

# WFP Republic of Congo Nutrition-Sensitive Urban Safety Net Program

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## The context

While the Republic of Congo is an oil-rich, middle-income country, more than half of its population lives below the poverty line. Within this context of extreme wealth inequality, food insecurity affects 14%<sup>1</sup> of the population (around 600, 000 people), while 21%<sup>2</sup> of children under five are stunted. In addition to impeding human development and reducing opportunities for economic advancement, food insecurity and undernutrition are major contributing factors in the transmission of HIV, which affects 3.2% of the population between age 15 and 49, with urban areas being more affected. Simultaneously, poverty and food insecurity limit access to basic social services, including ante- and postnatal services and nutrition programs for People Living with HIV (PLHIV) and/or Tuberculosis (TB).

The World Food Programme (WFP) Nutrition-Sensitive Urban Safety Net Program has been implemented since 2012 in urban (Pointe Noire and Brazzaville) and peri-urban (Sibiti and Owando) settings of Congo. The program addresses the immediate food and nutrition needs of those most vulnerable to food and nutrition insecurity and poverty, including pregnant and lactating women (PLW) and PLHIV/TB on malnutrition treatment. Implemented by the Ministry of Social Affairs, Humanitarian Action, and Solidarity, with technical and capacity-building support from WFP, the program provides electronic vouchers redeemable for food to vulnerable households. Since 2012, more than 6,123 households have benefited from health and nutrition services and food vouchers that provide access to a variety of foods from a predetermined basket.

## Nutritional impact on PLHIV/TB

The combination of nutritional supplementation and monthly household vouchers is critical for meeting the specific nutritional needs of PLHIV/TB, while also addressing the associated vulnerabilities that perpetuate, and are caused by, the diseases. PLHIV/TB have higher nutritional needs and are therefore particularly vulnerable to malnutrition: supplements for PLHIV/TB help treat moderate acute malnutrition.

## Key messages

- > During the critical “window of opportunity” that occurs within the first 1,000 days of a child’s life, investments in nutrition are crucial to ensuring proper physical growth and cognitive development.
- > The monthly food vouchers for households headed by pregnant and lactating women (PLW) help to combat the intergenerational cycle of poverty linked to food insecurity and malnutrition by providing women with a source of income for food, promoting attendance at pre- and postnatal checkups, and empowering mothers with nutrition knowledge.
- > The combination of nutritional supplementation and monthly food vouchers helps to meet the higher nutritional needs of people living with HIV and/or TB (PLHIV/TB) and addresses vulnerabilities that perpetuate, and are caused by, disease.



A WFP beneficiary and her daughter shopping for food

“Since 2012, more than 6,123 households have benefited from health and nutrition services and food vouchers”

Food insecurity and poverty limit people’s ability to adhere to treatment, and poor nutrition plays a role in HIV disease progression in adults and children, thus compromising the success of treatment. WFP’s provision of SUPER CEREAL – a fortified blended food supplement designed to treat and prevent acute malnutrition – ensures that people not only adhere to treatment, but are also able to access adequate nutrition in order to benefit from the treatment.

The presence of HIV and/or TB in a household not only compromises the nutritional status of those infected by the diseases but also undermines that of other family members. The cost of treatment and care for PLHIV/TB and reduced livelihood choices creates strains on limited family resources and compromises the ability to ensure adequate care and nutrition for children. The monthly household food voucher provided by WFP therefore addresses the socioeconomic limitations that prevent PLHIV/TB and their households from achieving food and nutrition security, and presents a means to develop resilience to future economic shocks. Social behavior change communication (SBCC) provided

by the national nutrition services is included in the program to encourage lasting positive change in nutrition behaviors.

“The monthly household food voucher addresses the socioeconomic limitations that prevent PLHIV/TB and their households from achieving food and nutrition security”

