

Donor European Union	Areas of Intervention Bandundu Province, DRC	Project Duration December 2009 - October 2011	Objectives To eradicate the disease through a cross-sectoral approach focused on nutrition education and training, dietary diversification, improved water access and agricultural processing
Budget 1,500,000 EUR	Beneficiaries 22,000 households		

Situation

Households in Bandundu Province rely primarily on agriculture for food, with cassava cultivated as a main crop, and have limited dietary diversity. Due to cyanide, a poisonous chemical present in cassava, the retting process of the root is critical before consumption. Improperly processed cassava causes konzo, a neurological ailment triggered by sustained dietary exposure to cyanide which leads to a permanent paralysis of the affected person's lower limbs. Since knowledge of the food-related origins of the disease is drastically limited, local beliefs and traditional customs were found to be the main contributors to the disease.

Beneficiaries

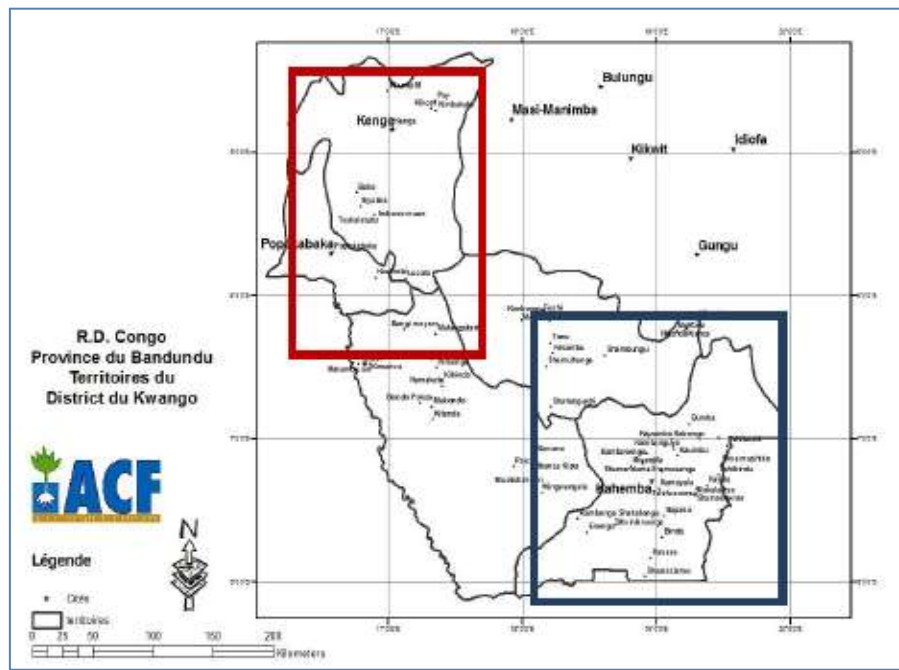
The project was implemented in 396 villages in the highest affected areas across the Territory of Kwango. Due to limited resources, project activities were only carried out in the most affected villages. A total of 22,000 households benefited from the project.



Rationale

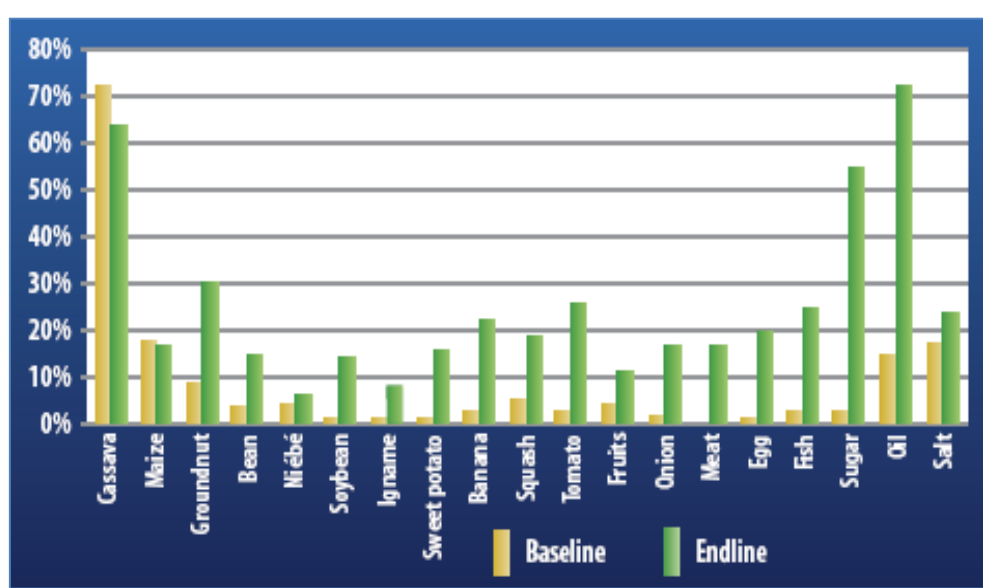
Identified at the baseline by both ACF and the DRC Ministry of Health, this project aimed to address the following critical factors found to be related to konzo:

