Safeguarding Progress Towards Improved Nutrition During the COVID-19 Pandemic: BUDIKADIDI Experience

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Program Overview

- *Implemented* December 2016 – December 2021
- **Funder** USAID / Food for Peace
- **Goal:** Nutrition and food security for households in the Eastern Kasai are sustainably improved by 2021
- **426,420 beneficiaries**
ACTIVITY INTEGRATION: HOLISTIC FOOD SECURITY APPROACH
Nutrition and food security for households in the Eastern Kasai are sustainably improved by 2021

Governance –
Environment favors multi-sectoral development toward food & nutrition security for all community members.

Health, Nutrition, WASH –
Chronic malnutrition in children under five sustainably reduced.

Agriculture & Livelihoods –
Households’ inclusive social and economic well-being improved.
OVERVIEW

- Official declaration of the pandemic in the DRC March 10, 2020
- Number of Covid-19 cases in Kasai Oriental 0

Continuation of activities with strict observance of 5 barrier measures.
1. Suspension of activities with very high mobilizing potential
2. Limitation of the number of participants in a group activity to 20
3. Systematic handwashing at the opening of any field activity
4. Respect for social distancing during all meetings
5. Restriction of staff movement between health areas
ADAPTATIONS

SUPPORT TO GOVERNMENT RESPONSE –
1. Participated in Covid-19 Provincial Task Force weekly meetings
2. Donated 150 loudspeakers, 300 batteries & 50 kg of Bleach to the COVID-19 Task Force and equipment of 81 Care Group Promoters from 47 health areas with 1,110 posters in Tshiluba and French.

MASS MEDIA –
3. Adjusted the radio media planning with the 8 partner radios towards prevention of COVID-19.
4. Developed 3 radio guides on preventive measures, myths and rumors related to COVID-19 and COVID-19 modes of contamination, reviewed and approved by the COVID-19 Task Force before broadcasting.
5. Broadcasted 76 radio talk shows in three months for a total of 3,420 hours of broadcasting. An estimate 3,000,000 people (including 45,360 members of youth clubs) were directly sensitized to the prevention of COVID-19 and to barrier measures through these radio broadcasts.

INTERPERSONAL COMMUNICATION –
6. Implemented door-to-door sensitizations with 515 CAC WASH focal points, reaching 19,580 households.
7. 81 Care Group Promoters trained in the manufacture of face masks and, in turn, introduced 800 Lead Mothers to this technique.
8. Adapted the Curamerica Care Group Covid-19 manual unto our Care group format. Immediately organized coaching sessions of our 81 care group promoters, who, in turn, trained 5169 Lead mothers on key Covid-19 messages.
ADAPTATIONS

SUPPORT TO GOVERNMENT RESPONSE –

10. Redesigned LM lesson plan, SILC meetings methodology & PO meetings.
11. Accelerated boreholes construction to improve access to drinking water.
1. Fast adaptive management of our team –
This was not Budikadidi’s first experience of a health emergency. In a recent past, we had to adapt to 2 cholera outbreaks in the region.

2. Care group Promoters’ engagement –
With minimal supervision, they took their responsibility as a community health worker to inform their community about this disease. This high level of appropriation of their work and accountability to educate, was key.

3. Radio partnerships –
Budikadidi already had an annual contract with 8 local radio stations.

4. Active participation in the provincial Covid-19 task force, under the leadership of the MOH, helped easy access to correct information, all coordinated measures and approval of our radio contents.

5. CRS Kinshasa’s Covid focal point easy access to the national Covid materials.

6. Good relationships with local authorities (rural levels), facilitated the acceptability and engagement to use Covid-19 posters to raise awareness in the communities. All village chiefs posted the Covid-19 posters in their villages.
1. Some radio stations had issues with electricity and were not able to implement their plan accordingly. It has created some frustrations from the MOH experts who were identified to facilitate radio talk shows.

2. Zealous police and immigration officers harassed Budikadidi lead mothers when they were trying to join their care group meetings. Budikadidi had to organize many advocacy meetings with local authorities to explain LM contribution to the fight against Covid-19.

3. Increased Intimate partner violence in the villages, as well as SGBV and increased domestic burden for women. Since our program is not fully equipped to address SGBV, we had to connect with SGBV expert to find existing SGBV services and to connect communities with these services.

4. The fact that Kasai Oriental has not yet recorded an official case of Covid-19 has led, in places, to low interest in adopting some of the protective measures such as wearing a face mask.

5. Budikadidi had to stop all our planned group sensitization sessions such as night video show, village general assemblies, etc...to give priority to Covid-19 prevention. This will certainly have an impact on the achievement of our annual objectives.
WHAT PROGRAMMING IS CONTINUING AS PLANNED PRE-COVID

GOVERNANCE ACTIVITIES

CAREGROUP PROGRAM

FAITHFUL HOUSE

WASH SENSITIZATIONS

SILC

YOUTH MENTORING
ENABLING FACTORS

- No official Covid-19 case in the Kasai region;
- High level of appropriation of these activities by community change agents and their groups. They have high level of awareness of the value of these activities in their life. We believe they do these activities, not for Budikadidi, but for themselves. These are among the activities that the mid term review noticed as likely to be sustained after the program ends;
- Most of these activities are led by community change agents, not by staff. So, they are autonomous.