESRI	IRES	Economic and Social Research Institute / <i>Institut de Recherche Economique et Sociale</i>
EU	UE	European Union / <i>Union Européenne</i>
FANTA-2	FANTA-2	Food and Nutrition Technical Assistance II Project/ <i>Projet d'Assistance Technique pour l'Alimentation et la Nutrition II</i>
FAO	FAO	Food and Agriculture Organization/ <i>Organisation des Nations-Unis pour l'alimentation et l'agriculture</i>
FFA	VCB	Food for assets / <i>vivres contre biens</i>
FFP	FFP	Food for Peace/ <i>Le Bureau régional de l'aide alimentaire</i>
FFT	VPF	Food for training / <i>Vivres pour formation</i>
FFW	VCA	Food for work / <i>Vivres contre actifs</i>
FSCF	FSCF	Food Security Country Framework/ <i>Le cadre de la sécurité alimentaire pour le pays</i>
GAM	MAG	Global Acute Malnutrition/ <i>malnutrition aiguë globale</i>

GLCI	GLCI	Great Lakes Cassava Initiative/ <i>Initiative Manioc des Grands Lacs</i>
GNP	PNB	Gross national product/ <i>produit national brut</i>
GODRC	GRDC	Government of the Democratic Republic of the Congo/ <i>gouvernement de la République démocratique du Congo</i>
GROUPEDI	GROUPEDI	Groupe du Peuple de Dieu
HAP		Humanitarian Action Plan/ <i>le plan d'action humanitaire</i>
HIDN	HIDN	Office of Health, Infectious Diseases and Nutrition/ <i>l'Office de la Santé, des Maladies infectieuses et de la Nutrition</i>
HIV	VIH	Human immunodeficiency virus/ <i>virus de l'immunodéficience humaine</i>
HKI	HKI	Helen Keller International
IDP	PDI	Internally displaced person/ <i>Personne déplacée interne</i>
IEHA		The United States' Presidential Initiative to End Hunger in Africa
IFAD	FIDA	International Fund for Agricultural Development/ <i>Le Fonds international de développement agricole</i>
IGA		Income generating activities/ <i>Activités rurales génératrices de revenus</i>
IITA	IITA	International Institute for Tropical Agriculture
INERA	INERA	The National Institute for the Environment and Agricultural Research/ <i>Institut de l'Environnement et de Recherches Agricoles</i>
----	IPAPPEL	<i>Inspection Provinciale d'Agriculture, Pêche et Elevage</i>
IRC		International Rescue Committee
ITN	MI	Insecticide-treated net/ <i>Moustiquaires imprégnées</i>
IYCF	ANJE	Infant and young child feeding/ <i>Alimentation du nourrisson et du jeune enfant</i>
LBW	----	Low birth weight/ <i>faible poids de naissance</i>
LDC	PMA	Least developed country / <i>Pays les moins avancés</i>
LIFDC	PFRDV	Low income food deficit country / <i>Pays a faible revenue et a déficit vivrier</i>
LMS	LMS	Leadership, Management and Sustainability Program
MAM	MAM	Moderate acute malnutrition/ <i>malnutrition aiguë modérée</i>
MCHN	----	Maternal child health nutrition/ <i>santé et nutrition maternelles et infantiles</i>
MCI	MCI	Mercy Corps International
MDG	OMD	Millennium Development Goal/ <i>Objectif du Millénaire pour le développement</i>
MDR	MDR	Ministry of Rural Development/ <i>Ministère du Développement Rural</i>
MGFC	MGFE	Ministry of Gender, Family and Children / <i>Ministère de la Genre, Famille et Enfant</i>
MNDP	PDDN	Master Nutrition Development Plan for DRC/ <i>Plan Directeur de Développement de Nutrition en RDC</i>
MOA	MINAGRI	Ministry of Agriculture/ <i>Ministère de l'Agriculture, Pêche et Elevage</i>
MOE	MECNEF	Ministry of Environment, Nature Conservation, Water and Forests / <i>Ministère de l'Environnement, Conservation de la Nature, Eaux et Forêts</i>
MOH	MINISANTE	Ministry of Public Health/ <i>Ministère de la Santé Publique</i>
MONUC	MONUC	United Nations Organization Mission in DRC <i>Mission de l'Organisation des Nations Unies en RDC</i>
MRD	MINDR	Ministry of Rural Development / <i>Ministère du Développement Rural</i>
MSTR	MINREST	Ministry of Scientific and Technological Research <i>Ministère de la Recherche Scientifique et Technologique</i>
MT	TM	Metric ton/ <i>Tonne métrique</i>
MUAC	PM	Mid-upper arm circumference / <i>Périmètre brachial</i>
MYAP	MYAP	Multi-Year Assistance Program/ <i>programme d'assistance pluriannuel</i>

NASS	SNSA	National Agricultural Statistics Service / <i>Service National de la Statistique Agricole</i>
NGO	ONG	Non-Governmental Organization/ <i>Organisation Non-Gouvernementale</i>
NNP	PNN	National Nutrition Policy / <i>Politique Nationale de la Nutrition</i>
NNP	PRONANUT	National Nutrition Program / <i>Programme Nationale de la Nutrition</i>
NPMAM	PNPCMA	National Protocol for Management of Acute Malnutrition <i>Protocole National de Prise en Charge de la Malnutrition Aigue</i>
OCHA	OCHA	United Nations Office of the Coordination of Humanitarian Affairs/ <i>Affaires humanitaires des Nations Unies</i>
OVC	OEV	Orphans and vulnerable children/ <i>orphelins et enfants vulnérables</i>
PAHO	OPS	Pan American Health Organization/ <i>l'Organisation panaméricaine de la Santé</i>
PDI	EDP	Positive deviance inquiry/ <i>l'Enquête sur la Déviance Positive</i>
PLHIV	PVVIH	People living with HIV/ <i>Personnes vivant avec le VIH/SIDA</i>
PM2A	PM2A	Preventing Malnutrition in Children Under 2 Approach / <i>l'approche pour la prévention de la malnutrition chez les enfants de moins de 2 ans</i>
PMP		Performance Management Plan/ <i>le plan de gestion du rendement</i>
PRGSP	DSCRDP	Poverty Reduction and Growth Strategy Paper <i>Document de Stratégie de la Croissance et de la Réduction de la Pauvreté</i>
PRRO	IPSR	Protracted relief and recovery operation / <i>Intervention prolongée de secours et de redressement</i>
PSI	PSI	Population Services International
	REGIDESO	Water Authority/ <i>Régie de Distribution d'Eau</i>
SAM	MAS	severe acute malnutrition/ <i>malnutrition aiguë sévère</i>
SBCC	CCCS	Social and behavior change communication/ <i>Communication pour le changement de comportement et social</i>
SC	SC	Save the Children
SGBV	VSS	Sexual and gender based violence/ <i>Violences sexuelle et sexospécifique</i>
SNSA	SNSA	National Agricultural Statistics Service / <i>Service National de Statistiques Agricoles</i>
TIPS		Trial of improved practices/ <i>Épreuves des pratiques améliorées</i>
UN	ONU	United Nations/ <i>Organisation des Nations Unies</i>
UNAIDS	ONUSIDA	Joint United Nations Programme on HIV/AIDS/ <i>Programme des nations unies sur le VIH/SIDA</i>
UNDP	PNUD	United Nations Development Programme/ <i>Programme des Nations Unies pour le développement</i>
UNICEF		United Nations Children's Fund/ <i>Fonds des Nations Unies pour l'Enfance</i>
USAID	USAID	United States Agency for International Development/ <i>l'Agence des Etats-Unis pour le Développement international</i>
USG	GEU	United States Government/ <i>Le Gouvernement des États-Unis</i>
VAD	-----	Vitamin A deficiency/ <i>déficience en vitamine A</i>
WASH		Water, sanitation and hygiene/ <i>Eau, assainissement et santé</i>
WB	BM	World Bank / <i>Banque Mondiale</i>
WFP	PAM	World Food Programme/ <i>Programme Alimentaire mondial des Nations Unies</i>
WHO	OMS	World Health Organization / <i>Organisation mondiale de la Santé</i>
WVI	WVI	World Vision International

EXECUTIVE SUMMARY

INTRODUCTION

If the Millennium Development Goals (MDGs) are to be reached in Africa, then progress must be made in the fight against food insecurity and malnutrition in the DRC. Food insecurity is pervasive in this country of over 70 million people. FAO's estimate of undernourishment in DRC reflects the growing effects of stagnated food production: the number of undernourished in DRC has swelled to 44 million since 1990, three quarters (75%) of the total population.¹ Pervasive dietary inadequacy impacts children's growth: almost half (46 percent) of Congolese children under 5 have chronic malnutrition (stunting).²

The goal of the United States Agency for International Development (USAID) Office of Food for Peace (FFP) Food Security Country Framework (FSCF) for DRC is to provide programming guidance to current Awardees and prospective USAID/FFP Applicants on the development of Title II-funded non-emergency programs for the period FY2011-FY2015 in DRC. In order to achieve this goal, the FSCF aims to:

- Present a brief analysis of the current food security situation in the country, with levels and geographic distribution of food insecurity, including access, availability and consumption/utilization (nutrition) (**Sections 2.1-2.4**)
- Synthesize the geographic and social distribution of vulnerability to chronic food insecurity in DRC to assist with targeting (**Section 2.5**)
- Describe the institutional context in which DRC Title II non-emergency programs will be implemented, through a synthesis of existing policies, strategies and programs of the United States Government (USG), Government of DRC (GODRC), non-governmental organizations (NGOs) currently operating in DRC and other key food security stakeholders (**Section 2.6**)
- Present considerations for the Title II program in DRC and Prospective Applicants for designing, implementing, monitoring and evaluating proposed Title II non-emergency program activities (**Section 3**).

The primary audiences for this FSCF include: USAID staff in DRC, East Africa and Washington, DC, with program management and support responsibilities for the Title II program in DRC, and/or involvement in reviewing Title II non-emergency program proposals from Applicants; NGOs that may be considering developing program proposals for the next phase of Title II in DRC; and GODRC agencies, NGOs, donors and other actors that are key current and potential partners in food security and development programming in DRC. Each Applicant may identify and develop a set of specific project activities that would be most appropriate and effective for the context of their proposed project area, based on their local assessment and project planning process.³

METHODOLOGY

The DRC FSCF was developed following a review of the literature and current data on food insecurity in DRC; field visits to USAID/FFP Awardee projects; and key informant interviews with staff from

¹ Food and Agriculture Organization (FAO) 2009

² Ministry of Planning of DRC with ORC Macro 2008

³ The USAID/FFP Country Guidance on DRC and the DRC BEST study should also be taken into account in Title II non-emergency program planning (available: www.usaid.gov/our_work/humanitarian_assistance/ffp/resources.html).

USAID/East Africa, USAID/Washington, the GODRC, NGOs and other institutions that are stakeholders in food security programming in the country. Representatives of the USAID Bureau of Global Health, Office of Health, Infectious Diseases and Nutrition (HIDN), the USAID Africa Bureau and USAID/FFP/East Africa joined the FANTA-2 FSCF team on the first DRC field visit. The initial country visit took place from March 8–24, 2010, when the team visited Kinshasa, North and South Kivu, and Katanga. The draft FSCF underwent a public comment period before finalization in October 2010.

Research for the FSCF was constrained by the scarcity of quality population-representative data. The last national census was conducted in 1984 and current population estimates are questionable. Accurate national-, provincial- and territory-level agricultural production and price data are nonexistent. Population-representative anthropometry data are available at province level from the 2007 Demographic and Health Survey (DHS). Some territory-level data are available on global acute malnutrition rates from different sources, such as UNICEF and the National Nutrition Program (*Programme National de Nutrition*, PRONANUT). This FSCF uses the best available data and while some imprecision in the data is inevitable, every attempt was made to cross-check the analysis and invite public comment on the draft to ensure that the overall observations and recommendations are valid.

FOOD SECURITY IN DRC

Except for conflict hotspots, in the east and in Equateur, DRC is a fragile post-conflict programming environment. Since conflict began in 1998, an estimated five million people have died.⁴ An estimated 2.1 million people remained displaced in DRC, of whom 1.7 million were in North and South Kivu (**Table 2**).⁵ In addition, around 444,000 Congolese are refugees in other countries.

The health and nutrition situation in DRC has been dismal for decades and has worsened significantly since 1998. Infant mortality rates are around 114/1,000 live births and under 5 mortality rates are around 196/1000, which puts DRC in the 5 percent of countries with the highest rates of infant and child mortality.⁶ In addition to the high stunting rates of children under age five, the statistics on maternal health are also not encouraging. The 2007 DHS showed that 19 percent of women of reproductive age are underweight or have chronic energy deficiency (CED). The fertility rate is 6.37 children per woman and 47 percent of women in DRC have given birth by the time they are 19.⁷ The maternal mortality rate is 1,300/100,000.⁸

Although DRC has experienced political stabilization and economic growth since 2000, the country is unlikely to achieve its MDGs. The agriculture, rural development and public health sectors are hampered by poor governance and inadequate regulatory frameworks; a scarcity of public or private investment, finance or capital; degradation and neglect of infrastructure; and limited use of inputs or improved techniques. Although the agriculture sector accounts for 70 percent of the population's livelihood, less than 2 percent of the national budget is spent on agriculture. National investment in the health sector is limited, with significant support for rehabilitation and strengthening coming from international donors. The USG, other donors, multilateral organizations, United Nations agencies and

⁴ International Rescue Committee (IRC) 2008

⁵ United Nations Office for the Coordination of Humanitarian Affairs (OCHA) 2010

⁶ United Nations Department of Economic and Social Affairs 2007

⁷ Ministry of Planning of DRC with ORC Macro 2008

⁸ World Bank 2008.

other international actors are actively engaged in supporting food security in DRC. Key actors include USAID, the World Bank, the African Development Bank (AfDB), the International Fund for Agricultural Development (IFAD), United Nations agencies, the European Union (EU)/European Commission, the Belgian Technical Cooperation (CBT), and the United Kingdom Department for International Development (DFID).

Capacity and funding remain key constraints at the GODRC focal points for food security—the Ministry of Agriculture (MINAGRI), the Ministry of Rural Development (MDR) and the Ministry of Health (MINISANTE). However, significant strides are being made at the level of policy and strategy. With donor support, MINAGRI is currently being restructured, refocused and streamlined, with strengthened emphasis on coordination of service delivery, public-private partnerships and broad-based multi-stakeholder engagement in agriculture and development. MINISANTE houses PRONANUT, which oversees programs in DRC that address nutrition. The Title II program places importance on supporting existing policy and strategy frameworks in food security in DRC. Key policies and strategies related to food access and agriculture include: the Poverty Reduction and Growth Strategy Paper (PRGSP), the Priority Action Plan 2 (PAP2), the Agriculture and Rural Development Policy Note, the Agriculture and Rural Development Sector Strategy, and the launching of the Comprehensive African Agriculture Development Program (CAADP) and the Rural Agricultural Management Councils (*Conseils Agricoles Rural de Gestion*, CARGs). Key policies and strategies in nutrition and health include: the National Nutrition Policy, the National Protocol for Management of Acute Malnutrition, the National Strategy for Infant and Young Feeding and Women’s Nutrition in DRC, the National Health Policy, the National Primary Health Care Strategy, the National Health System Strengthening Strategy, and the National Program against HIV/AIDS. Implementation of these policies and strategies remains the major challenge.

Decades of political turmoil and conflict, mismanagement and absence of investment or technical assistance have brought modernization of the agricultural sector to a halt. Agricultural production of major staple crops—particularly cassava—has stagnated and has not kept pace with DRC’s population growth rate of 3 percent. Annual production of cassava, the economic and dietary staple of Congolese farmers, is estimated at around 15 million MT. Using available data, the national food production deficit is estimated at 30–40 percent.⁹ Eastern DRC, a potential breadbasket, has been in food deficit for 15 years.¹⁰ Cassava mosaic virus, cassava brown streak disease and banana xanthomonas wilt cause extensive production losses among smallholders. Most production of cassava, bananas, maize and other staples across the country originates on small farms characterized by: farm size of half a hectare or less; subsistence production (especially of cassava) oriented towards household consumption; use of manual (especially familial) labor; use of traditional techniques and inputs without benefit of improved seeds, tools, inputs or mechanization; lack of extension services; and lack of organization among producers. Bandundu, Katanga, Orientale and Equateur produce almost two-thirds of national cassava production. Together with North and South Kivu, these provinces also produce most of the country’s plantains and other bananas.

Despite its enormous agricultural potential, DRC imports over half a million MT of wheat grain and wheat flour, rice, maize grain and maize flour, sugar, livestock, fish and vegetable oil annually.¹¹ High

⁹ GODRC 2006

¹⁰ World Food Programme (WFP) 2008, 24

¹¹ FAOSTAT web page 2010

production costs, a dilapidated transport and marketing system and corruption undermine the competitiveness of Congolese production on domestic markets vis-à-vis imports from regional markets and beyond. The principal constraints to marketing of agricultural production by smallholders include: land tenure systems and customs that undermine investment, especially for women; lack of production capacity, particularly to produce at scale; limited organization among producers and lack of basic management skills; lack of government and private sector extension services; lack of access to inputs; lack of improved production, processing and packaging technologies; transport constraints that require smallholders to manually transport commodities from field to market or rely on costly intermediaries; market information asymmetry; lack of access to capital, credit and savings, resulting in lack of capacity for investment; and corruption at points of production, transport and sale.

Congolese households generally identify their own production as the largest single source of food for their households. Conflict-affected North and South Kivu were exceptions, where purchase accounted for the largest proportion of food. A review of food access data available from population-representative surveys suggests that although inadequate food access is widespread in DRC, the populations of Kasai Oriental and the provinces hardest hit by conflict (North and South Kivu, Maniema, Katanga, Orientale and Equateur) report the highest levels of inadequate food access.¹²

As mentioned above, chronic malnutrition is widespread. Rural households average 1.3 meals per day for adults and 1.6 for children during the lean season and 2.3 and 2.6 respectively during the harvest period.¹³ Infant and young child feeding practices are sub-optimal as shown by the low median duration of exclusive breastfeeding (1.4 months) and percentage of mothers who exclusively breastfed their child until 6 months (36 percent). Minimum standards in dietary diversity and meal frequency are not being met for breastfed children or non-breastfed children. According to the 2007 DHS, only 15 percent of children 6–23 months in DRC are fed according to the minimum established infant and young child feeding standards.¹⁴ Acute malnutrition among children is also of concern in DRC. The 2007 DHS showed that over 13 percent of children under 5 are wasted. A 2009 survey showed Global Acute Malnutrition (GAM) rates at alarmingly high levels in five provinces (Equateur, Katanga, Kasai Occidental, Kasai Oriental, and Maniema).

Infections and disease also contribute to the high levels of child malnutrition. Diarrhea is the third leading cause of death among Congolese children. A national study conducted by UNICEF and PRONANUT in 2005 found that over 80 percent of children under 5 had at least one intestinal parasite. Some of these problems are attributable to the water and sanitation situation of most households. Only 48 percent of households reported having access to potable water (81 percent urban, 24 percent rural) in the 2007 DHS. In rural areas, 59 percent of households have at least a 30-minute walk to their water source. Nationally, the vast majority of households (83 percent) do not have access to latrines, even in urban areas (79 percent).

Women in DRC have a central role in household nutrition and food security. They are the primary caregivers for their children, and have responsibility for producing or acquiring food for the household.

¹² World Food Programme (WFP) 2008

¹³ Ibid.

¹⁴ World Health Organization (WHO) 2008, p. 8. Note: the IYCF indicator definitions should not be translated into caregiver messages for improving feeding practices in young children. Caregiver messages should be derived from the Guiding Principles and adapted to the local situation (see reference list for Guiding Principles, PAHO and WHO).

Women's control over income is associated with better household nutritional status; however only 25 percent of women in DRC control their own income.¹⁵ Such gender-based constraints need to be taken into account to improve household food security. Domestic abuse of women in DRC is also prevalent. Nationally, 64 percent of women report having experienced physical violence.¹⁶ Studies have linked domestic violence with poor health and worse nutrition outcomes for women and their children, so this is an issue of concern in the food security context.

Violations of human rights have been a persistent occurrence in DRC in the post-conflict areas and in areas of continuing instability. Women and girls are particularly vulnerable in these areas of DRC, having been the targets of sexual and gender-based violence (SGBV) during and after the war. While numbers are hard to confirm, sources place the number of women and girls who have been victims of SGBV in the hundreds of thousands.¹⁷

The adult HIV prevalence rate in DRC is estimated at 1.3 percent by the 2007 DHS and at 4.2 percent by UNAIDS. The number of people living with HIV (PLHIV) is estimated at 1.19 million and the number of orphans and vulnerable children (OVC) due to HIV at 43,000.¹⁸ While this rate is relatively low, the availability of counseling and testing, treatment and care and support is also low-to-nonexistent and an issue of concern.

VULNERABLE GROUPS AND TARGETING

FFP advises that Title II resources target regions and population groups at greatest risk of chronic food insecurity, based upon the food security shocks they face, their sources of vulnerability and their capacity to mitigate the effects of those shocks. To guide the geographic targeting of the Title II program in DRC, USAID/FFP considers several criteria: levels and severity of chronic food insecurity and malnutrition, reasonable physical accessibility for staff and commodity transport, security, potential to achieve results and opportunities to partner strategically with other food security and development programs.

Based upon these criteria, the Title II program in DRC prioritizes the following areas for the next phase of the Title II program:

- Eastern DRC: The Title II program in DRC prioritizes the continued stabilization, recovery and development of conflict-affected areas in eastern DRC. South Kivu, Katanga, Maniema were among the provinces with the greatest proportion of the population unable to cope with common food security shocks.¹⁹ Katanga also has the highest under 5 mortality rates in the country (16.6 in Ankoro and 8.9 in Kalemie).²⁰ Applicants may propose programs in accessible, food insecure areas of:
 - North Kivu, such as Goma and surrounding accessible communities;
 - South Kivu, such as the secure eastern territories of Kabare, Kalehe, Fizi, Uvira and Walungu;

¹⁵ Ministry of Planning of DRC with ORC Macro 2008

¹⁶ Ibid.

¹⁷ United Nations Office for the Coordination of Humanitarian Affairs (OCHA) web page available at <http://ochaonline.un.org/OCHAHome/InFocus/SexualandGenderBasedViolence/AFrameworkforPreventionandResponse/tabid/5929/language/en-US/Default.aspx>

¹⁸ UNAIDS 2004

¹⁹ World Food Programme (WFP) 2008

²⁰ International Rescue Committee (IRC) 2008

- Maniema, such as Lubutu and Kailo/Kindu;
- Katanga, such as the secure eastern territories of Kalemie and Moba; and
- Secure areas of Orientale.
- Central DRC: Central DRC is a priority because Kasai Oriental was among the provinces with the greatest proportion of the population unable to cope with common food security shocks.²¹ The third highest under 5 mortality rates in the country are found in Ngandajika (8.1).²² Some of the highest acute malnutrition rates in DRC have been found in Kasai Oriental. Similar areas are also found across province borders in Kasai Occidental and western Katanga. Applicants may propose programs in accessible, food insecure areas of:
 - Kasai Oriental, including chronically food insecure southern territories such as of Ngandajika, Tshilenge, Katanda and Lupatapata, and more northern territories such as Lomela and Lodja if the Applicant determines that a Title II non-emergency program would be feasible in these areas;
 - Kasai Occidental, including chronically food insecure territories such as Luiza, and more northern territories such as Dekese if feasibility is determined;
 - Katanga, including chronically food insecure communities bordering Kasai Oriental such as Kapanga, Kaniema and Kabongo.
- Western DRC: In Kinshasa, Bandundu and Bas-Congo, a well-targeted Title II program may be able to reach a relatively large food insecure population, expand the impact of a broader, multi-donor development effort and boost food availability for the country. Applicants may propose programs in accessible, food insecure areas of:
 - Kinshasa, peri-urban and urban, including the Plateau de Beteke
 - Bandundu, including chronically food insecure areas such as Kasongo-Lunda
 - Bas-Congo, including chronically food insecure areas such as Kisantu in central-east Bas-Congo.

Within these geographic areas, the following groups are highlighted for consideration by Applicants:

- Chronically food insecure smallholder farming households
- Women farmers and female-headed households (FHH)
- Conflict affected households, including returnees and households hosting returnees
- For maternal and child health and nutrition (MCHN) interventions, pregnant and lactating women and children under 2 for food aid and other preventive health and nutrition interventions
- Adolescent girls and SGBV victims
- All households for social and behavior change communication (SBCC) messages, efforts to strengthen the use of health services and water and sanitation interventions
- All severely malnourished or critically ill children, regardless of age, for referrals for treatment

PROGRAM RECOMMENDATIONS

The overall strategic objective for the multi-year Title II program in DRC is to “sustainably reduce food insecurity among chronically food insecure farming households.” The Title II program in DRC aims to encompass a portfolio of activities designed to synergistically achieve four priorities, which are key to addressing food insecurity across the range of Title II target geographic areas. As illustrated by the figure below, these four Program Priorities include:

- Program Priority I: Increase the production generated by smallholder farming households—especially women and female-headed and conflict-affected households

²¹ World Food Programme (WFP) 2008

²² International Rescue Committee (IRC) 2008

- Program Priority 2 : Increase the income generated by smallholder farming households—especially women and female-headed and conflict-affected households—from their production
- Program Priority 3: Reduce the underlying vulnerability of farming communities to food security shocks
- Program Priority 4: Reduce chronic malnutrition in children under 5

These four Program Priorities aim to address, collectively and synergistically, the main constraints to food security (including nutrition) among the chronically food insecure populations in DRC. The Title II program in DRC will: boost access to productive capital, most notably land and livestock, and increase overall productivity among smallholders; position smallholders to capture more value added in processing, storage and marketing of their production; strengthen key aspects of infrastructure, governance, violence prevention and resolution and natural resource and disaster management techniques to reduce underlying vulnerability; and incorporate a preventive approach to maternal and child health and nutrition programming.

Program Priority I: Smallholder Farming Households—Especially Women and Female-Headed and Conflict-Affected Households—Generate Increased Production

Expansion of smallholder agricultural production among chronically food insecure households is a priority of the Title II program, because the potential for production and income is high in DRC. The local risk context has implications for the design of agriculture projects. Women provide the large majority of labor on household farms in DRC, including planting, weeding, harvesting, processing and storage. Women are also responsible for the nutritional well-being of their children, so they need to ensure their harvest meets household food needs. Women do not have secure land tenure. In eastern DRC, families also face the risk of displacement. These factors, combined with a lack of savings or livelihood fallback options, encourage farmers to adopt a risk-averse approach to decision making. By increasing the diversity of production among smallholders, the Title II program will strengthen the resilience of households to the shocks they regularly face.

Priority Activity Area 1.1: Smallholder farmers increase and diversify their agricultural production

Sustainable smallholder access to productive assets is constrained by traditional land tenure customs, displacement (in the east), gender norms, and loss and theft of livestock and other valuable assets during recent decades. Compounding the problem, land and other assets are used ineffectively because of low knowledge and skills among producers, insufficient availability of technical services or improved materials from government or private sector actors, labor constraints, cash flow constraints and lack of access to credit. Land is the single most important form of capital to the Congolese, and restoring productivity of that land is central to DRC's development.

The Title II program will work to ensure sustainable access to land among target households. Applicants may develop an approach to negotiating with village leaders, to whom all land customarily belongs, to ensure that all households entitled to participate in the program would be allocated a parcel of land (if they do not already have land) on a multi-year basis, of minimum accessibility and quality. Organization of producers helps to achieve benefits of scale in negotiating access to inputs, provision of technical

assistance and negotiating terms of transport and sale. As women provide the majority of agricultural labor in DRC, supporting women's groups would provide an entry point to strengthen women's land tenure security and access to capital, and would enable agencies to customize training and technical support on improved production techniques, as well as microcredit programs, to the needs and time constraints of women.

Two local institutions are key entry points to agricultural activities in DRC: the CARGs and community development committees (CDCs). The CARGs aim to provide a forum for civil society groups, private sector and others to express and advocate for their needs and priorities, so strengthening capacity of the CARGs is a priority of the Title II program. Often headed by the village chief, the CDC is a focal point for implementing agriculture development activities at village level. Adopting a focus on sustainability and exit strategies implies that capacity strengthening of local institutions, rather than establishing parallel institutions, is absolutely critical in the DRC Title II program.

To select crops for promotion, Applicants may consider the following principles: reversing the decline in staple crop production and boost overall food availability among target households; selecting crops identified in key GODRC and donor strategy documents and sector studies as having the highest potential in a given project area; emphasizing nutritional value of promoted crops, including protein and micronutrient rich foods to complement the staples; and including crops with market potential based on local value chain analyses. A capacity strengthening approach to seed/cutting production, dissemination and extension may entail community based approaches that account for the existence of weak national partners. Linkages should be made to feed back lessons learned about crop varieties to national research and extension institutions.

Priority Activity Area 1.2: Smallholder farmers increase their livestock, fishing, aquaculture and other production

Aquaculture potential is greatest in the Title II target areas for the next phase: Bandundu, the Kasais (especially Kasai Orientale), Katanga, North Kivu and South Kivu (as well as Orientale and Equateur). Applicants may evaluate locations for appropriateness of aquaculture activities based upon: population interest, availability of land for ponds, availability of fresh water to establish and replenish ponds; access to inputs and a value chain analysis for fish and fish products. Fishing can also be promoted for communities with access to DRC's extensive waterway network. Targeting fishing activities may be based on: an assessment of economic and environmental impacts of increased exploitation of public water sources; population interest and experience with fishing; availability of credit and expertise to use different types of fishing techniques (e.g., use of poles and traps, a single pirogue, or multiple pirogues with nets); and a value chain analysis for fish and fish products.

An integrated agriculture–aquaculture approach spreads risk for participants, and uses many by-products of a smallholder agriculture homestead as inputs into a productive aquaculture system (and vice-versa). Beneficiaries may be encouraged to establish small-scale ponds at the homestead, while organized demonstration ponds can be used to promote adoption of integrated agriculture–aquaculture systems. Improvements in access to livestock and fish may be accompanied by SBCC efforts to encourage their consumption by vulnerable households, particularly by pregnant and lactating women and children under 2.

Livestock interventions require cash for purchase of animals, construction of structures, purchase (or production) of feed, purchase of treatments, processing and transport to market. The livestock program can be linked with microcredit to enable participants to expend the financial outlay required to purchase and maintain livestock. Provision of credit may then be organized for producers' groups, with the objective of supporting the establishment of small and medium sized livestock enterprises. Small animal husbandry programs present lower labor requirements than agriculture, making them appropriate components of programs targeting labor-poor FHHs.

Title II program will support promotion and dissemination of improved livestock varieties, although breeds with such high labor or input requirements that they exclude adoption by lower income households should not be promoted. Small stock offer the advantage of the short time required to reconstitute herds (particularly advantageous for resettled households in eastern DRC) and the ability to generate income throughout the year (thereby smoothing out intra-annual income variability), which enables producers to repay credit quickly. Livestock to be considered include goats, chickens and ducks, pigs and rabbits.

Land-based disputes are increasingly common and Applicants may identify an approach to address grazing and water issues with local government and communities. Forage crop production, zero grazing approaches and use of improved stables can reduce environmental impact, enhance care and living conditions for animals, allow for collection of manure and reduce the risk to women traveling outside of the homestead. For animals that do not graze or browse, such as poultry, improved structures with adequate shade can be promoted to boost production. Research institutes may serve as partners in the identification, procurement and dissemination of the most locally appropriate improved breeds.

In terms of other off-farm income generation, Applicants may integrate income generating activities (IGAs) into their programs, to diversify livelihoods and reach labor-poor households unable to participate effectively in agriculture. Examples of IGAs that can be considered include: tailoring and handicrafts, soap making, fish processing (drying, salting, smoking), milling and processing (especially cassava), plow rental and transport. Identification of the appropriate technical skills and capital to promote among beneficiaries may be informed by a market analysis and an assessment of the capacities, skills and goals of participants.

Cross-cutting Priority Activity Area 1.3/2.3: Smallholder farmers increase use of appropriate, quality credit products

Agricultural and livestock projects targeted to the chronically food insecure may be complemented by microcredit and/or savings and loan initiatives. Working with national financial institutions is complicated by the absence of a functioning banking system in much of DRC and the preference of existing banks to lend to wealthy individuals, rather than producer groups. This requires Applicants to find more creative solutions to the provision of credit to smallholders (and for the same reason, insurance-based interventions would be very challenging in DRC). Targeting women is particularly important given that in DRC women must still ask their husbands for permission to open a bank account.²³

²³ Swedish International Development and Cooperation Agency (SIDA) 2009, 7

Designing credit products with social targeting in mind involves market research to develop on-farm and off-farm credit products, with varying loan periods, flexible disbursement cycles and links to technical assistance. For example, beneficiaries who breed rabbits for sale may benefit from a short credit cycle, while those investing in establishment of improved cassava or crops to replace banana fields may require a repayment period of one year or more. In addition, participants may be provided with savings and debt management skills to minimize the risks associated with receipt of credit.

Program Priority 2: Smallholder Farming Households—Especially Women and Female-Headed and Conflict-Affected Households—Increase Their Income From Their Production

The Title II program will take a market-oriented approach to agricultural development in DRC. The Title II program aims to position chronically food insecure smallholders to produce for potentially profitable markets, based on market and value chain analyses. Western DRC (especially peri-urban Kinshasa, Bas-Congo and Bandundu), eastern DRC (especially North and South Kivu and Katanga) and Kasai Orientale would be able to meet demand from nearby urban centers and throughout their market sheds given sufficient investment in production and marketing at scale.

Priority Activity Area 2.1: Smallholder farmers strengthen the marketing of their production

Beneficiaries of agricultural production projects may also be involved in commercialization to some extent, given the acute need to boost cash access among poor (and especially rural) households. A key partnership for marketing is with CARGs, which aim to provide a forum for public institutions, private actors, civil society and community members. CARGs are a forum to advocate for producers' needs in the planning and implementation of local development activities, including the area of agriculture.

Strengthening smallholder marketing means reducing the cost and increasing the efficiency of transport for rural producers. Potential project activities may involve supporting smallholders to take on a greater role in transporting their produce to market (e.g., through rental or purchase of vehicles by producers' associations) and/or support for better monitoring and regulation of the transport sector.

Traicasseries—or acts of corruption such as roadblocks and bribes and illicit rent seeking—may be addressed through a multi-pronged approach in the Title II program. The Applicants may develop an approach to establish and/or strengthen information systems and extension systems that can enhance market decision making sustainably.

Priority Activity Area 2.2: Smallholder farmers strengthen the value-added processing of their production

Although cereals (maize and rice) are easier to store and transport than cassava, cassava and bananas cannot be neglected. Storage techniques may be considered at the level of the homestead for individual producers as well as for producer (and non-producer) associations involved in agricultural commercialization. Promotion of improved processing techniques may be planned in the context of a market and value chain analysis, in which key opportunities to capture value for producers is identified, which may be based on marketing a value-added product. Labor-saving techniques for cassava chipping and milling can enable the transport and sale of cassava flour. Processing of horticultural crops will be

an essential component of horticultural projects which typically involve peri-urban producers producing for urban markets such as Kinshasa.

Cassava is unpalatable within three days of harvesting, and very vulnerable to post-harvest damage from pests. With regard to post-harvest cassava processing, improved processing practices are needed to reduce the risk of cyanide poisoning (*konzo*) from inadequately processed cassava. Women need low cost tools for peeling and grating, and mills would reduce the amount of time required for pounding. Processing steps normally include soaking the cassava roots, and peeling or grating and drying in the sun. Tools that cut the cassava chips smaller and allow for faster and more efficient drying (and less molding, especially during rainy or cool periods) also boost production. For processing to serve an industrial use market, starch extraction equipment is available in Bas-Congo but affordability and maintenance are challenges.

Program Priority 3: Underlying Vulnerability of Farming Communities to Food Security Shocks is Reduced

The Title II program will complement the production activities in Program Priorities 1 and 2 with activities that address the underlying community-level determinants of food insecurity. Paramount among these determinants are a degraded transport system that leaves rural communities physically and economically isolated; very weak and corrupt governance; a culture in which civil, domestic and SGBV are pervasive and increasingly normalized; and environmental trends and practices that place communities at increased risk of rapid-onset and slow-onset shocks.

Priority Activity Area 3.1: Communities have access to improved physical infrastructure

Given the scale of infrastructure degradation in DRC, infrastructure projects will need to be selected strategically, giving priority to those that will reduce vulnerability to chronic food insecurity and malnutrition such as those that:

- Link isolated, chronically food insecure communities to markets, to reduce the purchase price of commodities they purchase, reduce costs associated with marketing their production, and increase access to agriculture and other inputs required for livelihoods
- Expand access to potable water for food insecure communities and population groups
- Expand access to hygiene (e.g., hand washing) and sanitation (e.g., latrines) infrastructure for food insecure communities and population groups

Infrastructure development projects can be supported with FFW or FFA resources. SBCC on issues related to health-promoting hygiene and sanitation behaviors can be integrated into infrastructure development projects, and hygiene and sanitation messages delivered through a FFW or FFA project may reinforce the set of messages delivered through a program's health component.

Applicants may select routes for rehabilitation strategically: the routes selected may connect food insecure communities to markets and enhance the impact of other food security interventions in target communities. If large-scale road construction activities are being undertaken in the territory with other bilateral or multilateral resources, Applicants may select routes to expand the reach of that rehabilitated road network into rural, food insecure communities.

National and international partners have experience implementing low-cost appropriate technologies for boosting water accessibility in the DRC context. Applicants may identify the most appropriate strategies for constructing and/or rehabilitating water infrastructure based upon an assessment of the local water sector, including costs and supply capacity across multiple water sources in a target population. Urban programs may involve extension of a water distribution network, while rural programs may shift emphasis to boreholes or other locally appropriate technologies. UNICEF and the Water, Sanitation and Hygiene (WASH) Humanitarian Cluster undertake projects in the water sector, including the use of pumps for both drinking water and irrigation.

Priority Activity Area 3.2: Local governance related to food security and development is strengthened

Decades of corruption and clientelism have weakened the role of the state in DRC. One objective of the constitutionally mandated political and economic decentralization process is to establish accountable governance structures from province to community levels. The CARGs constitute such a structure from the point of view of food security and development governance, and the importance of investment in CARG capacity and participation by all food security stakeholders cannot be overstated.

Applicants may capitalize upon the work that USAID/DRC supports related to democracy and governance, which has a geographic coverage similar to the recommended Title II target areas: North and South Kivu, Maniema, Katanga and Bandundu.²⁴ The CARGs provide a forum for public, private and civil society groups to engage in development-related dialogue and planning, so program approaches related to transparency, corruption and sensitization are relevant. The CARGs will be developing provincial and territory agriculture development strategies, and technical assistance directed to the development and implementation of these strategies would strengthen the governance context in which the Title II program operates at local level.

Priority Activity Area 3.3: Communities prevent, detect and resolve violence more effectively

Violence and physical insecurity increase individual, households and community vulnerability to crises. Two overlapping categories of violence may be considered in designing Title II non-emergency programs: civil conflict and gender-based violence. Applicants are encouraged to ensure that their applications demonstrate an understanding of violence as a food security issue in the target communities, and that program activities that target women also have protection elements built-in.

Priority Activity Area 3.4: Use of improved natural resource management and disaster management techniques increases

Traditional land management systems in DRC use a rotational slash and burn system with periods of fallow. Except in forested areas, however, it increasingly the norm that households continually cultivate the same plots, necessitating the adoption of soil conservation and natural resource management techniques. Applicants may incorporate a set of activities designed to increase the adoption of locally appropriate conservation agriculture techniques by smallholders on their own plots and by producer groups on collective plots. Applicants may work in accordance with national efforts related to sustainable agriculture and sustainable use of forestry resources.

²⁴ USAID/DRC (personal communication) 2010

Program Priority 4: Chronic Malnutrition in Children Under 5 is Reduced

Title II non-emergency programs in DRC are encouraged to consider focusing on targeting pregnant and lactating women and children under 2 with a preventive approach to malnutrition in communities with a high prevalence of stunting to effectively reduce chronic malnutrition in children under 5. Activities under such an approach would aim to improve infant and young child feeding, dietary diversity and dietary quality, health service use and water and sanitation.

Since food aid may be used as part of a preventive MCHN program in DRC, the Preventing Malnutrition in Children Under 2 Approach (PM2A) may be appropriate for the Title II program. PM2A is a food-assisted approach to reducing the prevalence of child malnutrition by targeting a package of health and nutrition interventions to all pregnant women, mothers of children 0–23 months and children under 2 in program areas with a high prevalence of stunting, regardless of nutritional status. Participation in program activities is motivated by a conditional ration. The table below summarizes the various PM2A beneficiaries, services offered and the rationale for providing those services. The box below provides a summary of the conditions for implementation of a full PM2A approach.

TABLE: PM2A BENEFICIARIES AND SERVICES

PROGRAM BENEFICIARIES	WHAT THEY RECEIVE	WHY TARGETED WITH PM2A SERVICES?
All Pregnant Women	An individual ration until the child is born Antenatal care (ANC), micronutrient supplementation and other preventive and curative health and nutrition services SBCC interventions or services	Protects maternal health and nutritional status Promotes optimal growth of child in womb Helps ensure adequate birth weight
All Mothers of Children 0–5 Months	An individual ration until the child is 6 months old Postnatal care and other preventive and curative health and nutrition services SBCC interventions or services	Protects maternal health and nutritional status Helps ensure adequate quality of breast milk
All Children 0–23 Months	An individual ration from 6 months until the child is 2 years old Preventive and curative health and nutrition services including immunization and micronutrient supplementation SBCC services targeted at caregivers/families/communities	Protects child growth during a critical period of physical development Protects health of child when s/he is also at high risk of infection and death

BOX: WHERE CAN PM2A BE FULLY IMPLEMENTED?

PM2A can be fully implemented in food-insecure communities with:

- High levels of stunting or underweight
- An accessible minimum package of maternal and child health services
- Relative political and social stability
- Limited in- and out-migration
- Capacity to absorb the food without distortions to markets (BEST analysis)

Additional criteria that must be present include:

- Logistical capacity for transport, storage and management of food commodities
- Host country government support for PM2A

There may be reasons why the full PM2A approach could not be implemented in some of the priority geographic areas in DRC. For instance, program areas in North Kivu, South Kivu and Katanga may experience levels of in- and out-migration that would make ensuring the conditionality of the ration (e.g., participation in ANC services, participation in SBCC services) impossible. In other areas, such as Kasai Oriental, it might not be possible to initially ensure logistical arrangements for the amount of food that will be necessary to cover all beneficiaries in program areas and a full PM2A might need to be phased in over time. Applicants may clearly explain the rationale used for proposing a modified PM2A intervention and how a preventive approach to MCHN can still be ensured.

In addition, appropriate services or referral systems may be incorporated to ensure adequate care for children who suffer from moderate acute malnutrition (MAM), severe acute malnutrition (SAM) or complicated illnesses.

