



Nyange Mayimbi's two children, Shitema (left) and Marile (right) have recovered from severe malnutrition after receiving treatment at their local PMNS-supported health center.

SUCCESS STORY

Breaking the cycle of malnutrition in DRC

Since Nyange Mayimbi's husband's death in 2023, she and her family have suffered. She says, "To feed the children, it's really a very big difficulty, we have a lot of suffering, I have no support. I don't have uncles or a father anywhere else. My father and mother are all dead. I'm all alone."

Soon after her husband's death, two of her children, Marile, age four, and Shitema, age three, fell ill. They were coughing a lot and had fevers. She took them to the health center where they were screened by PMNS-trained health staff and diagnosed with malnutrition. The health staff prescribed one week's ration of Plumpy'Nut, a ready-to-use therapeutic food purchased by the PMNS project, which included three servings per day. For the past four weeks, Nyange has been returning weekly for screenings and another week's ration of Plumpy'Nut. She says the children are now nearing the end of their treatment, and **she has seen a change**. The challenge will be to maintain their health after the Plumpy'Nut treatment has ended.

Across DRC, approximately **six million children suffer from chronic malnutrition**. This contributes to the prevalence of stunting, which often has devastating consequences on the cognitive development of children, impacting their future health outcomes negatively.

Tangiza Tangiza, who is an assistant nurse at Katembo Health Center in Kitangua Health Zone of Kasai province, has seen hundreds of children in his community suffering from chronic malnutrition. Some repeatedly come in to receive treatments of Plumpy'Nut only to relapse when the treatment has finished. But he believes that **change is possible**.

He says, "All you need to do is raise awareness, repeat. This is what we are doing, raising the community awareness so the community can take care because the Plumpy'Nut won't last forever. The Plumpy will end. The community must know that they can have gardens at home. People should know that even in those Plumpy'Nuts, it is our own food that they bring us in Plumpy'Nut. Because if we check in Plumpy'Nut, there are peanuts. There is maize. There are beans. It's the food that we produce ourselves here in our community. It's being



manufactured and brought back to us. That's why we're always strengthening awareness—for community-based nutrition.”

Fortunately, for Nyange Mayimbi’s children, Tangiza’s sentiment is reflective of larger change happening in Kasai. Tangiza is one of hundreds of community health workers recently trained as part of the implementation of the Community-Based Nutrition Initiative, known locally as NAC, which in French stands for Nutrition à Assise Communautaire. This past July, trainings took place across Kasai, arming hundreds of community-elected nutrition representatives with the knowledge and tools they need to combat malnutrition once and for all in their communities. Training community relays constitutes the second of seven steps villages across Kasai are taking to certify themselves with the capacity to sustainably manage malnutrition themselves. When the training phase has completed, more than 14,000 community health workers will be spreading the same message as Tangiza and implementing the seven-step process of NAC certification.

SEVEN STEPS TO NAC CERTIFICATION

- 1. Organize the community:** The community elects its own representatives in the form of community relays (RECOs), community animation cells (CAC), and community health committees (CODESA).
- 2. Strengthen the capacity** of elected representatives through trainings.
- 3. Perform community diagnostic** through focus group discussions to help identify community-specific causes of malnutrition and how best to prevent it.
- 4. Develop a plan** to reduce incidence of malnutrition tailored to local context. Plans often include community sensitization and door-to-door screening by RECOs.
- 5. Implement the plan** developed through diagnostic process.
- 6. Conduct community assessments** to determine how the plan is going and to assess malnutrition levels recorded in the communities.
- 7. Final assessment and certification** by health zone staff, local community leaders, and partners.



Nurse Tangiza Believes Change is Possible

Assistant Nurse, Tangiza Tangiza (pictured right) performs a nutrition screening at Katembo Health Center. He says, "All you need to do is raise awareness, repeat." A total of 9,875 community health workers and 790 health facilities have been trained on awareness raising and nutrition screenings in year one.

YEAR ONE HIGHLIGHTS

- **9,875 community relays trained** on project strategy including door-to-door nutrition screenings, awareness raising, and preparation of an enriched porridge made from locally sourced materials.
- **2,854 CACs and CODESAs were revitalized** by holding elections where the community chose new leadership and members.
- **2,854 villages completed** the community diagnosis and developed plans to combat nutrition locally.
- **790 health facilities received training** on revitalized preschool consultation, infant and young child feeding, NAC, and integrated management of acute malnutrition.

About PMNS

IMA World Health leads a consortium of partners to implement the Multisectoral Nutrition and Health (PMNS) project to reduce the level of malnutrition in Kasai province, DRC. Funded by the World Bank and managed through the Government of DRC’s Health System Strengthening Program (PDSS), the PMNS project supports the DRC’s Ministry of Health in increasing access to and use of a package of community-based nutrition services and supporting the improvement and integration of nutrition services in health facilities.