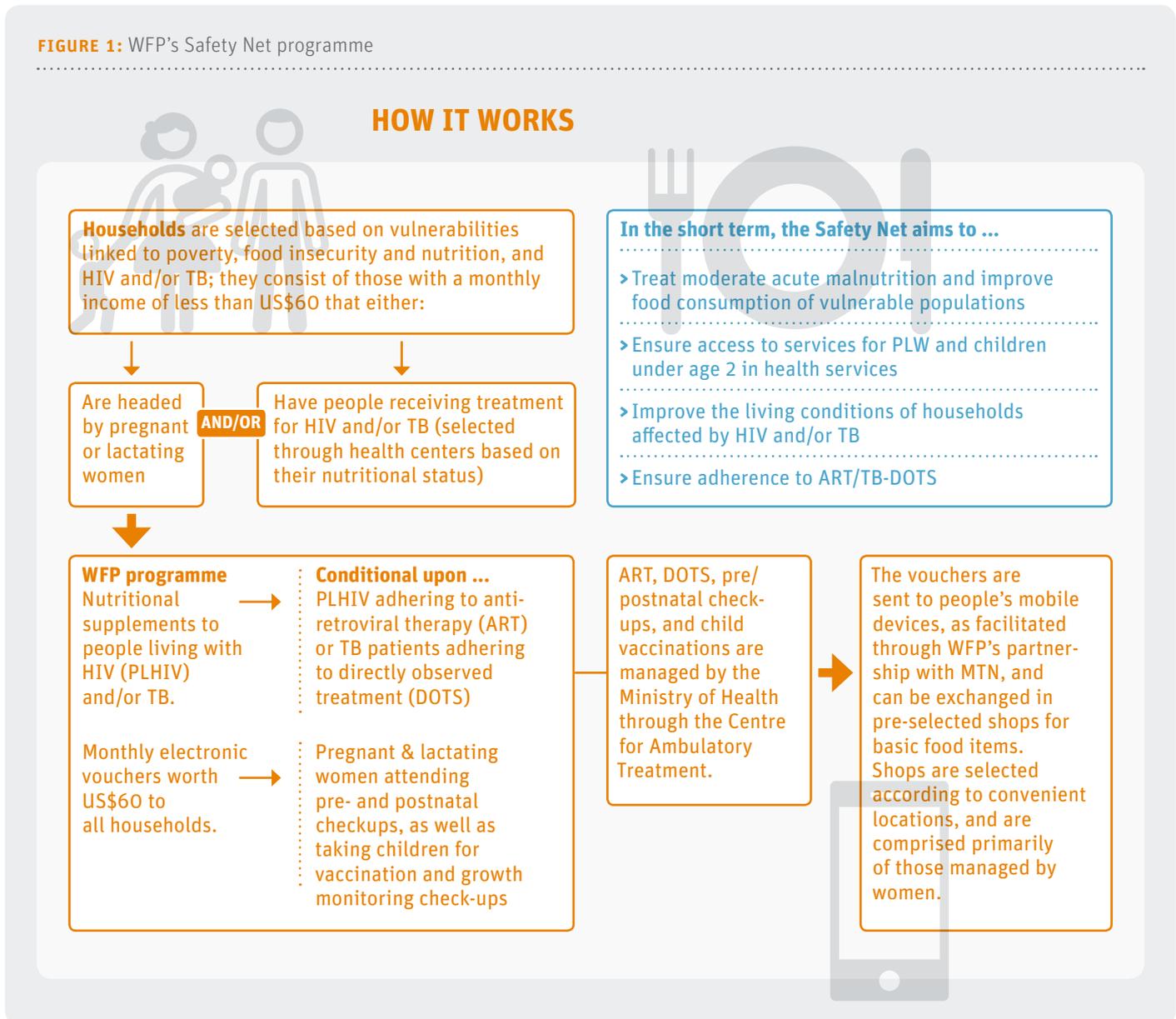
#### The critical window of opportunity

The food voucher transfer for households headed by PLW presents a critical opportunity to combat the intergenerational causes of undernutrition and poverty. By providing a source of income for food expenditures, promoting attendance at pre- and postnatal check-ups, and enabling access to nutrition education, WFP allows mothers to increase their investments in their own nutritional improvement as well as that of their children in their first 1,000 days of life. During this critical “window of opportunity”, which starts prior to birth and continues to about two years of age, investments in nutrition are crucial to preventing the largely irreversible impediments to physical growth and cognitive development as well as increased risk of non-communicable diseases in adulthood that result from malnutrition in the early stages of life. The vouchers provide the option to make purchases from a selection of nutritious foods including meat, dairy and fresh food, thereby ensuring access to essential macro- and micronutrients.