Priority Activity Area 4.1: Infant and young child feeding practices are improved

Well-designed and well-implemented SBCC strategies can contribute to improving infant and young child feeding practices. Participation at SBCC sessions can be motivated through conditional PM2A rations (e.g. only mothers who participate in ANC, postnatal or SBCC services can receive the food ration).

Applicants may consider focusing efforts on changing infant and young child feeding practices and also creating an enabling environment based on guidance provided in the WHO and PAHO *Guiding Principles for Complementary Feeding of the Breastfed Child* and *Guiding Principles for Feeding Non-Breastfed Children 6-24 Months of Age*.²⁵

PRONANUT has adopted the Essential Nutrition Actions (ENA) approach, a set of seven evidence-based and cost-effective actions to promote child and maternal nutrition as their framework for MCHN programming in DRC. ENA covers infant and young child feeding, prevention of micronutrient deficiencies, nutritional care of the sick and severely malnourished child and maternal nutrition. Applicants may consider building their SBCC efforts around the ENA messages, and where available, around existing ENA materials (e.g., training manuals, flipcharts).

²⁵ Pan American Health Organization (PAHO) 2003 and World Health Organization (WHO) 2005

Priority Activity Area 4.2: Dietary diversity and dietary quality of children under 2 and pregnant and lactating women are improved

Improving dietary diversity and dietary quality is also a priority for reducing chronic malnutrition in children under 5 in DRC. To improve dietary diversity and dietary quality, linkages to food availability and food access interventions are crucial. For example, agriculture interventions can focus on selection of nutrient-rich foods for promotion, such as yellow cassava, sweet potatoes and legumes. Environment and Agricultural Research Institute (*Institut de l'Environnement et de Recherches Agricole, INERA*), which operates in South Kivu, Bas-Congo and Kasai Oriental, has experimented with the bio-fortification of beans and with sweet potatoes. Lessons learned from INERA can be further disseminated through the Title II non-emergency program. Regardless, SBCC still has a large role to play. In some cases, diets are not more diverse because certain food groups are too expensive (e.g., animal source foods), but in other cases there are biases against consumption of certain foods based on faulty information or modifiable beliefs (e.g., papayas and other fruits are “children’s foods”).

Priority Activity Area 4.3: System of referrals to health services and follow-up are strengthened

Promotion of the use of available health services is also important. ANC use by pregnant women is apparently very high (85 percent) in DRC, but an equally high percentage of women acknowledge having had problems accessing health care in the past. The most common diseases that threaten the growth and development of Congolese children—malaria, diarrhea, acute respiratory infections (ARI) and parasitic infections—require access to health services for treatment.

Some of the barriers to accessing health care might be beyond the reach of SBCC (e.g., obtaining money for treatment), but other barriers might be amenable to SBCC efforts (e.g., obtaining permission within the household to access care). The most effective and sustainable solutions to these obstacles will require a joint effort across program technical areas—possibly a combination of livelihood strengthening, FFW to improve the road system to allow for more transportation and SBCC.

USAID’s AXxes Health Care Project has the mandate of delivering basic health care services and rebuilding the health system in DRC. AXxes is strengthening nutrition interventions in Katanga, Kasai Oriental, Kasai Occidental, and North and South Kivu, including growth monitoring and promotion and vitamin A distribution (with Helen Keller International). Applicants may consider identifying opportunities to partner with AXxes, where relevant.

Priority Activity Area 4.4: Access to clean water, sanitation facilities and essential hygiene behaviors are improved

Title II non-emergency program water and sanitation efforts in DRC may consider focusing on improving hand washing at critical moments, access to safe water supplies and the use of household water treatment and safe storage, and access to and use of sanitary facilities for the disposal of human excreta. Population Services International (PSI) is actively promoting the use of safe water and hygienic behaviors, such as hand washing, through interpersonal communication and the use of mass media in DRC. Title II non-emergency programs can coordinate with and support PSIs campaigns related to water and sanitation. There is also a role for SBCC and health worker capacity strengthening that can be undertaken through Title II non-emergency programs.

KEY DESIGN CONSIDERATIONS

Integrated programming

The Title II program in DRC aims to offer integrated programming that simultaneously addresses food availability, food access and food utilization issues in all geographic target areas. The integration of program components aimed at increasing production, reducing vulnerability to food insecurity and reducing chronic malnutrition is addressed at several places in the FSCF. For example, to successfully improve dietary diversity in DRC, efforts need to be made to improve access to improved varieties of crops (e.g., orange-fleshed sweet potatoes, biofortified beans) and to accompany this with SBCC interventions that encourage vulnerable groups to utilize these crops and actively feed them to their children. Household visits to check on maternal and child health and nutritional status by lead mothers in a Care Group approach could also be a contact point for information on home gardening, distribution of improved seed varieties and SBCC on the use of improved crop varieties. Integrated programs in DRC can be prioritized to reduce household and community exposure to risks from shocks and increase the ability to manage such risks. Sustainability of program results is also dependent on integrated programming. For example, the AXxes Project is piloting an integrated approach at 20 health centers in DRC by introducing community fields at these health centers, where people can farm. After harvest, 50 percent of the proceeds go to the health center to support quality services and 50 percent can be kept by the individual. Improved seed varieties are being used at these sites so production is high; another opportunity has been created to demonstrate the effectiveness of new seed varieties to target groups that might not be reached by other extension activities. Success at integrating programming is dependent on Applicants being adept at sharing information internally across technical sectors and encouraging joint field visits and sharing technical information. For example, only when the MCHN staff understand the objectives and approaches of the livelihoods team or the agronomists on staff will efforts to truly integrate programming take place.

Geographic and vulnerable group targeting

The FFP Title II program targets resources for food security programming in the most food insecure populations. Given the scale of chronic food insecurity and stunting in DRC, strategic choices must be made for geographic targeting of the Title II program in DRC. Geographic areas prioritized for targeting are outlined above. Within selected target areas, all children under 2 and pregnant and lactating women and their households in areas with high levels of stunting may be prioritized for nutrition activities aimed at improving food utilization to address the long-term negative effects of chronic child malnutrition. Livelihoods interventions should place special emphasis on reaching poor and marginalized households, FHHs, returnee households, households hosting returnees, women and adolescent girls, victims of SGBV and households with pregnant and lactating women and/or children under 2.

Gender equity in program design and implementation

Gender is a mandatory consideration in all USAID programming, including Title II. A gender analysis can be included in all formative research conducted to strengthen program design. A better understanding of the influence of gender in program target areas, particularly the ways that gender issues affect access to program interventions, decision making, and behavior change or program uptake is important for achieving Title II non-emergency program food security objectives. For instance, women, and particularly widow returnees' access to land in eastern DRC is a serious barrier to strengthening their livelihoods and may require special intervention with village leaders to overcome. Title II non-emergency programs can ensure a gender-sensitive program design by including such approaches as providing women entrepreneurs with access to financial services, encouraging women's and girls' involvement in decision making at the community level, improving access and control over health care and involving women in all conflict resolution and peace-building activities.

Particularly in the current DRC context, gender norms and relations may have changed substantially as a result of the conflict; some of these changes may be favorable to women while other may further entrench gender inequality. Identifying and addressing the current gender constraints will be extremely important to ensure that programs reach their objectives. Mainstreaming gender into a Title II program does not mean that the program has to become exclusively or even primarily focused on women. It is about understanding the social context in the program area sufficiently to create an enabling environment at the community level so that men and women can dialogue, participate and gain equitably from program efforts in food security and nutrition.

Sustainability and exit strategies

Sustainability of impact of the Title II program in DRC is most likely to happen in areas where the following factors exist: recognition by community members of activities' proven value and their visible and valued outcomes; ownership and commitment to continue on the part of the community, community group or government; empowerment of individuals, communities and service providers to demand quality services; transfer to community members, groups and service providers of the skills and knowledge needed to generate desired outcomes; institutional capacity of community-based organizations and health facilities and capacity of key individuals in those organizations; adaptability of community-based organizations and health facilities in the face of unpredictable political, environmental and social changes; and explicit plans for resource generation when consumable supplies (e.g., medicines and immunizations; seeds and agrochemicals; food) are needed to sustain impact.²⁶

Some steps that can help establish a successful exit strategy include: establishment of a clear but flexible timeline that is linked to the program funding cycle; incorporation of exit plans from the beginning of program implementation; implementation of exit plans in a gradual and phased manner; and development of an exit timetable that allows sequential graduation of communities and/or components.²⁷

²⁶ Rogers and Macías 2004

²⁷ Ibid,

Disaster risk reduction, early warning and surge capacity

The DRC Title II program aims to embody disaster risk reduction through sustainable reductions in populations' exposure to food security shocks and their vulnerability to the effects of those shocks. Applicants may consider including activities to reduce risk in the following areas, based on their own local risk assessment: peace-building, conflict resolution and governance; gender (see above); community and local government emergency response planning; and community-based sustainable natural resource management and land use planning.

The DRC Title II program incorporates early warning techniques through the identification and monitoring of key food security indicators, including trigger indicators, to enable rapid response. Title II non-emergency programs may use a combination of primary and secondary data; sharing early warning information is important. Applicants may consider adopting a community level, participatory early warning approach with a strong capacity strengthening component and CARG and CDC engagement. Applicants should consult USAID/FFP guidance on trigger indicators for guidance.²⁸

The DRC Title II program also aims to ensure surge capacity among the DRC Title II non-emergency programs through mechanisms that enable an Applicant and its partners to rapidly scale up, adapt program activities, and/or move resources to prevent or reduce the food security impact of a shock on a beneficiary population. Applicants are encouraged to build upon local (region, district, territory and community) contingency and response plans where they exist.

Capacity strengthening of public, private and civil society institutions

Effective partnering and capacity building can improve program implementation, effectiveness, scale, coverage, and sustainability. The process promotes cross-fertilization, transparency and enhanced potential for a coordinated programming approach. In DRC, there appears to be a large, untapped potential in human resources. For improved MCHN programming, building the capacity of health service providers, community relays, other community volunteers, traditional birth attendants and leader mothers could all have a positive impact on IYCF practices, use of health services, and timely treatment-seeking action for children with MAM, SAM and childhood illnesses. Capacity strengthening of local partners, community volunteers and service providers is a high priority for ensuring that the food security objectives of the Title II program are achieved in DRC. Capacity strengthening also includes activities designed to strengthen communities' capacities to organize, plan and represent their own interests.

Applicants should also consider strengthening the capacities of their own staff and volunteers, providing them with on-going training and frequent, supportive supervision in which the supervisor provides constructive feedback to improve staff performance and enhance learning. This includes valuing staff for addressing gender issues as a part of their day-to-day activities to enhance program impact on food security and nutrition outcomes.

²⁸ USAID/FFP January 2010 and Mathys November 2007

Social and behavior change communication

There are many less-than-optimal infant and young child feeding practices, dietary diversity and quality issues and under-utilization of health services that can be addressed through a good, integrated SBCC component. There are several ways of approaching SBCC. AED's C-Change Project in DRC, for example, focuses on the use of SBCC to mobilize community participation and utilization of health services for family planning and reproductive health, maternal and child health, malaria, and tuberculosis. The SBCC framework that they use, which is also useful for Title II non-emergency programs, is based on the following elements: use of a well-planned, interactive process aimed at changing social conditions/norms and individual behaviors; understanding of existing local knowledge and motivation, and also social/gender norms, skills, and the enabling environment; and use of three key elements, namely advocacy, social mobilization, and behavior change communication.

The development of an effective SBCC strategy is dependent on good planning, good formative research and widespread coverage of all target groups and the people in a position to enable changes in behavior. So, for example, if a Title II non-emergency program aims to increase the dietary diversity of pregnant women, the women themselves must understand and accept the importance of making these changes and their husbands, other household members and the community must also buy into these new practices to make them doable and sustainable.

Applied and operations research

To reduce food insecurity, Title II non-emergency programs should effectively implement well-designed food security program interventions that successfully reach their target groups. However, program implementation is challenging, especially in countries with limited infrastructure and human resources. Operations research enables programs to identify problems in service delivery and to test programmatic solutions to solve those problems. It also provides program managers and policy decision makers with the information they need to improve existing services. There are five basic steps in the operations research process: 1) identifying the problem in service delivery or implementation, 2) identifying a solution or strategy to address the problem, 3) testing the solution, 4) evaluating and modifying the solution as needed and 5) integrating the solution at scale in the program.

By incorporating well-designed operations research as a key part of the program activities, Title II non-emergency programs can continuously examine the quality of their implementation and identify constraints to delivery, access and utilization of program activities, adjusting the program as necessary. Operations research is an iterative process that may be conducted at the beginning of the project and repeated during the life of the project to ensure continued quality in service delivery and program implementation. If done well, operations research can increase the likelihood that the project will attain its stated objectives.

Formative research

Formative research is the foundation of an effective SBCC strategy and can be a critical first step in implementing a new Title II non-emergency program. By assessing various health and nutrition practices, formative research helps the program design teams understand target group perspectives and the motivation and rationale for certain behaviors. Formative research can help implementers select key

audiences for behavior change, determine the most feasible and effective behaviors to promote, understand what influences those behaviors and identify the best ways to deliver SBCC. In a program, formative research can be useful for better understanding barriers, constraints and facilitators to adoption of improved agricultural technologies and practices, both production and post-harvest; increased market access and use; improved IYCF and care practices; and improved nutrition and health practices for pregnant and lactating women, including adolescent girls. Examples of where formative research will be essential in DRC include the introduction of new and improved, but unknown crops such as yellow cassava or orange-fleshed sweet potatoes, determination of potential barriers to adopting new infant and young child feeding practices, and gender equity issues within households in different areas of DRC.

In addition to formative research, Applicants may undertake a gender analysis and gendered vulnerability assessment to understand the current socio-cultural context in which they will operate. There are several formative research methods that can be used to develop behavior change interventions, including doer/non-doer analysis, barrier analysis, trials of improved practices (TIPS), positive deviance inquiry (PDI), focus groups, in-depth interviews and local determinants of malnutrition studies. Programs can use a combination of methods to suit their needs.

MONITORING AND EVALUATION CONSIDERATIONS

Each Title II non-emergency program requires an effective monitoring and reporting system that is responsive to internal management needs and the various reporting requirements of FFP, the Mission and the State Department. To help clarify its requirements, FFP issued two information bulletins in August 2007. The first bulletin (FFPIB 07-01 [updated]) describes the five sets of reporting requirements that are applicable to all Title II non-emergency programs, which include: NGO program indicators, FFP/ Washington's Performance Management Plan (PMP) indicators, USAID Mission indicators, "F" indicators, which are required by the Director of U.S. Foreign Assistance under the new U.S. Strategic Framework for Foreign Assistance and IEHA indicators.²⁹ The second bulletin (FFPIB 07-02) lays out reporting requirements designed to enable FFP to better track progress toward the objective and intermediate results identified in its 2006-2010 Strategic Plan. All Applicants will need to follow this guidance in developing and implementing their new Title II non-emergency programs.

STRATEGIC PARTNERSHIPS

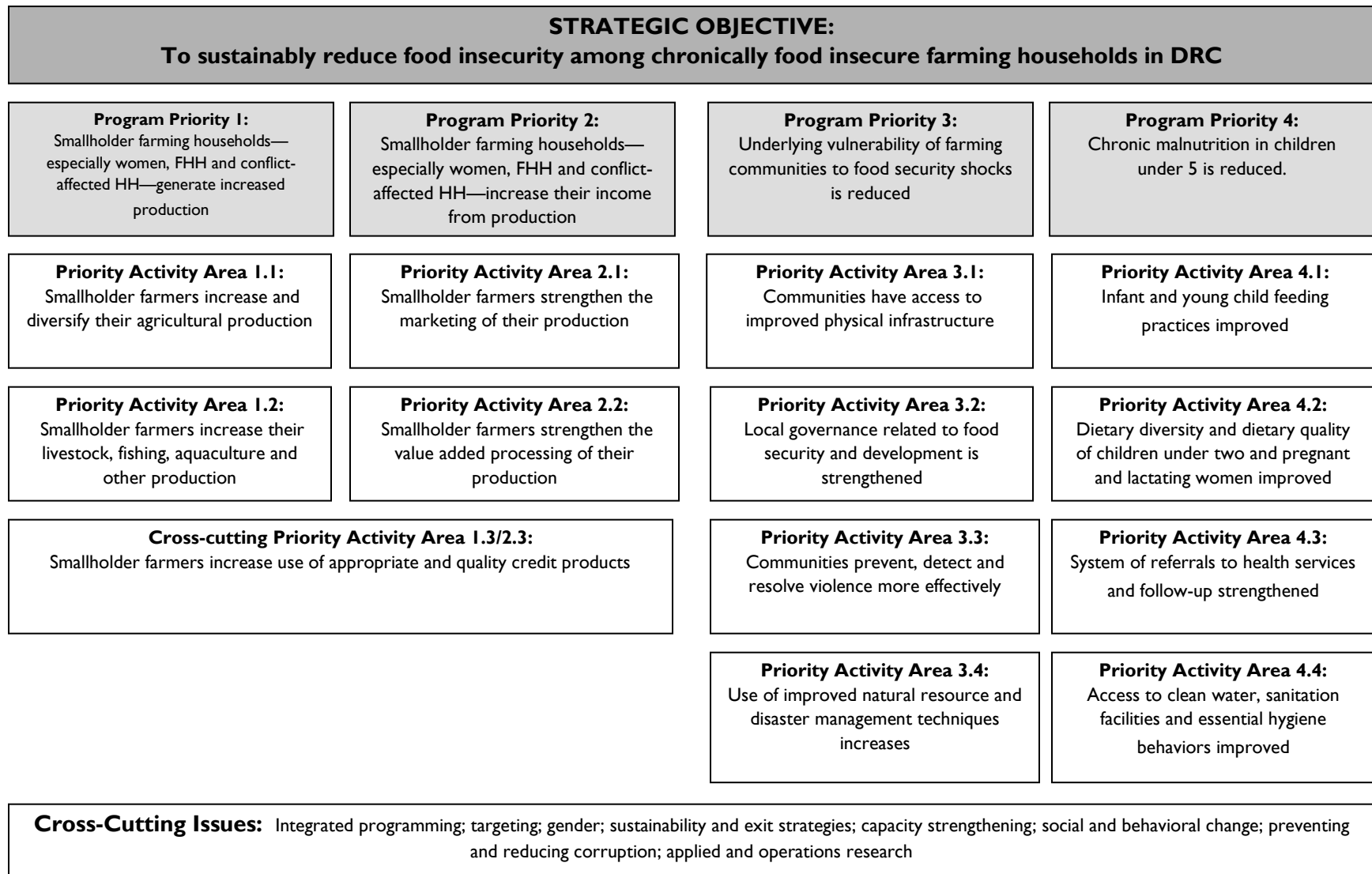
The DRC Title II Program places high priority on the establishment of strategic partnerships to generate a robust recovery and growth dynamic, expand program reach and impact, strengthen capacity of local actors and enhance sustainability. Partners may bring value to the Title II non-emergency program in many ways, and need not be involved in direct service provision to program beneficiaries. Types of partners that Applicants may consider include:

- GODRC institutions, including ministries such as MINAGRI, MDR and MINISANTE, and their normative departments and specialized services
- Multilateral organizations such as the World Bank and AfDB

²⁹ Note: FFPIB 07-01 (updated) was released on October 5, 2007 as an update to FFPIB 07-01 (August 8, 2007). The updated version includes IEHA indicators, in addition to the other reporting requirements.

- United Nations agencies, such as UNICEF, the World Food Programme (WFP), Food and Agriculture Organization (FAO), UNDP, Office for the Coordination of Humanitarian Affairs (OCHA) and IFAD
- Private sector and trade association actors
- Academic and research institutions and foundations, including international and national agricultural research institutions with activities in extension, such as the International Institute for Tropical Agriculture (IITA) and INERA
- Local government with particular emphasis on CARGs and CDCs
- Civil society actors

Figure: USAID/FFP Title II non-emergency program priorities and priority activity areas in DRC



I. INTRODUCTION

Section I aims to introduce readers to the United States Agency for International Development (USAID) Office of Food for Peace (FFP) Food Security Country Framework (FSCF) for the Democratic Republic of Congo (DRC) for 2011–2015. Section I is organized as follows:

- 1.1 How to use the document:** This section aims to assist readers of the FSCF to identify the sections of greatest immediate relevance to their work.
- 1.2 Background:** This section briefly highlights the importance of a strategically guided and effectively implemented Title II program in DRC.
- 1.3 Objectives:** This section outlines the specific objectives and organization of the document as well as the intended audiences.
- 1.4 Methodology:** This section summarizes the primary and secondary data collection techniques used and notes key methodological constraints.

I.1 HOW TO USE THE DOCUMENT

All users of this USAID/FFP Title II FSCF for DRC are encouraged to read the document in its entirety. The recommendations for the next phase of the Title II program in DRC, which are presented in **Section 3**, build directly upon the analysis of the food security situation and the institutional and programmatic landscape presented in **Section 2**. Some sections may be of particular interest to program management and support staff (e.g., in USAID/FFP/Washington or USAID/DRC); to staff on a proposal development team for an Applicant; to members of a Title II non-emergency program proposal review team; or to Government partners and other national actors working in the area of food security. The table below highlights sections of the document that readers may find the most useful, depending on their objectives.

If you are...	And you would like to...	You might be most interested in...
Applicant proposal planning team	Gain an understanding of the distribution and determinants of chronic food insecurity in DRC	Sections 2.1 – 2.5
	Know which vulnerable groups are identified for geographic and social targeting of the Title II program	Section 2.5
	Rapidly review a summary of the main food-security-related policies and programs	Section 2.6

If you are...	And you would like to...	You might be most interested in...
	Read the recommendations on: Agriculture production and credit Agriculture marketing and processing Community-level vulnerability reduction Health and nutrition Cross-cutting considerations	Sections 3.1, 3.2.1 and: Section 3.2.2 Section 3.2.3 Section 3.2.4 Section 3.2.5 Sections 3.3 – 3.5
Program proposal	Quickly review the recommendations to assist in reviewing an Applicant's application	Section 3 (see above)
Government or national partner in DRC	Understand the priorities of USAID/FFP for the Title II program in DRC Identify strategic opportunities for collaboration with Title II partners	Section 3 (see above) Section 3.5

1.2 BACKGROUND

If the Millennium Development Goals (MDGs) are to be reached in Africa, then progress must be made in the fight against food insecurity and malnutrition in the DRC. Food insecurity is pervasive in this country of over 70 million people. FAO's estimate of undernourishment in DRC reflects the growing effects of stagnated food production: the number of undernourished in DRC has swelled to 44 million since 1990, three quarters (75%) of the total population.³⁰ Pervasive dietary inadequacy impacts children's growth: almost half (46 percent) of Congolese children under 5 have chronic malnutrition (stunting).³¹

1.3 OBJECTIVES

The goal of the USAID/FFP Title II FSCF for DRC is to provide programming guidance to current and potential USAID food security partners on the development of Title II-funded non-emergency programs for the period FY2011–FY2015 in DRC. In order to achieve this goal, the FSCF aims to:

- Present an overall analysis of the current food security situation in the country, including the levels and geographic distribution of food insecurity, including availability, access and utilization (**Sections 2.1-2.4**)
- Synthesize the geographic and social distribution of vulnerability to chronic food insecurity in the DRC, to assist with targeting (**Section 2.5**)
- Describe the institutional context in which the DRC Title II non-emergency programs will be implemented, through a synthesis of existing policies, strategies and programs of the United States Government (USG), Government of DRC (GODRC), non-governmental organizations (NGOs) currently operating in DRC and other key food security stakeholders (**Section 2.6**)

³⁰ Food and Agriculture Organization (FAO) 2009

³¹ Ministry of Planning of DRC with ORC Macro 2008

- Present key priorities for the Title II program in DRC and considerations for Applicants for designing, implementing, monitoring and evaluating proposed program activities (**Section 3**).

The primary audiences for this FSCF include:

- USAID staff in DRC, East Africa and Washington, DC with program management and support responsibilities for the Title II program in DRC
- Current Awardees and prospective Applicants that may be considering developing proposals for the next phase of Title II in DRC
- Members of teams, principally at USAID, charged with reviewing Title II non-emergency program applications from Applicants
- GODRC agencies, nongovernmental organizations (NGOs), donors and other actors that are key current and potential partners in food security and development programming in DRC

This FSCF supports but does not supersede USAID/DRC and GODRC national strategies related to food security, agriculture, economic growth, nutrition and health. The FSCF aims to identify the key constraints to food security that the Title II program in DRC aims to address, and the broad objectives and suggested program strategies that Applicants may consider to address those constraints. The food security analysis in **Section 2** examines food security according to availability, access and utilization/consumption at national and sub-national levels, followed by a discussion of risks and vulnerabilities. The USAID definition of food insecurity underpins this FSCF (**Box I**). In this definition, nutrition (utilization/consumption) is the third major component of food security, so in this FSCF the term “food security” implicitly includes nutrition. Each Applicant may identify and develop a set of specific project activities that would be most appropriate and effective for the context of their proposed project area, based on their local assessment and project planning process.³²

1.4 METHODOLOGY

This FSCF was developed following a review of the literature and current data on food insecurity in DRC; field visits to USAID/FFP Awardee projects; and key informant interviews with staff from USAID/East Africa, USAID/Washington, the GODRC, NGOs and other institutions that are stakeholders in food security programming in the country. **Annex I** summarizes the institutions and individuals consulted over the course of preparation of this document. Representatives of the USAID Bureau of Global Health, Office of Health, Infectious Diseases and Nutrition (HIDN), the USAID Africa Bureau and the USAID/East Africa Office of Food for Peace joined the FANTA-2 FSCF team on the DRC field visit. The initial country visit took place from March 8–24, 2010, when the team visited Kinshasa, North and South Kivu and Katanga. The draft FSCF underwent an online public comment period before finalization in October 2010.

Research for the FSCF was constrained by the scarcity of quality population-representative data. The last national census was conducted in 1984, and current population estimates are questionable because of assumptions required about rural-urban migration and conflict-related movement and mortality during the last several decades. Accurate national-, provincial- and territory-level agriculture production and price data are non-existent. The boundaries of provinces are being redrawn: the number of

³² The USAID/FFP Country Guidance on DRC and the DRC BEST study should also be taken into account in Title II non-emergency program application planning (available: www.usaid.gov/our_work/humanitarian_assistance/ffp/resources.html).

provinces will increase from 11 to 26, according to a constitutionally mandated (but yet to be implemented) decentralization exercise. Population-representative anthropometry data are available at province level from the 2007 Demographic and Health Survey (DHS), and some territory-level data are available on global acute malnutrition (GAM) rates from different sources, such as UNICEF and the National Nutrition Program (*Programme National de Nutrition*, PRONANUT). This FSCF uses the best available data, and while some imprecision in the data is inevitable, every attempt was made to cross-check the analysis and invite public comment on the draft to ensure that the overall observations and recommendations are valid.

BOX I. DEFINITION OF FOOD SECURITY

In 1992, USAID's Policy Determination 19 established the following definition for food security: "Food security exists when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life."

The definition of food security used in the FSCF focuses on three distinct but interrelated elements, all three of which are essential to achieving food security:

- **Food availability:** having sufficient quantities of food from household production, other domestic output, commercial imports or food assistance
- **Food access:** having adequate resources to obtain appropriate foods for a nutritious diet, which depends on available income, distribution of income in the household and food prices
- **Food utilization/consumption:** proper biological use of food, requiring a diet with sufficient energy and essential nutrients, potable water and adequate sanitation, as well as knowledge of food storage, processing, basic nutrition, and child care and illness management

This document uses the above definition of food security, with the addition of the concepts of risk and vulnerability, as a framework to describe the context and determinants of food insecurity in the DRC and the programmatic actions necessary to reduce food insecurity in the country.

Sources: USAID Policy Determination 19 (1992); USAID/FFP Strategic Plan (2006-2010)

2. FOOD SECURITY IN DRC

Section 2 provides an overview of the food security situation in DRC. Key food security and poverty indicators and maps are provided. Section 2 is organized as follows:

- 2.1 Context overview:** This section highlights key food security issues in the areas of governance, agriculture and rural development, health and nutrition, gender, humanitarian action, and the availability of food security data.
- 2.2 Food availability:** This section reviews land availability, land access, production systems, production levels and trends, livestock, fishing and aquaculture, and agriculture imports and exports.
- 2.3 Food access:** This section discusses available estimates of food insecurity and malnutrition, poverty, sub-national agriculture trade flows, smallholder production and marketing, off-farm income generation and food access strategies and food purchase.
- 2.4 Food utilization/consumption:** This section provides information on trends in child health and nutritional status; maternal health and nutritional status; water, hygiene and sanitation; gender and nutrition; and HIV.
- 2.5 Vulnerable populations:** This section synthesizes available data on the chronically food-insecure populations of DRC, as well as the determinants of vulnerability to chronic food insecurity, to provide a basis for targeting of Title II resources.
- 2.6 Current policies, strategies and programs:** This section highlights key policies, strategies and large-scale programs currently being implemented by the GODRC and other actors in food security.

2.1 CONTEXT OVERVIEW

2.1.1 Governance context

Conflict and corruption have bankrupted DRC in every way imaginable. A brutal colonial history, post-independence leadership of staggering corruption and parasitism and over a decade of conflict have devastated the physical, economic and social infrastructure of the country. State services such as health, education and technical extension are weak to nonexistent. An estimated five million people have been killed due to conflict, which began in 1998 and which is sometimes referred to as the “African World War.”³³ Except for conflict hotspots, largely in the east, DRC is a fragile post-conflict programming environment; most of the country can be classified as a stable, albeit challenging, programming environment.

DRC has demonstrated an overall national trend of political stabilization and economic growth since 2000. Despite this, the country is unlikely to achieve its MDGs (**Table I**). Following the 2006 national

³³ International Rescue Committee (IRC) 2008

elections, the GODRC has been implementing governance, fiscal and judicial reforms, and political and fiscal decentralization. However, the political reforms are challenged by the ongoing conflict in the east, and the global economic downturn which has dampened economic growth rates and hindered the mining sector.³⁴ Decentralization of policy implementation and budgetary management to provincial level and redrawing of political boundaries are necessary steps, but capacity of provincial and local government remains weak. DRC ranks second to last in the world as a place for doing business.³⁵ Media services are rudimentary, and access to media—especially private media—is extremely low.

2.1.2 Agriculture and rural development context

The agriculture and rural development sector is devastated and characterized by inadequate regulatory frameworks, a lack of public or private investment and limited use of improved techniques. Although the agriculture sector accounts for 70 percent of the population’s livelihood, less than 2 percent of the national budget is spent on agriculture.³⁶ This lack of investment explains in part the flagging contribution of agriculture to GDP growth, vis-à-vis extractive industries and services.³⁷ Facing extreme rural isolation and chronic poverty, the Congolese tend to settle along the country’s extensive waterway network and roadways (where they exist) and increasingly in and around urban centers, especially Kinshasa. All Congolese land legally belongs to the GODRC, but in practice land management customs allow for local leaders to allocate temporary land use rights, and commercialization of land occurs with increasing frequency. This customary land tenure system discourages longer term investments in land by producers. In addition, women face widespread discrimination in land access and inheritance. Only 18% of the population reported having access to electricity.³⁸ The virtual nonexistence of finance and credit services, compounded by pervasive corruption, impedes economic growth and investment.

As noted above, the country’s new Constitution mandates that the country’s administrative boundaries shall be revised and the number of provinces increased from the current 11 (**Map I**) to 26. Because the new boundaries are not yet in use, and all secondary data are available using the current boundaries, the food security analysis and recommendations in this document are presented in terms of the current provincial boundaries. Fortunately, the new boundaries align with, rather than alter existing provincial boundaries with large provinces being subdivided into smaller, new provinces.

2.1.3 Health and nutrition context

The health and nutrition situation in DRC has been dismal for decades and has worsened significantly since the beginning of the conflict in 1998. Infant mortality rates are around 114/1,000 live births and under-5 mortality rates are around 196/1000, which puts DRC in the 5 percent of countries with the highest rates of infant and child mortality.³⁹ GAM rates in dozens of territories exceed the cut-offs indicating a critical situation. Organizations like Action Contre la Faim (ACF) have stated that the recent rates of severe acute malnutrition are some of the highest they have ever seen in DRC.⁴⁰ While progress towards “MDG 1: Eradicate extreme poverty and hunger” is difficult to track in the DRC due

³⁴ World Bank web page 2009

³⁵ World Bank web page 2010

³⁶ GODRC 2006, 68

³⁷ World Bank web page 2009

³⁸ Ministry of Planning of DRC with ORC Macro 2008

³⁹ United Nations Department of Economic and Social Affairs 2007

⁴⁰ Action Against Hunger web site 2009

to the lack of good data, it is generally acknowledged that progress in DRC is insufficient for attaining the goal. The statistics on maternal health are also not encouraging. The 2007 DHS showed that 19 percent of women of reproductive age are underweight or have chronic energy deficiency (CED). The fertility rate is 6.37 children per woman and 47 percent of women in the DRC have given birth by the time they are 19.⁴¹ The maternal mortality rate is 1,300/100,000.⁴²

2.1.4 Gender context

Gender inequality is culturally pervasive in DRC, with greatest impact on poor women (**Box 2**). Women's access to and control over resources are severely constrained, and physical and sexual violence are normative. Under most customary land tenure arrangements, women cannot own or inherit the capital most essential to their livelihoods—land and livestock. Women must still ask their husbands for permission to open a bank account.⁴³ As in many other countries, men hold decision-making power over expenditures related to health care and daily household purchases. Estimates suggest that women earn less than half of what men earn. Girls' education is a lower priority than boys'. Girls cannot choose their spouses, and widows cannot freely remarry. Early marriage remains a widespread practice in DRC with nearly half of adolescent girls aged 15–19 years married during adolescence. Women rarely play leadership roles in government or traditional and religious institutions. Violence against women is normative: sixty-four percent of women report ever having experienced domestic violence, and nearly one out of two women (49 percent) experienced physical violence in the last 12 months.⁴⁴ Use of sexual violence as a tool of war in eastern DRC is so rife that rape is increasingly committed by civilians.⁴⁵

Despite this, the tremendous social changes brought about by intensive governance reform efforts, and by conflict, have also opened up opportunities for women to move into new roles and take on responsibilities formerly reserved for men, including salaried employment and leadership positions (such as pastors) in religious institutions. The national legal framework on gender, the Family Code, is widely viewed as being discriminatory against women and in conflict with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), but the Ministry of Gender, Family Affairs and Children and civil society groups (e.g., the National Association of Women Jurists) are working towards its revision.⁴⁶ Civil society groups led by women are becoming increasingly prominent at national level. And promisingly, the provincial agriculture development plans envisioned for 2010 will include gender profiles.⁴⁷

⁴¹ Ministry of Planning of DRC with ORC Macro 2008

⁴² World Bank, 2008.

⁴³ Swedish International Development and Cooperation Agency (SIDA) 2009

⁴⁴ Studies have linked domestic violence and poorer health and nutrition outcomes for women and children. Ministry of Planning of DRC with ORC Macro 2008, p. 300.

⁴⁵ Harvard Humanitarian Initiative and Oxfam International 2010

⁴⁶ Swedish International Development and Cooperation Agency (SIDA) 2009

⁴⁷ Ministry of Agriculture (MINAGRI) of DRC 2009

BOX 2. SNAPSHOT OF GENDER INEQUITIES IN THE DRC

	<u>Women</u>	<u>Men</u>
Percent of adults who are literate:	59%	85%
Maternal mortality ratio (per 100,000 live births):	549	-
Prevalence of HIV (15–49 years of age):	1.6%	0.9%
Percent who experienced physical violence in last 12 months:	49%	-
Percent who experienced physical violence since 15 years of age:	64%	-
Percent of Parliament members by gender:	8%	92%
Percent of Senate members:	5%	95%
Percent of ministerial positions by gender:	12%	88%
Percent of household heads:	21%	79%
Percent of women who are main decision makers on spending the income they earn:	25%	-
GDP per capita (US\$ PPP):	\$488	\$944
Percent of armed forces (FARDC) by gender:	3%	97%
Percent of police by gender:	6%	94%
Ratio of women's wages to men's wages	0.46	

Sources: DHS (2007), UNDP Human Development Report (2009)

2.1.5 Humanitarian context

The humanitarian situation in the east saw an overall trend of stabilization in 2009, but the roots of conflict remain. The three phases of the offensive by GODRC armed forces against armed factions in the east—Kimia I, Kimia II and Amani Leo—have been associated with violence and human rights violations against civilians.⁴⁸ As of September 2009, an estimated 2.1 million people remained displaced in DRC, of whom 1.7 million were in the Kivus (**Table 2**).⁴⁹ In addition, around 444,000 Congolese refugees remained in Republic of Congo (125,000), Rwanda (54,000), Uganda (75,000), Tanzania (63,000), Zambia (22,000), Burundi (25,000), Sudan (20,000), and other countries.⁵⁰ As previously conflict-affected areas in eastern DRC become more secure and stable, the United Nations High Commission for Refugees (UNHCR) expects to continue facilitating the voluntary repatriation of Congolese refugees.⁵¹ Congolese refugees returning from Zambia and Tanzania tend to reside in Katanga and South Kivu, and resettlement has occurred without significant social conflict in these provinces. In contrast, a large-scale return from Rwanda, Burundi and Uganda would pose a greater risk to tenuous peace and stabilization processes in eastern DRC, due to long-standing social tensions and land disputes in this densely populated area. An estimated 7,000 child soldiers are currently in the ranks of Government troops and private armed groups, particularly by the Mai-Mai.^{52 53}

⁴⁸ HRW; OCHA weekly bulletin.

⁴⁹ United Nations Office for the Coordination of Humanitarian Affairs (OCHA) 2010

⁵⁰ United Nations High Commissioner for Refugees (UNHCR) 2010

⁵¹ United Nations High Commissioner for Refugees (UNHCR) n.d., 24

⁵² Coalition to Stop the Use of Child Soldiers 2008

⁵³ Coalition to Stop the Use of Child Soldiers 2010

Since 2006, humanitarian interventions implemented in DRC under the Humanitarian Action Plan (HAP) are funded through the Pooled Fund mechanism.⁵⁴ Internally displaced persons (IDPs) and refugee returns pose challenges related to settlement, land access and production. Returnees, whether they were internally displaced or refugees, must typically be assigned land by the local chief (*mwami*) when they return to their area of origin. A returnee may have difficulty securing a plot to cultivate if availability of cultivable land is very low, and the land allocated may be hard to reach by foot, far from access roads and/or of poor fertility. Challenges can be even greater when the returnee is a woman or widow, particularly if she was a victim of sexual and gender-based violence (SGBV) or if her spouse was of low social status. It is not surprising that the highest percentage of households cultivating less than 0.2 hectares is in South Kivu, which has registered almost 80,000 returnees since 2004 (**Table 2**). Furthermore, refugees and IDPs frequently reside with host families upon return to their communities. The burden on these host families can threaten their coping capacities as well.

2.1.6 Food security information context

Like many public functions in DRC, food security surveillance systems exist more on paper than in practice, and are highly dependent upon external funding. The Food and Agriculture Organization (FAO) implements a food security sentinel site surveillance system at 120 sites across the country, and conducts monthly price monitoring.⁵⁵ In the last several years the World Food Programme (WFP) has conducted food security and nutrition assessments in Katanga, the Kasais, Equateur, Maniema and North and South Kivu, including nutrition data representative at territory level. In addition, WFP has established a food security monitoring system in Katanga, and plans to expand the system to cover the provinces for which the food security assessments have been completed.⁵⁶ The Office of the Coordination of Humanitarian Affairs (OCHA) plans to include nutritional monitoring in future project areas.⁵⁷ ACF has done nutrition surveys in the Kasais and is working with PRONANUT, WFP and UNICEF to establish a national nutrition surveillance system in its program areas.⁵⁸ There is a national system for health information (SNIS) that is responsible for collecting data on health and nutrition indicators from the health zones; however, the system is considered complex, imperfect and in need of streamlining. Information from rural and remote areas frequently does not make it to the next level and health service providers need training to correctly fill out the data collection forms. The SNIS data are presented at monthly Nutrition Cluster Meetings in Kinshasa and any indication that malnutrition rates are climbing or troublesome is followed up. PRONANUT tried to introduce a revised nutrition data collection form, but follow-up was hampered by a lack of resources for the effort. A major constraint to the collection of population-representative data is cost. For example, WFP spent around US\$500,000 for nutrition surveys in five provinces.⁵⁹ While the subdivision of provinces certainly makes sense from a governance reform perspective, it increases the cost of conducting national surveys representative at province level or below. Further, nutrition data are often analyzed at health zone level (rather than by administrative unit), complicating the comprehensive analysis of food security data.

⁵⁴ RDC Humanitaire n.d.

⁵⁵ Food and Agriculture Organization (FAO) in Kinshasa (personal communication) 2010 and Food and Agriculture Organization (FAO) in Bukavu (personal communication) 2010

⁵⁶ World Food Programme (WFP) in Kinshasa (personal communication) 2010

⁵⁷ USAID/OFDA in Kinshasa (personal communication) 2010

⁵⁸ Action Contre le Faim (ACF) in Kinshasa (personal communication) 2010

⁵⁹ World Food Programme (WFP) in Kinshasa (personal communication) 2010

The Integrated Phase Classification (IPC) map is also produced for DRC by food security, nutrition and humanitarian stakeholders.⁶⁰ At least in eastern DRC, stakeholders have reportedly been pleased with the consistency between the IPC projections and other food security monitoring data.⁶¹ Availability of food security data in MINAGRI's National Food Security System is often limited because data collected at province and territory levels are not transmitted to the national level.

TABLE I. SELECTED INDICATORS FOR THE DRC

INDICATOR	VALUE	DRC RANK / # OF COUNTRIES
Population		
Total population (millions)	56.9 (a)	-
Percent of total population under 18 (%)	47% below 15 yrs - (c)	-
Percent of population rural (%)	54.8 (a)	-
Gross domestic product		
Gross domestic product per capita (PPP) (USD)	298 (a)	-
Contribution of agriculture to GDP (%)	2%	-
Poverty		
Human poverty index	38.0 (a)	120 (135) (a)
Population living below national poverty line (%)	-	-
Population living in extreme poverty (%)	59.2 (1.25/d) (a)	-
Global Hunger Index		-
Human Development		
Human development index	0.389 (a)	177 (182) (a)
Gender-related development index	0.370 (a)	150 (155) (a)
Education		
Adult literacy rate (% , aged 15 and over)	67.2% (a)	-
Adult literacy rate (female as % of male)	66.8% (a)	-
Net primary school enrolment (%)	61% (b)	-
Net primary school enrolment (female as % of male)	95% (b)	-
Net secondary school enrolment (%)	29% (b)	-
Net secondary school enrolment (female as % of male)	77% (b)	-
Age at marriage and first birth		
Median age of women at first marriage (years)	18.6 (b)	-
Median age of women at first birth (years)	20.0 (b)	-
Percent of women (aged 20-24) married by age 18 (%)	19.1 (b)	-
Percent of adolescent girls (aged 15-19) who are pregnant or have given birth (%)	24% (b)	-

⁶⁰ Integrated Food Security Phase Classification (IPC) n.d.