- Knowledge of and attitudes towards the disease
- Limited agricultural and dietary diversity
- Low water access and poor knowledge/practices around cassava processing

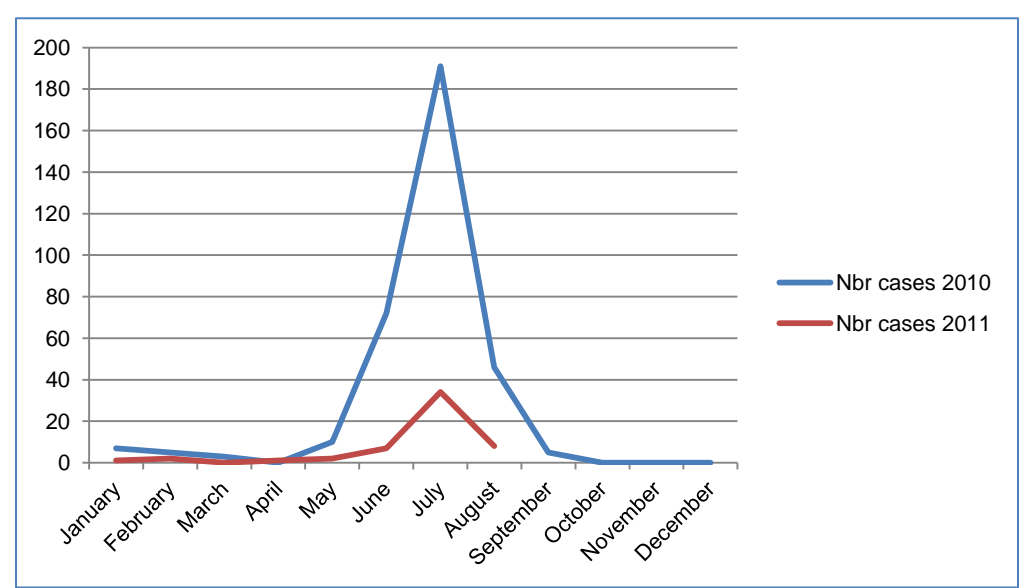


Results

- **Knowledge and attitudes on konzo and nutrition:** At project baseline, 74% of sampled population attributed the disease to a metaphysical origin, while 88% correctly noted the food-related causes of konzo at the endline.
- **Food stocks and dietary diversification:** Notable improvement was seen in overall household food stocks and diversity of food items (due to the introduction of food crop varieties with a lower amount of cyanide) over the life of the project.
- **Cassava retting techniques and water access:** Knowledge of community leaders and member households of community cells regarding cassava retting and drying techniques improved over the life of the project, however, constraints around access to processing sites and water quality limited optimal practice.



Household food stocks by food item in % of households



Comparison of number of konzo cases in Kahemba health zone in 2010 and 2011

Conclusions

ACF's multi-tiered community outreach and education strategy proved effective in the dissemination of information on a large scale. The community cell approach allowed for a deep, sustained and broad based appropriation of messages and activities around nutrition education and konzo that would not otherwise have been possible. Placing community members in leadership positions to carry out sensitization allowed local taboos to be effectively mitigated through open discussion. Impacts achieved through the community outreach and education approach were reinforced by improved access to water, agricultural processing infrastructure and opportunities to diversify diets.