Measuring the mid-upper-arm-circumference (MUAC) of an infant

FIGURE 1: WFP's Safety Net programme



Poor nutrition in young children leads to decreased productivity in adulthood, due to both physical and mental impairment, and causes children to benefit less from education. As such, ensuring proper child nutrition in the first 1,000 days, starting with proper maternal nutrition, increases opportunities for economic advancement and the ability to break the intergenerational cycle of poverty linked to malnutrition. Improving nutrition at the household level also enables countries to enhance the effectiveness of primary education, reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria, and other diseases, all of which depend crucially on nutrition.

#### Addressing root causes

WFP's food and nutrition assistance to vulnerable households incentivizes the use of, and access to, basic social services provided by the government. The use of conditional voucher transfers as a

modality of food assistance not only reduces hunger and immediate poverty, but also promotes positive behaviors that increase resilience to food insecurity and undernutrition in the long term.

Through this nutrition-sensitive approach, the program addresses not only the immediate determinants of undernutrition (i.e., inadequate dietary intake and disease), but also targets the complex and interrelated underlying determinants, including inadequate access to food, insufficient health services, and inadequate care for children and women. WFP also provides capacity-building support to all actors (social and health staff members) involved in the project, with a view to enhance governmental capacity to gradually assume full ownership and management of the Urban Safety Net Program. To achieve this objective, WFP provides training and technical support in monitoring, data collection, and other necessary skills to the Ministry of Social Affairs, Humanitarian Action, and Solidarity.



Measuring the mid-upper arm-circumference (MUAC) of a WFP beneficiary

“Through this nutrition-sensitive approach, the program addresses not only the immediate determinants of undernutrition, but also targets the complex and interrelated underlying determinants”

WFP’s focus on fostering strong partnerships also plays a critical role in ensuring that beneficiaries have access to the necessary support and resources as they transition out of the program, thus preventing relapses into poverty or food insecurity. WFP increasingly works with local organizations to identify income-generating activities, training programs, and microcredit opportunities through which beneficiaries who graduate from the program can continue to build their resilience and achieve economic security.

**Empowering women**

While the immediate objective of the vouchers is to reduce food and nutrition insecurity, the benefits of conditional vouchers extend to other realms of social development. One of the most noteworthy benefits is their impact on the status of women.

In 2015, the project assisted more than 5,200 households, of which 89% were headed by single mothers. By allowing wom-

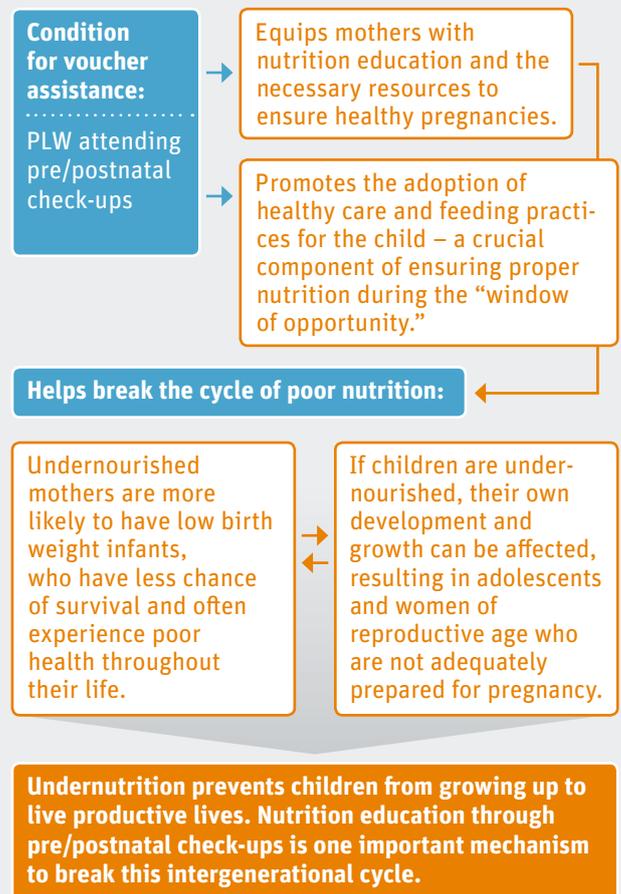
en to cover the immediate food and nutritional needs of their households, the electronic vouchers free up other resources for women to invest in their children’s, as well as their own, health and development. In 2015, 96% of children in assisted households ate three meals a day, while in non-assisted households only 23% of children consumed two meals a day.

This safety net also provides a means of independence and a source of dignity by allowing women to provide for their families without having to resort to unsustainable coping mechanisms, such as transactional sex, which could increase their vulnerability to HIV. WFP further supports the socioeconomic status of women by ensuring that the majority of the voucher shops are those managed by women. In 2015, 84% of shop-owners serving the program were women.