⁶¹ Bukavu Stakeholders meeting (personal communication) 2010

Life expectancy, fertility and mortality		
Life expectancy at birth (years)	47.6 (a)	-
Total fertility rate (births per woman)	6.3 (b)	-
Maternal mortality ratio (per 100,000 births)	549 (b)	-
Under 5 mortality rate (per 1,000 live births)	148 (b)	-
Infant mortality rate (per 1,000 live births)	92 (b)	-
Malnutrition		
Prevalence of underweight in children (% , aged 0-59 months)	25.1% (b)	-
Prevalence of stunting in children (% , aged 6-59 months)	45.5% (b)	-
Percent of population undernourished (%)	75% (d)	-
HIV Prevalence		
Adult HIV prevalence rate (% , aged 15-49)	1.3% (b) 4.2% (e)	-
Water and Sanitation		
Percent of population with access to improved water source (%)	48% (b)	-
Percent of population using improved sanitation (%)	18% (b)	-

- (a) United Nations Development Programme (UNDP). Human Development Report. 2009.
- (b) GODRC Ministry of Planning and Macro International. 2008. Demographic and Health Survey, Democratic Republic of Congo 2007.
- (c) Population Reference Bureau website. Available:
http://www.prb.org/Datafinder/Geography/Summary.aspx?region=59®ion_type=2
- (d) FAO. Country Profile: Food Security Indicators, Democratic Republic of Congo. 2009.
- (e) UNAIDS. 2004 Report on the Global AIDS Epidemic. July 2004.

MAP I. CURRENT ADMINISTRATIVE MAP OF THE DRC (11 PROVINCES)



Source: UN OCHA Map. Available: <http://www.reliefweb.int/rw/rwb.nsf/db900sid/HHOO-7WSKGD?OpenDocument&rc=1&cc=cod>

TABLE 2. IDPS AND RETURNEES IN THE DRC (APRIL 2010)

PROVINCE	# IDPS CURRENTLY IN PROVINCE (A)	MAIN LOCATIONS OF IDPS	# RETURNEES (REPATRIATED REFUGEES) TO PROVINCE (2004- APRIL 2010) (B)
Bandundu	-	-	-
Bas-Congo	-	-	-
Equateur	33,000	Dongo	53,215
Kasai Occidental	-	-	-
Kasai Oriental	-	-	-
Katanga	15,127	Bandera, Kalemie	66,942
Kinshasa	-	-	1,413
Maniema	-	-	-
North Kivu	783,920	Lubero, Masisi, Rutshuru, Walikale	4,538
Orientale	442,946	Haut Uele, Ituri, Bas Uele	765
South Kivu	628,946	Kalehe, Kabare, Shabunda	79,668
Total	1,903,939 (a)		206,541

(a) UNHCR. Internally Displaced Persons (IDP) – Fact Sheet, Democratic Republic of Congo. 2010.

(b) UNHCR. Refugees – Fact Sheet (Democratic Republic of Congo). 2010.

2.2 FOOD AVAILABILITY

2.2.1 Land availability and access

It is estimated that DRC has around 75 million hectares of agricultural land, much of which benefits from eight months of rainfall annually.⁶² Forest covers about two-thirds (67 percent) of Congolese territory (about 156 million hectares), concentrated in the north and center of the country.⁶³ Population density and growth rates are highest in the west (Kinshasa, Bas-Congo and Bandundu), in the east (along the Uganda, Rwanda, Burundi and Tanzania borders), and in and around mining areas and provincial capitals. Although the forested areas are scarcely populated relative to these urban centers, small-scale traditional agriculture continues to be practiced within and around the fringes of the forest.^{64 65}

Despite the abundance of arable land in DRC, two thirds of Congolese households residing outside of Kinshasa Province cultivate less than one hectare of land (**Figure 1**).⁶⁶ Land access in DRC has physical, social and economic dimensions. In terms of physical access, the road and waterway networks that connect communities, agricultural lands and markets are in an advanced stage of deterioration.⁶⁷ The country has only 2,250 km of paved roads, and only two provincial capitals are accessible by paved road

⁶² Ministry of Agriculture (MINAGRI) of DRC 2009, 34

⁶³ European Union (EU) 2009

⁶⁴ GODRC 2006, 34

⁶⁵ Forestry resources management (WB CAS p16)

⁶⁶ World Food Programme (WFP) 2008, 45

⁶⁷ GODRC 2006, 33

from Kinshasa. Waterways provide a far more extensive transport network than roads, although waterway infrastructure has deteriorated as well.

In terms of social and economic dimensions, the legal frameworks that govern land tenure officially give the GODRC ownership of all land. A land tenure reform process is underway with donor and IFAD support and a legal Agricultural Code (*Code Agricole*) is in development. In practice, however, it is traditional clan and village leaders who grant short- and long-term usage rights. One's ability to be granted a parcel of farmland thus depends on one's membership and stature in the social group (e.g., clan), perceived capacity to cultivate the land, and the level of demand for the land from other internal or external sources. Customary land tenure arrangements are increasingly giving way to land commercialization, whereby traditional leaders are often motivated to sell the land to large-scale land holders from outside of the area, rather than granting usage rights to low-income farmers who may only be able to "pay" for the land through small, symbolic and often in-kind payments at harvest. This is evident in peri-urban Bandundu, Kinshasa and Bas-Congo, where much land is now privately owned by wealthy individuals but not put under cultivation.⁶⁸ Rural farmers access land through: ownership arrangements (*propriétaire*), loan without payment (*prêt sans paiement*), rental (*location*) and sharecropping (*métayage*). Under customary land tenure arrangements in many parts of the country, women often cannot obtain user rights to land through inheritance or other means. Without access to income that they themselves control they face sharp constraints in accessing land that has been put on the market. In this ambiguous and changing land tenure environment, it is not surprising that most court cases pertain to land access disputes.

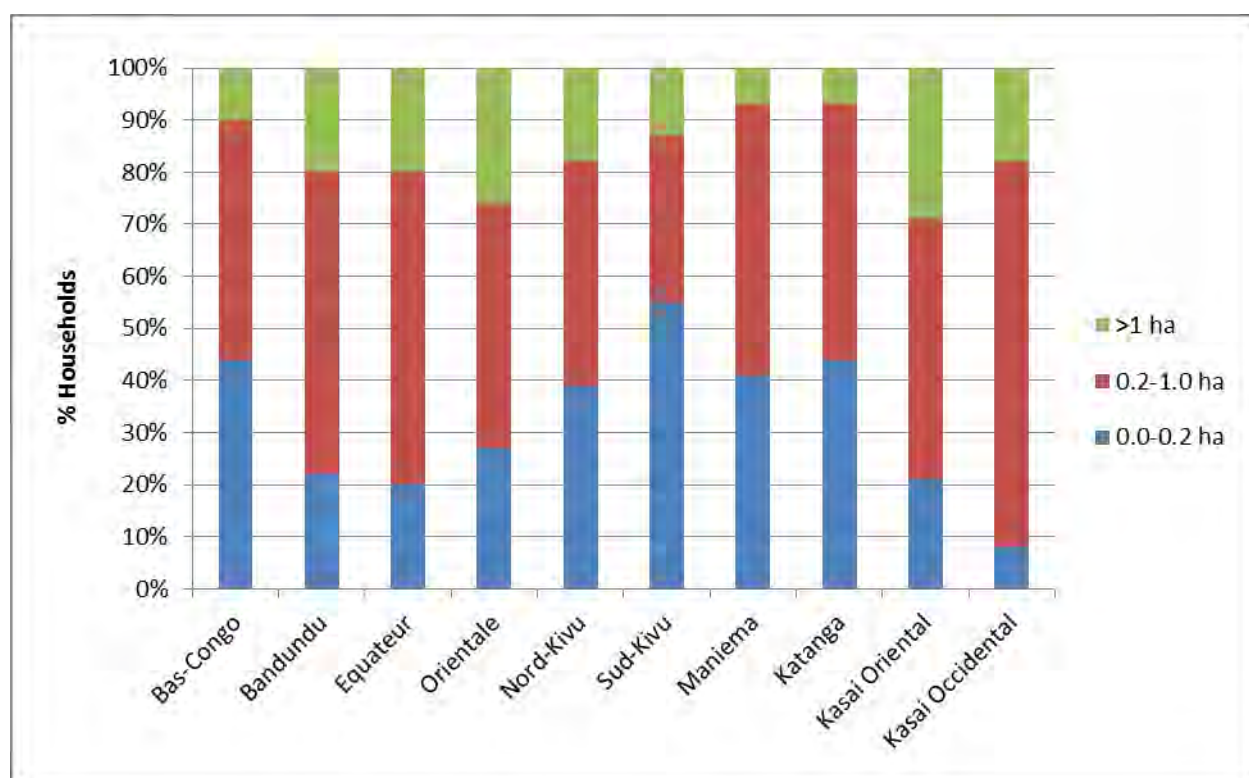
The high population density in the west (Kinshasa, Bas-Congo and western Bandundu), the east (North and South Kivu) and around urban centers puts a check on land availability per capita.⁶⁹ Urban agriculture is widely practiced, including production for household consumption and horticultural market gardening for urban consumers.

Congolese smallholders face serious constraints to agricultural production: land access constraints; land degradation; devastated transport, production, processing and conservation infrastructure; labor constraints and gender norms that place most of the burden for agricultural labor on women; lack of capital and finance; lack of access to quality or improved seeds; lack of access to other inputs (fertilizer, pesticides, tools); lack of access to improved techniques and technologies; and isolation and lack of information.

⁶⁸ World Food Programme (WFP) in Kinshasa (personal communication) 2010

⁶⁹ The largest cities are Kinshasa; Lubumbashi, Kolwezi, Likasi and Kalemie in Katanga Province; Mbuji-Mayi, Mwene-Ditu and Ngandajika in Kasai Oriental; Kananga and Tshikapa in Kasai Occidental Province; Kisangani in Orientale Province; Boma and Matadi in Bas-Congo Province; Kikwit in Bandundu Province; Bukavu; Uvira in South Kivu Province; Goma and Butembo in North Kivu Province; and Mbandaka in Equateur Province.

FIGURE I. HOUSEHOLD FARM SIZE BY PROVINCE (EXCLUDING KINSHASA)



Source: WFP. Analyse Globale de la Sécurité Alimentaire et de la Vulnérabilité (CFSVA). 2008

2.2.2 Production systems, levels and trends

Many commercial farms closed during the political, social and economic tumult of the past four decades. As a result most cereal, root and tuber crop production across the country originates on small farms characterized by: farm size of half a hectare or less; subsistence production (especially of cassava) oriented towards household consumption; use of manual (especially familial) labor; use of traditional techniques and inputs without benefit of improved seeds, tools, inputs or mechanization; lack of extension services; and lack of organization among producers. Commercial plantations that produced cash crops such as palm oil, coffee, cocoa, rubberwood, cotton, tobacco, sugar cane, timber and rubber were devastated in recent decades, with their capital stolen, redistributed or degraded. Mechanized commercial plantations exist in Bas-Congo, Bandundu and Equateur, but face enormous challenges with infrastructure and political and economic corruption.

Agricultural production estimates for DRC must be interpreted with caution as reliable production data have not been collected since the last agricultural census in 1997. Decades of political turmoil and conflict, mismanagement, and absence of investment or technical assistance have brought modernization of the agricultural sector to a halt. As **Figure 2** illustrates, production of major staple crops—particularly cassava—has stagnated, and has not kept pace with DRC’s population growth rate of 3

percent. Using available data, the national food production deficit is estimated at 30–40 percent.⁷⁰ Eastern DRC, a potential breadbasket, has been in food deficit for 15 years.⁷¹

The main crops in DRC include cassava, bananas, maize, groundnuts, rice, other tubers (especially sweet potatoes and Irish potatoes), palm, legumes (beans, cowpeas and soybeans), sugar cane, horticultural products and fruits. Cassava (manioc) is cultivated throughout the country. Four provinces account for almost two-thirds (64 percent) of national cassava production: Bandundu, Katanga, Orientale and Equateur.⁷² Annual production of cassava, the economic and dietary staple of Congolese farmers, is estimated at around 15 million MT.⁷³ Traditionally intercropped with maize, groundnuts and rice using low-quality cuttings, cassava offers numerous advantages to the smallholder: productive even in poor soils, low labor requirements, drought tolerance, a flexible harvesting period throughout the year, storage in the ground (which deters theft), deterrence to pests and consumption of both roots and leaves.⁷⁴ There are two main types of cassava: bitter and sweet, and although bitter cassava poses a much greater risk of cyanide poisoning (*konzo*), bitter cassava is preferred by producers because of the higher resistance to pests and preferred qualities for producing *fufu* and *chikwangue*. **Box 3** describes the main risks to cassava production in DRC, particularly cassava mosaic virus (CMV), and the efforts to combat it.

Plantains and other bananas are grown across the country, but banana production is highest in Orientale, North Kivu, Equateur, South Kivu and Bas-Congo. Plantains account for about half of the banana production, with beer bananas and sweet bananas accounting for the other half. Banana beer (*kasikisi*) production is an important income source in North Kivu. Bananas are a dietary staple in very specific areas, particularly in the tropical forest. Beer bananas can be very profitable, especially for women who prepare the beer. Banana fields, and the food security of farming communities that rely on them, are severely threatened by banana xanthomonas wilt (BXW) and Banana Bunchy Top Disease (BBTD, **Box 4**).

Most maize is produced in Katanga, Bandundu, the Kasais, Equateur and Orientale. Maize is also imported from Zambia and Uganda. Seed quality is poor except for communities and producer groups that have received improved seed from international organizations. Maize is often consumed as flour. Preparation of maize-based beverages *musululu* and *kanyanga* provides income for poor households. Main threats to maize include diseases (mildew or sclerospora), rust and *le charbon*. Rainfed rice cultivation is concentrated in forested areas of northern and central DRC, most notably Orientale, Maniema, Equateur and northern Kasai Oriental. To meet the growing urban demand, irrigated rice production is increasingly practiced around urban areas, including Kinshasa. In Maniema and Sankuru (in Kasai Oriental), rice is a staple food; elsewhere it is only commonly consumed in urban areas. Rice is imported from the United States and Asia mainly, so there is unmet demand, if locally produced rice can be competitive with imports.

Groundnuts constitute about two-thirds (64 percent) of legume production, with the other third attributed to beans, cowpeas and soybeans. Bandundu, Orientale, Katanga and Kasai Oriental are the

⁷⁰ GODRC 2006

⁷¹ World Food Programme (WFP) 2008, 24

⁷² Ministry of Agriculture (MINAGRI) of DRC 2009, 65

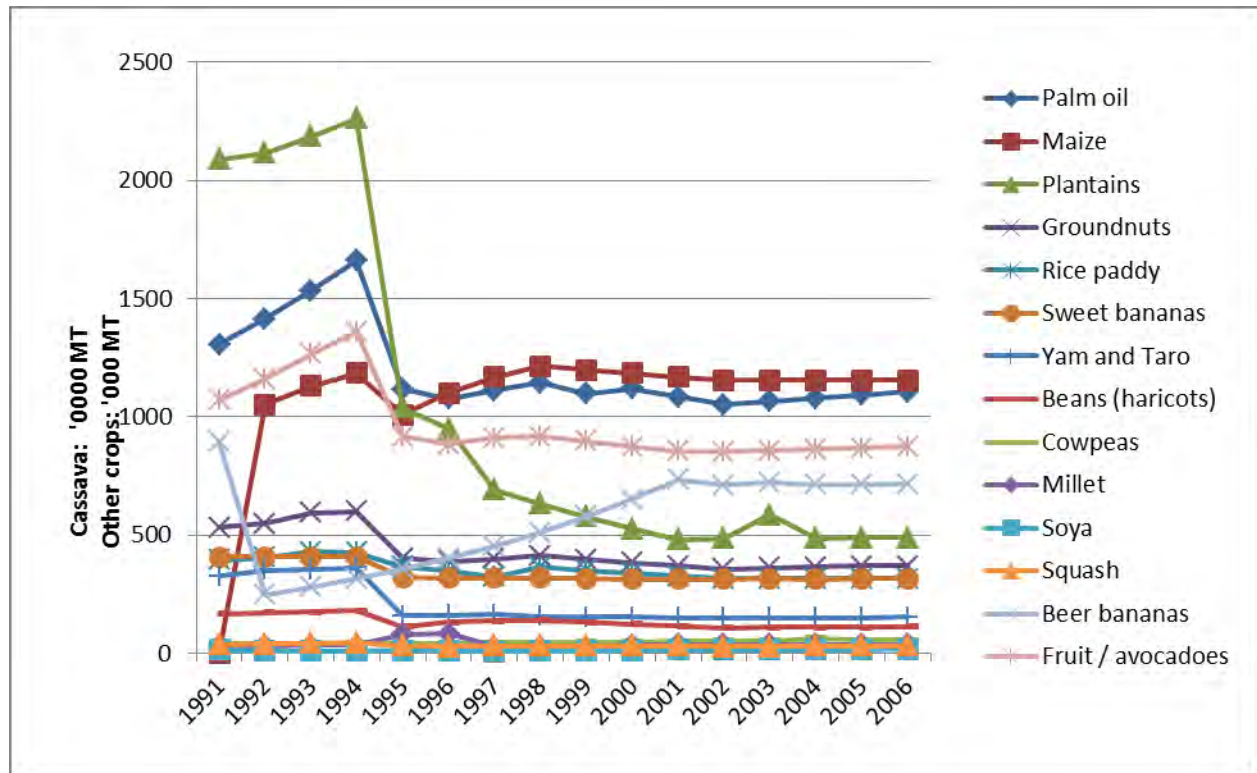
⁷³ FAOSTAT web page 2010

⁷⁴ Ministry of Agriculture (MINAGRI) of DRC 2009, 65

main producers of groundnuts. Beans are most important to North Kivu and South Kivu. Cowpeas and soybeans are grown throughout the country. Palm oil production is greatest in Bandundu, Equateur, Orientale and Kasai Occidental. Most palm trees are kept for cooking oil consumption. Sugar cane is produced in largest quantities in Bas-Congo, Kivu and Orientale. Most is produced for home consumption or preparation of beer, and for industrial production of cane sugar.

Sweet potatoes are considered a hunger season crop in DRC. In addition, sweet potato leaves are a valued leafy vegetable, like cassava leaves and amaranthe. Irish potatoes are grown in high altitude zones and harvested twice annually. Potato production is most common in the Kivus. Horticultural production is especially promising in urban and peri-urban areas where cultivation is practiced (e.g., peri-urban Kinshasa), and in proximity to waterways that enable irrigation. Fruit production is mostly done at the level of individual households.

FIGURE 2. NATIONAL AGRICULTURAL PRODUCTION (1991-2007)



Source: GODRC MINAGRI. Agriculture Sector Study (Preliminary Report). 2009.

BOX 3. THREATS TO CASSAVA PRODUCTION IN DRC

The principal threats to cassava production in DRC include:

- African cassava mosaic disease (CMD) – CMD is a major cause of cassava production losses throughout Africa and is documented in western and eastern DRC.
- Cassava brown streak virus disease (CBSD) – The spread of CBSD seems to be rising rapidly in East Africa. CMD-resistant cassava varieties promoted in recent years appear to be highly susceptible to CBSD.
- Other diseases such as cassava anthracnose disease, cassava bacterial blight disease and root rot disease.
- Pests such as cassava green mite, cassava mealybug and variegated grasshopper.

Control efforts in place to address these threats include:

- IITA and INERA have led the way in agricultural research to develop and promote improved cassava varieties. IITA has focused on developing varieties with several key qualities: resistance to these diseases and pests, low cyanide content, drought resistance, early maturing and high yields. FAO has also played a major role in supporting the development, production and dissemination of improved varieties of cassava.
- Great Lakes Cassava Initiative (GLCI) – Started in 2008, this project is funded by the Gates Foundation and implemented by CRS, IITA and ASARECA. GLCI builds on the successes of C3P and has established a presence in eastern DRC. GLCI emphasizes the production and dissemination of CMD and CBSD resistant cassava varieties, mainly through Farmer Field Groups.
- Crop Crisis Control Project (C3P, 2006-) – A USAID-funded project focused on coordinating regional efforts to fight CMD and banana xanthomonas wilt (BXW). C3P was managed by CRS with support of IITA and Bioversity International. The three main varieties disseminated by C3P included *Sawasawa*, *Liyayi* and *Mayombe*.

Sources: FAO/Buk, IITA/INERA pers comm., FAO Kinshasa, Goma stakeholder mtg, Mulungu mtg, Bukavu stakeholder mtg; www.iita.org; <http://c3project.iita.org/Doc/A19-CMDHealthReportDRC.pdf>.

BOX 4. THREATS TO BANANA PRODUCTION IN DRC

The principal threat to banana production in DRC is banana xanthomonas wilt (BXW). Additional threats include Banana Bunchy Top Disease (BBTD), Black Sigatoka, Brown Sigatoka, Fusarium Wilt, pests (e.g., beetles, weevils) and nematodes. BXW and BBTD present a serious threat to food security and livelihoods in eastern DRC. A recent USAID/DRC-funded assessment of BXW in eastern DRC determined that banana production levels are declining with BXW as the principal cause. Banana yields in eastern DRC average less than 10 tons/ha/year, in contrast to a potential yield of over 50 tons/ha/year. Studies conducted in banana-growing areas of North and South Kivu estimated production losses from BXW ranging from 16–27 percent for cooking and beer bananas and almost 10 percent for dessert bananas and plantains. Both BXW and BBTD in heavily infested plots can nearly eliminate production.

Control options in affected areas in eastern DRC include: destruction and disposal of infected plants; prevention of transmission via farming tools, by disinfecting tools and changing farming practices; reducing transmission by vectors such as insects, birds and bats; and removing male flower buds. For individual plantations, destruction of infected plants and replacement with clean planting materials is only a short-term solution as long as nearby fields continue to be infected.

Several programs to address BXW in eastern DRC should be highlighted. USAID/OFDA funds a program implemented by Helen Keller International (HKI) in North Kivu. ACF, CIALCA and ICRC have worked to address BXW in Kivu. INERA (at Mvuazi, Bas-Congo) and INIBAP are both working on improved varieties with increased yields. The Gates Foundation-funded Great Lakes Cassava Initiative (GLCI), which is implemented by Catholic Relief Services and builds on the successful C3P Project, has conducted macropropagation and farmer extension in North Kivu.

Sources: FAO Kinshasa (pers. comm.), IITA/INERA Kinshasa (pers. comm.),
ACF North Kivu (pers. comm.), OFDA Kinshasa (pers. comm.).
USAID/DRC (2010). BXW in Eastern DRC: current status and opportunities to improve livelihoods.
Banana Disease Management Framework. Available: www.bananadiseasesframework.org 2010.

2.2.3 Gender and agricultural production

Women account for the majority of agricultural producers: 85 percent of women are active in agriculture (seven million women nationally) compared to 67 percent of men (five million men nationally).⁷⁵ Kinshasa is the only province where one finds more men in agriculture than women.⁷⁶ Women also work as agricultural laborers, especially in Kinshasa and Kasai Oriental (e.g., the Manioc Project at Luputa). However, women are underrepresented among those trained in agriculture and agricultural service providers/agents. For example, women account for only 6 percent of extension agents of the African Development Bank's (AfDB) *Projet d'Appui a la Réhabilitation du Secteur Agricole et Rural* (PARSAR) Project (7 out of 112).⁷⁷ Because extension agents target heads of households and the Family Code and traditional customs stipulate males as heads of households, women rarely benefit from extension and training services. The only women who systematically benefit from extension services are

⁷⁵ Ministry of Planning of DRC with ORC Macro 2008

⁷⁶ Ministry of Agriculture (MINAGRI) of DRC 2009, 265

⁷⁷ AfDB 2004

in women's associations.⁷⁸ At the household level, cassava is considered “women's work” and women bear responsibility for cultivating and harvesting cassava, processing it and preparing it.

2.2.4 Livestock

Recent decades have seen three main trends in livestock ownership in DRC. First, the annual increase in livestock populations (in absolute numbers) ended for pigs and reversed for cattle and poultry. Second, per capita livestock ownership declined (**Figures 2–4**), and currently less than one-fifth (18 percent) of Congolese households owns livestock.⁷⁹ Third, the composition of the national livestock population shifted from cattle to small ruminants, with the portion of livestock units accounted for by sheep and goats increasing from around 25 percent to 40 percent between 1980 and 2002.⁸⁰ This latter trend may be explained in large part by the death and theft of livestock during the conflict. Small stock are easier and cheaper to restock than cattle, well suited to the terrain of most of DRC and more mobile than cattle (and thus easier to protect and migrate with) in unstable environments.

Cattle tend to be owned in highest numbers along the eastern DRC border in North and South Kivu and Orientale, as well as Equateur and Katanga.⁸¹ In contrast, small ruminants tend to be concentrated along the ring around the forested areas of central and northern DRC. Poultry are found throughout the country, with highest numbers in Kinshasa and Lubumbashi. Cattle are used for meat, milk and skins; small stock are used for meat and skins; and poultry are used more for meat than eggs.

2.2.5 Fishing and aquaculture

The second largest river in the world after the Amazon River, the Congo River and its tributaries provide 12,700 km of navigable waterways. Combined with Lakes Tanganyika, Kivu, Edward, Albert and others, these water bodies account for 3.5 percent of DRC's vast territory.⁸² Fishing is dominated by individual, informal fishing using traditional techniques (e.g., nets), while some fishing is done in groups using artisanal techniques. Degradation of infrastructure along waterways in recent decades marked the loss of commercial fishing. Although currently efforts are underway to restore commercial fishing along Lake Tanganyika including the port at Kalemie, overfishing is a serious threat to sustainability of the fisheries.⁸³ Establishment of aquaculture ponds for household food security has been successful in the past and holds promise as a food security intervention in the Title II program as well.

⁷⁸ Ministry of Agriculture (MINAGRI) of DRC 2009, 276

⁷⁹ World Food Programme (WFP) 2008, 49

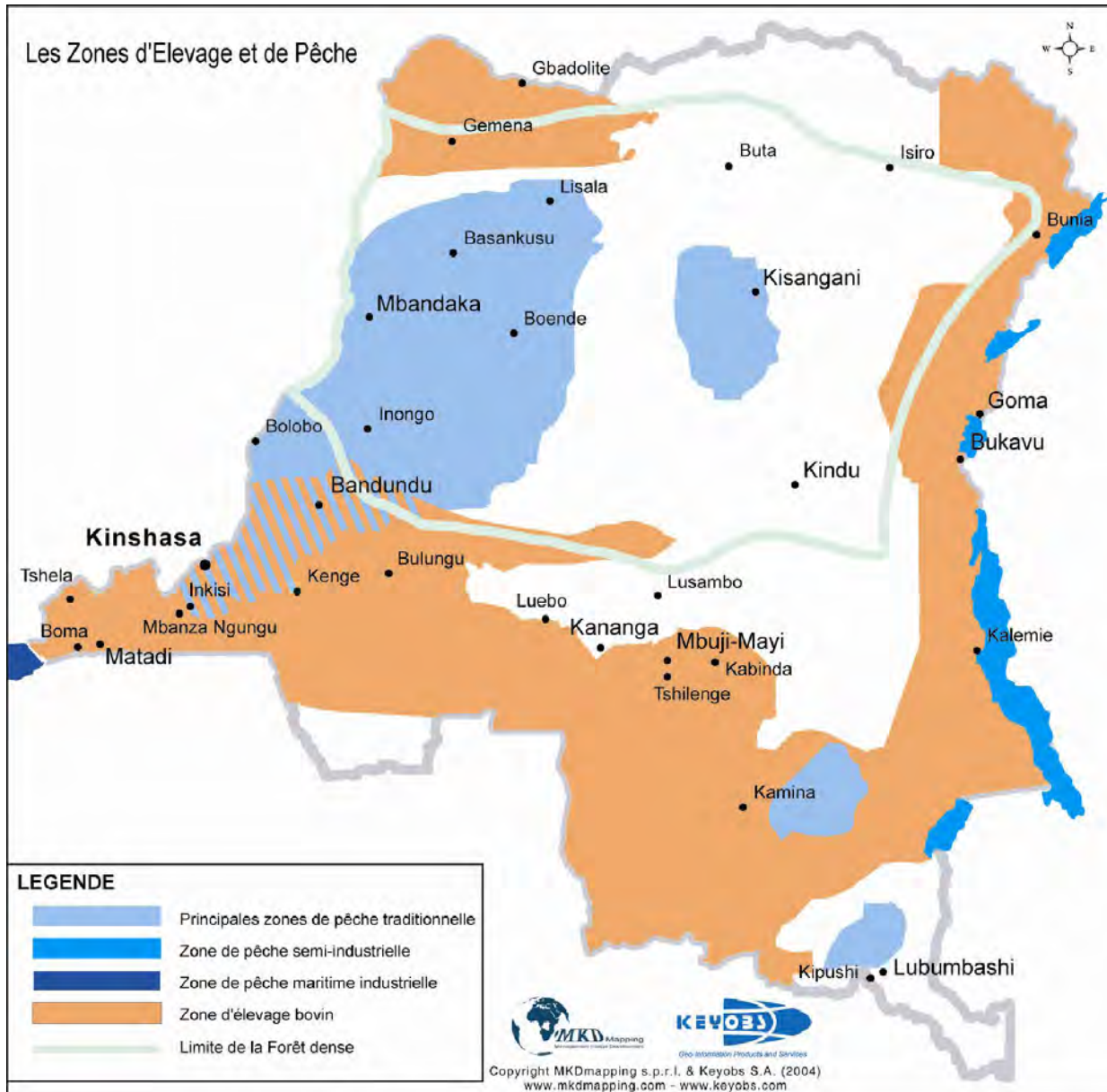
⁸⁰ FAO LSB pp.2-3

⁸¹ World Food Programme (WFP) 2008, 49

⁸² Ministry of Agriculture (MINAGRI) of DRC 2009, 41

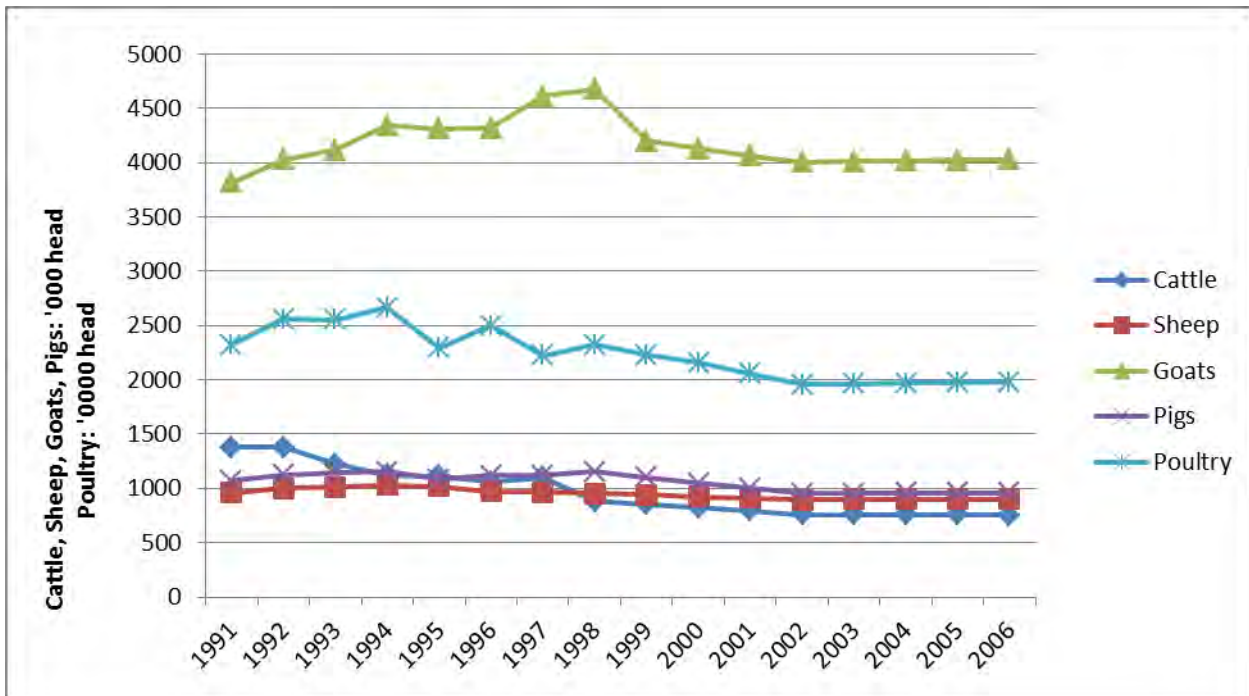
⁸³ CTB website

MAP 2. MAP OF LIVESTOCK AND FISH-REARING ZONES IN THE DEMOCRATIC REPUBLIC OF CONGO



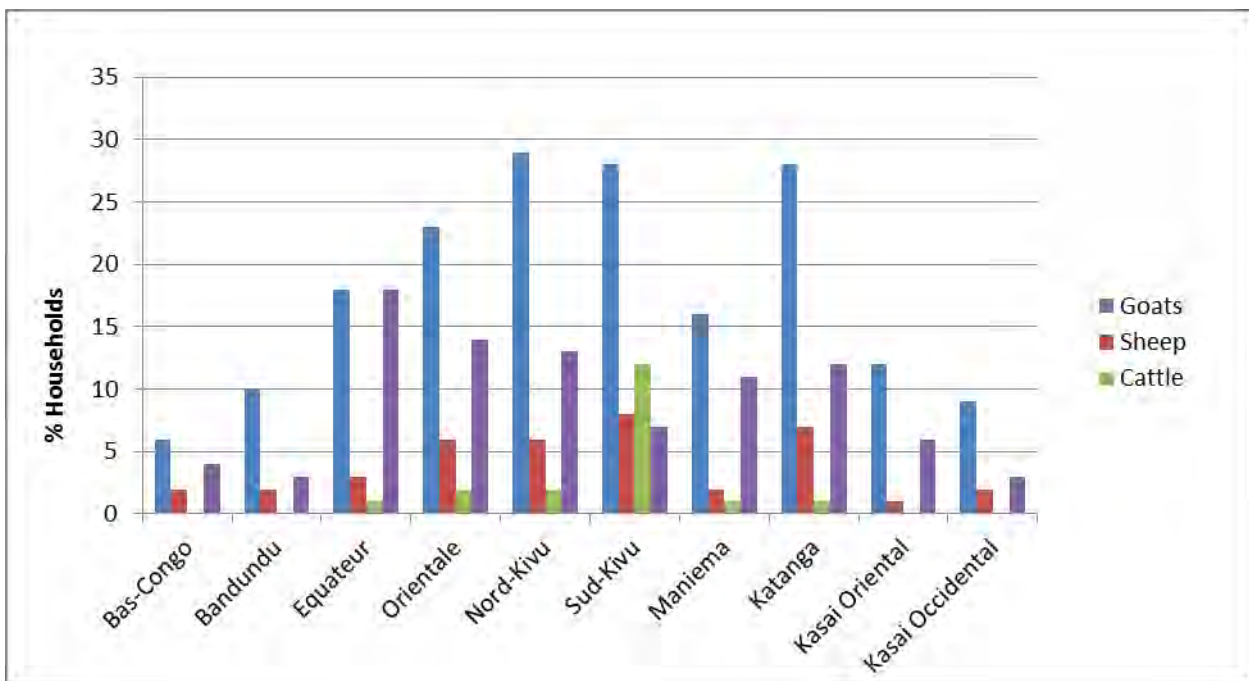
Source: World Bank, Democratic Republic of Congo Agriculture Sector Review (2006), p. 17.

FIGURE 3. NATIONAL LIVESTOCK PRODUCTION (1991-2006)



Source: GODRC MINAGRI. Agriculture Sector Study (Preliminary Report). 2009.

FIGURE 4. PERCENT OF HOUSEHOLDS OWNING LIVESTOCK BY PROVINCE (EXCLUDING KINSHASA)



Source: WFP. Analyse Globale de la Sécurité Alimentaire et de la Vulnérabilité (CFSVA). 2008.

2.2.6 Agricultural trade and national food stocks

Despite its enormous agricultural potential, DRC is a net food importer. The GODRC institutions engaged in agricultural trade include the Office of Customs and Acquisitions (*Bureau de Douane et Accises*, OFIDA) and the Congo Office of Surveillance: Office Congolais de Contrôle (OCC). Western and southern DRC tend to trade with the Southern Africa Development Community (SADC), while eastern DRC is more connected with markets in Rwanda, Burundi, Uganda, Tanzania and points east.

According to FAO estimates, the top agricultural imports include:⁸⁴

- Wheat grain and wheat flour – Around 350,000 MT are imported annually, in large part for bread production.
- Rice – FAO estimates that DRC imports 20,000 MT annually, sourced mainly from Asia, although other estimates are on the order of 100,000–200,000 MT. Climbing world market prices are increasing competitiveness of domestically produced rice. This rice is often old and broken, from national food security stocks of Asian nations. Rice is a preferred food in DRC but is more expensive than cassava and other staples.
- Maize and maize flour – FAO estimates that DRC imports around 65,000 MT annually, although actual imports are probably much higher when inflows of maize grain from Zambia are taken into account.⁸⁵ Maize is imported as food aid and to meet demand particularly in Katanga, Kasai Oriental and Orientale.
- Sugar – Over 65,000 MT are imported annually, primarily from Brazil.
- Beef and poultry – Around 30,000–40,000 MT of meat are imported per year and buffalo meat from India. Around 30,000–50,000 MT of poultry are imported annually from the European Union (EU) and Brazil.
- Fish (*Mpodi*) – From Namibia or Mauritania – more than 100,000 MT/year.
- Vegetable oil – 50,000–60,000 MT/year of refined oil from Malaysia and the EU.⁸⁶

Agricultural exports plummeted in recent decades from US\$334 million in 1995 to US\$4.3 million in 2003.⁸⁷ Agricultural exports now account for only 10 percent of GDP, compared to 40 percent in 1960.⁸⁸ The list of DRC's main agricultural exports is topped by tobacco, coffee, rubber and cocoa beans. Exports are largely unprocessed or minimally processed with little value added.

Compared to other countries in the region, food stocks are generally quite low in DRC for several reasons: insufficient production, poor condition of storage facilities, storage of the staple cassava in the ground rather than in storage facilities and the variation of production and consumption seasons across the country, which promotes movement and sale of food commodities rather than storage for sale later in the year.⁸⁹

⁸⁴ World Food Programme (WFP) 2008, 26

⁸⁵ Cross border trade monitoring report.

⁸⁶ FAO website 2009

⁸⁷ Ministry of Agriculture (MINAGRI) of DRC 2009

⁸⁸ GODRC 2006, 33

⁸⁹ World Food Programme (WFP) 2008, 29-30

2.2.7 International humanitarian and development assistance

The contribution of food aid to total food availability in DRC plummeted from 89,200 MT in 1990–1992 to 24,800 MT during the war in 1995–1997 and rose again to 66,600 MT in 2004–2006.⁹⁰

2.3 FOOD ACCESS

2.3.1 Food consumption and poverty

As discussed in **Section 2.2**, DRC's agriculture sector has not kept pace with population growth. FAO estimates the number of malnourished in DRC at 44 million since 1990, three-quarters (75 percent) of the total population. It is estimated that the dietary energy (kilocalorie) availability in DRC is only 1650 kcals per person per day, versus the FAO standard of 1750 kcals.⁹¹ On average, the number of meals eaten per day in rural households is 1.7 for adults and 2.1 for children; this rises to 2.3 and 2.6 respectively during the harvest period and falls to 1.3 and 1.6 during the lean season.⁹² The Congolese diet is about 80 percent carbohydrate, mostly from cassava, and 6 percent protein and 14 percent fat.⁹³

The largest determinant of food insecurity in DRC is poverty.⁹⁴ Poverty is prevalent and entrenched throughout the country. Over half (59 percent) of the population lives in extreme poverty, and DRC's human poverty index of 38.0 and Gini index of inequality (42 percent) are high.⁹⁵ DRC has seen "development in reverse" and is unlikely to meet any of its MDGs by 2015.⁹⁶ Poverty is widely perceived to be related primarily to unmet basic needs and poor access to social services (e.g., food, shelter, health and education), deterioration in production conditions, conflict and a culture of impunity that boosts corruption, injustice and exclusion.⁹⁷

The main factors associated with household poverty in DRC include geographic location, family structure and educational status. In terms of geographic location, both the prevalence and the perceptions of poverty vary by rural–urban status. The prevalence of poverty is higher in rural (76 percent) than urban (62 percent) areas. This rural-urban disparity fosters rural-urban migration. Poverty incidence is highest in Equateur, Bandundu, South Kivu, Orientale and North Kivu.⁹⁸ In terms of family structure, younger households and smaller households (1–3 members) are less likely to be poor, while households with a large number of dependents are at greatest risk. In terms of socioeconomic status, educational attainment of the household head reduces vulnerability to poverty, and farmers are at greater risk of poverty than other livelihood groups.

A review of food access data available from population-representative surveys suggests that although inadequate food access is widespread in DRC, Kasai Oriental and the provinces hardest hit by conflict

⁹⁰ FAO website 2009

⁹¹ FAO AND... World Food Programme (WFP) 2008, 15

⁹² World Food Programme (WFP) 2008, 52

⁹³ FAO website 2009

⁹⁴ Citation TBD

⁹⁵ Citation TBD

⁹⁶ WB CAS, p. 9.

⁹⁷ SOPPPOC. Double check quotation.

⁹⁸ GODRC. Poverty Reduction and Growth Strategy Paper. 2006. p. 20.

(the Kivus, Maniema, Katanga, Orientale and Equateur) report the highest levels of inadequate food access (**Figures 5 and 6**).⁹⁹

2.3.2 Agricultural trade and smallholder marketing

As a broad observation, cassava is transported from producing regions to Kinshasa, the Kasais and North Kivu where demand outpaces production. Maize flows tend to serve Katanga (where maize is the staple food), the Kasais, Bandundu and Kinshasa. **Table 3** summarizes the principal flows of agricultural commodities among provinces in DRC.¹⁰⁰ **Map 3** illustrates the overlap between DRC's limited road network and population density.

The principal constraints to marketing of agricultural production by smallholders include:

- Land tenure systems and conventions that undermine investment, especially for women
- Lack of production capacity, particularly to produce at scale
- Limited organization among producers and lack of basic management skills
- Lack of government and private sector extension services
- Lack of access to inputs
- Lack of improved production, processing and packaging technologies
- Transport constraints that require smallholders to manually transport commodities from field to market or rely on costly intermediaries
- Market information asymmetry
- Lack of access to capital, credit and savings, resulting in lack of capacity for investment
- Corruption at points of production, transport and sale

These constraints to smallholder marketing are discussed further in **Section 3**.

2.3.3 Off-farm income generation and food purchase

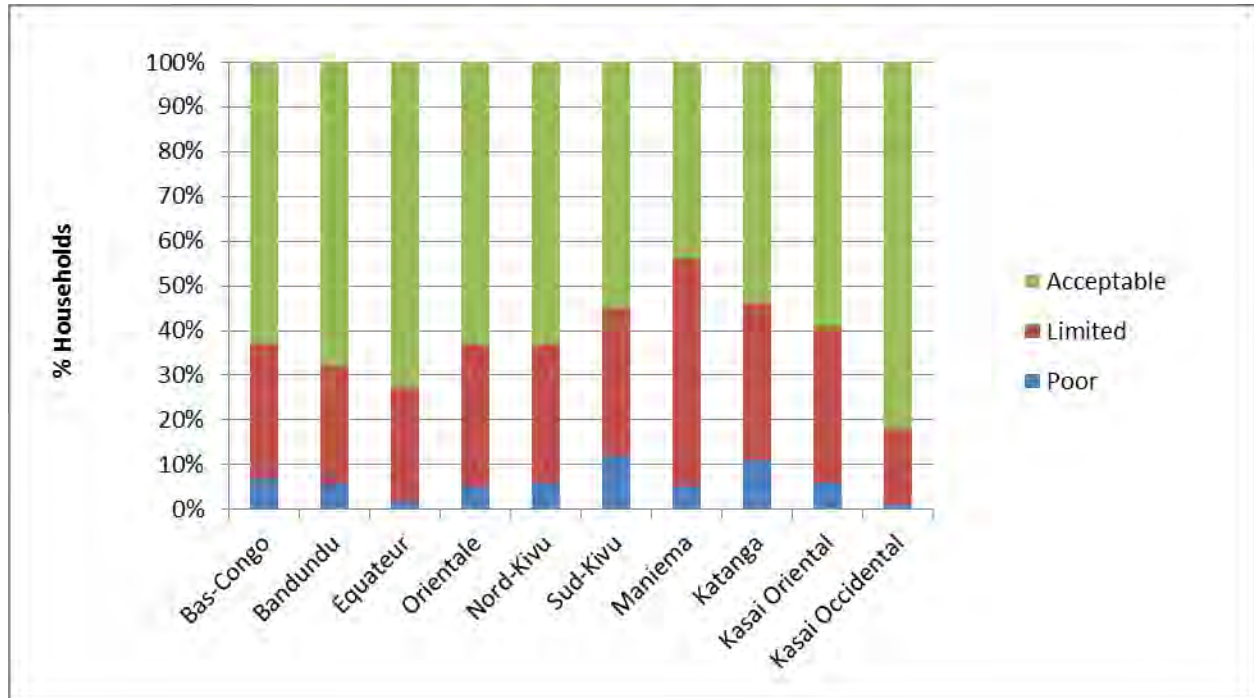
As **Figure 7** illustrates, rural Congolese households identified their own production as the largest single source of food for their households. Conflict-affected North and South Kivu were exceptions, where purchase accounted for the largest proportion of food. **Figure 8** demonstrates the association between an off-farm source of household income (e.g., salaried employment, skilled craftsmanship, income from trade) and lower risk of poor or limited food consumption. Households with agriculture or livestock as the main source of livelihoods are at greatest risk of poor food consumption.

Since 2000, prices of cassava, maize and other staple foods have risen significantly, constraining purchasing power for purchase-dependent households.

⁹⁹ World Food Programme (WFP) 2008

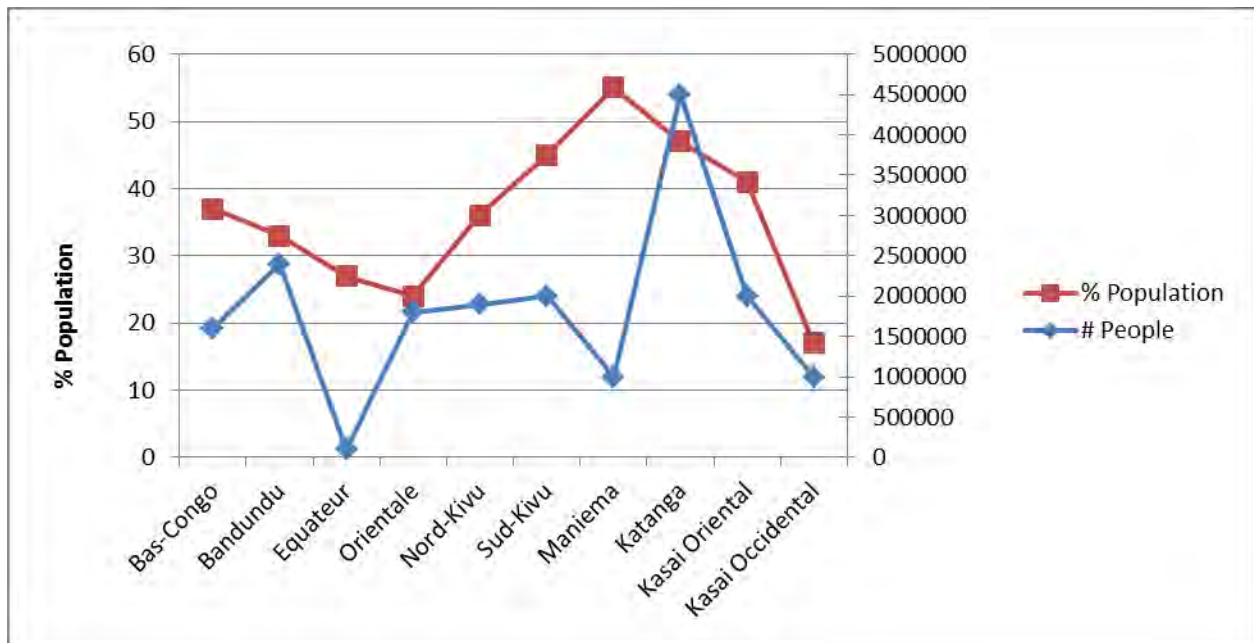
¹⁰⁰ Ministry of Agriculture (MINAGRI) of DRC 2009

FIGURE 5. PERCENT OF HOUSEHOLDS WITH POOR OR LIMITED FOOD CONSUMPTION BY PROVINCE (EXCLUDING KINSHASA)



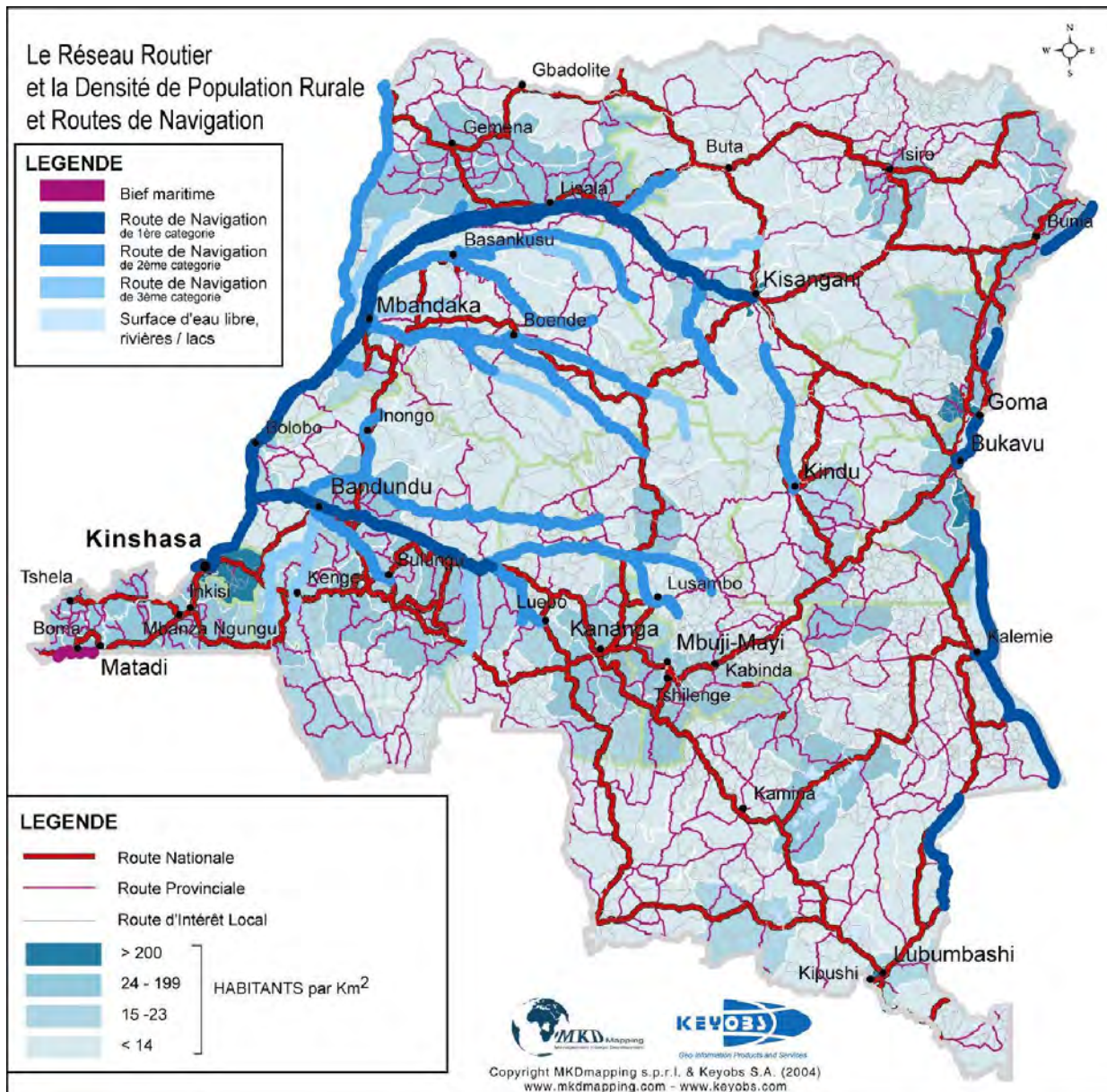
Source: WFP. *Analyse Globale de la Sécurité Alimentaire et de la Vulnérabilité (CFSVA)*. 2008.

FIGURE 6. POPULATION WITH MODERATE OR SEVERE FOOD INSECURITY BY PROVINCE (EXCLUDING KINSHASA)



Source : WFP. *Analyse Globale de la Sécurité Alimentaire et de la Vulnérabilité (CFSVA)*. 2008.

MAP 3. MAP OF MARKET ACCESS BASED ON ROAD DENSITY



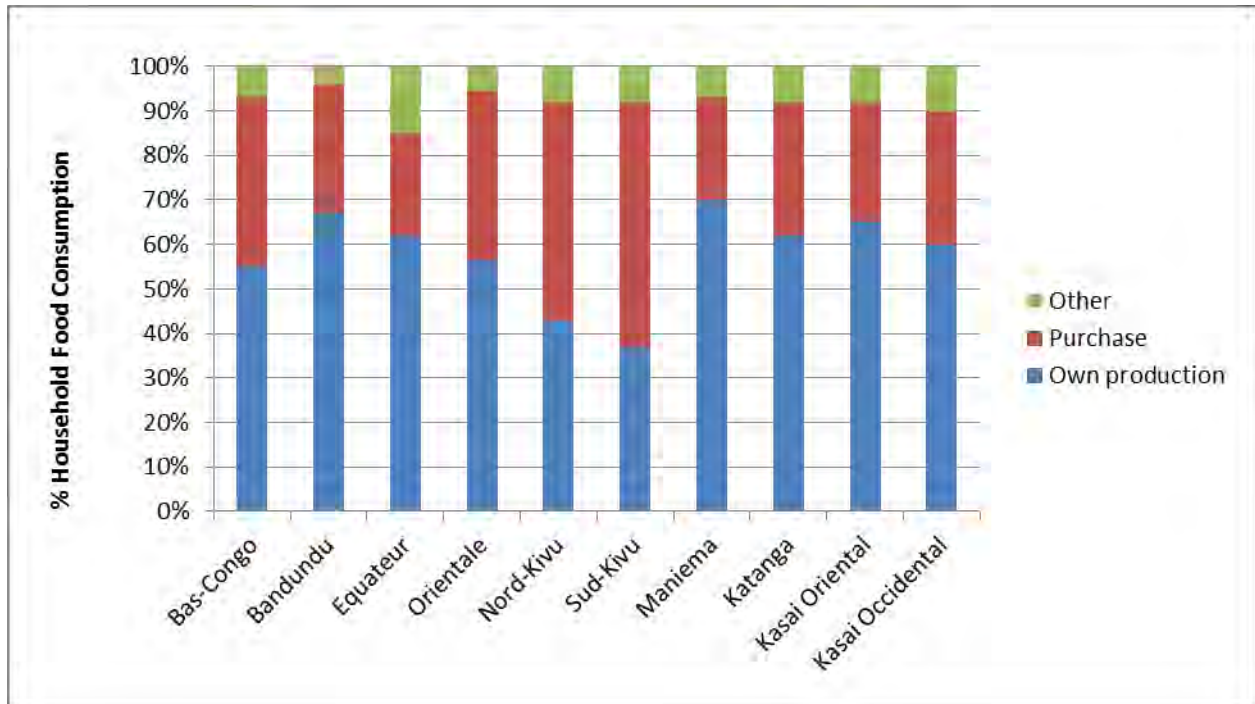
Source: World Bank, Democratic Republic of Congo Agriculture Sector Review (2006), p. 34.

TABLE 3. INTER-PROVINCIAL AGRICULTURAL TRADE FLOWS¹⁰¹

ORIGIN	DESTINATION	COMMODITY
Kinshasa	All provinces	Manufactured products
Bas-Congo	Kinshasa	Cassava, beans (haricot), bananas, gibier, palm oil, meat, sugar, wheat flour, potatoes, maize, European vegetables
	Bandundu	Beans (haricot), meat, sugar, wheat flour
	Equateur	Sugar, wheat flour
Bandundu	Kinshasa	Cassava, maize, groundnuts, palm oil, fish
	K. Occidental	Cassava, maize, palm oil
	Kasai Oriental	Cassava, maize, palm oil
	Katanga	Palm oil
Equateur	Kinshasa	Cassava, maize, rice, groundnuts, bananas, palm oil, gibier, fish, spices
	Orientale	Fish, rice
Maniema	North Kivu	Rice, palm oil
	South Kivu	Rice, palm oil, groundnuts
	Kasai Oriental	Cassava, maize, palm oil, groundnuts
	K. Occidental	Cassava, maize, palm oil, groundnuts
	Katanga	Cassava, maize, palm oil, groundnuts, rice
Katanga	Maniema	Fish
	Kinshasa	Fish
	Kasai Oriental	Fish, cassava, maize, meat
	K. Occidental	Fish, cassava, maize
Kasai Occidental	Katanga	Groundnuts, beans (kunde), bananas
	Kasai Oriental	Palm oil, meat
	Katanga	Palm oil, bananas
Kasai Oriental	Kinshasa	Rice
	Bandundu	Haricot (kunde), rice
	Katanga	Bananas, palm oil
	K. Occidental	Beans (kunde), rice
Orientale	Kinshasa	Rice, beans (haricot), meat, fish, potatoes, European vegetables
	Equateur	Beans (haricot), sugar
	Maniema	Beans (haricot), potatoes, salted fish
	South Kivu	Beans (haricot), potatoes
	Kasai Oriental	Meat, European vegetables, spices
	North Kivu	Palm oil, rice, fish, sugar
North Kivu	Kinshasa	Meat, potatoes, European vegetables
	Maniema	Beans (haricot), potatoes
	Kasai Oriental	Meat, European vegetables, spices
	Equateur	Beans (haricot)
	South Kivu	Beans (haricot), potatoes
South Kivu	Maniema	Fish (fretin), sugar, fish (gibier)
	Katanga	Sugar
	K. Occidental	Fish (fretin)
	Kasai Oriental	Fish (fretin)
	North Kivu	Sugar

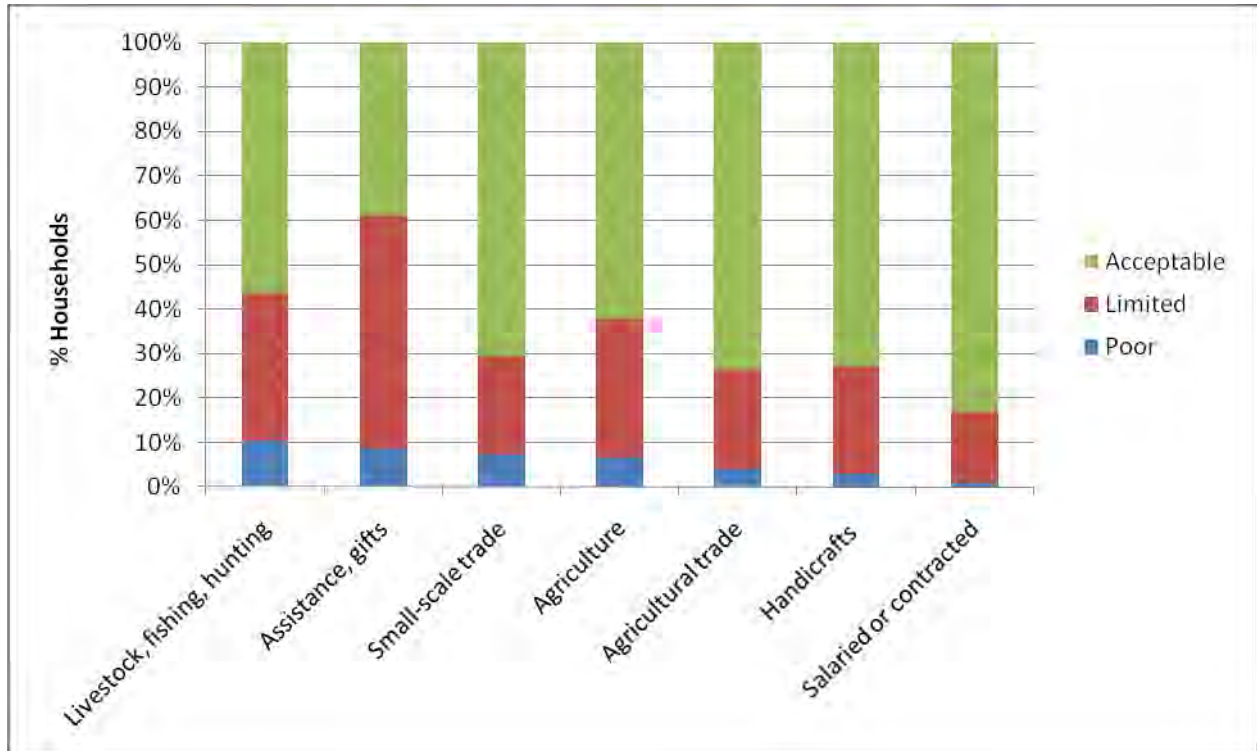
¹⁰¹ Ministry of Agriculture (MINAGRI) of DRC 2009, 89-92

FIGURE 7. MAIN HOUSEHOLD FOOD SOURCES BY PROVINCE (EXCLUDING KINSHASA)



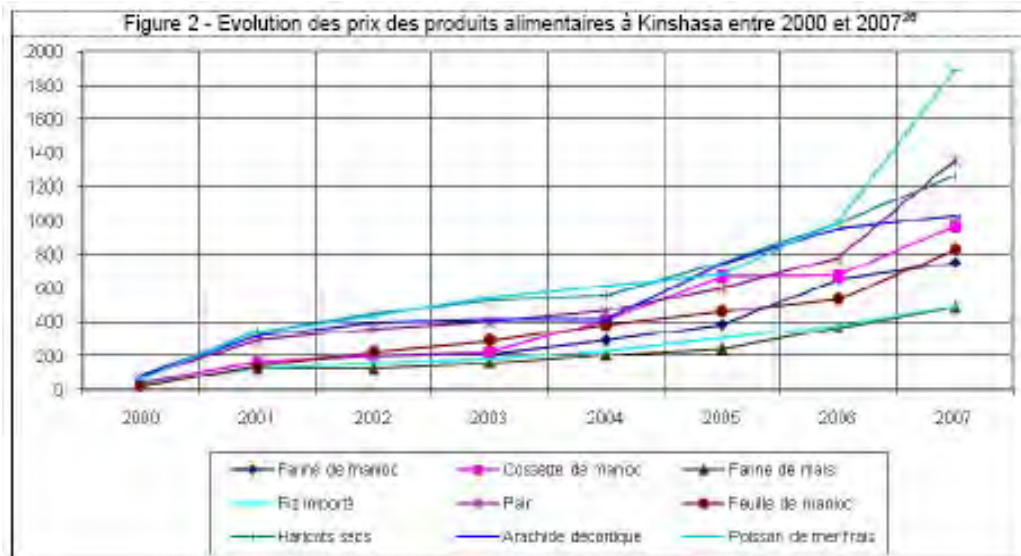
Source : WFP. Analyse Globale de la Sécurité Alimentaire et de la Vulnérabilité (CFSVA). 2008.

FIGURE 8. QUALITY OF FOOD CONSUMPTION BY LIVELIHOOD GROUP (EXCLUDING KINSHASA)



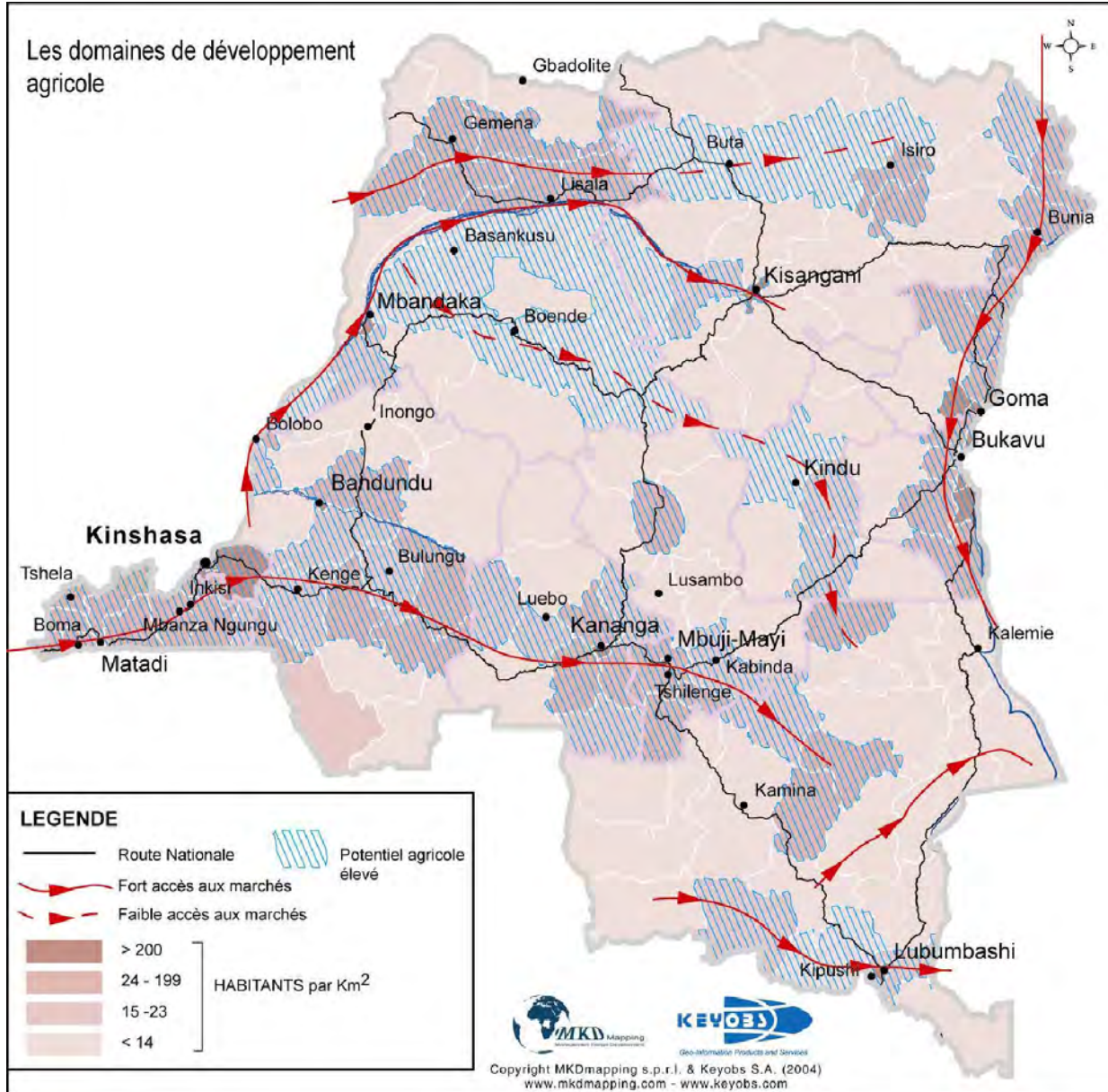
Source : WFP. Analyse Globale de la Sécurité Alimentaire et de la Vulnérabilité (CFSVA). 2008.

FIGURE 9. EVOLUTION DES PRIX DES PRODUITS ALIMENTAIRES A KINSHASA ENTRE 2000 ET 2007



Source: FAO DRC, pers. comm.

MAP 4. INTERACTION OF AREAS WITH HIGH AGRICULTURAL POTENTIAL, MARKET ACCESS AND POPULATION PRESSURE



Source: World Bank, Democratic Republic of Congo Agriculture Sector Review (2006), p. 39.

2.4 FOOD UTILIZATION/CONSUMPTION

2.4.1 Trends in child health and nutritional status

2.4.1.1 Anthropometric Status

UNICEF estimates that one out of every two deaths in children under 5 in DRC is directly or indirectly due to malnutrition.¹⁰² Malnutrition in children can be measured by three different indices that provide slightly different information on their nutritional status and the food security situation. These are: 1) stunting or height-for-age, which is an indicator of past or chronic malnutrition; 2) underweight or weight-for-age, which is an indicator of past and/or current malnutrition; and 3) wasting or weight-for-height, which is a measure of current or acute malnutrition.

In DRC, nearly half of the children under 5 (46 percent) are stunted which surpasses the threshold of 40 percent set by the World Health Organization (WHO) to measure “very high” levels of chronic malnutrition.¹⁰³ ¹⁰⁴ Underweight is around 25 percent nationally for children under 5 and wasting is around 13 percent for children ages 6–59 months.

Stunting is high across all regions of DRC and even the comparatively lower rate of stunting in Kinshasa (23 percent) is still high in comparison to urban areas in most developing countries. The following provinces all have stunting rates above the national average: South Kivu (56 percent), North Kivu (54 percent), Equateur (51 percent), Kasai Oriental (49 percent), Kasai Occidental (48 percent) and Bandundu (47 percent) (See **Table 4**). While not directly comparable, data from the Multiple Indicator Cluster Surveys (MICS) carried out in 2001 and from the 2007 DHS suggest that stunting has increased during that time period.

Regarding trends in underweight, the same data suggest that levels of underweight may have decreased between 2001 and 2007, from 31 percent to 25 percent nationally. The 2007 DHS shows that underweight varies across regions, from a low of 15 percent in Kinshasa to rates above the national average in South Kivu (31 percent), Kasai Oriental (31 percent), Kasai Occidental (30 percent), Equateur (29 percent), Bandundu (28 percent) and Bas-Congo (26 percent).

¹⁰² PROFILES exercise, 2003, cited in UNICEF-DRC Nutrition Strategy 2009-2011

¹⁰³ Ministry of Planning of DRC with ORC Macro 2008

¹⁰⁴ WHO 1995.

TABLE 4. PREVALENCE OF MALNUTRITION IN CHILDREN BY LOCATION

PROVINCE	PERCENT OF U5 CHILDREN STUNTED (%) (HFA <-2 SD) (WHO 2006)	PERCENT OF U5 CHILDREN UNDERWEIGHT (%) (WFA <-2 SD) (WHO 2006)	PERCENT OF CHILDREN 6-59 MONTHS WHO ARE WASTED (%) (WFH<-2 SD) (WHO 2006)
Kinshasa	23.4	14.8	11.2
Bas-Congo	45.7	25.6	10.5
Bandundu	46.8	27.8	11.5
Équateur	50.9	29.2	14.8
Orientale	46.2	21.4	13.1
Nord-Kivu	53.6	20.0	13.1
Sud-Kivu	55.5	30.8	12.1
Maniema	43.9	18.1	11.7
Katanga	45.0	20.2	14.2
Kasaï Oriental	49.2	30.8	16.0
Kasaï Occidental	48.2	30.3	16.1
National	45.5	25.1	13.4
Rural	51.5	29.3	14.0
Urban	36.7	18.9	12.5

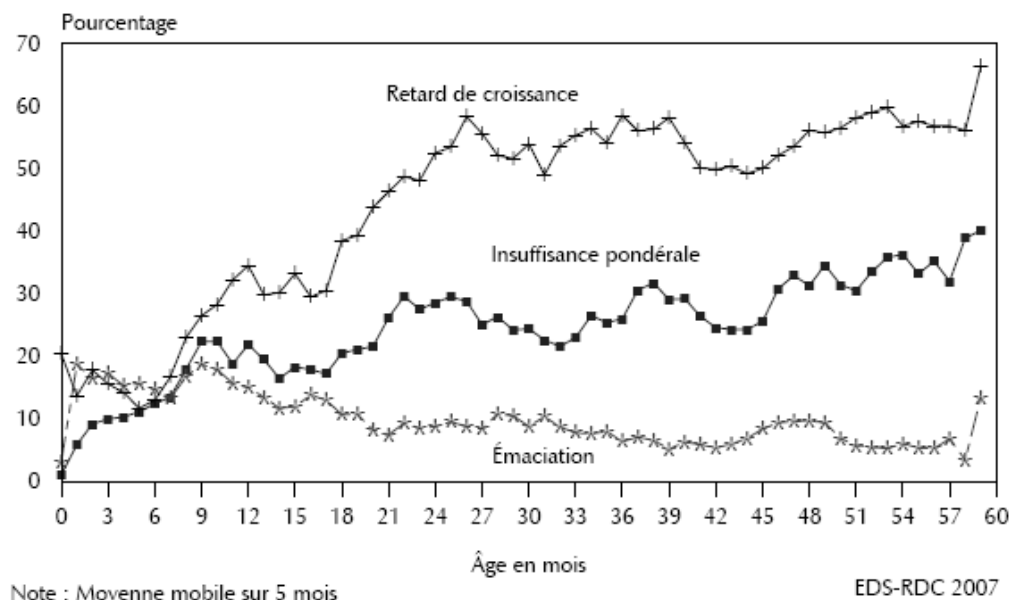
Source: DHS 2007

The 2007 DHS showed that just over 13 percent of children under 5 are wasted. A 2009 survey in five provinces (Equateur, Katanga, Kasai Occidental, Kasai Oriental and Maniema) by PRONANUT, WFP and UNICEF showed Global Acute Malnutrition (GAM) rates, which reflect both moderate and severe wasting, at alarmingly high levels. The survey covered 90 territories and urban areas and showed that over half (52) had GAM rates above 10 percent, which indicate a critical situation with a need for intervention and eight had rates above 15 percent, which indicate an emergency situation.¹⁰⁵

The fetal stage through 2 years of age is the period of most rapid growth and a critical time in child development. During this period, children are most vulnerable to growth faltering, which is caused by illness, infection and sub-optimal care and feeding practices. As can be seen in **Figure 10**, in DRC, stunting begins to increase around 6 months and continues a steep incline until 27 months. The pattern is less pronounced with underweight and wasting actually shows a decline from 9 months to 57 months.

¹⁰⁵ The eight territories with GAM rates over 15% include Luiza and Dekese in Kasai Occidental; Lomela and Lodja in Kasai Oriental; Monkoto in Equateur; Kambove in Katanga; and Kailo and Lubutu in Maniema.

FIGURE 10. INFANT AND CHILD GROWTH TRENDS IN DRC



Source: DHS 2007

2.4.1.2 Micronutrient Status

Nearly three of every four children under 5 (71 percent) are anemic, which poses an enormous barrier to their physical and cognitive development (**Table 5**). WHO declares levels above 40 percent to be a very serious public health problem. The levels in DRC are nearly double this. Nationally, the levels of childhood anemia are higher among children under 18 months (6–8 months—81 percent, 9–11 months—89 percent and 12–17 months—81 percent) than among children over 18 months (62–73 percent).

Low consumption of iron-rich foods or the consumption of iron absorption inhibitors can cause anemia, as can malaria and parasitic infections. Sleeping under an insecticide-treated bednet is one of the best methods for prevention of malaria, but in the DRC, the DHS shows that only 19 percent of all children under 5 had slept under any type of bednet the night before (14 percent rural, 26 percent urban). These figures are low, especially for a country with endemic malaria. Provincial-level data show considerable variability in the use of bednets, with Bas-Congo showing 52 percent usage and Orientale showing only 6 percent.

UNICEF and PRONANUT conducted a national study in 2005 and found that over 80 percent of children under 5 had at least one intestinal parasite. Children with intestinal parasites were eight times more likely to be anemic than those children who did not have parasites. Only 4 percent of children had deworming treatment in the previous six months (during biannual vaccination campaign).

Vitamin A status among children was last measured using biological sample testing in 1998. This assessment found that 61 percent of children under 3 had a serum retinol <20 percent and were therefore considered vitamin A deficient (VAD). According to information provided by PRONANUT,

two campaigns are held each year to distribute vitamin A capsules to children 6–59 months old. The DHS 2007 reports that 55 percent of children in this age range had received vitamin A capsules in the previous six months.

National assessments of iodine deficiency have shown dramatic improvements since 1990, when an estimated 42 percent of the population had goiter. Due to the enforcement of salt iodization regulations and generalized use of iodized salt (78 percent of households), PRONANUT estimates that the prevalence of goiter is around 1 percent of the population based on household iodized salt use.

TABLE 5. ANEMIA AND MICRONUTRIENT NUTRITION OF CHILDREN

	2007 (DHS)
Anemia (Hb<11g/dL) (6-59 mos.)	71%
Received deworming treatment in past 6 mos. (6-59 mos.)	4%
Living in a house with iodized salt (6-59 mos.)	78%
Consumed vitamin A-rich foods in past 24 hrs. (6-35 mos.)	65%
Received vitamin A supplement in past 6 mos. (6-59 mos.)	55%

2.4.1.3 Infant and Young Child Feeding

Infant and young child feeding (IYCF) practices are a key component of optimal food utilization. For infants, early initiation of breastfeeding within the first hour of birth is recommended, as well as exclusive breastfeeding up to six months. Breast milk provides adequate nutrients, protective antibodies against infection and a sanitary food source that is supportive of healthy growth. At 6 months, infants require additional foods to meet their nutrient requirements. The addition of foods to complement breast milk is termed “complementary feeding.” WHO recommends that complementary feeding for children 6–3 months should include: continued breastfeeding, feeding solid/semi-solid foods a minimum number of times per day (age-specific), feeding a minimum number of food groups per day (age-specific), continued feeding during and after illness, feeding an appropriate quantity of food (age-specific) and providing food with appropriate consistency and nutrient density.¹⁰⁶

The 2007 DHS shows that breastfeeding is near universal in DRC, with 95 percent of mothers reporting that they had breastfed their last born child at some time. However, fewer than half of infants in the DRC were put to the breast within the first hour of birth (48 percent). The figures for exclusive breastfeeding are even less encouraging. The 2007 DHS reported that that median duration of exclusive breastfeeding is 1.4 months and only 36 percent of mothers exclusively breastfed their child until 6 months. The duration of exclusive breastfeeding was quite low across all provinces. The longest average duration was reported in North Kivu (3.7 months) and in Maniema (2.8 months). All other provinces show an average duration of exclusive breastfeeding of less than two months.

Some data on complementary feeding are available in the DHS but exact age of introduction of foods is not available. For example, the data show that by 2–3 months, 30 percent of infants had received

¹⁰⁶ PAHO/WHO 2004

complementary foods and at 4–5 months 50 percent of infants were being fed other foods in addition to breast milk. In contrast, by ages 6–9 months, when children need complementary food to meet their nutritional requirements, the data show that only 82 percent of these children were actually receiving complementary foods.

There are at least 10 critical IYCF practices necessary to help maintain children’s adequate nutritional status. Three of these key practices have been included in a relatively new IYCF indicator that takes into consideration minimum standards in dietary diversity and meal frequency for breastfed children, and for non-breastfed children, in addition to these, minimum frequency of milk feedings.¹⁰⁷ Only 15 percent of children 6–23 months in DRC are fed according to these minimum standards in IYCF. For instance, infants 6–8 months should be fed at least twice per day, and those 9–23 months at least three times per day. In DRC, among breastfed children 6–23 months, only 30 percent receive foods at the proper frequency and only 53 percent consumed food from three different food groups (recommended).

Kinshasa (26 percent) had the highest percentage of adequately fed children (frequency, diversity). The five provinces with the lowest dietary diversity indicators included Bandundu (39 percent), Equateur (44 percent), Katanga (46 percent), Maniema (52 percent), and Orientale (55 percent). The five worst off provinces for feeding frequency included Equateur (22 percent), Maniema (23 percent), Kasai Occidental (27 percent), Kasai Oriental (28 percent) and Katanga (29 percent).

Non-breastfed children 6–23 months have another pattern of consumption. Only 41 percent received milk or other dairy products daily and only 9 percent ate at least four times per day (recommended). Over a third (38 percent) ate from at least four food groups (recommended). Overall, only 2 percent of non-breastfed children ages 6–23 months were adequately fed using the combination of these three indicators.

TABLE 6. COMPLEMENTARY FEEDING PRACTICES AMONG BREASTFED AND NON-BREASTFED CHILDREN 6–23 MONTHS

PROVINCE	BREASTFED		NON-BREASTFED		
	PERCENT WITH MINIMUM DIET DIVERSITY (%)	PERCENT WITH MINIMUM FEEDING FREQUENCY (%)	PERCENT CONSUMING MILK OR DAIRY (%)	PERCENT WITH MINIMUM DIET DIVERSITY (%)	PERCENT WITH MINIMUM FEEDING FREQUENCY (%)
Kinshasa	63.3	37.2	66.3	47.6	12.8
Bas-Congo	58.1	28.8	(32.2)	(35.9)	(12.4)
Bandundu	38.9	37.1	*	*	*
Équateur	44.3	22.5	(36.1)	(33.3)	(3.9)
Orientale	55.2	31.9	(5.7)	(35.2)	(15.2)
Nord-Kivu	55.3	31.7	*	*	*
Sud-Kivu	61.1	29.5	(20.4)	(27.6)	(9.3)

¹⁰⁷ World Health Organization (WHO) 2008, p. 8. Note: the IYCF indicator definitions should not be translated into caregiver messages for improving feeding practices in young children. Caregiver messages should be derived from the Guiding Principles and adapted to the local situation (see reference list for Guiding Principles, PAHO and WHO).

Maniema	51.9	23.4	(21.5)	(26.2)	(4.8)
Katanga	45.7	28.7	(53.1)	(55.7)	(2.7)
Kasaï Oriental	63.9	28.4	(47.8)	(37.9)	(9.5)
Kasaï Occidental	59.8	27.1	*	*	*
National	52.6	30.4	41.0	38.1	9.1
Rural	54.0	29.5	28.1	33.3	9.2
Urban	50.2	31.9	52.0	42.2	9.1

Source: GODRC Ministry of Planning and Macro International. 2008. Demographic and Health Survey, Democratic Republic of Congo 2007; figures in parentheses '(')' represent data from a small sample of children; *no data to report

2.4.2 Trends in maternal health and nutritional status

Several other factors are associated with child malnutrition, including maternal underweight, low birth weight (LBW), birth spacing of less than two years and mother's level of education.

2.4.2.1 Anthropometric Status

Malnutrition is a cross-generational problem that has an impact on Congolese women of reproductive age (15–49 years). For women, the main indicator used to identify malnutrition is CED, or underweight or thinness. This is expressed as a body mass index (BMI) below a cut-off of 18.5.¹⁰⁸ The 2007 DHS showed that nationally 19 percent of women and 25 percent of adolescent girls had CED, which falls in the upper range of the “medium prevalence” (10–19 percent) category and the middle of the “high prevalence” (20–29 percent) category respectively, using WHO criteria.¹⁰⁹ Levels of CED vary across DRC, with most provinces falling in the “poor situation” range. One province, Bandundu (30.7 percent), falls in WHO's “serious situation” category (20-39 percent).

LBW is another indicator often used to provide information about maternal nutritional status and possibly other health complications during the fetal period. LBW is measured as a birth weight < 2,500g. In the DRC, LBW occurs among 12 percent of infants. Besides maternal malnutrition, which includes anemia, risk factors for LBW include genital tract infections, excessive physical exertion, maternal age, psychological stress, domestic violence and unhealthy habits such as smoking and substance abuse. Malaria also is known to result in LBW.

¹⁰⁸ BMI is calculated as weight in kilograms divided by height in meters squared (kg/m²).

¹⁰⁹ WHO 1995

TABLE 7. PREVALENCE OF MATERNAL MALNUTRITION BY PROVINCE

PROVINCE	PERCENT OF WOMEN 15-49 WITH CED (%) (BMI <18.5) (WHO 2006)	PERCENT OF WOMEN 15-49 WHO ARE ANEMIC (%) (NON-PREGNANT <12.0 G/DL, PREG <11.0 G/DL)
Kinshasa	19.1	62.9
Bas-Congo	16.9	55.6
Bandundu	30.7	64.1
Équateur	19.7	56.8
Orientale	17.3	49.2
Nord-Kivu	8.1	34.3
Sud-Kivu	9.2	39.0
Maniema	9.3	51.0
Katanga	13.1	40.1
Kasaï Oriental	16.6	49.6
Kasaï Occidental	14.8	48.0
National	18.5	52.9
Rural	20.6	53.7
Urban	15.9	51.9

Source: GODRC Ministry of Planning and Macro International. 2008. Demographic and Health Survey, Democratic Republic of Congo 2007.

2.4.2.2 Micronutrient Status

According to the 2007 DHS, nationwide over half of women (53 percent) are anemic. While there are no major differences between rural and urban areas, anemia prevalence varies considerably by province. The five provinces with the highest levels of anemia in women (>50 percent) are: Bandundu (64.1 percent), Kinshasa (62.9 percent), Equateur (56.8 percent), Bas-Congo (55.6 percent) and Maniema (51 percent). Maternal anemia poses a serious threat to healthy childbearing and greatly reduces productivity, even for light work.