**Reducing stigma**

Both men and women living with HIV and/or TB face a unique vulnerability due to societal fears and perceptions of these diseases in Congo. Unable to engage in livelihood activities as a result of their illness, PLHIV and/or TB are often cast off as a

**FIGURE 2:** The intergenerational impact of conditional vouchers.





A WFP beneficiary with her purchases

burden to impoverished households. The electronic vouchers allow those with HIV and/or TB, who would otherwise have few options for earning an income, to contribute resources to their households and reduce their stigmatization. Engagement in SBCC activities allows PLHIV/TB to gain a better understanding of their own nutritional status, and also instills pride and confidence from being able to work alongside health agents to help other patients. This also allows other people to recognize the capacities of PLHIV/TB.

**“The electronic vouchers allow those with HIV and/or TB to contribute resources to their households and reduce their stigmatization”**

#### Consistency is crucial

The foundation for ensuring that the program's food and nutrition assistance achieves lasting positive impact on households' resilience to shocks, such as poverty and disease, is consistency. As such, long-term government commitment, with technical capacity reinforcement from WFP, comprises one of the most crucial elements in achieving the primary objectives of the Urban Safety Net Program.

Due to the extreme vulnerability of the households targeted in the program, a break in, or reduction of, assistance could

determine the immediate health and nutrition of household members, as well as hinder progress in socioeconomic development efforts at a national scale. This is because food and nutrition insecurity functions not only as a consequence of poverty but also as a cause of it.

Results from a joint Ministry of Health/Social Affairs and WFP Post Distribution Survey in January 2016 revealed that vouchers constituted the principal economic source for key nutritious food groups: 65% of meat, 86% of eggs, 45% of fish, 90% of dairy products. Whereas these households would have had to devote the majority of their income to food, this assistance instead allowed them to utilize their own income on health, education, and investments in income-generating activities. In 2015:

- > Ninety-six per cent of assisted household members had adequate food consumption, compared with 62% of non-assisted; assisted households also consumed more foods rich in protein and micronutrients.
- > The majority of non-assisted adults (98%) consumed only one meal a day, while the majority of adults receiving vouchers (74%) consumed at least three meals a day.

Lack of consistent, stable assistance could result in reduced maternal health and inadequate nutrition for children in their first 1,000 days, leading to irreversible impediments to growth and cognitive development. It could also lead to PLHIV and/or TB defaulting on ART and/or DOTS, or facing increased stigmatization, and could additionally lead to children dropping out of school as a result of inadequate resources or the need to support their families by means of income-generating activities.



WFP beneficiary ID



### Personal impact

Mother-of-four Douniama Noellie knew that her HIV-positive diagnosis would not be a burden for her alone. As the sole carer and breadwinner in the household, Douniama was concerned about her ability to provide basic necessities for her family, or to protect her children from the stigma

they would face as children of a parent with AIDS.

“After their father died, I was left alone to care for them,” explains Douniama.

Abandoned by her family and unable to find other outlets for assistance, Douniama didn’t know how she would manage to support her children, much less herself. Her situation took a turn for the better when she began receiving monthly food vouchers from WFP through the *Centre de Traitement Ambulatoire* (Walk-in Treatment Center) in Brazzaville.

“The voucher that WFP gives us to buy food in the stores doesn’t cover all of our needs, but it is a big help,” says Douniama. “I am thankful to WFP because if it wasn’t for this support, we would have no other means of getting by.”

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For Douniama, the vouchers have meant the difference between barely affording food for her family to being able to pay for her children’s schooling. Just as tangible as the financial impact has been the added sense of independence and dignity that came with being able to provide for her family.

**FIGURE 3:** Impact in numbers (based on 2013 outcomes)

#### HIV/TB:

- > The default rate for TB treatment among patients receiving assistance through WFP was 0.78%, compared to a national default rate of 12%
- > Adherence to ART was 97%, and adherence to DOTS was 98%
- > The recovery rate from malnutrition was 90.66% among PLHIV and 97.32% among people with TB

#### Maternal and child health:

- > 99% of PLW took part in postnatal checkups, compared to a national rate of 64% in urban areas
- > 98% attended at least 4 prenatal visits during pregnancy, compared to a national rate of 95.6% in urban areas

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