2.4.2.3 Antenatal Care

Nationally, 85 percent of women accessed antenatal care (ANC) by a trained health worker (doctor, nurse, midwife, birth attendant). Of these, 24 percent of urban women and 3 percent of rural women saw doctors. Nurses were the most frequently visited health practitioner (42 percent urban, 45 percent rural). The WHO recommends at least four ANC visits at regular intervals throughout the pregnancy. Nearly half (47 percent) of Congolese women had four + ANC visits (53 percent urban, 43 percent rural), which is a remarkable statistic in a country with considerable infrastructure constraints. The percent of women receiving at least two doses of tetanus vaccine during the previous pregnancy is an indicator of how effective ANC has been. The vaccine protects both the woman and her unborn child. Nationally, 39 percent of women had the recommended two vaccines (45 percent urban, 34 percent rural). A majority of Congolese women (70 percent) give birth in a health facility, also a strikingly high figure compared to many developing countries. Even in rural areas, this level is 58 percent.

Despite many strong developments in health care in DRC, health care access remains a challenge for many women. Nationally, 85 percent of women cited at least one problem they had accessing health care. The percentage of women having problems accessing health care was lowest in Kinshasa (66 percent) and highest in Equateur (93 percent). These problems included: obtaining money for treatment (76 percent), having to take a form of transport (44 percent), distance to health service (40 percent), not wanting to go alone (26 percent), obtaining permission to access care (22 percent), and the belief that the service provider is not female (15 percent).

2.4.3 Water, hygiene and sanitation

Access to safe drinking water, latrines (sanitation facilities) and good hygiene practices (e.g., hand washing with soap, food storage) are key components of the health environment of the home. Even if people consume an optimal, diverse diet of nutritious foods, persistent infection from water-borne diseases (e.g., diarrhea) or contaminated foods leads to loss of nutrients. Chronic infectious disease can also damage the intestinal lining impairing the absorption of nutrients. Addressing both nutrient intake and nutrient loss is necessary to safeguard the food security of households and vulnerable groups.

Diarrhea is the third leading cause of death among Congolese children. Nationally, almost 15 percent of children had suffered from diarrhea in the two weeks preceding the survey. Provincial-level data vary somewhat for diarrhea measures, with the highest prevalence in the Kasais (23–24 percent) and the lowest in Bas-Congo and Bandundu (10–11 percent).

The DHS 2007 provides data on the water, sanitation and hygiene situation in the DRC (see **Table 8**). Only 48 percent of households reported having access to potable water (81 percent urban, 24 percent rural). In rural areas, 59 percent of households have at least a 30-minute walk to their water source. Nationally, the vast majority of households (83 percent do not have access to latrines, even in urban areas (79 percent).

TABLE 8. DHS 2007 DATA

	PERCENT OF HOUSEHOLDS WITH ACCESS TO POTABLE WATER (%)	PERCENT OF HOUSEHOLDS WITH LATRINES (%)
National	48.2	17.6
Rural	23.8	14.5
Urban	80.5	21.5

Source: GODRC Ministry of Planning and Macro International. 2008. Demographic and Health Survey, Democratic Republic of Congo 2007.

2.4.4 Gender and nutrition

Women in the DRC have a central role in household nutrition and food security. They are the primary caregivers for their children and have responsibility for producing or acquiring food for the household. Women's control over income is associated with better household nutritional status and is also an indicator of women's status in the household. Among 15–49 year old married women, 25 percent controlled their own income, 47 percent shared control with their spouse, and in 28 percent of cases

the spouse controlled her income. Also, control over their own income is higher for women who are educated compared to women with less education.¹¹⁰

Table 9 illustrates differences in decision making within the household among women in a committed union with a male partner. The woman largely has decision-making power only over daily food preparation (57 percent). The man principally makes decisions about personal health care (55 percent), gross household expenses (51 percent), and visiting relatives/parents (50 percent). Daily household purchases are often decided by men (38 percent), but women had the greatest power here (31 percent) second to food preparation, both of which could be related. Joint decision making occurred for up to a third of couples on gross household expenses (31 percent), visiting relatives/parents (28 percent) and daily household purchases (25 percent). Also adolescents aged 15–19 years have the least decision-making power relative to their older peers, indicating that others in the family are likely key actors in decisions about maternal and child health and nutrition (MCHN). These data are important because programs targeted at improving household food consumption and nutrition outcomes will need to take into account these gender constraints.

TABLE 9. GENDER AND HOUSEHOLD DECISION MAKING

	PRINCIPALLY THE WOMAN	PRINCIPALLY THE MAN	BOTH WOMAN AND MAN TOGETHER	OTHER
Personal health care	22.2	55.4	18.3	4.0
Gross household expenses	13.1	51.2	30.9	4.7
Daily household purchases	31.5	38.4	25.3	4.8
Visiting her relatives/ parents	17.7	49.7	28.3	4.3
Daily food preparation	57.4	22.8	14.4	5.3

Source: GODRC Ministry of Planning and Macro International. 2008. Demographic and Health Survey, Democratic Republic of Congo 2007.

Women's lack of decision making power and control over resources is consistent with the widespread prevalence of domestic violence in DRC that significantly undermines women's status. Studies have linked domestic violence with poor health and worse nutrition outcomes for women and their children. Women who are abused exclusively breastfeed their infants for a shorter time than women who are not abused. The 2007 DHS recorded instances of domestic abuse among 15- to 49-year-old women according to three categories—physical, sexual and emotional abuse. Nationally, 64 percent of women report having ever experienced physical violence and 49 percent in the year preceding the survey.

Violations of human rights have been a persistent occurrence in DRC in the post-conflict areas and in the areas of continuing instability. Women and girls are particularly vulnerable in these areas of DRC, having been the targets of SGBV during and after the war. While numbers are hard to confirm, sources place the number of women and girls who have been victims of SGBV in the hundreds of thousands and OCHA estimates that an average of 40 women were raped a day in South Kivu during the conflict.¹¹¹

¹¹⁰ Ministry of Planning of DRC with ORC Macro 2008

¹¹¹ United Nations Office for the Coordination of Humanitarian Affairs (OCHA) web page available at <http://ochaonline.un.org/OCHAHome/InFocus/SexualandGenderBasedViolence/AFrameworkforPreventionandResponse/tabid/5929/language/en-US/Default.aspx>

2.4.5 HIV

The adult HIV prevalence rate in DRC is estimated at 1.3 percent by the 2007 DHS and at 4.2 percent by UNAIDS. UNAIDS also estimates that 1.19 million people are living with HIV (PLHIV).¹¹² The number of orphans and vulnerable children (OVC) due to HIV is estimated at 43,000. Studies in and around Kinshasa confirm that not only are HIV rates low, but that rates among women seeking antenatal care are actually dropping significantly.¹¹³ While this rate is relatively low, the availability of counseling and testing, treatment and care and support is also low-to-nonexistent. In this context, it's important for PLHIV to maintain their health for as long as possible.

2.5 VULNERABLE POPULATIONS

FFP advises that Title II non-emergency programs target regions and population groups at greatest risk of chronic food insecurity, based upon an understanding of the food security shocks they face, their sources of vulnerability and their capacity to mitigate the effects of those shocks. **Sections 2.2–2.4** provided an overview of food security in the DRC by examining the three pillars of food security – availability, access and utilization/consumption. **Section 2.5** builds upon this overview to identify the regions and population groups most affected by chronic food insecurity. **Section 2.5.1** highlights the key shocks that threaten food security for the Congolese, and discusses the reasons why people are so vulnerable to these shocks. Based upon that overview, **Section 2.5.2** identifies the geographic areas and population groups that are most affected by chronic food insecurity in DRC.

2.5.1 Food security shocks, sources of vulnerability and coping capacity

Chronically food insecure populations in DRC are exposed to a range of shocks that undermine their current and future food security. These shocks include excess morbidity and mortality and their contributors; conflict and displacement; sexual and gender-based violence; rapid-onset natural disasters and slow-onset environmental threats; loss of capital and assets; price shocks; production shocks; and macroeconomic and employment-related shocks.

Excess morbidity and mortality undermines food security in numerous ways. DRC's crude mortality rate (CMR) is 2.2 deaths per 1,000 per month—which is 57 percent higher than the average for sub-Saharan Africa. It is estimated that 5.4 million excess deaths have occurred between 1998 and 2007 and over a third (39 percent) of those deaths have occurred since the formal end of civil war in 2002.¹¹⁴ Infectious diseases (diarrhea, respiratory infections, malaria, HIV, measles and tuberculosis), malnutrition, reproductive and obstetric emergencies and neonatal deaths account for the large majority of excess deaths.¹¹⁵ Deaths of economically active adults are known to undermine household food security, and the fifth (21 percent) of households headed by women are more food insecure than their officially male-headed counterparts.

¹¹² UNAIDS 2004

¹¹³ Behets May 2010

¹¹⁴ International Rescue Committee (IRC) 2008, ii

¹¹⁵ World Health Organization (WHO) 2006

Civil conflict is an underlying contributor, rather than direct cause, of most of these excess deaths. Civil conflict is estimated to be a direct contributor to only 0.4 of these excess deaths.¹¹⁶ Currently, an estimated 2.1 million Congolese are internally displaced and 444,000 remain refugees in neighboring countries.^{117 118} For many returnees in eastern DRC, living as a refugee for a decade in Zambia, without the right to access land and cultivate, means the loss of vital skills for self-sufficiency upon their return.

In addition, rape, torture and sexual mutilation are a weapon of war in eastern DRC, with the number of sexual violence victims estimated in the tens of thousands.¹¹⁹ Most of these victims are women and girls, although a small but significant number are men and boys. SGBV is far more than an instrument of war: nearly two-thirds (64 percent) of women have directly experienced violence, most at the hand of their spouses.¹²⁰ The normalization of rape in eastern DRC is highlighted in the fact that from 2004–2008, the number of rapes perpetrated by civilians that were reported to Bukavu’s Panzi Hospital increased a shocking 17-fold.¹²¹ Violence is often compounded by the social isolation and abandonment that follow.

Rapid-onset natural disasters and slow-onset environmental threats undermine food security across the country. Eastern DRC is located in the Eastern Rift of the Great Rift Valley. The region’s vulnerability to geologic shocks was underscored by explosions from volcanoes Nyiragongo and Nyamulagira in 2002, 2006 and 2010, and by earthquakes in 2005 and 2008. Further, either an earthquake or a volcanic eruption could trigger the extremely dangerous release of carbon dioxide and methane from Lake Kivu into the environment, which could asphyxiate humans and animals.¹²² Longer-term environmental trends increase vulnerability to these hazards. Deforestation and land degradation exist throughout DRC but are particularly extensive in eastern DRC, where they increase the risk and impact of erosion, landslides and flooding. The widespread planting of cassava on marginal lands, without crop rotation or efforts to restore soil fertility, further worsens the trend.

In terms of loss of capital and assets, DRC’s decades of civil insecurity and war have decapitalized families, communities and the country. Community capital such as transport infrastructure (road, rail and waterway), agricultural storage and processing facilities and social services infrastructure were devastated. Asset loss was pervasive at household level as well, with cattle holdings plummeting and other productive capital such as tractors and canoes ransacked.

Global trends in rising food prices (and prices of non-food items and fuel) were transmitted into domestic markets in DRC as well. The greatest impact of higher food prices is felt on urban households and households without access to land, both of which are highly market dependent. In some settings, rising global prices can make local production more competitive on the markets, but production and transport costs in DRC are so high that switching to lower cost domestically produced substitutes is often still not an option. Prices of non-food commodities, especially fuel, reflect the same high inflation.

¹¹⁶ International Rescue Committee (IRC) 2008

¹¹⁷ United Nations Office for the Coordination of Humanitarian Affairs (OCHA) 2010

¹¹⁸ United Nations High Commissioner for Refugees (UNHCR) 2010

¹¹⁹ Human Rights Watch 2009

¹²⁰ Ministry of Planning of DRC with ORC Macro 2008

¹²¹ Harvard Humanitarian Initiative and Oxfam International 2010

¹²² Wikipedia n.d.

In terms of shocks to crop production, the most severe shocks to crop production in DRC are cassava mosaic virus and banana xanthomonas wilt. **Boxes 3 and 4** provide more information on these crop production shocks. Perhaps the most notable additional macroeconomic shock is the collapse of the mining sector, due in part to international commodity prices. This is particularly relevant for Katanga and Kasai Oriental.¹²³

Chronically food insecure households are vulnerable to these shocks because of low levels of knowledge related to health, nutrition and livelihoods; constraints on access to land and other productive assets; poor governance; an anemic private sector; physical isolation; lack of access to information services; and gender inequities.

The percent of women in DRC with essential knowledge about maternal and child nutrition and caretaking is very low. Reasons for this include: devastation of the educational system, lack of access to schooling by girls and low literacy rates; lack of access to key preventive and other health services; less-than-optimal community health outreach systems; limited health surveillance and information systems; and lack of a functioning media. In addition, low knowledge of improved agricultural practices can be attributed in part to lack of functional extension and agricultural / market information systems and for returnees a period of displacement without the right to cultivate for self-sufficiency.

DRC offers an abundance of natural and environmental assets including natural forests, mineral wealth and hydrological resources. The allocation of ownership rights and user's rights in DRC has been guided by traditional customary systems in which temporary land use rights (rather than permanent land tenure) are allocated through customary systems. For smallholders who do have land use rights, the land is often underexploited for lack of finance or credit, knowledge of improved techniques and access to markets.

DRC's political environment is plagued with rampant corruption, at all levels from central government to community structures. Although the GODRC is implementing governance reform efforts, including decentralization and establishment of the Rural Agricultural Management Councils (*Conseils Agricoles Rurals de Gestion*, CARGs), smallholders without personal status or influence face challenges in advocating for their needs and rights.

In other countries private sector institutions provide a range of goods and services key to food security, such as agricultural inputs and microcredit. In DRC, government services are nascent and the private sector is ill-equipped to fill the gap.

The impact of the devastation of the transport (road, rail, waterway) sector cannot be overstated. Women in particular are responsible for carrying crops from field to home to market, collection of water and firewood, marketing of most production, and conduct of a wide range of other household responsibilities. The abysmal condition of rural roads, ports/waterways and railroads—and the security risk faced in the field—impose a physical isolation on rural residents that makes the intensification of domestic production for sale unprofitable.

¹²³ Mobula personal communication

Compounding the physical isolation discussed above, the chronically food insecure are isolated by the uneven radio and cell phone coverage. Community radio programs exist but are hindered by breakdown and theft of equipment.

Gender disparities are treated as a cross-cutting issue in this document because gender impacts every aspect of food security. Women are more vulnerable to food insecurity because they are discriminated against in terms of access to land and other assets, management of income, household decision making and their own safety and security. Women do the agricultural labor and the marketing of their agricultural production, but they do not have the right to decide how their income is used.

Given the scale and duration of DRC's sociopolitical uncertainty and isolation, Congolese households have demonstrated remarkable resiliency. Unfortunately, a detailed livelihood zoning and studies of food security and livelihoods for each livelihood zone has not yet been conducted for DRC, so information on coping strategies in DRC is limited. The chronically food insecure in rural DRC report using a range of coping strategies to manage these shocks.¹²⁴ They tend to rely on risk averse livelihood strategies. For example, the predominance of cassava in smallholder cultivation is a risk-averse livelihood strategy, as it is not as vulnerable to drought, pests or theft as maize, rice or other staple food crops. Households increase their reliance on communally owned resources, including hunting, fishing, collection of wild foods and exploitation of communally owned timber for firewood and charcoal. Households reduce their food consumption. Adults, and particularly women, reportedly reduce their food consumption before children, to protect food consumption levels by their children. Households sell assets such as cattle and small stock. Households search for work to earn income. They also consume seeds and harvest food crops early. They also depend on others for assistance.

2.5.2 Populations at greatest risk of acute food insecurity

As the preceding discussion illustrates, chronic food insecurity is widespread in DRC. To guide the geographic targeting of the Title II non-emergency program in DRC, USAID is considering several criteria: levels and severity of chronic food insecurity and malnutrition, reasonable physical accessibility for staff and commodity transport, security, potential to achieve results and opportunities to partner strategically with other food security and development programs. Based upon consideration of these parameters, the following three broad areas are identified as being most affected by chronic food insecurity and potential target areas for the DRC Title II Program: eastern DRC, central DRC (in southern half of the country) and western DRC. Each is described in more detail below. Targeting is discussed further in **Section 3.2.1**.

Based upon these criteria, the Title II program in DRC prioritizes the following areas:

- Eastern DRC: The Title II program in DRC prioritizes the continued stabilization, recovery and development of conflict-affected areas in eastern DRC. South Kivu, Katanga, Maniema were among the provinces with the greatest proportion of the population unable to cope with common food security shocks.¹²⁵ Katanga also has the highest under 5 mortality rates in the country (16.6 in Ankoro; 8.9 in Kalemie).¹²⁶ Applicants may propose programs in accessible, food insecure areas of:

¹²⁴ World Food Programme (WFP) 2008

¹²⁵ World Food Programme (WFP) 2008

¹²⁶ International Rescue Committee (IRC) 2008

- North Kivu, such as Goma and surrounding accessible communities;
 - South Kivu, such as the secure eastern territories of Kabare, Kalehe, Fizi, Uvira and Walungu;
 - Maniema, such as Lubutu and Kailo/Kindu;
 - Katanga, such as the secure eastern territories of Kalemie and Moba; and
 - Secure areas of Orientale.
- Central DRC: Central DRC is a priority because Kasai Oriental was among the provinces with the greatest proportion of the population unable to cope with common food security shocks.¹²⁷ The third highest under 5 mortality rates in the country are found in Ngandajika (8.1).¹²⁸ Some of the highest acute malnutrition rates in DRC have been found in Kasai Oriental. Similar areas are also found across province borders in Kasai Occidental and western Katanga. Applicants may propose programs in accessible, food insecure areas of:
 - Kasai Oriental, including chronically food insecure southern territories such as of Ngandajika, Tshilenge, Katanda and Lupatapata, and more northern territories such as Lomela and Lodja if the Applicant determines that a Title II non-emergency program would be feasible in these areas;
 - Kasai Occidental, including chronically food insecure territories such as Luiza, and more northern territories such as Dekese if feasibility is determined;
 - Katanga, including chronically food insecure communities bordering Kasai Oriental such as Kapanga, Kaniema and Kabongo.
 - Western DRC: In Kinshasa, Bandundu and Bas-Congo, a well-targeted Title II program may be able to reach a relatively large food insecure population, expand the impact of a broader, multi-donor development effort and boost food availability for the country. Applicants may propose programs in accessible, food insecure areas of:
 - Kinshasa, peri-urban and urban, including the Plateau de Beteke
 - Bandundu, including chronically food insecure areas such as Kasongo-Lunda
 - Bas-Congo, including chronically food insecure areas such as Kisantu in central-east Bas-Congo.

Within these geographic areas, the following social groups are highlighted for consideration for targeting by the Title II non-emergency programs:

- Chronically food insecure smallholder farming households
- Women farmers and female-headed households (FHH)
- Conflict affected households, including returnees and households hosting returnees
- For maternal and child health and nutrition (MCHN) interventions, pregnant and lactating women and children under 2 for food aid and other preventive health and nutrition interventions
- Adolescent girls and SGBV victims
- All households should be targeted for social and behavior change communication (SBCC) messages, efforts to strengthen the use of health services and water and sanitation interventions
- All severely malnourished or critically ill children, regardless of age, for referrals for treatment

¹²⁷ World Food Programme (WFP) 2008

¹²⁸ International Rescue Committee (IRC) 2008

2.6 CURRENT POLICIES, STRATEGIES AND PROGRAMS

Section 2.6 provides an overview of key national, USG and other international actors, policy frameworks, strategies and large-scale programs that direct efforts in food security in the DRC. This section also aims to highlight areas in which the FSCF aligns with and supports them.

2.6.1 Government of DRC

Key ministries. The institutional landscape of GODRC actors with food-security-related mandates is characterized by frequent changes in institutions' names and responsibilities, redundancy and overlap, gaps in services and coverage and limited capacity to implement (mainly attributable to lack of funds). GODRC leadership in the area of agriculture has been weak and the sector has been underfunded.¹²⁹ However donors and multilateral institutions are supporting the streamlining of institutions and harmonization of policies, which helps to clarify how Title II programs may interact with and align with national stakeholders. **Box 5** lists selected key GODRC ministries, services and programs charged with implementing, guiding and supporting food security efforts in the DRC. Three GODRC ministries are the primary focal points for food security: the Ministry of Agriculture (*Ministère de l'Agriculture*, MINAGRI), the Ministry of Rural Development (*Ministère du Développement Rural*, MDR) and the Ministry of Public Health (*Ministère de la Santé Publique*, MINISANTE).

Both MINAGRI and MDR house normative department (*les directions normatives*) and specialized services at national level, many of which maintain a presence at provincial level and below. However, the capacity of these services to provide technical and material support to citizens was sharply constrained. With donor support, MINAGRI is currently being restructured, refocused and streamlined, with strengthened emphasis on coordination of service delivery, public-private partnerships and broad-based multi-stakeholder engagement in agriculture and development.¹³⁰ **Box 5** lists key MINAGRI and MDR services as of early 2010, but Applicants are encouraged to consult with the GODRC regarding the ongoing ministerial reform process. For example, the 2010 GODRC Agriculture and Rural Development Sector Strategy notes that a normative department called the Department of Agro-Pastoral Development and Agricultural and Rural Management Councils (*Direction d'Aménagements Agro-Pastoraux et des Conseil Agricoles et Ruraux de Gestion*) has been created.

MINISANTE houses PRONANUT. PRONANUT has chief responsibility for overseeing all programs in the DRC that address nutrition. PRONANUT is focused on reducing the high rate of chronic malnutrition and micronutrient deficiencies across the country. PRONANUT recently carried out a survey on acute malnutrition rates with UNICEF and WFP that showed alarming acute malnutrition rates among children under 5 and women in 90 territories in Kasai Occidental, Kasai Oriental, Equateur, Maniema, and Katanga. PRONANUT finalized a National Nutrition Plan in December 2008 with support from USAID/DRC and contributes to the MINISANTE National Plan, which is currently being revised. While capacity seems to be strong, resources for carrying out training and interventions are extremely limited.

¹²⁹ Ministry of Agriculture (MINAGRI) in Kinshasa, Kembola, (personal communication) 2010

¹³⁰ Notably the Belgian CTB-funded *Projet d'Appui à la Mise en Œuvre du Plan de Restructuration des Services Centraux et Régionaux du Ministère de l'Agriculture, de la Pêche et de l'Élevage*.

Interagency collaboration. A number of interagency networks aim to improve coordination and consultation among GODRC and other food security stakeholders. While there is no formal focal point for nutrition in MINAGRI and MINISANTE, they collaborate through working and steering groups. Groups with greatest relevance to the USAID/FFP Title II program include the Food Security Steering Group, the Thematic Group 8, and the UN IASC Humanitarian Cluster System. Mandated by the Comprehensive African Agriculture Development Programme (*Programme Détaillé de Développement de l'Agriculture Africaine*, CAADP) process, the Food Security Steering Group includes representation by the Ministries of Agriculture; Health; Gender, Children and Family Affairs; Planning; and others.

The Thematic Group (*Groupe Thématique – Bailleurs du Fonds*) is a multi-donor coordination group that focuses on agriculture and rural development.¹³¹ MDR chairs Donor Thematic Group.

The Humanitarian Cluster System in DRC encompasses nine clusters and three sub-clusters, and aims to ensure coordination among humanitarian and government actors in conflict-affected areas of DRC.¹³² Those clusters most relevant to the USAID/FFP Title II program include: Food Security Cluster; Nutrition Cluster; Water, Sanitation and Hygiene Cluster; Shelter and Non-Food Items Cluster; Early Recovery Cluster; Health Cluster; Protection Cluster; and Logistics Cluster.

2.6.1.1 Key policies, strategies and programs

The GODRC has worked with donors and international public organizations to develop a number of policy and strategy frameworks for the agriculture, rural development, health and nutrition sectors. The Poverty Reduction and Growth Strategy Paper (PRGSP) has provided the principal framework for development efforts in DRC since 2006. The PRGSP provides the overall framework for agriculture and rural development in DRC and provided the structure for the multi-donor Country Assistance Framework (CAF) and the World Bank Country Assistance Strategy (CAS). The current PRGSP has been extended through December 2010. The GODRC and partners are currently developing a second generation Poverty Reduction and Growth Strategy for 2011-2015, with intensive national and provincial consultations underway and finalization expected by the end of 2010.¹³³

The GODRC Five Pillars Program and the Priority Action Plan were both developed on the basis of the PRGSP. Referred to as the “*Plan d’Actions Prioritaires*” and “*Programme d’Actions Prioritaires*,” the current PAP2 (2009-2010) was developed in 2009 to address the lack of progress against objectives in the PRGSP. Five Pillars (*Cinq Chantiers*) refers to the GODRC five year program (2007-2011) to restore a development trajectory in DRC. The five pillars, or priorities, of this program include infrastructure; health and education; water and electricity; housing; and employment.¹³⁴

Several other activities should be noted related to agriculture and rural development. Released in 2009, the Agriculture and Rural Development Policy Note identifies the general and specific strategies to

¹³¹ The eight Thematic Groups include: Judicial and Security Governance (Group 1); Political and Administrative Governance (Group 2); Culture, Media and Information (Group 3); Economic Governance (Group 4); Infrastructure and Transport (Group 5); Energy (Group 6); Mines and Hydrocarbons (Group 7); Agriculture and Rural Development (Group 8); Industry and Services (Group 9); Education (Group 10); Health, Nutrition, Hygiene and Population (Group 11); Social Protection, Gender and Urban Poverty (Group 12); Water, Sanitation, Pollution, Climate, Environment and Forestry (Group 13); HIV/AIDS (Group 14); and Community Dynamics (Group 15).

¹³² One Response n.d.

¹³³ International Monetary Fund (IMF) 2010

¹³⁴ Les Cinq Chantiers du Chef de l’Etat n.d.

implement agriculture and rural development along the five priority axes identified in the 2006 World Bank DRC Agriculture Sector Study. The forthcoming provincial agricultural development plans will build upon this Policy Note. The Agriculture and Rural Development Sector Strategy aims to assist in the implementation of the Agriculture and Rural Development Policy Note. It will also be used as a basis for the next five-year development plan. The GODRC has initiated a Medium Term Expenditure Framework Exercise, through which a medium term expenditure framework is being prepared to strengthen budgetary planning and programming in the DRC. The MTEF should strengthen alignment of GODRC development planning and national budgeting.

Finally, the Stabilization and Recovery Program for Conflict Affected Zones (STAREC) was launched by the GODRC in 2009, to stabilize and promote recovery and development particularly in the east. The program operates in North and South Kivu, Maniema, Orientale and Katanga.

Key GODRC policies, strategies and protocols related to nutrition include the National Nutrition Policy, the Master Nutrition Development Plan, the National Protocol for the Management of Acute Malnutrition, the National Strategy for Infant and Young Child Feeding and Women's Nutrition, and the National Health Policy.

DRC launched the Comprehensive African Agriculture Development Program (CAADP) in June 2010. MINAGRI houses the GODRC focal point for CAADP, although CAADP implementation is conducted through the Food Security Steering Group mentioned above. GODRC is developing a National Food Security Program, with assistance from the AfDB and FAO. This process dovetails closely with the CAADP process, which starts with sector studies and extends to the development of sector investment plans. It is envisioned that agriculture development plans developed at district and territory levels will dovetail with these provincial agriculture development plans. The initial product of this effort is the Agriculture Sector Study (*Etude du Secteur Agricole, ESA*), which aims to inform the provincial agricultural development plans.¹³⁵ The MINAGRI-led *Comite de Pilotage* oversaw the validation of the first draft on January 16, 2010.

Rural Agricultural Management Committees (*Conseils Agricoles Rurals de Gestion, CARGs*) are being established at national, provincial and territorial levels.¹³⁶ CARGs have been established with external donor support, but local administrations are responsible for maintaining them. A product of the MINAGRI reform process, the CARGs aim to provide the platform for collaboration with a range of partners, particularly in civil society and the private sector, from national to local levels. The CARGs are expected to work closely with community development committees.

Finally, legal frameworks relevant to food security are currently in development. The Code Agricole is in Parliament. Land reform efforts have been supported by international organizations such as the International Fund for Agricultural Development (IFAD). Legal code regarding land and seed are in development.

¹³⁵ Ministry of Agriculture (MINAGRI) of DRC 2009, 1-3

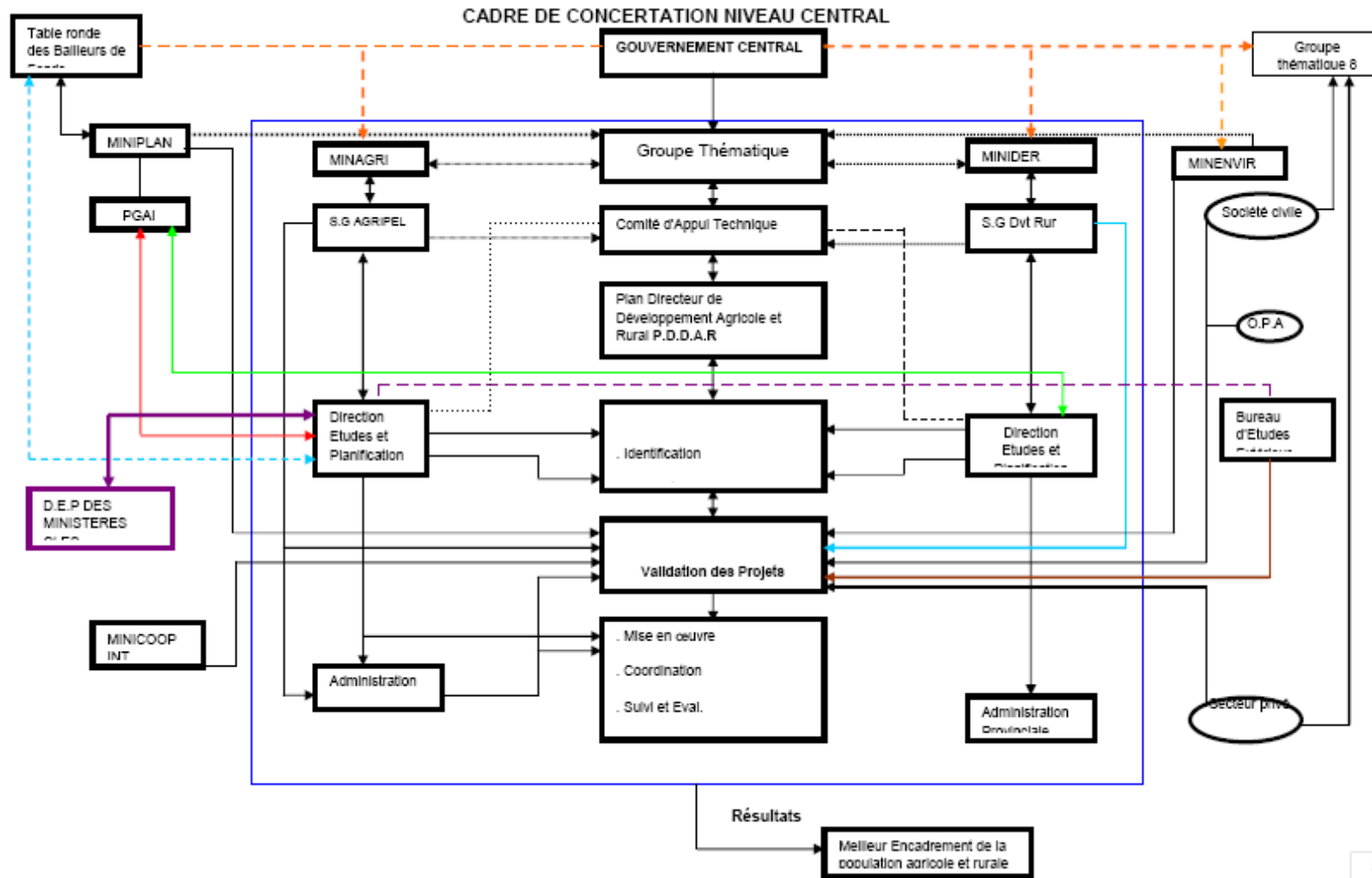
¹³⁶ Ministry of Agriculture (MINAGRI) of the DRC December 2009

BOX 5. SELECTED GODRC MINISTRIES, SERVICES AND PROGRAMS ENGAGED IN FOOD SECURITY (2010)

<u>English</u>	<u>French</u>	<u>Common</u>
Ministry of Agriculture	<i>Ministère de l'Agriculture</i>	MINAGRI
- National Agricultural Statistics Service	<i>Service National des Statistiques Agricoles</i>	SNSA
- National Seed Service	<i>Service National des Semences</i>	SENASEM
- National Fertilizer and Inputs Service	<i>Service National des Fertilisants et Intrants Connexes</i>	SENAFIC
- National Extension Service	<i>Service National de Vulgarisation</i>	SNV
- National Aquaculture Service	<i>Service National d'Aquaculture</i>	SENAQUA
- National Fish Promotion Service	<i>Service National de la Promotion de la Pêche</i>	SENADEP
- National Veterinary Inputs and Livestock Service	<i>Service National d'Intrants Vétérinaires et d'Élevage</i>	SENIVEL
Ministry of Rural Development	<i>Ministère du Développement Rural</i>	MDR
- Direction of Agricultural Access Routes	<i>Direction des Voies de Desserte Agricole</i>	DVDA
- National Cooperatives Service	<i>Service National des Coopératives</i>	SNCOOP
- National Rural Information Service	<i>Service National d'Informations Rurales</i>	SNIR
- National Urban and Peri-Urban Horticulture Service	<i>Service National de l'Horticulture Urbaine, Peri-urbaine</i>	SENAHUP
- National Integrated Rural Development Service	<i>Service National de Développement Rural Intégré</i>	SENDRI
- National Rural Fishing Service	<i>Service National de Pêche en Milieu Rural</i>	PEMIRU
Ministry of Public Health	<i>Ministère de la Santé Publique</i>	MINISANTE
- National Nutrition Program	<i>Program National de la Nutrition</i>	PRONANUT
Ministry of Gender, Women and Children	<i>Ministère du Genre, Femme et Enfant</i>	
Ministry of Planning	<i>Ministère du Plan</i>	MINIPLAN
Ministry of Finance	<i>Ministère des Finances</i>	MINFIN
Ministry of Environment, Conservation and Tourism	<i>Ministère de l'Environnement, Conservation de la Nature et Tourisme</i>	
Ministry of Social Affairs, Humanitarian Action and National Solidarity	<i>Ministère des Affaires Sociales, l'Action Humanitaire et le Solidarité National</i>	

Sources: GODRC, *Stratégie Sectorielle de l'Agriculture et du Développement Rural (2010)* and GODRC MINAGRI. Agriculture Sector Study (Preliminary Report). 2009.

FIGURE 11. NATIONAL-LEVEL COORDINATION



Source: GODRC MINAGRI and MDR (2010). Agriculture and Rural Development Sector Strategy.

TABLE 10. GODRC POLICIES, STRATEGIES AND PROGRAMS

LEAD	DATE	SECTOR(S)	POLICY, STRATEGY OR PROGRAM
PRONANUT	2002	Nutrition	National Nutrition Policy (NNP) Politique Nationale de la Nutrition (PNN) <ul style="list-style-type: none"> • Outlines the strategies for contributing to the development of the DRC through improvements in the well-being and nutritional status of the population.
PRONANUT	2008	Nutrition	Master Nutrition Development Plan (MNDP) Plan Directeur de Développement de la Nutrition (PDDN) <ul style="list-style-type: none"> • Outlines PRONANUT's plan to reduce morbidity and mortality due to malnutrition in DRC.
PRONANUT	2008	Nutrition	National Protocol for Management of Acute Malnutrition (NPMAM) Protocole Nationale de Prise en Charge de la Malnutrition Aiguë <ul style="list-style-type: none"> • Outlines the norms and protocols for the integrated management of acute malnutrition.
PRONANUT	2008	Nutrition	National Strategy for Infant and Young Feeding and Women's Nutrition in DRC Stratégie Nationale de l'Alimentation du Nourrisson, du Jeune Enfant et de la Nutrition des Femmes en RDC
MINISANTE	2001	Health	National Health Policy Politique Nationale de la Santé (PNS)
MINISANTE		Health	National Primary Health Care Strategy (NPHCS) Stratégie Nationale de Soins de Santé Primaires (SNSSP)
MINISANTE		Health	National Health System Strengthening Strategy Stratégie de Renforcement du Système de Santé (SRSS)
MINISANTE	2000	Health	Health Development Master Plan Plan Directeur de Développement de Santé (PDDS)
MINISANTE		HIV/AIDS	National Program against HIV/AIDS Programme National de Lutte contre le SIDA (PNLS)

GODRC	2006	Development	<p>Poverty Reduction and Growth Strategy Paper (PRGSP) Document de Stratégie de la Croissance et de la Réduction de la Pauvreté (DSCR)</p> <ul style="list-style-type: none"> • Five objectives: 1) Promote good governance and consolidate peace through strengthened institutions, 2) Consolidate macroeconomic stability and growth, 3) Improve access to social services and reduce vulnerability, 4) Combat HIV/AIDS and 5) Promote local initiatives.
GODRC	2007	Development	<p>Five Pillars / Cinq Chantiers</p> <ul style="list-style-type: none"> • National five-year development program, with five pillars: 1) Infrastructure, 2) Health and education, 3) Water and electricity, 4) Housing and 5) Employment.
GODRC	2009-2010	Development	<p>Priority Action Plan 2 (PAP2) / Plan des Actions Prioritaires (PAP2)</p> <ul style="list-style-type: none"> • Identifies priority actions selected to attain and measure progress against PRGSP objectives. • Five objectives that mirror the PRGSP's objectives: 1) Good governance, 2) Pro-poor economic growth, 3) Social services, 4) HIV/AIDS and 5) Promotion of local initiatives.
MINAGRI	2009	Agriculture Development	<p>Agriculture and Rural Development Policy Note (ARDPN) Note de Politique Agricole et de Développement Rural (NPADR)</p> <ul style="list-style-type: none"> • Four objectives: 1) Improve market access and value-added agricultural production, 2) Increase productivity of the agriculture sector – food crops, horticulture, fishing and livestock, 3) Promote decentralized financial systems that are adapted to agriculture sector activities, 4) Reinforce technical and organizational capacity of public and private institutions that support agricultural production.
MINAGRI MDR	2010	Agriculture Development	<p>Agriculture and Rural Development Sector Strategy (ARDSS) Strategie Sectorielle de l'Agriculture et du Developpement Rural (SSADR)</p> <ul style="list-style-type: none"> • Five axes: 1) Access to markets, improvement of rural infrastructure and commercial capacity, 2) Improvement of crop, livestock, fishing and artisanal production, 3) Financing of agriculture and rural development sector, 4) Governance and reinforcement of institutional and human resource capacity and 5) Organization of rural actors.
GODRC	2009	Stabilization	<p>Stabilization and Recovery Plan for Eastern DRC Plan de Stabilization et de Reconstruction pour l'Est (STAREC)</p> <ul style="list-style-type: none"> • Four objectives: 1) Stabilize eastern DRC through improving security, 2) Restore GODRC authority in areas controlled by armed groups, 3) Facilitate return and reintegration of internally displaced persons and refugees and 4) Accelerate economic recovery.

2.6.2 USG strategies and programs

2.6.2.1 USAID/Food for Peace 2006-2010 Strategic Plan

The FFP Strategic Plan is a key document for the design of Title II programs. The definitions and concepts of food security that are laid out in the FFP Strategic Plan, its strategic objective and intermediate results, the underlying conceptual framework used and the target groups identified, are all reflected in the USAID/DRC FSCF. Some of the new directions in the FFP Strategic Plan are also reflected in the USAID/DRC FSCF, for example, the focus on food *insecurity* and the emphases given to reducing the risks of, and vulnerability to, food insecurity shocks (including natural, economic, social, health and political shocks) and protecting and building human and livelihood assets. The FFP Strategic Plan is designed to meet the needs of both the chronically food insecure, who suffer from persistent food insecurity over time, and the transitorily food insecure, who have a temporary inability to meet food needs or smooth consumption levels. The strategic objective of the FFP Strategic Plan is *Food Insecurity in vulnerable populations reduced*, and its two intermediate results are: IR 1: *Global leadership in reducing food insecurity enhanced* and IR 2: *Title II program impact in the field increased*. Key target groups under the FFP Strategic Plan are those populations at risk of food insecurity because of their physiological status, socioeconomic status or physical security and/or people whose ability to cope has been temporarily overcome by a shock.

2.6.2.2 FY2008-2011 Title II Program in DRC

The three current Title II multi-year assistance programs (MYAPs), each three years in duration, will conclude in FY2011 (**Table II**). Food for the Hungry (FH) is implementing a MYAP in Kalemie and Moba Territories, Katanga. The Adventist Development and Relief Agency (ADRA) and Africare are implementing a MYAP in Fizi and Uvira territories, South Kivu. Mercy Corps International (MCI) has been implementing a MYAP in Goma town in North Kivu. The main activities of each of these MYAPs are outlined in **Table II**.

BOX 6. USAID PROGRAMS IN THE DRC (FY2010 ESTIMATE)*

Account	FY2010 (Est.)
Economic Support Fund	\$59,100,000
- Investing in People	\$26,500,000
- Economic Growth	\$16,500,000
- Governing Justly and Democratically	\$13,400,000
- Peace and Security	\$ 2,700,000
Global Health and Child Survival (State)	\$19,635,000
- Investing in People	\$19,635,000
Global Health and Child Survival (USAID)	\$65,700,000
- Investing in People	\$65,700,000
Food for Peace Title II	\$16,000,000
- Economic Growth	\$12,000,000
- Investing in People	\$ 4,000,000

*Table excludes funding for peacekeeping operations and military and law enforcement.

Source: Congressional Budget Justification 2011, pp. 43-49. www.state.gov/documents/organization/137937.pdf

TABLE II. CURRENT USAID-FUNDED TITLE II MYAPS

LEAD	DATES	PROGRAM
FH	6/2008 – 5/2011	<p>FHI MYAP</p> <ul style="list-style-type: none"> • Geographic targeting: Kalemie and Moba Territories, Katanga • Strategic Objectives: Improvement of livelihood capacity of vulnerable households (SO1); and improved human capabilities of households (SO2). • Activities under SO1: Increasing and diversifying agricultural production through seed distribution to vulnerable households; distribution of small livestock to producer groups and training on management; and agricultural extension through training of producer groups. Improving the natural resource base through natural resource management activities. Improving market linkages through training of producer groups, dissemination of market prices at markets; civil society development for producer associations. • Activities under SO2: Improving practice of ENA by pregnant women and mothers of young children through the Care Group approach. Improving mothers' ability to prevent, diagnose and manage common childhood diseases that exacerbate malnutrition through community nutritional status screening and nutrition/health campaigns. Improving access to clean water, sanitation and essential hygiene behaviors through construction of communal handwashing and sanitation facilities and waterpoints (using FFW).
ADRA	6/2008 – 5/2011	<p>JENGA JAMAA Project (Building the Strength of Communities in Fizi and Uvira Territories, South Kivu)</p> <ul style="list-style-type: none"> • Geographic targeting: Fizi and Uvira Territories, South Kivu • Strategic Objectives: Providing resettlement support to increase crop productivity and market access (SO1); increasing use of improved agricultural practices (SO2); improving market linkages (SO3); and improving soil fertility practices (SO4). • Activities under SO1: Provision of training on gender-based violence and peace-building to communities; construction of houses for vulnerable families; and production of radio programs on agriculture, gender based violence and peace building. • Activities under SO2: Provision of training on improved agricultural practices and farmer field school approach to local government, local NGOs and FFS; production of improved cassava, maize and groundnuts through FFS; distribution of agricultural tool kits to FFS and individual farmers; and rehabilitation of irrigation canals (using FFW). • Activities under SO3: Conduct of local value chain analyses; strengthening of capacity of local seed producers; rehabilitation of market feeder roads and canals (using FFW). • Activities under SO4: Identification and training of nursery managers; training of farmers in soil conservation practices; and establishment of nurseries to promote agroforestry.
MCI	6/2008 – 5/2011	<p>Food Security for Goma Program (FSG)</p> <ul style="list-style-type: none"> • Geographic targeting: Ndosho, Munigi, Lac Vert, Mugunga, Kibati, Muja, Rushayo (and communities benefiting from an MCI-built water reservoir north of Goma) in North Kivu • Strategic Objective: Reduce waterborne diseases for children under 5 through improved water and sanitation access and hygiene education (SO1). • Activities under SO1: Construction and rehabilitation of communal and family latrines, and communal and family rainwater harvesting systems in partnership with MINAGRI (Food for Work); Training of community health volunteers and community members in health and hygiene education in partnership with Ministry of Health (using FFT); extension of water network via a new pipeline and reservoir in partnership with REGIDESO (using FFW).

2.6.2.3 Other USAID and USG Strategies and Programs

Key strategy documents that guide USG and USAID efforts in DRC include the Foreign Assistance Strategic Plan (2009-2013)¹³⁷ and the Global Hunger and Food Security (Feed the Future) Initiative Implementation Plan. DRC is not a focus country for either of the USG/Washington initiatives launched globally in 2010; the U.S. Global Hunger and Food Security Initiative (Feed the Future) and the U.S. Global Health Initiative, although it is possible that DRC could receive some assistance through either initiative through country or regional efforts.¹³⁸

At country level, USAID/DRC funds a series of food security-related activities (**Table 12**). In the agriculture and economic growth sector, USAID/DRC plans to support a \$35 million program focused on agricultural production and processing. This activity will complement the Title II program by focusing on areas with higher production potential and proximity to consumption centers. USAID/DRC is supporting an activity implemented by IFPRI to strengthen capacity in MINAGRI, particularly at subnational levels. USAID/DRC is funding an assessment of the extent and impacts of banana xanthomonas wilt in eastern DRC. USAID/DRC implements the Central African Regional Programme for the Environment (CARPE), which includes a component focused on sustainable agriculture and livelihoods of communities in forested areas.¹³⁹

AXxES is a \$60 million project managed by IMA World Health, Christ Church, World Vision, and Catholic Relief Service (CRS). It is focused on improving the quality and availability of health care in 57 health zones in Katanga, South Kivu and Kasai Oriental, targeting 8 million people. The Leadership, Management and Stewardship Project (LMS) is a \$10.4 million project managed by Management Sciences for Health (MSH) that is focused on improving the quality of health care in 23 health zones in Kasai Occidental and Kasai Oriental, targeting 3.3 million people. Helen Keller International (HKI) provides technical assistance to GODRC and USAID projects to strengthen the implementation of the Essential Nutrition Actions, particularly to address vitamin A deficiency and zinc supplementation. HKI is currently working in 55 health zones, but will continue to expand. They partner with AXxES and World Wildlife Fund (WWF) in Bas-Congo.

The C-Change Project is currently working in 10 health zones to strengthen health facility capacity to address reproductive health, family planning, maternal and child health, malaria, and tuberculosis through the use of SBCC. C-Change provides support to AXxES and LMS on SBCC strengthening. The HIV Project is a \$45 million Task Order awarded to a consortium that includes PATH, International HIV Alliance, Elizabeth Glaeser, CRS and others to strengthen HIV prevention, information, education and communication (IEC), continuum of care, counseling and testing. Target groups include commercial sex workers, truckers, miners, fishermen, people in uniform and communities in high HIV prevalence areas. USAID/DRC stated that PATH is developing a nutrition component as a part of this project that will be linked to WFP activities.

The Bureau of Population, Refugees and Migration in the State Department and the USAID Office of U.S. Foreign Disaster Assistance (OFDA) both fund a portfolio of activities in DRC. The Bureau of Population, Refugees and Migration supports programs in South Kivu and throughout the country in

¹³⁷ United States Government (USG) 2009

¹³⁸ USG. Feed the Future Guide 2010

¹³⁹ Central African Regional Program for the Environment (CARPE) n.d.

accordance with its mandate to assist and find sustainable solutions for refugees, victims of conflict and stateless people. The Bureau supports the efforts of UNHCR in repatriation and reintegration, and funds the International Committee of the Red Cross, UNHCR, WFP and NGOs to provide a range of services to affected populations.¹⁴⁰ OFDA focuses on eastern DRC, particularly Orientale, North Kivu and South Kivu, and funds a range of UN and NGO partners to provide humanitarian assistance to crisis-affected populations.¹⁴¹

USAID supports a range of regional initiatives, including cross-border trade monitoring, the Market Linkages Initiative (MLI), the COMPETE Project, the East Africa Diagnostic Study of Northern and Central Corridors, the African Global Competitiveness Initiative, regional associations of national agricultural research institutes, regional root crop research networks and others (see **Section 3.5** on Strategic Partnerships).

¹⁴⁰ USAID. USG Humanitarian Assistance to the Democratic Republic of the Congo (Map). July 2010.

¹⁴¹ Ibid.

TABLE 12. OTHER USG AND USAID POLICIES, STRATEGIES AND PROGRAMS IN DRC

LEAD	DATE	SECTOR(S)	POLICY, STRATEGY OR PROGRAM
USG	2009	Foreign Assistance	<p>Foreign Assistance Strategic Plan: Democratic Republic of Congo (FY2009-2013)</p> <ul style="list-style-type: none"> Strategic vision: To support the security conditions and governance structures necessary to improve social and economic sectors and to permit extension of state authority across the country. Five priority goals: 1) Increase stability in the DRC; 2) strengthen core governance capacity; 3) promote economic growth with emphasis on poverty reduction and environmental sustainability; 4) improve basic health conditions; and 5) improve access to quality education at all levels of schooling.
USG	2010	Food Security	<p>Global Hunger and Food Security (Feed the Future) Implementation Plan: Democratic Republic of Congo</p> <ul style="list-style-type: none"> Provides a framework for implementation of any activities, programs that investments may be undertaken in DRC under the USG Feed the Future Initiative
USAID/DRC, Consortium partners	1995 - current	Environment	<p>Central African Regional Program for the Environment (CARPE)</p> <ul style="list-style-type: none"> Strategic objective: reduce the rate of forest degradation and loss of biodiversity in Congo Basin by increasing local, national and regional natural resource management capacity.
IMA World Health, Christ Church, WVI, CRS	2006	Health	<p>AXxES</p> <ul style="list-style-type: none"> Improves the quality and availability of health care in 57 health zones in Katanga, South Kivu and Kasai Oriental, targeting 8 million people.
Management Sciences for Health	2008	Health	<p>Leadership, Management and Stewardship Project (LMS)</p> <ul style="list-style-type: none"> Improves the quality of health care in 23 health zones in Kasai Occidental and Kasai Oriental, targeting 3.3 million people.
Academy for Educational Development		Health	<p>Communication for Change Project (C-Change)</p> <ul style="list-style-type: none"> Works in 10 health zones to strengthen health facility capacity to address reproductive health, family planning, maternal and child health, malaria, and tuberculosis through the use of SBCC.
NGO Consortium		Health	<p>HIV Project</p> <ul style="list-style-type: none"> Strengthens HIV prevention, information, education and communication (IEC), continuum of care, counseling and testing

2.6.3 Other Strategies and Programs

The strategies and programs that donors, international public organizations and agencies have put in place in DRC are too numerous for each to be noted here. **Table 13** highlights key strategies and large-scale programs.

Developed by the World Bank, the United Nations System and other development partners, the Multi-donor Country Assistance Framework (CAF) provided an overarching framework for harmonization of donor coordination in DRC. The CAF was based on the GODRC's PRGSP. The World Bank Country Assistance Strategy (CAS) for 2008-2011 reflects a transition from emergency programming to a longer term recovery and development approach and outlines the development objectives to be attained by the World Bank Group. The CAS aims to be aligned with the PRGSP, with emphasis on three of the PRGSP pillars: good governance and consolidation of peace; pro-poor economic growth; and improved access to social services. The World Bank has supported key analytical works that underpin current policy and program development, including a 2006 agriculture sector study, a 2010 infrastructure sector study and others. The World Bank's activity portfolio includes several large-scale programs related to food security, most notably the Health Sector Rehabilitation Support Project (PARSS), the Emergency Economic and Social Reunification Support Project (PUSPRES) and the Agriculture Rehabilitation and Recovery Support Project for Congo. These programs build on the Emergency Multi-Sector Rehabilitation and Reconstruction Program (PMURR), a large-scale recovery and development program. **Table 14** lists these and other key World Bank-funded programs in the DRC.

Other strategies of note include the African Development Bank (AfDB) Country Strategy Paper (2008-2012); the International Fund for Agricultural Development (IFAD) Country Strategic Opportunities Paper (2003); the European Union / European Commission Country Strategy Paper (2008-2013); the Belgian Technical Cooperation Programme Indicatif de Coopération (2010-2013); and the DFID Country Plan (2008-2010). Other donors with a significant presence in DRC include China, Germany, the Netherlands and Switzerland.

UN agencies provide extensive technical assistance to the GODRC related to agriculture, rural development, health and nutrition. Key agencies include FAO, WFP, UNICEF, WHO, UNDP, UNFPA, UNIFEM and UNOCHA.

Regional technical organizations are also active in DRC, including the Consultative Group on International Agricultural Research members (including the International Institute for Tropical Agriculture, IITA). In terms of foundations, the Gates Foundation implements the Great Lakes Cassava Initiative (GLCI) (which was based on the previous USAID-funded Crop Crisis Control Project (C3P).

TABLE 13. OTHER POLICIES, STRATEGIES AND PROGRAMS

LEAD	DATE	SECTOR(S)	POLICY, STRATEGY OR PROGRAM
Multi-donor ¹⁴²	2007 - 2010	Development	Country Assistance Framework (CAF) Cadre d'Assistance Pays (CAP) <ul style="list-style-type: none"> Derived from PRSP. Encompasses donors' common strategic approach to economic assistance for DRC in the post-election period (2007-2010). Pillars:
World Bank	2008 - 2011	Development	Country Assistance Strategy (CAS) Strategie d'Assistance Pays (SAP) <ul style="list-style-type: none"> Derived from CAF.
World Bank	2005 – 2011	Health	Health Sector Rehabilitation Support Project (PARSS) <ul style="list-style-type: none"> The Health Sector Rehabilitation Project will ensure that the target population of selected health zones has access to and uses a well-defined package of quality essential health services.¹⁴³ Funded by Belgian CTB Budget: US\$150 million (all sources)
World Bank	2004 – 2010	Health and other social services	Emergency Demobilization and Reintegration Project (EDRP)¹⁴⁴ <ul style="list-style-type: none"> Objectives: (1) to help consolidate peace and promote economic stability and sustainable development in the DRC and the region through demobilization of up to an estimated 150,000 ex-combatants and provision of reintegration support during their transition to civilian life and (2) to promote the reallocation of Government expenditure from military to social and economic sectors. Budget: 200 million USD (all sources)
World Bank	2004 – 2011	HIV/AIDS	Multi-Sectoral HIV/AIDS Project <ul style="list-style-type: none"> Budget : US\$102 million (all sources)
World Bank	2003 – 2010	Multi-sector	Emergency Economic and Social Reunification Support Project (PUSPRES) <ul style="list-style-type: none"> Geographic focus: eastern DRC US\$214 million credit
World Bank	2005 - 2010	Social Protection	Emergency Living Conditions Improvement Support Project / (PUACV) <ul style="list-style-type: none"> Budget: US\$82 million (all sources)

¹⁴² CAF donors: World Bank Group (WBG), the European Commission (EC), the International Monetary Fund (IMF), the African Development Bank (ADB), the United Nations (UN) system - and key bilaterals: Belgium (Belgian Cooperation), Canada (Canadian International Development Agency, CIDA), France (French Cooperation), Germany, Japan, China, the Netherlands, Italy, Spain, Sweden (Swedish International Development Agency, SIDA), the United Kingdom (Department for International Development, DFID), and USAID.

¹⁴³ World Bank n.d.

¹⁴⁴ World Bank 2008

LEAD	DATE	SECTOR(S)	POLICY, STRATEGY OR PROGRAM
World Bank	2010 – 2015	Agriculture	Agriculture Rehabilitation and Recovery Support Project for Congo <ul style="list-style-type: none"> Budget: US\$130 million (all sources)
World Bank	2007 – 2011		Emergency Urban and Social Rehabilitation Project <ul style="list-style-type: none"> Budget: US\$180 million (all sources)
World Bank	2009 – 2010		Support to the Social and Economic Reintegration of Demobilized Ex-combatants in the Provinces of North and South Kivu <ul style="list-style-type: none"> IPs: CARITAS / Developpement Congo Budget:
World Bank	2009 – 2010		Emergency Project to Mitigate the Impact of the Financial Crisis / (EPMIFC) <ul style="list-style-type: none"> Budget: US\$110 million (all sources)
World Bank	2008 - 2014	Water	Urban Water Supply Project/ <ul style="list-style-type: none"> Geographic focus: Kinshasa, Lubumbashi, Matadi. Budget: US\$190 million (all sources)
World Bank	2008 - 2013	Infrastructure	High Priority Roads Reopening and Maintenance Project (Pro-routes Project) <ul style="list-style-type: none"> Budget: US\$123 million (all sources)
World Bank			Sustainable Management of Lake Tanganyika (confirm name) <ul style="list-style-type: none"> Implemented by FAO (see below) Budget: US\$60 million
African Development Bank	2005 -	Agriculture	Agricultural and Rural Sector Rehabilitation Support Project Projet d'Appui a la Réhabilitation du Secteur Agricole et Rural (PARSAR) <ul style="list-style-type: none"> This project, financed by the AfDB, for the provinces of Bandundu and Bas-Congo. The core activities are: (1) support for research structures (INERA, SENASEM, SNV, and SNSA) through capacity building, (2) publication of the seed law, for which the implementing decree is in preparation and (3) privatization of the seed farms in Bas-Congo. Budget: US\$41.47 million
African Development Bank	2007 -	Agriculture	Agricultural Sector Study (Fishing, Forestry, Livestock, Crop Production) Etude du Secteur Agricole (Pêche, Forêt, Elevage, Production Végétale) <ul style="list-style-type: none"> Budget : 2,052,000 UAC (of which 1,850,000 from AfDB)
African Development Bank	2006 -	Agriculture	Rehabilitation of Rural Agricultural Sector in Katanga, Kasai Occidental and Kasai Oriental Provinces Réhabilitation du Secteur Agricole et Rural dans les Provinces du Katanga et Kassai <ul style="list-style-type: none"> Geographic focus : Budget : 39,400,000 UAC (of which 35,000,000 from AfDB)
African Development Bank	2008 -		Projet d'Appui a la Réinsertion Socio-économique Post-Conflict <ul style="list-style-type: none"> Budget : 16,660,000 UAC (of which 15,000,000 from AfDB)

LEAD	DATE	SECTOR(S)	POLICY, STRATEGY OR PROGRAM
Belgian CTB	2008 - 2010	Agriculture	Projet d'Appui a la Mise en Œuvre du Plan de Restructuration des Services Centraux et Régionaux du Ministère de l'Agriculture, de la Pêche et de l'Elevage <ul style="list-style-type: none"> Location: National Funding from CTB: 2,500,000 Euro
Belgian CTB	2010 - 2012	Agriculture	Projet d'Appui a l'Amélioration de la Production Végétale <ul style="list-style-type: none"> Location: Bas-Congo, Bandundu, Kasai Oriental, Katanga, Orientale Provinces Funding from CTB: 3,000,000 Euro (plus 6,000,000 Euro from GODRC)
Belgian CTB	2007 - 2012	Agriculture	Seed Sector Support Project / Projet d'Appui au Secteur Semencier <ul style="list-style-type: none"> Location: Bas-Congo, Bandundu, Kasai Oriental and Katanga Provinces. Funding from CTB : 5,029,695 Euro
Belgian CTB	2006 - 2010	Agriculture	Projet de Réhabilitation et d'Entretien des Infrastructures Routières de la Province du Bandundu (RIB2) <ul style="list-style-type: none"> Location: Bandundu Funding from CTB: 6,380,000 Euro
Belgian CTB	2007 - 2012	Agriculture (Fishing)	Projet de Développement de la Pêche Artisanale et de l'Aquaculture au Katanga (PRODEPAAK) <ul style="list-style-type: none"> Location: Katanga Funding from CTB: 5,000,000 Euro
Belgian CTB	2007 - 2011	Health	Health Sector Rehabilitation Support Project (PARSS) <ul style="list-style-type: none"> See World Bank above.
Belgian CTB		Agriculture	REGIONAL: Sustainable and Profitable Banana-Based Systems for the African Great Lakes Region <ul style="list-style-type: none"> Led by IITA
Belgian CTB		Agriculture	REGIONAL: Enhancing the Resilience of Agro-Ecosystems in Central Africa: a strategy to revitalize agriculture through the integration of natural resource management coupled to resilient germplasm and marketing approaches <ul style="list-style-type: none"> Led by TSBF-CIAT
Belgian CTB		Agriculture	REGIONAL: Building Impact Pathways for Improving Livelihoods in Musa-based Systems in Central Africa <ul style="list-style-type: none"> Led by Bioversity International
EU/EC			New production activity (see RFP)
EU/EC			Programme de Relance de la Recherche Agricole et Forestière <ul style="list-style-type: none"> Implemented through FAO (see below)
FAO	2000 – 2011	Agriculture	Urban and Periurban Horticulture Development Support Project Projet d'Appui au Développement de l'Horticulture Urbaine et Périurbaine <ul style="list-style-type: none"> Budget : US\$10,597,245
FAO		Agriculture	Programme de Relance de la Recherche Agricole et Forestière <ul style="list-style-type: none"> Funded by EC/EU

LEAD	DATE	SECTOR(S)	POLICY, STRATEGY OR PROGRAM
FAO	2009-2010	Agriculture	Initiative on Soaring Food Prices (ISFP) Lutte contre l'Impact de la Flambée des Prix <ul style="list-style-type: none"> Geographic focus: Orientale, Maniema, Kasai Orinetal, Kasai Occidental and Katanga Provinces Targets: 60,000 vulnerable households, 2,600 <i>agri-multiplicateurs</i>, 6,000 producer groups/associations (of more or less 20 households each)
FAO			Sustainable Management of Lake Tanganyika <ul style="list-style-type: none"> World Bank funded Budget: US\$60 million
FAO		Food security	Food Security Sentinel Site Surveillance System and Integrated Phase Classification System <ul style="list-style-type: none"> 120 sites, product is InfoSec. Coverage: 24 cities and 40 territories.
FAO		Agriculture	Regional Food Security Program Programme Régional pour la Sécurité Alimentaire (PRSA) <ul style="list-style-type: none"> La RDC est membre de la Communauté Économique des États de l'Afrique Centrale (http://www.ceeac-eccas.org/) qui a élaboré un PRSA en 2003 avec l'appui tech. de la FAO. Funding : US\$15,320,000
WFP	2007-2010	Food Security	Targeted Food Aid for Victims of Armed Conflict and other Vulnerable Groups (PRRO) <ul style="list-style-type: none"> Locations: North Kivu, South Kivu, Katanga, Maniema, Orientale and Equateur. Activities: General food distribution and supplementary feeding for IDPs and refugees; general food distribution and food for assets (FFA) to returnees and vulnerable host families and school meals; and food assistance to people living with HIV under ARV treatment, TB patients, and in PTME programs.
WFP			FSMS
WFP			P4P
			UN's Comprehensive Strategy on Combating Sexual Violence in DRC
UNICEF			Nutrition is part of UNICEF's child survival programming and has three main focal areas: 1) micronutrient deficiencies which includes vitamin A supplementation and deworming done mainly through campaigns for children 6–59 months), 2) food fortification, particularly the fortification of wheat flour, oil and sugar with vitamin A and 3) salt iodization which now has 97% availability and 79% adequacy at the household level.
Global Fund to Fight AIDS, Tuberculosis and Malaria			AIDS, Malaria and TB grants are have all been awarded (see Global Fund website).
Gates Foundation			Great Lakes Cassava Initiative (GLCI) Implemented by ASARECA, IITA and CRS.

NOTE: FAO also leads the food security cluster, whose activities are captured in the HAP.

This table does not include many small, localized agricultural support projects which are often funded through FAO's Emergency Agriculture Program.

NB : Top 10 donors to FAO in DRC (in this order): UN Pooled Fund, Belgium, CERF, EC, WB, Sweden, USA, Netherlands, Switzerland, UNDP.

3. RECOMMENDATIONS FOR THE TITLE II NON-EMERGENCY PROGRAMS IN DRC (FY2011-2015)

Section 3 presents the recommendations for the Title II program in DRC for 2011-2015. These recommendations aim to address the determinants to food security among the vulnerable population groups that were discussed in Section 2. Section 3 is organized as follows:

3.1 Recommended program goal, desired outcomes and indicators: This section outlines the overall strategic objective, desired outcomes and impact evaluation indicators for the DRC Title II non-emergency programs.

3.2 Recommended program objectives and activities: This section discusses the four program priorities of the Title II program in DRC – production, marketing, vulnerability reduction and health and nutrition - and considerations for designing program activities to achieve these program priorities.

3.3 Key design considerations: Cross-cutting program issues are discussed here including: integrated programming; geographic and vulnerable group targeting; gender equity; sustainability and exit strategies; disaster risk reduction, early warning and surge capacity; capacity strengthening; social and behavior change; applied and operations research; and formative research.

3.4 Key monitoring and evaluation considerations: This section highlights the FFP guidance on required M&E.

3.5 Strategic partnerships: Institutions are highlighted here that may be of interest to Applicants as potential partners.

3.1 OVERALL OBJECTIVE, DESIRED OUTCOMES AND INDICATORS

The overall strategic objective for the multi-year Title II program in DRC is to “achieve sustainable reductions in food insecurity among chronically food insecure farming households” (**Figure 13**). In DRC, the following target populations are highlighted for targeting of the Title II non-emergency programs:

- Chronically food insecure smallholder farming households
- Women farmers and female-headed households (FHH)
- Conflict affected households, including returnees and households hosting returnees
- For maternal and child health and nutrition (MCHN) interventions, pregnant and lactating women and children under 2 for food aid and other preventive health and nutrition interventions
- Adolescent girls and SGBV victims

- All households should be targeted for social and behavior change communication (SBCC) messages, efforts to strengthen the use of health services and water and sanitation interventions
- All severely malnourished or critically ill children, regardless of age, for referrals for treatment

As **Section 2.5** highlights, this target population includes households that reside in urban locations. In contrast to other rapidly urbanizing low-income countries, in DRC agriculture remains a dominant source of livelihoods for most urban and peri-urban households.

This FSCF guides targeting and programming of Title II resources to strengthen the food security and economic status of poor and vulnerable populations while investing resources to connect producers to markets, strengthen national government and private sector institutions and improve local food security governance. The Title II program in DRC will be complementary to bilateral and multilateral development resources in DRC that promote development through growth-oriented infrastructure and governance investments (**Section 2.6**).

The Title II program will contribute to improving food availability, access and utilization and to reducing the vulnerability to food insecurity of the individuals, households and communities. The Title II program will also enhance resiliency among food insecure households, by increasing skills and assets, diversifying livelihoods and expanding people's ability to deal with and recover from the shocks that most frequently compromise their food security.

Program success at the impact level will be measured in terms of both *improving household access to food* and *reducing child malnutrition*. Household access to food will be measured by household food consumption (months of adequate food provisioning and household dietary diversity score). Child malnutrition, measured by both height-for-age and weight-for-age in children under five, is a key outcome for inclusion in the programs' program monitoring and evaluation systems for reporting to USAID/FFP/Washington.

FIGURE 13. USAID/FFP TITLE II NON-EMERGENCY PROGRAM PRIORITIES AND PRIORITY ACTIVITY AREAS IN THE DRC

STRATEGIC OBJECTIVE:			
To sustainably reduce food insecurity among chronically food insecure farming households in DRC			
<p>Program Priority 1: Smallholder farming households – especially women and FHH - generate increased production</p>	<p>Program Priority 2: Smallholder farming households – especially women and FHH –increase their income from production</p>	<p>Program Priority 3: Underlying vulnerability of farming communities to food security shocks is reduced</p>	<p>Program Priority 4: Chronic malnutrition in children under five is reduced</p>
<p>Priority Activity Area 1.1: Smallholder farmers increase and diversify their agricultural production</p>	<p>Priority Activity Area 2.1: Smallholder farmers strengthen the marketing of their production</p>	<p>Priority Activity Area 3.1: Communities have access to improved physical infrastructure</p>	<p>Priority Activity Area 4.1: Infant and young child feeding practices improved</p>
<p>Priority Activity Area 1.2: Smallholder farmers increase their livestock, fishing, aquaculture and other production</p>	<p>Priority Activity Area 2.2: Smallholder farmers strengthen the value added processing of their production</p>	<p>Priority Activity Area 3.2: Local governance related to food security and development is strengthened</p>	<p>Priority Activity Area 4.2: Dietary diversity and dietary quality of children under two and pregnant and lactating women improved</p>
<p>Cross-Cutting Priority Activity Area 1.3/2.3: Smallholder farmers increase use of appropriate and quality credit products</p>		<p>Priority Activity Area 3.3: Communities prevent, detect and resolve violence more effectively</p>	<p>Priority Activity Area 4.3: System of referrals to health services and follow-up strengthened</p>
		<p>Priority Activity Area 3.4: Use of improved natural resource and disaster management techniques increases</p>	<p>Priority Activity Area 4.4: Access to clean water, sanitation facilities and essential hygiene behaviors improved</p>
<p>Cross-Cutting Issues: Integrated programming; targeting; gender; sustainability and exit strategies; capacity strengthening; social and behavioral change; balance of food and cash inputs; preventing and reducing corruption; applied and operations research</p>			

3.2 RECOMMENDED PROGRAM PRIORITIES AND PRIORITY ACTIVITIES

3.2.1 Introduction

The Title II program in DRC aims to encompass a portfolio of activities designed to synergistically achieve four priorities, which are key to addressing food insecurity in the Title II target geographic areas. As illustrated by **Figure 13**, these four Program Priorities include:

- Program Priority 1: Increase the production generated by smallholder farming households—especially women and FHH and conflict-affected households (**Section 3.2.2**)
- Program Priority 2 : Increase the income generated by smallholder farming households—especially women and FHH and conflict-affected households—from their production (**Section 3.2.3**)
- Program Priority 3: Reduce the underlying vulnerability of farming communities to food security shocks (**Section 3.2.4**)
- Program Priority 4: Reduce chronic malnutrition in children under 5 (**Section 3.2.5**)

The FSCF team developed the recommendations for the next phase of the Title II program based on: interviews with a range of GODRC, bilateral, multilateral, UN and NGO stakeholders; semi-structured group interviews with community members and beneficiaries of the current MYAPs; and a systematic review of GODRC, international public organization, NGO and other program documentation, sector studies, policy papers and population surveys. These priorities were also identified in the context of the GODRC and USAID strategies and priorities for the country, with the intention of supporting the vision of GODRC and its partners to reduce food insecurity as part of its overall poverty alleviation strategy. Finally, the priorities discussed below reflect the observations and expertise of the authors and the experiences of current Title II partners accumulated over the years in DRC. This FSCF builds on experience to date but also calls for Title II programs to more effectively address the range of determinants of food insecurity in DRC, particularly related to health and gender, and to more actively seek programmatic synergies and strategic partnerships.

This FSCF is a roadmap that points to the main routes (program priorities) that the Title II program will follow to achieve its goal in DRC. The FSCF does not aim to address in detail the full range of project activities that may be conducted in every potential target zone in DRC. Applicants may identify, prioritize and design project activities based on their local assessments, and design a portfolio of activities (with a corresponding results framework) that will most effectively reduce chronic food insecurity in a specific setting. The portfolio of activities proposed in a program should be firmly situated in the context of the GODRC Provincial and Territorial Agriculture Development Plans where they exist.

For each of these priority activity areas, this FSCF highlights specific project activities that Applicants may consider, as well as key considerations for implementing the activities effectively in the DRC context. **Figure 13** includes these illustrative activities under each Priority Activity Area. Each Applicant may develop a proposed set of specific activities that the Applicant believes is most appropriate to the beneficiary population their program aims to serve.

A set of cross-cutting design considerations is discussed in **Section 3.3**. These include: integrated programming; geographic and vulnerable group targeting; gender equity; sustainability and exit strategies; disaster risk reduction, early warning and surge capacity; capacity strengthening; social and behavior change; applied/operations research; and formative research

3.2.2 Program Priority I: Smallholder farming households – especially women and female-headed and conflict-affected households – generate increased food and income

3.2.2.1 Introduction to PPI

Land is the single most important form of capital to the Congolese. Restoring productivity of that land is central to DRC's development. Despite the challenges faced by smallholders, rural agriculture is the only sector that can provide income and boost food security on the scale required.¹⁴⁵ Sustainable smallholder access to productive assets is constrained by traditional land tenure customs, displacement (in the east), gender norms, and loss and theft of livestock and other valuable assets during recent decades. Compounding the problem, land and other assets are used ineffectively because of low knowledge and skills among producers, insufficient availability of technical services or improved materials from government or private sector actors, labor constraints, cash flow constraints and lack of access to credit. Households tend to conserve enough of their production to ensure a minimal diet of cassava and sauce, with any surplus cassava, other higher value (and more nutrient-dense) crops and animal products all sold for cash. This program priority aims to boost sustainable access to productive capital and the capacity of households to use those assets effectively and profitably for their well-being.

Under Program Priority I, the Title II program prioritizes activities expected to help:

- Smallholder farmers to increase and diversify their agricultural production (Priority Activity Area 1.1, **Section 3.2.2.2**)
- Smallholder farmers to increase their livestock, fishing, aquaculture and other production (Priority Activity Area 1.2, **Section 3.2.2.3**)
- Smallholder farmers to increase use of appropriate, quality credit products (Cross-cutting Priority Activity Area 1.3/2.3, **Section 3.2.2.4**)

Expansion of smallholder agricultural production among chronically food insecure households is a priority of the Title II program, because the potential for production and income is so high in DRC. Women provide the large majority of labor on household farms in DRC, including planting, weeding, harvesting, processing and storage. Women are also responsible for the nutritional well-being of their children, so they need to ensure their harvest meets household food needs. As discussed in **Section 2.2** however, these women do not have secure land tenure. In eastern DRC, families also face the risk of displacement. These factors, combined with a lack of savings or livelihood fallback options, encourage farmers to adopt a risk-averse approach to decision making.

¹⁴⁵ Ministry of Agriculture (MINAGRI) of DRC 2009

3.2.2.2 Smallholder farmers increase and diversify their agricultural production (Priority Activity Area 1.1)

Integrated programming. Traditionally in DRC, smallholders tend to sell all of their production other than a minimal amount of cassava, to gain cash. A strong and explicit focus on consumption of nutrient-rich foods in the household, especially by women and children, is absolutely essential—and this underscores the need to select nutrient-rich foods (e.g., yellow cassava, sweet potatoes and legumes) for promotion, combined with a comprehensive SBCC program. Increasing agricultural production may not reduce chronic malnutrition if these consumption behaviors are not addressed. Activities under Priority Activity Area 1.1 are linked with Program Priority 4, Priority Activity Area 4.2 related to dietary diversity and quality.

Targeting. In terms of land access, the abundance of arable land in DRC does not ensure equitable land distribution. The Title II program will work to ensure access to land among target households. Applicants may develop an approach to negotiating with village leaders, to whom all land customarily belongs, to ensure that all households entitled to participate in the program would be allocated a parcel of land (if they do not already have land) on a multi-year basis, of minimum accessibility and quality. If access road infrastructure or irrigation infrastructure nearby is being improved, the Title II program should have mechanisms in place to ensure that chronically food insecure households have a plot of sufficient proximity to benefit from this improved infrastructure. Because land has not historically been commercially marketed in DRC, and women have not universally had access to land, sensitization of community leaders to land rights is insufficient; agencies must have a multi-pronged strategy to ensure land access until vulnerable households, especially FHH and returnees—can afford land on their own.¹⁴⁶ Applicants may be able to capitalize on the efforts under STAREC, legal code development efforts, and sensitization efforts that the GODRC is undertaking as part of the decentralization process.

Organization of producers. Numerous local associations have been established for the purpose of organizing and training farmers. These groups tend to be informally organized, their impact hampered by weak organizational capacity, limited material resources and inability to substitute for weak national institutions (e.g., in financial services, agriculture and rural development sectors). Identifying viable, even if nascent, local associations or other groups as local partners and strengthening their capacity is essential. In Bandundu (especially Kikwit), large-scale farms link with small scale producers and cooperatives, using a plantation with outgrower model.¹⁴⁷ Physical isolation of rural producers has undermined success with the plantation with outgrower model in the past, so Applicants should only consider this approach for less isolated communities such as in Bas-Congo and Bandundu. The Farmer Field School (FFS) model has demonstrated success in organizing and strengthening capacity of farmers in DRC, although the requirement that households appoint one member to each FFS tends to exclude women, who do most of the agricultural labor.

Organization of women producers. Organization of women's producers groups, with female leadership and management, may be considered. Supporting women's associations is justified based upon the observation that women are responsible for the large majority of agricultural labor in DRC, and organizing them as producers gives them control over the income that they themselves earn.¹⁴⁸

¹⁴⁶ World Food Programme (WFP) in Kinshasa (personal communication) 2010

¹⁴⁷ Mobula personal communication

¹⁴⁸ Women for Women International in DRC (personal communication) 2010

Targeting women's groups gives women more secure tenure and access to capital. It also enables organizations to customize training and technical support on basic skills (e.g., literacy and numeracy), improved production techniques, and microcredit programs, to the needs and time constraints of women.

Local institutions. Two local institutions will be the key entry point to agricultural activities in any target community: the CARGs and community development committees (CDCs). The CARGs ultimately aim to provide a forum for government, civil society groups, private sector and others to express and advocate for their needs and priorities, so strengthening the capacity of the CARGs is a high priority. Each village is supposed to have a CDC or equivalent. Private voluntary organizations (PVOs) may need to assist in establishing CDCs in villages where the committees do not already exist. Often (but not always) headed by the village chief, the CDC is a focal point for implementing agriculture development activities at village level. These activities link with governance-focused activities under Program Priority 2 (Priority Activity Area 2.2).

Adopting a focus on sustainability and exit strategies implies that capacity strengthening of local institutions, rather than establishing parallel institutions, is absolutely critical in DRC. The Title II program may aim to support the availability of longer term, financially sustainable extension services, either through government or community-based systems. Under the restructuring of MINAGRI, agricultural extension services are envisioned by the GODRC to be provided by a range of partners, especially in the private sector. Extension services will be particularly essential to the success of a BXW eradication project and large-scale cassava promotion using cassava mosaic virus-resistant varieties. Applicants may adopt a community-based extension approach given weak state capacity.

Applicants are encouraged to train GODRC extension agents and other actors in the range of skills required for successful community education and behavior change in agriculture: adult learning techniques, training of trainers, and the related issues of nutrition, gender and human rights (locally termed "*les droits de l'homme*").

Crop selection. Criteria for selection of crops for promotion among farmers are based on a balanced consideration of the nutritional value for the beneficiaries as well as revenue generating potential based on local value chain analyses. Basic principles for selecting crops for promotion through a Title II non-emergency program may include:

- *Reversing the decline in staple crop production and boosting overall food availability among target households.* Perhaps no other intervention would be so targeted to reducing chronic and transitory food insecurity among the poor and chronically food insecure than reversing the decline in cassava production. In most cases dissemination of improved cassava varieties will be an indispensable component of any agricultural program (especially those varieties resistant to CMV such as *Sawa Sawa*), although cassava must be complemented by other crops with nutritional value and income earning potential such as cereals, legumes and horticultural products. Cassava roots and leaves are consumed across the country, and production and income are controlled by women. Other staple crops to be considered include maize (particularly in Katanga, South Kivu and Kasai Oriental) and rice (especially in Kasai Oriental and more urbanized communities). Bananas are a staple in North Kivu, although Applicants planning agricultural programs in North Kivu should consider promotion

of other crops to replace bananas to reverse the spread of BXW in the area, and research centers are working on improved varieties of banana in eastern DRC.

- *Selecting crops identified in key GODRC and donor strategy documents and sector studies as having the highest potential in a given project area.*¹⁴⁹ For example:
 - In eastern DRC, the GODRC prioritizes production of cassava, maize, rice, beans, plantains, sorghum, sweet potato, Irish potato and vegetables as food crops. Generally plantains and cool-temperature crops grow better towards the north of this zone, while cassava and sorghum will produce in higher quantities towards the south (in Katanga). Coffee and dairy cattle and goats are also high potential commodities with a regional market.
 - In Kasai Oriental, GODRC agriculture strategies recommend cassava, maize, rice, groundnuts, beans, vegetables and plantains. Beans grow particularly well in Kasai Oriental. Cash crops include palm oil, cocoa, fisheries, livestock, cotton and sugar cane.
 - In Bandundu and Bas-Congo, GODRC agriculture strategies emphasize production of cassava, maize, rice, groundnuts, beans, vegetables and plantains. Cassava, maize and rice production will serve the Kinshasa market and as competitiveness of local production increases these commodities will increasingly supplant imports. Cash crops include palm oil, cocoa, fisheries, livestock, cotton and sugar cane.
- *Emphasizing nutritional value of promoted crops, including protein and micronutrient rich foods to complement the staples.* Yellow cassava is a biofortified variety of cassava with high consumer acceptability, but betacarotene levels are still somewhat low in the varieties developed by INERA and IITA in DRC. Groundnuts are consumed across the country, and cowpeas, soya and beans can also be considered. Raising consumption of protein to five grams per capita per day would help counteract cyanide from cassava in the diet. Other micronutrient rich crops include sweet potatoes (for tubers and leaves), for which improved varieties have been introduced in North and South Kivu. In addition horticultural crops grown in DRC include onions, tomatoes, eggplant, amaranth, squash, cabbage, celery, leeks, carrots, sorrel, chives, pumpkin leaves, spinach and cucumbers. DRC generally benefits from adequate rainfall for horticulture, but microirrigation may be incorporated into the program to ensure production. Fruits produced in DRC include mango, avocado, safoutiers, orange, tangerine, lemon, grapefruit, pineapple and papaya.
- *Including crops with marketing potential based on local value chain analyses.* Priority Activity Area 1.3 provides more guidance on food crop marketing. However, while the marketability is a key consideration, Applicants are encouraged to rationalize investments in non-food cash crops (e.g., coffee, tea, palm oil, quinine, rubber and rubberwood) with respect to food crops, given the need to resurrect food production, supply and marketing in DRC.
- *Considering short and longer term environmental factors.* Food crops and other plants should be included that reduce erosion. Agro-forestry helps to restore forest resources and ground cover, as well as provides a source of income for farmers and a sustainable source of firewood. Nitrogen-fixing crops provide nutritional value as well as restore productivity of the soil.

¹⁴⁹ Most notably, Applicants should consult the recommendations in the GODRC Agricultural Policy Note (2009) and the Agriculture and Rural Development Sector Strategy (2010).

Seed production and dissemination. The Title II program should adopt a capacity strengthening approach to seed/cutting production and dissemination. DRC's agriculture research and extension infrastructure is seriously underfunded and understaffed, and the multitude of small producers' associations at community level often struggle without access to improved planting material and technical assistance. The National Seed Service (*Service National de Semences*, SENAEM) maintains a record of all seed producing associations in the country. INERA, and its partner IITA, are key partners in identifying and working with seed producers. Women's seed/cutting producer associations do exist, and are recommended. INERA and IITA have been breeding strains of cassava that are resistant to CMV, as well as cassava varieties with lower levels of cyanide. Applicants may adopt a community based seed multiplication approach, drawing on USAID/DRC's experience in DRC.¹⁵⁰

SENAEM's quality control record is mixed in terms of quality control and certification. Problems have been documented with both cassava cuttings and maize seed. Applicants may confirm that improved seeds/cuttings have been inspected and certified prior to payment. CIALCA is another source of improved planting materials. FAO works with IITA and INERA to purchase product from producers, which was a model that reportedly worked well.¹⁵¹

Capacity strengthening. Applicants may adopt a multi-pronged training/capacity strengthening approach, which takes into account very low levels of knowledge, remoteness of and long distances between producers and weak capacity of national partners. Availability and quality of technical extension services, from government and from private sources, are very limited. In addition to traditional techniques such as farmer field schools, the Title II program may capitalize on mass media techniques for information dissemination, in particular community radio and possibly cellular telephones. Community radio programs, such as Radio Okapi, have reached remote parts of DRC that vehicles could never reach, because of lack of road infrastructure. Literacy and numeracy training may also be considered.

Partnerships. Institutions to partner with regarding agricultural production include:

- INERA – INERA in Bas-Congo is the national center for cassava research. INERA in South Kivu (Mulungu center) researches beans (haricot) and potatoes.
- SNSA, SNV and SENAEM
- Kenya Agricultural Research Institute
- Great Lakes Cassava Initiative (Gates funded), led by CRS/IITA/ASARECA
- CARPE
- CIALCA
- EARRNET, SARRNET
- IF Congo (for training)

3.2.2.3 Smallholder farmers increase their livestock, fishing, aquaculture and other production (Priority Activity Area 1.2)

FAO estimates that animal protein provides only 1 percent of dietary energy in DRC and per capita consumption of meat and eggs has declined over the last 30 years.¹⁵² A culturally popular element of the

¹⁵⁰ Innovative Resources Management, Inc (IRM) 2006

¹⁵¹ Food and Agriculture Organization (FAO) in Kinshasa (personal communication) 2010

¹⁵² FAO Livestock Bulletin

diet, fish consumption accounts for almost half (43 percent) of animal protein.¹⁵³ DRC imports livestock and fish to meet unmet domestic demand that could potentially be met in part by increased domestic production. Devastated during decades of instability and economic decline, the livestock and fishing/aquaculture sub-sectors have the potential to be key entry points for boosting household income and dietary quality for the chronically food insecure.

Because of DRC's enormous freshwater resources, aquaculture exists throughout the country, but the potential is greatest in the Title II target areas: Bandundu, the Kasais (especially Kasai Oriental), Katanga, North Kivu and South Kivu (as well as Orientale and Equateur) Provinces.¹⁵⁴ Prospective Title II Applicants may evaluate locations for appropriateness of aquaculture activities based upon population interest; availability of land for ponds, availability of fresh water to establish and replenish ponds, access to inputs (if needed) and a value chain analysis for fish and fish products.¹⁵⁵ Aquaculture has also been targeted to labor-poor HIV-affected households in southern Africa with success.¹⁵⁶

Integrated programming. Most rural Congolese households practice small-scale animal husbandry and/or fishing/aquaculture as a complement to other agricultural activities. Applicants may adopt a broad, integrated approach designed to sustainably increase production with equal emphasis on consumption and sale (**Section 3.2.2.4**). Activities under Priority Activity Area 1.2 link with Program Priority 3, by ensuring that improvements in access to livestock and fish are accompanied by SBCC efforts to encourage their consumption by vulnerable households, particularly by pregnant and lactating women and children under 2.

Targeting. The target population for livestock interventions includes the chronically food insecure households, including FHHs and returnees. Small animal husbandry programs present lower labor requirements than agriculture, making them appropriate components of programs targeting labor-poor FHHs.

Donors and multilateral organizations are supporting the reestablishment of fishery infrastructure and medium-to-large-scale fishery enterprises. The Title II program may complement those efforts by ensuring that fishing and fish farming activities are directed towards the poor and chronically food insecure and are planned with a strong emphasis on sustainable and transparent management of water resources. This implies a strong emphasis on adoption of fish farming as an integral component of rural livelihoods and promotion of larger scale aquaculture enterprises in peri-urban areas.

While gender norms in animal husbandry vary across DRC's vast territory, generally women play the lead role in feeding and watering livestock, maintaining infrastructure, milking, transforming products and all activities linked to small stock such as poultry, rabbits and ducks. Men typically build livestock structures and take the lead in caring for and marketing cattle.

Fishing can also be promoted for communities with access to local rivers and lakes. Targeting of fishing activities should be based on an assessment of economic and environmental impacts of increased fishing of public water sources; population interest and traditional experience with fishing; availability of credit

¹⁵³ Consultative Group on International Agricultural Research (CGIAR) and WorldFish Center 2009

¹⁵⁴ Ibid.

¹⁵⁵ Kam, et al. 2008

¹⁵⁶ Nagoli, et al. 2009

and expertise to use different types of fishing techniques (e.g., use of poles and traps, use of a single pirogue, or use of multiple pirogues with nets); and a value chain analysis for fish and fish products.

Applicants are encouraged to consider promoting fish farming as part of an integrated agriculture–aquaculture approach, which spreads risk for participants, and uses many products of a smallholder agriculture homestead as inputs into a productive aquaculture system (and vice-versa). Organization of producers is recommended, and while beneficiaries may be encouraged to establish small-scale ponds at the homestead as well, organized demonstration ponds can be used to promote adoption of integrated agriculture–aquaculture systems. Because ponds may be harvested at a maximum every six months, it is ideal to have six ponds per participant to allow for a sustainable offtake ratio throughout the year. The organization of producers also facilitates training and support regarding improved fish production techniques (e.g., feeding, breeding, harvesting, processing).

Organization of producers. Livestock interventions require cash for purchase of animals, construction of structures, purchase (or production) of feed, purchase of treatments as necessary, processing and transport to market. The livestock program can be linked with microcredit to enable participants to expend the financial outlay required to purchase and maintain livestock. Organization of producers can reduce the risk of participation and increase the cost efficiency of the program. Provision of credit can then be organized for producers' associations, with the objective of supporting the establishment of small and medium-sized livestock enterprises.

In terms of gender, men play a more prominent role in traditional and artisanal fishing, than they do in agriculture. Women bear the responsibility for fish processing (e.g., drying, salting), transporting and commercialization. Both men and women are prominent in aquaculture, with women bearing responsibility for feeding the fish, maintaining pond borders, and collecting and marketing the fish.¹⁵⁷

Breed selection, production and dissemination. Title II program will support promotion and dissemination of improved varieties, without selecting breeds with such high labor or input requirements that they exclude adoption by lower income households. As with agricultural interventions, selecting what to focus on in livestock interventions should also take into account the risk context. Because livestock are largely managed by women using traditional techniques without the benefit of organizations or extension, decision making adopts a risk-averse approach. Risk minimization for participants suggests that in many cases, small stock are preferable because of the short time required to reconstitute herds (particularly for resettled participants in eastern DRC) and the ability to generate income throughout the year (thereby smoothing out intra-annual income variability), which enables producers to repay credit quickly. Livestock to be considered include goats, chickens, ducks, pigs and rabbits. The livestock program will aim to reverse the trend of declining livestock product consumption, and SBCC on the importance of consuming livestock products—especially by women and children—is absolutely essential. The Congolese generally do not consume goat milk or cheese, and local breeds are often prized for meat production despite their poor milk production qualities. INERA does some research on improved livestock breeds (including the Mulungu site in eastern DRC that researches improved goat varieties), although far less funding is dedicated to production of improved breeds than production of improved plant varieties. New breeds will need to be introduced if daily products are a

¹⁵⁷ Ministry of Agriculture (MINAGRI) of DRC 2009, 280

goal of production, and such breeds may be sourced elsewhere in East and Central Africa where goat milk consumption is more common.

Access to feed warrants consideration. Land disputes are increasingly common and it is suggested that grazing and water access issues be discussed with village chiefs and local government in advance. Not doing so jeopardizes program sustainability. Forage crop production can be incorporated into the agricultural program. Zero grazing approaches and use of improved stables are recommended to minimize environmental damage, enhance care provided to animals, allow for collection of manure and reduce the risk to women traveling outside of the homestead. For animals that do not graze or browse, such as poultry, improved structures with adequate shade can be promoted to boost production.

Government veterinary extension services are virtually nonexistent in most rural areas, although shops with veterinary medicines and other supplies exist in rural towns. The main health risks to local breeds include: *fièvre aphteuse* for cattle, African Swine Flu for pigs, and Newcastle Disease, Highly Pathogenic Avian Influenza and *Pseudo Pests Aviaire* for chickens. MINAGRI is particularly weak in the area of agricultural extension. A community-oriented private sector approach may be used to help establish community-level veterinary service providers on an affordable fee-for-service basis. Producers may also be trained in basic animal health care to diminish reliance on external services. FAO is planning to do a national assessment and develop a medium-to-long-term strategy for animal health in DRC.¹⁵⁸

The Title II program may work with research institutes to identify, procure and disseminate the most locally appropriate improved breeds.

- FAO Emergency Prevention System (EMPRES) for Transboundary Animal and Plant Pests and Diseases
- National livestock research centers, including INERA, veterinary labs at Kinshasa and Lubumbashi¹⁵⁹
- Local NGO IF-Congo
- GODRC ministries, including MINAGRI and the Ministry of Scientific Research and Technology
- World Bank, which has supported rural trainings of organizations and people regarding livestock and small ruminants and village poultry keeping (via the Emergency Multi-Sector Rehabilitation and Reconstruction Program, PMURR).¹⁶⁰

The most commonly farmed fish in DRC are the Tilapia (*Tilapia rendalli*, *Oreochromis macrochir*, *O. niloticus* and *O. andersonii*, *Heterotis niloticus*) and African Catfish (*Clarias gariepinus*).¹⁶¹ These species are preferred because of familiarity, ease of production and market demand. In terms of species fished from lakes, the main fish in Lake Kivu is the *lumbu*, while the main fish in Lake Tanganyika are the *ndakala* and the *lumbu*.

Partnerships of potential interest to prospective Title II Applicants include:

- FAO supports aquaculture in Katanga (e.g., Kipushi town), with support from the University of Lubumbashi
- SENAQUA, which has a “vulgarization center” at Kasangulu

¹⁵⁸ Food and Agriculture Organization (FAO) in Kinshasa (personal communication) 2010

¹⁵⁹ Ministry of Agriculture (MINAGRI) of DRC 2009, 100

¹⁶⁰ Ministry of Agriculture (MINAGRI) of DRC 2009, 102

¹⁶¹ Food and Agriculture Organization (FAO) n.d.

- Belgian CTB supports a project in Katanga (PRODEPAAK)
- Existing fish research centers
- Local NGO IF-Congo
- World Bank, which has done trainings on small scale aquaculture¹⁶²

As with agriculture and livestock projects, fishing and aquaculture projects may be preceded by systematic consultations with local leaders about water access rights and terms of use, to ensure sustainability of the activity. Regulations and enforcement are also needed to protect catches and prevent overfishing. Prospective Title II Applicants are encouraged to consult with national and regional initiatives focused on integrated and sustainable water resource management. In addition, the USAID/DRC funded CLIFS project worked with specialized NGOs that trained fishing communities in sustainable fishing and value added fish transformation.¹⁶³

In terms of other off-farm income generation, Applicants are encouraged to consider integrating income generating activities (IGAs) into their programs, to diversify livelihoods and reach labor-poor households unable to participate effectively in agriculture. Examples of IGAs that can be considered include: tailoring and handicrafts, soap making, fish processing (e.g., drying, salting, smoking), small animal husbandry (e.g., chickens, ducks, rabbits), milling and processing (especially cassava), plow rental and transport. Identification of the appropriate technical skills to promote among beneficiaries should follow a market analysis and an assessment of the capacities, skills and goals of participants.

3.2.2.4 Smallholder farmers increase use of appropriate and quality credit products (Cross-cutting Priority Activity Area 1.3/2.3)

Agricultural and livestock projects targeted to the chronically food insecure may be complemented by microcredit and/or savings and loan initiatives. Working with national financial institutions is complicated by the absence of a functioning banking system in much of DRC and the preference of existing banks to lend to wealthy individuals, rather than producer groups. This requires Applicants to find more creative solutions to the provision of credit to smallholders. Fortunately, small scale microfinance institutions do exist throughout the country, reflecting DRC's history of success with cooperatives. Targeting women is particularly important given that in DRC, women must still ask their husbands for permission to open a bank account.¹⁶⁴

Designing credit products with social targeting in mind involves market research to develop on-farm and off-farm credit products, with varying loan periods, flexible disbursement cycles, and links to technical assistance. For example, beneficiaries who breed rabbits for sale may benefit from a short credit cycle, while those investing in establishment of improved cassava or crops to replace banana fields may require a repayment period of one year or more. In addition, participants may be provided with savings and debt management skills to minimize the risks associated with receipt of credit. Applicants may consult USAID/DRC experience with savings and loan associations in DRC through the CLIFS project.¹⁶⁵

¹⁶² Ministry of Agriculture (MINAGRI) of DRC 2009, 102

¹⁶³ Innovative Resources Management, Inc (IRM) 2006

¹⁶⁴ Swedish International Development and Cooperation Agency (SIDA) 2009, 7

¹⁶⁵ Innovative Resources Management, Inc (IRM). Congo Livelihood Improvement and Food Security Project: Final Report. Washington DC: IRM, 2006.

3.2.3 Program Priority 2: Smallholder farming households – especially women, and female-headed and conflict-affected households – increase their income from their production

3.2.3.1 Introduction to PP2

Supporting the reestablishment of markets and linking smallholder farmers to those markets will be a central focus of the Title II program. Under Program Priority 2, the Title II program in DRC prioritizes activities expected to help:

- Smallholder farmers to strengthen the marketing of their production (Priority Activity Area 2.1, **Section 3.2.3.2**)
- Smallholder farmers to strengthen the value-added processing of their production (Priority Activity Area 2.2, **Section 3.2.3.3**)
- Smallholder farmers to increase use of appropriate, quality credit products (Cross-cutting Priority Activity Area 1.3/2.3, **Section 3.2.3.4**)

3.2.3.2 Smallholder farmers strengthen the marketing of their production (Priority Activity Area 2.1)

Integrated programming. The Title II program will take a market-oriented approach to agriculture development in DRC. The Title II program aims to position chronically food insecure smallholders to produce for potentially profitable markets, based on market and value chain analyses. Unmet domestic demand for commodities that Congolese farmers produce is evident in the country's import data: DRC imports an estimated 415,000 MT/year of wheat and maize grain and flour, 50,000-60,000 MT/year of vegetable oil and 60,000-90,000 MT/year of livestock to meet domestic demand. However, cost and competitiveness of local production are issues. For example, DRC imports rice from Vietnam into Kinshasa because it is cheaper than locally produced cassava.¹⁶⁶ Western DRC (especially peri-urban Kinshasa, Bas-Congo and Bandundu), eastern DRC (especially the Kivus and Katanga) and Kasai Oriental would be able to meet demand from nearby urban centers and throughout their market sheds given sufficient investment in production and marketing at scale. This does not imply that crops will be selected solely on the basis of tradability, as discussed in **Section 3.2.2.2**. Applicants may organize their time, labor and investment of resources into an overall production portfolio that boosts both income and nutritional well-being of family members. This holds true for crop production, livestock and fishing/aquaculture, and other income-generating activities that may be promoted by Title II non-emergency programs.

Constraints. As discussed in **Section 2.3.2**, the main constraints to marketing for rural smallholders pertinent to Title II non-emergency programs include:

- Land tenure systems and conventions that undermine investment, especially for women
- Lack of production capacity, particularly to produce at scale
- Limited organization among producers and lack of basic management skills
- Lack of government and private sector extension services
- Lack of access to inputs
- Lack of improved production, processing and packaging technologies

¹⁶⁶ IITA/INERA in Kinshasa (personal communication) 2010

- Transport constraints that require smallholders to manually transport commodities from field to market or rely on costly intermediaries
- Market information asymmetry
- Lack of access to capital, credit and savings, resulting in lack of capacity for investment
- Corruption at points of production, transport and sale

Table 14 highlights illustrative entry points where Title II non-emergency programs may intervene to address these key constraints to smallholder marketing. Applicants may work to address these constraints through activities at the levels of producers and producer groups, communities and governance structures.

Targeting. All of the beneficiaries involved in agricultural production projects may also be involved in commercialization to some extent, given the acute need to boost cash access among poor (and especially rural) households. The Title II program targets smallholders, and aims to equip them with the capital and skills to engage in markets with greatest potential profitability for that target population, based upon a market analysis.

As with all livelihoods activities, gender norms govern the roles of men and women in marketing, and thus may be considered in planning commercialization activities. In DRC, women are more likely to control income from activities they themselves control; if women lead and manage their producer associations in the transport and marketing of their produce, then the income remains under the control of the women.¹⁶⁷

¹⁶⁷ Women for Women International in DRC (personal communication) 2010

TABLE 14. ENTRY POINTS FOR TITLE II NON-EMERGENCY PROGRAMS TO ADDRESS CONSTRAINTS TO SMALLHOLDER MARKETING

CONSTRAINT	ILLUSTRATIVE TITLE II ENTRY POINTS
Land tenure insecurity	<ul style="list-style-type: none"> • Advocate among chiefs, CARGs and CDCs • Links to production activities: See Program Activity Areas 1.1 and 1.2 above) • Links to governance activities: See Program Activity Area 3.2 below)
Limited production capacity and scale	<ul style="list-style-type: none"> • Expand access to land, labor, inputs, improved technologies and extension and increase yields (see Program Activity Area 1.1 above)
Limited access to processing capital and technologies	<ul style="list-style-type: none"> • Provide processing technologies and equipment with training and support, linked with value chain analysis
Limited organizational and management capacity	<ul style="list-style-type: none"> • Train and support producer groups (link with efforts focused on agri-business including business development services)
Transport constraints	<ul style="list-style-type: none"> • Expand access to credit and support for producer groups to transport their own commodities to market and work with traders • Address corruption issues (below)
Market information asymmetry	<ul style="list-style-type: none"> • Establish market information systems (on site at markets), for collection markets where crops, livestock and fish are bought and sold • Disseminate via mass media (e.g., partnership with community radio)
Lack of access to capital, credit and savings	<ul style="list-style-type: none"> • Expand producer access to appropriate and high-quality credit products • Support savings and loan group establishment and ensure producer groups receive training and support in establishing and managing savings
Corruption	<ul style="list-style-type: none"> • Ensure corruption monitoring systems are in place at storage facilities and along main transport routes • Partner with regional and international trade projects on anti-corruption initiatives • Incorporate strong anti-corruption component into governance capacity strengthening initiatives (see Program Activity Area 3.2)

Local institutions. A key partnership for marketing is with CARGs, whose *raison d'être* is to provide a forum where public institutions, private actors, civil society and community members to advocate for their needs in the planning and implementation of local development activities, most importantly in the area of agriculture. The CARGs are in a position to foster partnerships, based upon transparency and competitiveness, between agricultural associations and private entities to boost trade flows and generate revenue for the local communities. Partnerships may be considered with radio projects, including the numerous community radio projects that exist throughout rural DRC, to enhance the dissemination of agriculture and marketing information in areas not currently accessible all year by road. Local radio programs would also be in a position to provide information in the language of the beneficiary population, an important consideration in a country with over 200 languages.

Marketing issues for specific commodities. Issues and principles for selecting crops and breeds to promote are discussed above in **Section 3.2.2.2**. In addition, **Table 3** on page 50 summarizes the trade flows of major agricultural commodities among Congolese provinces.

The main market for cassava is domestic, given the crop's status as the dietary staple throughout most of the country. Unlike in DRC, in other African countries cassava is generally considered a less preferred food, so efforts to boost cassava exports should be accompanied with marketing to increase demand, which would probably be undertaken by larger-scale projects funded with bilateral or multilateral resources. The international industrial starch market, including buyers in South Africa, provides another venue for Congolese producers. Cassava yields in DRC would need to reach around 35 MT/hectare to be competitive on international markets, but yields in DRC are around 20 MT/ha.¹⁶⁸ The main issues with marketing of cassava pertain to processing, both to reduce cyanide content and increase shelf life.

Maize can be marketed domestically, once it can compete with imports from the SADC region. Currently, traders import maize from Zambia to supply Lubumbashi markets, because it is cheaper than maize produced in Katanga, and maize is the culturally preferred staple crop in Katanga.¹⁶⁹ For local maize to be competitive, increased yields and adequate drying and processing are required. Rice can be marketed domestically once it becomes competitive, with greatest demand likely from urban consumers; domestic production should increasingly supplant imports. Beans and cowpeas can be marketed to domestic and international markets. Beans in particular can be marketed in Burundi, Rwanda and Tanzania.

Boosting organizational and management capacity. Marketing may be undertaken by producers' associations, but marketing may also be a focus of non-producing associations such as those marketing agriculture or veterinary inputs. All types of organized groups involved in agricultural commodity production and commercialization (including crops, livestock and fishing/aquaculture) may need capacity strengthening. This component may address key capacities typically weak among Congolese civil society groups, such as: basic literacy and numeracy; procedures for calculating production costs and determining target farm gate prices; market analysis and identification of key strategies for marketing commodities locally, regionally, nationally and internationally based upon an assessment of demand and competing sources of supply; and value chain analysis and identification of opportunities for capturing more of the value chain by local producers.

Addressing transport constraints. The Title II program gives priority to activities designed to reduce the cost and increase the efficiency of transport for rural producers. Potential project activities may involve supporting smallholders to take on a greater role in transporting their produce to market (e.g., through rental or purchase of vehicles by producers' associations) and/or support for better monitoring and regulation of the transport sector. DRC is among the worst places in the world to do business, in large part because of corruption. It is estimated that corruption can increase the sales price of rural production substantially. *Traicasseries*—or acts of corruption such as roadblocks and bribes, and illicit rent seeking—need to be addressed through a multi-pronged approach in the Title II program. The Title II program cannot feasibly incorporate an anticorruption (democracy and governance) program at national level, but there are program approaches that have demonstrated success against corruption in DRC at the district and community levels at which the Title II programs would be working. Applicants may consult with the USAID/DRC-funded CARPE program, as well as the NGOs Innovative Resources

¹⁶⁸ IITA/INERA in Kinshasa (personal communication) 2010

¹⁶⁹ World Food Programme (WFP) in Kinshasa (personal communication) 2010

Management¹⁷⁰ and Development Alternatives Incorporated¹⁷¹, about experiences in integrating governance strengthening approaches into community-driven resource management and economic development programs. USAID/DRC aims to conduct an evaluation of corruption along informal trade routes in DRC. Applicants may consider consulting with existing governance initiatives to harmonize public awareness messages about legal and illegal taxation and other issues that directly affect performance of, and access to, agricultural markets by smallholders.

Increasing access to market information for producer groups. The Title II program will do more than provide market information, but rather it will invest in information systems and extension systems that can enhance market decision making sustainably. Producers need access to price and volume information for specific markets. The Title II program may support the establishment and sustainable management of price information systems for crops and livestock. Approaches may include the use of signs, cell phones and radio; the selection of approaches should depend upon a local assessment of radio and cell phone coverage and marketing behaviors. Literacy and numeracy efforts will boost use of market information.

Boosting access to capital, credit and savings. **Section 3.2.2.5** discusses issues dealing with access to credit and savings for target smallholders.

3.2.3.3 Smallholder farmers strengthen the value-added processing of their production (Priority Activity Area 2.2)

Generally, cereals (maize and rice) are easier to store and transport than cassava, so there is always a lot of interest in working with those crops, but cassava and bananas cannot be neglected. Traditionally, cassava is carried in baskets. A number of natural techniques are available to protect beans from pests, including use of cypress mixed with other leaves.¹⁷² Storage in eastern DRC poses a potential theft risk, and thus planning for storage facilities—especially at community level—should carefully consider mechanisms to reduce risk of theft from bandits or rebels.¹⁷³

Cassava is unpalatable within three days of harvesting, and very vulnerable to post-harvest damage from pests.¹⁷⁴ Specific processing practices vary depending on the variety of cassava produced, the intended mode of preparation and consumption, and local preferences. The key to faster processing of cassava is to cut it more finely, resulting in smaller cassava chips that dry more quickly. With regard to post-harvest cassava processing, improved processing practices are needed to reduce the risk of cyanide poisoning (*konzo*) from inadequately processed cassava. Women need low-cost tools for peeling and grating; mills would save a lot of time and reduce the amount of time required for pounding. Processing steps normally include soaking the cassava roots, peeling or grating and drying in the sun. Tools that cut the cassava chips smaller and allow for faster and more efficient drying (and less molding, especially during rainy or cool periods) also boost production. For processing to serve an industrial use market, starch extraction equipment is available in Bas-Congo but affordability and maintenance are challenges.

¹⁷⁰ Innovative Resources Management has extensive programmatic experience on corruption in DRC, including implementation of the “*Relance Economique*” Project. In addition the organization has conducted key research into the financial and other costs associated with corruption and trade.

¹⁷¹ Development Alternatives Incorporated implemented the USAID-funded Building Recovery and Reform through Democratic Governance Program in DRC, and is currently implementing the USAID-funded Good Governance Program in DRC.

¹⁷² INERA Mulungu Research Center in Kivus (personal communication) 2010

¹⁷³ Adventist Development and Relief Agency (ADRA) in Kinshasa (personal communication) 2010

¹⁷⁴ IITA/INERA in Kinshasa (personal communication) 2010

Efforts to change producer/consumer processing techniques must take into account varieties cultivated and consumer preferences.

Traditional storage techniques are frequently used among rural smallholders and adoption of improved storage techniques may be included in Title II programs to minimize post-harvest losses and maintain quality for sale. Storage techniques may be considered at the level of the homestead for individual producers as well as for producer (and non-producer) associations involved in agricultural commercialization. Promotion of improved processing techniques may be planned in the context of a market and value chain analysis, in which key opportunities to capture value for producers is identified, which may be based on marketing of a value-added product. Storage and processing are particularly critical for cassava and horticultural products that can deteriorate within days after harvest. As discussed in **Section 3.2.2.2**, labor-saving techniques for cassava chipping and milling can enable the transport and sale of cassava flour. Processing of horticultural products will be an essential component of horticulture projects with peri-urban producers producing for urban markets, as in Kinshasa.

3.2.3.4 Smallholder farmers increase use of appropriate and quality credit products (Cross-cutting Priority Activity Area 1.3/2.3)

See above.

3.2.4 Program Priority 3: Underlying vulnerability of farming communities to food security shocks is reduced

3.2.4.1 Introduction

As discussed above, vulnerability to food insecurity is entrenched in DRC. Program Priorities 1 and 2 focused on activities that would expand skills, capacity and capital among chronically food insecure smallholders. Program Priority 3 complements these activities with activities that address underlying community-level determinants of food insecurity. Paramount among these are a degraded transport system that leaves rural communities physically and economically isolated; weak and corrupt governance; a culture in which civil, domestic and sexual and gender-based violence is pervasive and increasingly normalized; and environmental trends and practices that place communities at increased risk of rapid-onset and slow-onset shocks.

Under Program Priority 3, the Title II program gives priority to activities expected to help achieve the following:

- Communities have access to improved physical infrastructure (Priority Activity Area 3.1, **Section 4.2.4.2**)
- Local governance related to food security and development is strengthened (Priority Activity Area 3.2, **Section 4.2.4.3**)
- Communities prevent, detect and resolve violence more effectively (Priority Activity Area 3.3, **Section 4.2.4.4**)
- Use of improved natural resource management and disaster management techniques increases (Priority Activity Area 3.4, **Section 4.2.4.5**)

3.2.4.2 Communities have access to improved physical infrastructure (Priority Activity Area 3.1)

Integrated programming. Construction and rehabilitation of rural infrastructure should be a central component of Title II non-emergency programs in DRC. Given the scale of infrastructure degradation in DRC, Applicants will need to be strategic and selective in planning projects, giving priority to those which will reduce vulnerability to chronic food insecurity and malnutrition. It is suggested that Applicants incorporate infrastructure projects that:

- Link isolated, chronically food insecure communities to markets, reduce the purchase price of commodities they purchase, reduce costs associated with marketing their production, and increase access to agricultural and other inputs required for livelihoods
- Expand access to potable water for food insecure communities and population groups
- Expand access to hygiene (e.g., hand washing) and sanitation (e.g., latrines) infrastructure for food insecure communities and population groups

Infrastructure development projects can be supported with FFW or FFA resources. As discussed in **Section 3.2.5.3**, SBCC on issues related to health-promoting hygiene and sanitation behaviors is an essential complement to any infrastructure development project. Hygiene and sanitation messages delivered through a FFW or FFA project may reinforce the set of messages delivered through a program's health component.

Planning the ration. Applicants may undertake stakeholder consultations and formative research prior to defining the ration distributed under FFW, FFT and FFA.

Transport infrastructure. Applicants may select routes for rehabilitation strategically: the routes selected may connect food insecure communities to markets and enhance the impact of other food security interventions in target communities. If large-scale road construction activities are being undertaken in the territory with other bilateral or multilateral resources, Applicants are encouraged to select routes to expand the reach of that rehabilitated road network into rural, food insecure communities.

Infrastructure construction and rehabilitation projects present opportunities to reach male beneficiaries, as men are more likely to undertake construction activities in the DRC context than women. That said, participation does pose a security risk for both men and women who may need to travel to participate, particularly in eastern DRC. Strategies to minimize risk may be built into the program, including ensuring adequate supervision and security at project sites.

Experience with road rehabilitation in DRC suggests that rehabilitated roads last several seasons at most unless a plan is developed and funded to ensure maintenance for at least a five-year period. Applicants are encouraged to take an appropriate technology approach in infrastructure projects, emphasizing dirt access roads that last for several seasons and can be maintained using local expertise and labor. Funds may be set aside to pay for this maintenance, although sustainability requires that local communities or groups such as producers' associations assume that responsibility.¹⁷⁵ Local and provincial government

¹⁷⁵ The Belgian CTB has worked with Local Road Committees (*Comites Locaux des Routes*, CLER) on maintenance of rehabilitated roads. Belgian Embassy in Kinshasa, personal communication.

and support are required for success, but the burden of responsibility for maintenance (and associated costs) must be shifted to communities and appropriate non-state actors.

Access roads should be of sufficient quality, width and grade to allow traders to travel to rural farmers to collect production at key points during the agricultural cycle. Hiring qualified engineers to plan, supervise, monitor and evaluate infrastructure projects is essential. Applicants should aim to strengthen capacity of government counterparts, including those affiliated with the Ministry of Transport and local government, in road inspection and maintenance. A clear corruption (*traicasserie*) identification and prevention strategy is needed in all road rehabilitation activities, as hundreds of millions of dollars have disappeared in recent years over the course of infrastructure projects.

The timing of road rehabilitation activities should take into account the agricultural season calendar, so that farmers can work on their farms when peak agricultural labor is required. Applicants may conduct research on local livelihood, labor and time use patterns as part of the infrastructure project planning process.

Irrigation infrastructure Despite DRC's unparalleled hydrologic resources, only 0.1 percent of cultivated land is irrigated (73,000 ha).¹⁷⁶ An infrastructure sector study conducted by the World Bank in 2010 found substantial potential for small-scale irrigation, with areas of highest potential located in the same areas recommended for the Title II program: eastern DRC, Katanga, southern Kasai Oriental and Bandundu.¹⁷⁷ Small-scale irrigation projects should be considered for inclusion in Title II-supported agricultural projects (see Program Priority I). Irrigation can increase production by expanding land cultivated, length of growing season and yields per ha, and enable the cultivation of new crops and varieties identified through market and value chain analyses and promoted by the project. For example, production of horticulture crops or production of rice destined for urban consumers will require small scale irrigation.

As with all agriculture and infrastructure project activities, irrigation projects should be implemented with a strong emphasis on transparent consultation with local leaders, CARGs, CDCs and other stakeholders who may be implicated, to reduce risk of corruption and diversion of project resources to the economically and politically advantaged. The national institutional and policy framework for irrigation is lacking, but small-scale irrigation is cited as a priority in national and sub-national agriculture development plans. Applicants may identify the priority stakeholders for capacity strengthening on small-scale irrigation prior to starting their programs. If irrigation diverts communal surface water for agricultural use, Applicants may consult with authorities to ensure the project is in accordance with land and water use management plans. If small-scale irrigation uses water from Government-established water points such as the increasingly common public standposts, Applicants should consult with Régie de Distribution d'Eau (REGIDESO) (see below). Applicants should also address any risks of undermining fishing and other water-based livelihood activities from the project planning stage.

In DRC's ambiguous land tenure environment, land that increases in value (e.g., through the establishment of irrigation infrastructure) is increasingly likely to be sold to private interests, and smallholders without significant savings or capital often find themselves unable to compete with external

¹⁷⁶ World Bank Infrastructure Diagnostic for DRC

¹⁷⁷ World Bank Infrastructure Diagnostic for DRC

private buyers. Sensitization is essential with local leaders, particularly CARGs, CDCs and village chiefs, to ensure that the Title II program's target households are allocated land in sufficient proximity to the irrigation infrastructure (e.g., canals) on a multi-year basis with a sustainable access plan in place to prevent them from being marginalized or priced out of the project.

Water infrastructure Consumption of contaminated water is a known contributor to childhood mortality worldwide. In DRC, less than half (48 percent) of the population has access to an improved water source.¹⁷⁸ Although a slow increase is noted in the number of public water standposts in the country, the percent of Congolese relying on surface water is high and rising.¹⁷⁹ Food security programs that aim to reduce chronic food insecurity and chronic malnutrition in DRC may include a program component that increases the percent of the population consuming potable water from an improved water source.

National and international partners have experience implementing low-cost appropriate technologies for boosting water accessibility in the DRC context. Applicants may identify the most appropriate strategies for constructing and/or rehabilitating water infrastructure based upon an assessment of the local water sector, including costs and supply capacity across multiple water sources in a target population. Urban programs may involve extension of a water distribution network, while rural programs may shift emphasis to boreholes or other locally appropriate technologies. UNICEF and the Water, Sanitation and Hygiene (WASH) Humanitarian Cluster undertake projects in the water sector, including the use of pumps for both drinking water and irrigation. The main GODRC partner in the water sector is REGIDESO. A recent World Bank study found REGIDESO to operate poorly and inefficiently, although they are making national efforts to improve their performance and they are a *de facto* partner in the water sector for Applicants.¹⁸⁰

Hygiene and sanitation infrastructure. Although less than one-fifth (18 percent) of DRC's population has access to improved sanitation¹⁸¹, traditional (unimproved) household latrines (built by households) are becoming increasingly frequent. Applicants may consider developing a portfolio of hygiene and sanitation infrastructure activities designed to ensure access to communal and household level sanitation facilities, including facilities at public places such schools. Infrastructure projects link to SBCC activities designed to promote comprehension and consistent and correct use of facilities by target groups. SBCC messages should be part of a comprehensive health and nutrition messaging package.

3.2.4.3 Local governance related to food security and development is strengthened (Priority Activity Area 3.2)

Decades of corruption and clientelism have weakened the role of the state in DRC. One objective of the constitutionally mandated political and economic decentralization process is to establish accountable governance structures from province to community levels. The CARGs constitute such a structure from the point of view of food security and development governance, and the importance of investment in CARG capacity and participation by all food security stakeholders cannot be overstated.

¹⁷⁸ Ministry of Planning of DRC with ORC Macro 2008

¹⁷⁹ World Bank Infrastructure Diagnostic for DRC

¹⁸⁰ World Bank Infrastructure Diagnostic for DRC

¹⁸¹ Ministry of Planning of DRC with ORC Macro 2008

Applicants are encouraged to capitalize upon the work that USAID/DRC supports related to democracy and governance, which has a geographic coverage similar to the recommended Title II target areas: North and South Kivu, Maniema, Katanga and Bandundu.¹⁸² The CARGs also provide a forum for public, public, private and civil society groups to engage in development-related dialogue and planning, so program approaches related to transparency, corruption and sensitization are relevant. The CARGs will be developing provincial and territorial agriculture development strategies, and Applicants are encouraged to provide technical assistance to the development and implementation of these strategies.

3.2.4.4 Communities prevent, detect and resolve violence more effectively (i.e., domestic violence, gender-based violence and civil conflict) (Priority Activity Area 2.3)

As SIDA has noted, “in DRC, it is more dangerous to be a woman than to be a soldier.”¹⁸³ Applicants may consider two overlapping categories of violence in designing Title II non-emergency programs: civil conflict and gender-based violence (**Box 7**). Civil conflict refers to the ongoing war that has involved the GODRC army; numerous Congolese armed factions; and armed elements originating in neighboring countries. This civil conflict has killed an estimated five million people, with most of the deaths attributed to disease and malnutrition rather than traumatic injury. While the toll of civil conflict in DRC is staggering, gender-based violence is a far more pervasive threat to lives and livelihoods for Congolese women. Gender-based violence expands far beyond the brutal SGBV perpetrated against women as part of the civil conflict in eastern DRC. On the whole, Congolese women face higher risk of violence in their homes and in their communities than women in other African countries.¹⁸⁴ Periods of social change and economic opportunity for women also increase their risk of exposure to violence, particularly in their homes.¹⁸⁵ In addition, SGBV is increasingly perpetrated by civilians rather than armed groups in eastern DRC, suggesting a cultural “normalization” of violence against women and girls.

Title II non-emergency programs are not expected to implement comprehensive violence prevention, detection and resolution programs. However, Applicants may ensure that their applications

BOX 7. GENDER-BASED VIOLENCE AND TITLE II NON-EMERGENCY PROGRAMS IN DRC

Gender-based violence: Violence involving men and women, in which the female is usually the victim and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to physical, sexual, and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community). It includes that violence that is perpetrated or condoned by the state.

(UNFPA Gender Theme Group 1998, cited in: USAID’s Gender Based Violence in Sub-Saharan Africa: A Review of the Demographic and Health Survey Findings and their Use in National Planning, 2008.)

¹⁸² USAID/DRC n.d.

¹⁸³ Swedish International Development and Cooperation Agency (SIDA) 2009

¹⁸⁴ USAID 2008

¹⁸⁵ Women’s Refugee Commission 2009

demonstrate an understanding of how different forms of violence affect food security in the target communities, which will vary in different areas of the country. Program activities that target women may include design elements with protection in mind, including strategic engagement of male leadership and encouraging transparent, collective management of financial resources and capital to reduce pressures on individual women members to redistribute resources to family members or acquaintances. Women for Women International implements a program that may provide lessons about gender mainstreaming in the DRC context.¹⁸⁶ The organization's Men's Leadership Program targets government and traditional leaders, police, army, religious leaders and civil society to build male understanding and support for gender equity efforts, complemented by BCC messages. Criteria for selecting women beneficiaries are developed in consultation with the broader community. Programs in displacement settings target both returnees and local/host populations to reduce the risk of conflict between these populations. Finally, project activities targeted to women provide a comprehensive package of services in which livelihood skills training (e.g., small animal husbandry) is complemented by life skills training with a psychosocial component (e.g., self-care and self-confidence).

3.2.4.5 Use of improved natural resource management and disaster management techniques increases (Priority Activity Area 3.4)

Traditional land management systems in DRC use a rotational slash and burn system with periods of fallow. Except in forested areas, however, it increasingly the norm that households continually cultivate the same plots, necessitating the adoption of soil conservation and natural resource management techniques. Applicants may incorporate a set of activities designed to increase the adoption of locally appropriate conservation agriculture techniques by smallholders on their own plots and by producer groups on collective plots. Applicants may work in accordance with national efforts related to sustainable agriculture and sustainable use of forestry resources. Improving forest management also reduces the risk of flooding and landslides, a significant hazard to lives and livelihoods and DRC. Prospective Applicants may also consider integrating components of firewood production and production and distribution of fuel-efficient stoves, which would reduce pressure on firewood resources while reducing exposure of women and girls to risk of sexual violence while collecting firewood.¹⁸⁷

Natural resource management initiatives are an indispensable component of disaster risk reduction. Title II non-emergency programs have several programmatic options to engaging in disaster risk reduction work. As discussed below in Section 3.3.5, all Title II non-emergency programs should: incorporate vulnerability reduction into program design; consider monitoring Trigger Indicators to detect increasing food insecurity in the face of commonly experienced food security shocks; and plan likely adjustments to the Title II program should a crisis begin to arise (i.e., surge capacity). While Trigger Indicators and surge capacity aim to augment the capacity of the Title II non-emergency program to respond quickly to a shock through adjusting program operations, Title II programs may also support disaster preparedness and contingency response efforts that may be GODRC or community led. For example, communities may develop plans to provide material support to affected households in the case of flooding or other natural hazards or loss of assets such as livestock. Title II non-emergency programs may incorporate technical assistance to these activities into a broader capacity strengthening effort.

¹⁸⁶ Women for Women International in DRC (personal communication) 2010

¹⁸⁷ Mercy Corps International distributes fuel-efficient stoves in Goma.

3.2.5 Program Priority 4: Chronic malnutrition in children under 5 reduced

Child malnutrition results from a set of underlying causes, including food insecurity, sub-optimal care and feeding of women and children and poor health, hygiene and environmental factors. DRC has been beset by a number of problems or challenges, such as war and ongoing insecurity in the east, population displacement, collapse of industries, corruption and the almost total lack of functioning infrastructure, which have severely increased the risk of food insecurity and hence malnutrition in almost every area of the country.

In spite of this, there are indications that a foundation for improved nutrition and health services and programs is potentially evolving. This foundation includes a National Nutrition Plan that was finalized in 2009, validation of a National Protocol for the Management of Acute Malnutrition, renewed links between the MOH and health facilities in the east, overall well-functioning district-level primary health care and referral systems, well-articulated health zones, clearly identified health system norms and functions, an extremely successful national salt iodization program, widespread recognition of the Essential Nutrition Actions (ENA), and an astonishingly high percentage of women who have access to ANC and skilled birth attendants.¹⁸⁸

While UNICEF/DRC noted that studies on the causes of malnutrition in DRC have not been done in recent memory, input was solicited from organizations and donors in DRC on this topic. WFP/DRC stated, as did several other organizations, that the issue is not one of availability of food, but one of access and utilization. Other organizations and donors also mentioned the following factors as potential causes of child malnutrition in DRC: early breastfeeding cessation, poor complementary feeding practices, high fertility rates, poverty, physical insecurity and population displacement, food preferences that exclude consumption of vegetables and fruits, lack of affordable protein sources and illness. The DHS data support these opinions, as noted in **Section 2.4**.

In this context, the recommended programmatic priorities for Title II program to improve food utilization are to focus on targeting pregnant and lactating women and children under 2 with a preventive approach to malnutrition in communities with a high prevalence of stunting and to implement activities to improve infant and young child feeding, dietary diversity and dietary quality, health service use, and water and sanitation. In addition, consideration should be given to incorporating appropriate services or referral system to ensure adequate care for children who suffer from moderate acute malnutrition (MAM), severe acute malnutrition (SAM) or complicated illnesses. To do this successfully, programs may consider gender, cultural and intergenerational factors affecting health and nutritional status and link with other programs and interventions. Strong formative research can strengthen optimal program design that meets the objectives of the program. All health and nutrition activities should be in line with government policies and programs and with USAID-supported activities and USG initiatives.

3.2.5.1 Preventive MCHN Programming

The period from conception through age 2 is one when the most-rapid physical growth occurs as well as a critical time in cognitive development. This period is also critical because children in this age range have relatively high nutritional needs to support growth and development. Sub-optimal feeding practices and high risk of illness and infection make children more vulnerable to growth faltering and malnutrition

¹⁸⁸ Mock, et al. 2006

in the first two years of life than at any other time in the life cycle. A mother's nutritional status before and during pregnancy also affects her child's health and development. Targeting these vulnerable groups with a preventive MCHN approach maximizes efforts to prevent stunting and the long-term consequences of malnutrition.

Preventive MCHN programs have been used by MYAP Awardees in DRC in the past. However, there are opportunities to optimize how these programs are designed.

Components of a preventive MCHN program can include:

TABLE 15. COMPONENTS OF A PREVENTIVE MCHN PROGRAM

PREVENTIVE MCHN COMPONENTS	DESCRIPTION
Food aid	Food aid rations can be used to help prevent malnutrition by supplementing and improving the quality of the diets of pregnant women, mothers of children 0–5 months and children 6–23 months. A household ration can be provided to supplement the family's food supply, prevent sharing of individual rations and provide an incentive for program participation.
SBCC	SBCC messages should promote behaviors that help prevent malnutrition and improve the diets of women and children, such as those focused on optimal IYCF practices, dietary diversity and dietary quality, prevention of micronutrient deficiencies, use of health services and proper water and sanitation practices. A SBCC strategy should target not just those who practice the behaviors but those who influence the behaviors in a household and community. SBCC interventions should be designed to achieve the highest coverage possible, maintain regular and frequent contact with target groups, ensure appropriate targeting and facilitate adoption of the behaviors.
Water and sanitation	In addition to SBCC efforts to improve behaviors related to hand washing with soap, proper disposal of waste, maintenance of sanitary facilities, safe preparation and storage of food (especially foods for young children), point-of-use water treatment (PUR), safe storage of water, preventive interventions can include latrine and water catchment construction.
ANC	Typical services provided at antenatal consultations include physical examinations, provision of iron/folate supplements and tetanus toxoid immunizations, among others. Regular postnatal consultations include home visits to the mother (ideally at days 1, 3 and 7), 14 physical examinations of the mother and newborn, provision of one dose of postpartum vitamin A to the mother within six weeks of delivery (if the mother did not already receive this via a home visit soon after delivery) and other health services.
Immunizations	Standard childhood immunizations should be given by a trained health care provider according to country protocol. The minimum required childhood immunizations typically include Bacillus Calmette-Guérin (BCG), oral polio vaccine, diphtheria-tetanus-pertussis (DTP) and measles (or measles-mumps-rubella) and might also include yellow fever, hepatitis B and haemophilus influenza b (Hib).
Micronutrient supplementation	Vitamin A supplementation campaigns for all children, the use of iron folic acid (IFA) for pregnant and lactating women and the use of iodized salt can prevent these types of micronutrient deficiencies.
Deworming	Deworming should be provided to children over 12 months of age, pregnant women after the first trimester and lactating women according to the WHO protocol where parasitic worms are a common cause of anemia.
Malaria prevention and control	Intermittent preventive malaria treatment should be provided for pregnant women and long-lasting insecticide treated nets (ITNs) used for women and children.

Applicants are not expected to be able to offer all of these components in their MCHN programs, but in some cases they may be able to support existing preventive interventions and services offered through health facilities or other programs (e.g., deworming, malaria prevention and control) through SBCC messages and referrals.

In the DRC context, Title II non-emergency program MCHN interventions may include **food aid, SBCC, strengthening the use of health services and water and sanitation**. Each is discussed in further detail below.

Also, because some children can become sick or acutely malnourished even with the availability of preventive programming, DRC programs may consider addressing the needs of children with MAM, SAM or childhood illnesses. Children with MAM or childhood illnesses need to be provided with or referred for health and nutrition services (e.g., supplementary feeding, PD/Hearth, malaria treatment). Children with SAM need to be identified and referred for appropriate treatment. The availability and quality of health and nutrition services across DRC varies quite a bit. In Eastern DRC, for example, services for the integrated management of acute malnutrition are offered through health facilities that have been strengthened by the presence of humanitarian aid organizations. The USAID-funded AXxes and LMS have been strengthening health zones in Katanga, South Kivu, Kasai Oriental and Kasai Occidental. However, as mentioned, the availability and quality of the services vary. Depending on the prevalence of SAM, the services available in the community and the scope of the program, Applicants may want to consider an additional intermediate result (IR) that deals specifically with SAM.

3.2.5.2 Food Aid

When food aid is being used as part of a preventive MCHN program one possible approach is the Preventing Malnutrition in Children Under 2 Approach (PM2A). PM2A is a food-assisted approach to reducing the prevalence of child malnutrition by targeting a package of health and nutrition interventions to all pregnant women, mothers of children 0–23 months and children under 2 in program areas with a high prevalence of stunting, regardless of nutritional status.

PM2A was validated in a 2002–2006 study of a Title II MYAP in Haiti that compared a preventive approach that provided all program services (SBCC, health services, rations) to all pregnant and lactating women and children under 2 with a recuperative approach that provided similar services but targeted only underweight (weight-for-age < -2 Z-score) children under 5 and all pregnant and lactating women.¹⁸⁹ The prevalence of stunting, underweight and wasting was lower at the end of the MYAP in communities where the preventive approach was implemented than in the communities that only received recuperative services. By reaching all children with health and nutrition interventions when they are at the age of highest risk and rate of growth, the preventive approach was more effective at reducing overall malnutrition.

¹⁸⁹ Ruel. (96 12)

The three core PM2A services provided to beneficiaries are:

- **Conditional food ration** for the individual woman or child and for the household
- **Preventive and curative health and nutrition services** for children and women, according to national protocol
- **Social and behavior change communication (SBCC)**

PM2A beneficiaries, services offered and the rationale for providing those services are outlined in **Table 16**.

Title II non-emergency program Applicants may consider implementing PM2A according to the model described above in geographic areas where it can be adequately implemented. **Box 8** provides a summary of the conditions that must be met for implementation of the full approach.

TABLE 16. PM2A BENEFICIARIES AND SERVICES

PROGRAM BENEFICIARIES	WHAT THEY RECEIVE	WHY TARGETED WITH PM2A SERVICES?
All Pregnant Women	An individual ration until the child is born Antenatal care, micronutrient supplementation and other preventive and curative health and nutrition services SBCC interventions or services	Protects maternal health and nutritional status Promotes optimal growth of child in womb Helps ensure adequate birth weight
All Mothers Of Children 0–5 Months	An individual ration until the child is 6 months old Postnatal care and other preventive and curative health and nutrition services SBCC interventions or services	Protects maternal health and nutritional status Helps ensure adequate quality of breast milk
All Children 0–23 Months	An individual ration from 6 months until the child is 2 years old Preventive and curative health and nutrition services including immunization and micronutrient supplementation Behavior change services targeted at caregivers/families/ communities	Protects child growth during a critical period of physical development Protects health of child when s/he is also at high risk of infection and death
Households Of Participating Women and Children	A household ration	Supplements HH food supply and improves HH food security Encourages program participation Discourages sharing of the individual ration

BOX 8. WHERE CAN PM2A BE FULLY IMPLEMENTED?

PM2A can be fully implemented in food-insecure communities with:

- High levels of stunting or underweight
- An accessible minimum package of maternal and child health services
- Relative political and social stability
- Limited in- and out-migration
- Capacity to absorb the food without distortions to markets (BEST analysis)

Additional criteria that must be present include:

- Logistical capacity for transport, storage and management of food commodities
- Host country government support for PM2A

There may be reasons why the full PM2A approach cannot be implemented in some of the priority geographic areas in DRC. For instance, program areas in North Kivu, South Kivu and Katanga may experience levels of in- and out-migration that would make ensuring the conditionality of the ration (e.g., participation in ANC services, participation in SBCC services) impossible. In other areas, such as Kasai Oriental, it might not be possible to initially ensure logistical arrangements for the amount of food that will be necessary to cover all beneficiaries in program areas and a full PM2A might need to be phased in over time. Applicants should clearly explain the rationale used for proposing a modified PM2A intervention and how a preventive approach can still be ensured. USAID's *TRM-01: Preventing Malnutrition in Children Under 2 Approach (PM2A): A Food Assisted Approach* provides guidance that will help Applicants with the design of their food aid component.¹⁹⁰

3.2.5.3 SBCC

In DRC, there is potential for high impact on child and maternal nutrition and health status with well-designed and well-implemented SBCC strategies. This is particularly true in the areas of infant and young child feeding, dietary diversity and quality (including avoidance of food-related diseases such as *konzo*), use of health services and participation in health campaigns, water and sanitation and the use of ITNs.

As noted in **Section 2.4.1**, the 2007 DHS points out that exclusive breastfeeding, early initiation of breastfeeding and complementary feeding of infants and young children according to WHO recommendations in DRC is low (36 percent, 48 percent and 15 percent respectively). Programs may consider addressing IYCF practices in the DRC to reduce the rates of child malnutrition. The WHO and PAHO *Guiding Principles for Complementary Feeding of the Breastfed Child* and *Guiding Principles for Feeding Non-Breastfed Children 6-24 Months of Age* can be used as guidance for the practices to promote.¹⁹¹ Efforts aimed at changing practices and also creating an enabling environment generally have the greatest impact. For instance, a 2004 FHI Food Security Needs Assessment in eastern DRC and visits to the field found that the reason given for women ceasing exclusive breastfeeding around three months was that this is the time when women return to the fields to tend crops and leave their infants at home with older siblings or other women.¹⁹² When asked if they could bring their infants to the fields with them,

¹⁹⁰ USAID/FFP 2010

¹⁹¹ Pan American Health Organization (PAHO) 2003 and World Health Organization (WHO) 2005

¹⁹² Family Health International (FHI) 2004

women replied that it was too hot for the infants to stay on their backs all day. These barriers, and others like them, are important to take into account if SBCC efforts aimed at increasing the rate of exclusive breastfeeding are to be successful.

Adequate dietary diversity and dietary quality is also problematic in DRC. To improve dietary diversity and dietary quality, linkages to food availability and food access interventions are crucial. For example, as noted in **Section 3.2.2.2 Crop production and productivity**, agriculture interventions may consider focusing on selection of nutrient-rich foods, such as yellow cassava, sweet potatoes and legumes, for promotion. INERA, which operates in South Kivu, Bas-Congo and Kasai Oriental, has experimented with the biofortification of beans and with sweet potatoes. Lessons learned from INERA can be further disseminated through the program. Regardless, SBCC still has a large role to play. In some cases, diets are not more diverse because certain food groups are too expensive (e.g., animal source foods), but in other cases there are biases against consumption of certain foods based on faulty information or modifiable beliefs (e.g., papayas and other fruits are “children’s foods”).

According to some sources, an estimated 100,000 cases of *konzo* were reported in 2004 alone. In Bandundu, which has been particularly affected, an estimated 11,000 people have died from it in the past ten years.¹⁹³ *Konzo* is the result of food insecurity and also increases vulnerability of households to food insecurity because those stricken with the disease can no longer work and need valuable resources for medical care. Programs in Bandundu and other provinces may include SBCC efforts to sensitize beneficiaries to the importance of proper processing of cassava to avoid *konzo*. The promotion of improved processing practices, as mentioned in **Section 3.2.2.2 Crop production and productivity**, may also reduce the risk of cyanide poisoning and the availability of mills may reduce time and effort required for pounding so that time allotted for soaking can be increased enough to ensure proper processing. In Bas-Congo, the USAID-funded God’s People Group (GROUPEDI) has had success teaching groups of women about proper cassava processing, with support from IITA.

Anemia prevalence among children under 5 and women is very high (71 percent and 53 percent) and VAD among children under 5 is also high (61 percent). SBCC efforts can be directed at improving compliance with micronutrient supplementation efforts, such as the provision of IFA during ANC and UNICEF-sponsored vitamin A and deworming campaigns. The availability of adequately iodized salt at the household level (78 percent) has increased dramatically in DRC, but programs can still focus SBCC efforts on improving understanding of the importance of using iodized salt and proper storage to maintain iodine levels (e.g., in moisture-proof, opaque containers).

Promotion of the use of available health services is also important. ANC use by pregnant women is apparently very high (85 percent) in DRC, but an equally high percentage of women acknowledge having had problems accessing health care in the past. Some of the barriers to accessing health care might be beyond the reach of SBCC (e.g., obtaining money for treatment), but other barriers might be amenable to SBCC efforts (e.g., obtaining permission to access care). Programs may ensure that an emphasis on the importance of utilizing health services is part of community-level MCHN programming.

The importance of good formative research for the development of a successful SBCC strategy cannot be over-emphasized. Formative research is the foundation of an effective SBCC strategy. By assessing

¹⁹³ IRIN n.d.

nutrition and health practices, formative research will help the Applicant understand the target group's perspective and why they do or do not practice certain behaviors, select key target audiences for behavior change, determine the most feasible and effective behaviors to promote, understand what influences those behaviors and identify the best ways to deliver SBCC. Programs may consider clearly describing formative research plans for their SBCC component.

Several formative research methods can be used to develop SBCC interventions, including doer/non-doer analysis, barrier analysis, trials of improved practices (TIPS), positive deviance inquiry (PDI), focus groups, in-depth interviews and local determinants of malnutrition studies. Programs can use a combination of methods to suit their needs.¹⁹⁴ It is ideal when formative research on SBCC can be combined with a gender analysis. Frequently, women are not the primary decision makers regarding their own and their children's health and nutrition. In such circumstances, targeting the mother is necessary but not sufficient to improve practices related to maternal and child nutrition. Other people to target may include husbands, mothers-in-law, community leaders and others who influence community and household behaviors.

PRONANUT has adopted the ENA approach, a set of seven evidence-based and cost-effective actions to promote child and maternal nutrition (see **Box 9**) as their framework for MCHN programming in DRC. ENA covers IYCF, prevention of micronutrient deficiencies, nutritional care of the sick and severely malnourished child and maternal nutrition. Programs may consider building their SBCC efforts around the ENA messages, and where available, around existing ENA materials (e.g., training manuals, flipcharts). For example, training of community relays or lead mothers in a Care Group model on SBCC may include strengthening capacity on ENA.

BOX 9. ESSENTIAL NUTRITION ACTIONS

- Promoting **optimal breastfeeding** during the first six months (e.g., timely initiation within one hour of birth and exclusive breastfeeding for six months)
- Promoting **optimal complementary feeding** starting at 6 months with continued breastfeeding through 2 years and beyond;
- Promoting optimal **nutrition care of sick and severely malnourished children**
- Preventing **vitamin A** deficiency for women and children
- Promoting adequate intake of iron and folic acid **and preventing and controlling anemia** for women and children
- Adequate **iodine** intake by all members of the household
- Promoting **optimal nutrition for women**

Another area that can benefit from SBCC in DRC is the treatment and acceptance of women who have been victims of SGBV. Typically these women are shunned by their communities, denied access to land and resources and lack the means of ensuring basic minimum health and nutrition security for themselves and their children. Communities can be encouraged through SBCC to accept these women and to ensure that they have access to services, resources and interventions that can improve their quality of life.

¹⁹⁴ USAID/FFP's TRM-01: PM2A: A Food Assisted Approach, March 2010 lists resources for SBCC intervention design.

3.2.5.4 Strengthening the Use of Health Services

The most common diseases that threaten the growth and development of Congolese children are malaria, diarrhea, acute respiratory infections (ARI) and parasitic infections. Treatment for these diseases requires access to health services. The use of health services and skilled health care varies significantly by use. The 2007 DHS reported that 85 of women access ANC services and a significant number give birth in health facilities (70 percent overall, 58 percent in rural areas), but 85 percent of women also noted that they had problems accessing health services, in general.

The greatest obstacles to the use of health services for women are obtaining money for treatment (76 percent) and having transportation (44 percent). Identifying solutions to these obstacles will require a joint effort across program technical areas—possibly a combination of livelihood strengthening, FFW to improve the road system to allow for more transportation and SBCC efforts to help male heads of households understand the importance of health services. Women also mentioned not wanting to go to health facilities alone (26 percent) as a barrier to use of health services. Again, good formative research can help Applicants identify strategies for reducing this barrier. The use of existing women’s groups as a vehicle for promotion of the use of health services can be considered.¹⁹⁵ These groups can provide encouragement, share information, reduce fears, and potentially also identify someone to accompany women who do not want to travel alone to health facilities. This type of support will be especially valuable for women who have been targets of sexual and domestic violence. Organizations such as Women for Women International, which operates in Katanga, have gained tremendous experience in building self-esteem and self-sufficiency in women that then provides them with the confidence to access health services.

USAID’s AXxes Health Care Project has the mandate of delivering basic health care services and rebuilding the health system in DRC. The three objectives of the project are to: 1) increase the quality of health care, 2) reinforce the referral system and 3) strengthen the national and provincial health care program. AXxes is strengthening nutrition interventions in Katanga, Kasai Oriental, Kasai Occidental, and North and South Kivu, including growth monitoring and promotion and vitamin A distribution (with HKI). Title II non-emergency program Applicants may consider identifying opportunities to partner with AXxes, where relevant.

3.2.5.5 Water and Sanitation

Nationally, almost 15 percent of children had suffered from diarrhea in the two weeks preceding the 2007 DHS survey, with the highest prevalence seen in the 6–23 month age group (26–30 percent). Title II non-emergency program water and sanitation efforts in DRC may consider focusing on improving hand washing at critical moments, access to safe water supplies and the use of household water treatment and safe storage, and access to and use of sanitary facilities for the disposal of human excreta. Population Services International (PSI) is actively promoting the use of safe water and hygienic behaviors, such as hand washing, through interpersonal communication and the use of mass media in DRC. Programs can coordinate with and support PSIs campaigns related to water and sanitation.

However, the 2007 DHS also showed that the prevalence of diarrhea was not much reduced among households having an improved water source or improved sanitation. Other factors may be causing the

¹⁹⁵ Experience in DRC has shown that the creation of new social groups is not nearly as effective in supporting social and behavior change as the use of existing social groups.

high levels of diarrhea among these children and need to be explored. A 2007 report on sanitation and hygiene in DRC by the Tearfund summarized a University of Kinshasa study on household behaviors related to water and sanitation and noted, among other things, that: mothers consider diarrhea in their children “normal” and don’t connect it to unsanitary practices or conditions; health workers understand that handwashing is important but are unaware of the “critical moments” when it is necessary; children help themselves to water in household containers without supervision; and water containers in the household are frequently uncovered.¹⁹⁶ Clearly, there is a role for SBCC and health worker capacity strengthening that can be undertaken by Applicants.

3.2.5.6 Referral Systems for Acute Malnutrition and Childhood Illnesses

As mentioned, some children become acutely malnourished or sick even with the availability of preventive programming. DRC Title II Applicants may consider plans for either addressing the needs of these children or referring them to services in their communities. For example, for children with MAM, these services might be supplementary feeding and/or participation in PD/Hearth-type program. For children with SAM, either inpatient or outpatient treatment is needed based on the presence of edema or medical complications.

A new National Protocol for the Management of Acute Malnutrition, which includes Community-based Management of Acute Malnutrition (CMAM), was finalized in 2009 with the assistance of Valid International. With the support of UNICEF, the MOH is trying to integrate CMAM into regular health services. Approximately 60,000–70,000 children are being treated each year for SAM (an increase from 25,000 in 2006), but the annual need is estimated at one million children.¹⁹⁷ ¹⁹⁸ A 2009 UNICEF study found that out of 60,000–70,000 children being treated, only 11% were getting Plumpy’nut and that out of 80 sites visited across the country during the study, only 38 had Plumpy’nut in stock.¹⁹⁹ Currently, the bulk of Plumpy’nut and therapeutic milk for inpatient use is purchased by UNICEF through their Supply Division. There is a plant in Lubumbashi that has been certified by UNICEF to produce Plumpy’nut, but current production is still low (1,000 cartons/month ~ 10 percent of the national need) and transportation logistics make it difficult to move quickly, another concern given its six month shelf-life.

Services for children with SAM have been steadily improving in DRC, but are far from universal. Programs that do not include a component to provide treatment to children with SAM, may consider linkages with and referrals to SAM treatment, where available. Applicants may particularly consider how it can strengthen community-level case detection, referral, support for proper compliance with the treatment protocol and follow-up for defaulters. Applicants can also focus on identifying and resolving barriers to treatment access and compliance. Applicants interested in including a SAM treatment component in their Title II program may consult with UNICEF/DRC and guidance materials available on SAM treatment (need reference here to best materials).

¹⁹⁶ Tearfund 2007. This report also has a long list of references related to water and sanitation in Africa and DRC, that would be useful for potential Applicants to access.

¹⁹⁷ UNICEF/DRC Dr. Simeon Namana, Nutrition Manager (Personal communication) 2010

¹⁹⁸ Ministry of Planning of DRC with ORC Macro 2008

¹⁹⁹ UNICEF/DRC Dr. Simeon Namana, Nutrition Manager (Personal communication) 2010

3.2.5.7 HIV

With a relatively low national prevalence of HIV (4.2 percent) that is concentrated in urban areas, the rural-focused Title II non-emergency programs will not need to adapt targeting or programming to meet the special needs of HIV-infected mothers and children. However, when programs are being implemented in an area where HIV prevalence is an issue, Applicants may consider actively promoting HIV prevention awareness, combat stigma and support linkages to HIV-related services. Capacity building of community relays or other MCHN volunteers can incorporate training on HIV-related information. At a minimum, program staff can be aware of HIV services offered in program areas, such as counseling, testing and referrals (CTR), prevention of mother-to-child transmission (PMTCT), antiretroviral treatment (ART), tuberculosis testing and treatment, care and support and programs for orphans and vulnerable children (OVC), be able to make referrals as necessary and follow-up with patients who may need support to continue to access services.

3.3 KEY DESIGN CONSIDERATIONS

3.3.1 Integrated programming

Successfully attaining the food security objectives of a Title II non-emergency program is dependent on being able to offer integrated programming that simultaneously addresses food availability, food access and food utilization issues in all geographic target areas. The integration of program components aimed at increasing production, reducing vulnerability to food insecurity and reduction of chronic malnutrition has been addressed at several places in the FSCF. For example, to successfully improve dietary diversity in DRC, efforts need to be made to improve access to improved varieties of crops (e.g., orange-fleshed sweet potatoes, biofortified beans) and to accompany this with SBCC interventions that encourage vulnerable groups to utilize these crops and actively feed them to their children. Household visits to check on maternal and child health and nutrition status by lead mothers in a Care Group approach, could also be a contact point for information on home gardening, distribution of improved seed varieties and SBCC on the use of improved crop varieties.

Integrated program in DRC is important for reducing household and community exposure to risks from shocks and increase the ability to manage such risks.

Sustainability of Title II non-emergency program results is also dependent on integrated programming. For example, the AXxES Project is piloting an integrated approach at 20 health centers in DRC by introducing community fields at these health centers, where people can farm. After harvest, 50 percent of the proceeds go to the health center to support quality services and 50 percent can be kept by the individual. Improved seed varieties are being used at these sites so production is high and another opportunity has been created to demonstrate the effectiveness of new seed varieties to target groups that might not be reached by other extension activities.

Success at integrating programming is also dependent on Applicants being adept at sharing information internally across technical sectors and encouraging joint field visits and the sharing of technical information. Only when the MCHN staff, for example, understand the objectives and approaches of the livelihoods team or the agronomists on staff will efforts to truly integrate programming take place.

3.3.2 Geographic and vulnerable group targeting

The FFP Title II program targets resources for food security programming in the most food insecure regions. Given the scale of chronic food insecurity and stunting, strategic choices must be made for geographic targeting of the Title II program in DRC. This FSCF recommends targeting eastern DRC (specifically North and South Kivu and Katanga), Kasai Oriental (specifically Ngandijika and Tshilenge), and western DRC (the Plateau of Bateke in Kinshasa, and the most food insecure territories in Bandundu and Bas-Congo, such as Kasongo-Lunda and Kisantu).

Within selected target areas, all children under 2 and pregnant and lactating women and their households in areas with high levels of stunting may be considered for prioritization for nutrition activities aimed at improving food utilization to address the long-term negative effects of chronic child malnutrition. Livelihoods interventions can make an effort to place special emphasis on reaching poor and marginalized households, female headed households, returnee households, households hosting returnees, women and adolescent girls, victims of SGBV and households with pregnant and lactating women and/or children under 2.

3.3.3 Gender equity in program design and implementation

Gender is a mandatory consideration in all USAID programming, including Title II. Title II non-emergency program Applicants are required to explain explicitly how gender issues are linked to the three dimensions of food security and how gender will be integrated into programming.

A gender analysis may be included in all formative research conducted to strengthen program design. A better understanding of the influence of gender in program target areas, particularly the ways that gender issues affect access to program interventions, decision making, and behavior change or program uptake is important for achieving program food security objectives. For instance, women, and particularly widow returnees', access to land in eastern DRC is a serious barrier to strengthening their livelihoods and may require special intervention with village leaders to overcome. Title II non-emergency programs can ensure a gender-sensitive program design by including such approaches as providing women entrepreneurs with access to financial services, encouraging women's and girls' involvement in decision making at the community level, improving access and control over health care and involving women in all conflict resolution and peace-building activities. Particularly in the current DRC context, gender norms and relations may have changed substantially as a result of the conflict; some of these changes may be favorable to women while other may further entrench gender inequality. Identifying and addressing the current gender constraints will be extremely important to ensure that programs reach their objectives.

Mainstreaming gender into a Title II program does not mean that the program has to become exclusively or even primarily focused on women. It is about understanding the social context in the program area sufficiently to create an enabling environment at the community level so that men and women can dialogue, participate and gain equitably from program efforts in food security and nutrition. A more detailed look at gender considerations for program activities is found in **Table 17** below.

TABLE 17. GENDER CONSIDERATIONS FOR TITLE II NON-EMERGENCY PROGRAM ACTIVITIES IN DRC

AGRICULTURE AND LIVELIHOOD ACTIVITIES	MCHN ACTIVITIES
<ul style="list-style-type: none"> • Women’s livelihoods may be more diversified than men’s (e.g., they may have home gardens, small livestock, petty trading, farming and microcredit activities) • Women’s access to land is frequently dependent on marriage • Land access is likely to be highly variable due to the conflict/post-conflict situation. Because of this, women often have the least access to land that is of the poorest quality. • Women have fewer days of paid work than men and are over-represented in the informal sector where they earn low incomes. • Women’s control over their income is often variable; some have full control, while others have no control at all. • Women often need permission to engage in trading activities • Women have much less access to productive resources and inputs for agriculture. Therefore they cannot afford to invest in their land and thus get small returns on their land. • Out-migration of men, such as in mining areas, leaves women behind to manage farm activities with fewer resources than men. 	<ul style="list-style-type: none"> • Women’s limited mobility (lack of permission, safety, cost, distance) means that they buy food locally often of poorer quality at higher prices. • Women may not be allowed to travel long distances to access health and nutrition services or may not have access to resources to pay for services. • Early marriage and childbearing are common practices. Once married, adolescent girls have no control over their sexuality and child-bearing, which leads to early and frequent pregnancies. High maternal mortality rates are a symptom and consequence of this. • Women frequently eat separately from their husbands, eat inferior foods and share with their children more. • Men are frequently not targeted for health and nutrition SBCC, which misses the opportunity of influencing the person in the household with decision making power and resources.

3.3.4 Sustainability and exit strategies

Sustainability of impact of the Title II program in DRC is most likely to happen in areas where the following factors exist:

- Recognition by community members of activities’ proven value and their visible and valued outcomes
- Ownership and commitment to continue on the part of the community, community group or government
- Empowerment of individuals, communities and service providers to demand quality services
- Extent of transfer to community members, groups and service providers of the skills and knowledge needed to generate desired outcomes
- Institutional capacity of community-based organizations and health facilities and capacity of key individuals in those organizations
- Adaptability of community-based organizations and health facilities in the face of unpredictable political, environmental and social changes
- Explicit plans for resource generation when consumable supplies (e.g., medicines and immunizations, seeds and agrochemicals, food) are needed to sustain impact²⁰⁰

²⁰⁰ Rogers and Macías 2004

As mentioned above in **Section 3.3.1**, the sustainability of program results can be improved by well-implemented integrated programming and also through the use of community participatory approaches. Community participatory approaches focus on ensuring community ownership and responsibility from the very beginning. Communities can help establish the program objectives and be brought into the planning process.

The strengthening of groups and group activities can also help ensure sustainability of program results. The introduction of community fields at health centers, an example given above, where profits from harvest are split between individuals and health centers can ensure sustainability by providing the resources to maintain improvements in health services. Ensuring long-term access to improved seed varieties through the use of associations or groups, particularly women's groups, can simultaneously sustain results related to the use of the improved varieties and strengthen groups' social capital that can have tangible benefits to offer communities, which allow them to tackle other problems as well.

Part of a Title II non-emergency program's ability to achieve sustainability of program impacts depends on well thought out and implemented exit strategies. An exit strategy is a plan describing how the program intends to withdraw its resources while assuring that the achievement of development goals is not jeopardized and that progress towards these goals continues. An exit strategy may use graduation from specific project areas as steps towards the eventual total withdrawal of resources, or exit may take place at one time across the entire program area. In both cases, the underlying goal of an exit strategy is to ensure sustainability of program impacts after a program ends.

Some steps that can help establish a successful exit strategy include:²⁰¹

- Establish a clear but flexible timeline, linked to the program funding cycle
- Incorporate exit plans from the beginning of program implementation
- Implement exit plans in a gradual, phased manner
- Consider an exit timetable that allows sequential graduation of communities and/or components

There is growing experience with exit strategies and sustainability in eastern DRC, where a number of humanitarian aid organizations and Applicants are preparing to either leave permanently, change areas or switch to a new funding cycle. Some of the organizations met during the field visits stated that they have been long preparing their communities for exit by communicating about the upcoming plans and being transparent about the timeline. Targeted communities must understand that their skills and knowledge are being strengthened through program interventions so they can take on responsibility for disseminating better practices in the future. Strengthening linkages between communities and local institutions, such as INERA, can also help maintain program gains.

When the goal of a Title II non-emergency program is to continue expansion of beneficial changes after program exit, systems for further dissemination may need to be put in place as part of the exit strategy. Such systems may depend on rural extension agents, community *relais* or other types of community volunteers trained as part of the program or community groups or organizations who can continue to oversee sustainability and expansion of the program activities.

²⁰¹ Rogers and Macías 2004

3.3.5 Surge capacity, early warning and disaster risk reduction

The DRC Title II program aims to embody disaster risk reduction by lessening people's exposure to food security shocks and reducing their vulnerability to the adverse effects of those shocks. Applicants may consider including activities to reduce risk in the following areas, based on their own local risk assessment: peace-building, conflict resolution and governance; gender (see above); community and local government emergency response planning; and community-based sustainable natural resource management and land use planning.

The DRC Title II program incorporates early warning techniques through the identification and monitoring of key food security indicators to enable rapid response. Trigger indicators are used by USAID/FFP supported programs to “signal the emergency threshold at which Applicants should shift activities and/or request additional resources for activities to respond to a shock affecting the program’s target community.”²⁰² Applicants may consider adopting a community level, participatory early warning approach in partnership with CARGs and CDCs. Participation in inter-agency food security and early warning networks (such as participation in production of the integrated food security phase classification map for DRC), transparency and sharing of early warning data are encouraged. Applicants may consult USAID/FFP guidance on trigger indicators for guidance.²⁰³ ²⁰⁴ This may include common and relatively standardized indicators such as agricultural production and food prices. Locally tailored indicators may also be used, such as coping strategies. Early warning indicators may be measured at the beginning of the program, and the monitoring system may be developed at the program’s outset in consultation with USAID/DRC.

The DRC Title II program also aims to ensure surge capacity among the DRC Title II non-emergency programs through mechanisms that enable the programs to rapidly scale up, adapt program activities, and/or move resources to prevent or reduce the food security impact of a shock on a beneficiary population. Applicants are encouraged to build upon local (region, district, territory and community) contingency and response plans where they exist. More information about surging is available in USAID/FFP FFPIB 10-01 (under Emergency Response Plans).

3.3.6 Capacity strengthening of public and private institutions

Effective partnering and capacity building can improve program implementation, effectiveness, scale, coverage, and sustainability. The process promotes cross-fertilization, transparency and enhanced potential for a coordinated programming approach. In the DRC, there appears to be a large, untapped potential in human resources. For improved MCHN programming, building the capacity of health service providers, community relays, other community volunteers, traditional birth attendants and leader mothers could all have a positive impact on IYCF practices, use of health services, and timely treatment-seeking action for children with MAM, SAM and childhood illnesses. Capacity strengthening of local partners, community volunteers and service providers is a high priority for ensuring that the food security objectives of the Title II program are achieved in DRC. Capacity strengthening includes activities designed to strengthen communities’ capacities to organize, plan and represent their own interests.

²⁰² USAID/FFP January 2010

²⁰³ Ibid.

²⁰⁴ Mathys November 2007

Applicants may also consider focusing on strengthening the capacities of their own staff and volunteers, providing them with on-going training and frequent, supportive supervision in which the supervisor provides constructive feedback to improve staff performance and enhance learning. This includes valuing staff for addressing gender issues as a part of their day-to-day activities to enhance program impact on food security and nutrition outcomes.

3.3.7 Social and behavior change communication

There is clearly a need for SBCC in DRC Title II non-emergency programs. As mentioned earlier, there are many less-than-optimal infant and young child feeding practices, dietary diversity and quality issues and under-utilization of health services that can be addressed through a good, integrated SBCC component.

There are several ways of approaching SBCC. AED's C-Change Project in DRC, for example, focuses on the use of SBCC to mobilize community participation and utilization of health services for family planning and reproductive health, maternal and child health, malaria, and tuberculosis. The SBCC framework that they use, which is also useful for Title II non-emergency programs, is based on the following elements:

- Use of a well-planned, interactive process aimed at changing social conditions/norms and individual behaviors
- Understanding of existing local knowledge and motivation and also social/gender norms, skills and the enabling environment
- Use of three key elements, namely, advocacy, social mobilization, and behavior change communication

The development of an effective SBCC strategy depends on good planning, good formative research and widespread coverage of all target groups and the people in a position to enable changes in behavior. So, for example, if a program wants to increase the dietary diversity of pregnant women, the women themselves must understand and accept the importance of making these changes and their husbands, other household members and the community must also buy into these new practices to make them doable and sustainable.

3.3.8 Applied/operations research

To reduce food insecurity, programs must effectively implement well-designed food security program interventions that successfully reach their target groups. However, program implementation is challenging, especially in countries with limited infrastructure and human resources. Operations research enables programs to identify problems in service delivery and to test programmatic solutions to solve those problems. It also provides program managers and policy decision makers with the information they need to improve existing services. There are five basic steps in the operations research process: 1) identify the problem in service delivery or implementation, 2) identify a solution or strategy to address the problem, 3) test the solution, 4) evaluate and modify the solution as needed and 5) integrate the solution at scale in the program.

By incorporating well-designed operations research as a key part of program activities, programs can continuously examine the quality of their implementation and identify constraints to delivery, access and

utilization of program activities, adjusting the program as necessary. Operations research is an iterative process that may be conducted at the beginning of the project and repeated during the life of the project to ensure continued quality in service delivery and program implementation. If done well, operations research can increase the likelihood that the project will attain its stated objectives.

3.3.9 Formative research²⁰⁵

Formative research is the foundation of an effective SBCC strategy and is a critical first step in implementing a new Title II non-emergency program. By assessing various health and nutrition practices, formative research helps the program design teams understand target group perspectives and the motivation and rationale for certain behaviors. Formative research can also help implementers select key audiences for behavior change, determine the most feasible and effective behaviors to promote, understand what influences those behaviors and identify the best ways to deliver SBCC. In a Title II non-emergency program, formative research is necessary to better understand barriers, constraints and facilitators to adoption of improved agricultural technologies and practices, both production and post-harvest; increased market access and use; improved IYCF and care practices; and improved nutrition and health practices for pregnant and lactating women, including adolescent girls. Examples of where formative research will be essential in the DRC include the introduction of new and improved, but unknown crops such as yellow cassava or orange-fleshed sweet potatoes; determination of potential barriers to adopting new infant and young child feeding practices; and gender equity issues within households in different areas of DRC.

In addition to formative research, Applicants are encouraged to undertake a gender analysis and vulnerability assessment to understand the current socio-cultural context in which they will operate.

There are several formative research methods that can be used to develop behavior change interventions, including doer/non-doer analysis, barrier analysis, trials of improved practices (TIPS), positive deviance inquiry (PDI), focus groups, in-depth interviews and local determinants of malnutrition studies. Programs can use a combination of methods to suit their needs.

3.4 KEY MONITORING AND EVALUATION CONSIDERATIONS

As the case for every Title II non-emergency program, applicants will develop an effective monitoring and reporting system that is responsive to internal management needs and the various reporting requirements of FFP, the Mission and the State Department. To help clarify its requirements, FFP issued two information bulletins in August 2007. The first bulletin (FFPIB 07-01 [updated]) describes the five sets of reporting requirements that are applicable to all Title II non-emergency programs, which include:

- CS program indicators
- FFP/ Washington's Performance Management Plan (PMP) indicators
- USAID Mission indicators

²⁰⁵ Parts of this section were adapted from the CSHGP Technical Reference Materials on *Behavior Change Interventions* (2007). www.childsurvival.com.

- “F” indicators, which are required by the Director of U.S. Foreign Assistance under the new U.S. Strategic Framework for Foreign Assistance
- IEHA indicators²⁰⁶
- Global Hunger and Food Security Initiative (Feed the Future) indicators

The second bulletin (FFPIB 07-02) lays out reporting requirements designed to enable FFP to better track progress toward the objective and intermediate results identified in its 2006-2010 Strategic Plan. All Title II Applicants will need to follow this guidance in developing and implementing their new programs.

3.5 STRATEGIC PARTNERSHIPS

The DRC Title II Program places high priority on strategic partnerships. Partnerships in development can enhance sustainability, mobilize complementary areas of expertise and capacity to an activity, and enhance the breadth and reach of programs. Applicants may engage a range of partners in different roles in their programs, based on their own assessments of capabilities required to maximize program impact and sustainability.

Among GODRC institutions, ministries such as MINAGRI, MDR and MINISANTE are key collaborators for Title II programs that aim to reduce chronic food insecurity and diminish the prevalence of stunting. In agriculture, the specialized agricultural services (e.g., SENASEM, SENAQUA, INERA) are key partners and capacity strengthening of these institutions is a priority for the Title II program. Other ministries offer potential value for partnerships and should not be overlooked (**Box 5**). For example, the Ministry of Gender leads GODRC efforts to promote gender equity and strengthen capacity of civil society organizations that work and lobby for women’s rights and gender equity. Applicants are encouraged to participate in existing inter-agency coordination networks and CARGs wherever feasible to engage a broad range of GODRC stakeholders. Local government, particularly Regional and Territory level government and CARGs, are key partners for the Title II program. CARGs provide a key forum in which to engage with civil society organizations.

In terms of international public organizations, multilateral organizations such as the World Bank and the African Development Bank implement large-scale food security projects in DRC, and Applicants may aim to complement these projects through serving adjacent target populations. The World Bank and African Development Bank also support key food security analytical and policy/strategy development work which should help to guide and orient Title II program activities. Title II non-emergency programs may also aim to explicitly complement services provided by the USG and other donors, most notably the USAID/DRC-funded RFP on production and processing and the EC/EU funded RFP focused on food production and processing in western DRC.

UN agencies have played a leadership role in food security and nutrition in DRC, from national-level strategy development down to community-level project implementation. WFP has a field presence and commodity storage and distribution capacity throughout the country, including in eastern DRC and Kasai Orientale. WFP in DRC also has experience with post-conflict recovery programming, crop marketing (through their local purchase pilot) and food security assessment and surveillance. FAO has

²⁰⁶ Note: FFPIB 07-01 (updated) was released on October 5, 2007 as an update to FFPIB 07-01 (August 8, 2007). The updated version includes IEHA indicators, in addition to the other reporting requirements.

similar experience in food security assessment and surveillance, early warning, seed/cutting production and dissemination approaches, capacity strengthening for national agriculture partners (e.g., INERA and SENASEM), and farmer organization and capacity strengthening approaches. In the area of nutrition, UNICEF has capacity in supporting CMAM programs, facilitating access to ready-to-use therapeutic foods, strengthening participation in vitamin A supplementation and deworming campaigns; and supporting use of fortified food products. UNDP, OCHA, WHO, IFAD and UNIFEM and others are also potential partners.

The Title II program aims to strengthen the functioning of agricultural markets, which involves smallholders and a range of private sector actors. Many private sector actors such as national trade associations exist, although representation at field level and managerial and technical capacity may be weak. Applicants may engage production, processing, packaging and marketing actors to improve market function and transfer capacity and value progressively to rural producers.

Applicants may consider USAID-supported mechanisms for undertaking partnerships (alliances) for development, including the Global Development Alliance and the Development Credit Authority.^{207 208} The Global Development Alliance “combines the assets and experience of strategic partners, leveraging their capital and investments, creativity and access to markets to solve complex problems facing government, business, and communities.”²⁰⁹ The Global Development Alliance initiative supports (and provides guidance for development of) partnerships across a range of sectors relevant to the DRC Title II program, including health, agriculture, economic growth and trade, microfinance and microenterprise, and water. The Development Credit Authority is “a tool that USAID missions use to stimulate lending through the use of partial credit guarantees.”²¹⁰ The Development Credit Authority has been used to augment access to credit among community based agricultural producers in Africa, though not yet in DRC.

Applicants may consider partnering with research institutions and technical projects with an applied research and extension portfolio. The Consultative Group on International Agricultural Research includes organizations with relevant activities, including: International Center for Tropical Agriculture; International Institute for Tropical Agriculture, the International Potato Center, and Bioversity International.²¹¹ The Consortium for Improving Agriculture-Based Livelihoods in Central Africa (CIALCA) is led by Bioversity International, the International Institute for Tropical Agriculture, and the International Center for Tropical Agriculture (Tropical Soil Biology and Fertility Institute).²¹² The Association for Strengthening Agricultural Research in Eastern and Central Africa (ASARECA) is an association of national agricultural research institutes of countries throughout the region.²¹³ The Alliance for Commodity Trade for Eastern and Southern Africa (ACTESA) is an intergovernmental initiative that aims to promote regional trade and food security among smallholders.²¹⁴ USAID supports the East Africa Root Crops Research Network and the Southern Africa Root Crop Crops Research

²⁰⁷ USAID web page on Global Partnerships August 2010

²⁰⁸ USAID web page on Development Credit Authority August 2010

²⁰⁹ USAID web page About the Global Development Alliance August 2010

²¹⁰ USAID web page on Development Credit Authority August 2010

²¹¹ CGIAR web page on Consortium of the CGIAR Centers August 2010

²¹² CIALCA web site August 2010

²¹³ ASARECA web site August 2010

²¹⁴ ACTESA web site August 2010

Network. Finally, USAID also funds the West Africa Trade Hub²¹⁵, the East and Central Africa Trade Hub²¹⁶ and the Southern Africa Global Competitiveness Hub²¹⁷, which can provide technical resources for anti-corruption initiatives as well as production and trade projects.

Congolese academic institutions can bring experience and research infrastructure to Title II programs. The University of Kinshasa is home to a School of Public Health, while the University of Lubumbashi has historically undertaken agricultural and fisheries research. In eastern DRC, the Catholic University of Bukavu hosts a crop production department. Partnerships with private foundations may also be considered. For example, the Bill and Melinda Gates Foundation funds the Great Lakes Cassava Initiative and the Sweet Potato Action for Security and Health in Africa Project.

Many NGOs offer expertise relevant to food security and nutrition programming in DRC. For example, Helen Keller International is engaged in vitamin A supplementation campaigns, zinc supplementation for diarrhea prevention; and development of locally appropriate dietary diversity and micronutrient intake messages. Action Contre le Faim conducts nutrition surveillance in Kasai Oriental and can be a partner in using mid-upper arm circumference tapes for SAM and MAM case-finding at community level. The AXxES Project has experience in improving health care quality and strengthening use of health services in Katanga, South Kivu and Kasai Oriental, as well as strengthening health service referral systems. Population Services International provides access to PUR, coordination on SBCC for safe water use and hand washing, and coordination on promoting use of insecticide-treated nets. LMS has experience in strengthening health care quality and use in Kasai Occidental and Kasai Oriental. Finally, AED's C-Change Project has access to training materials and technical information on improving the effectiveness and sustainability of SBCC interventions. Both IRC and Women for Women International offer experience in gender programming, including SGBV prevention and comprehensive livelihood programming for vulnerable women and SGBV victims. Innovative Resources Management and Development Alternatives Inc., as well as the USAID/DRC-funded CARPE Program, have experiences with reducing corruption (*traicasseries*) through community-level development and planning processes.

²¹⁵ West Africa Trade Hub web site August 2010

²¹⁶ USAID COMPLETE Project web page August 2010

²¹⁷ Southern Africa Global Competitiveness Hub web site August 2010

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ANNEX I. INSTITUTIONAL CONTACTS, DCR FOOD SECURITY COUNTRY FRAMEWORK, MARCH 8-24, 2010

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