

## HEALTHY MOTHERS, HEALTHY CHILDREN, HEALTHY COMMUNITIES

The “Healthy Mothers, Healthy Children, Healthy Communities” (HMCC) program was launched in 2007. It is an extension program, reaching throughout the Health Zone of Tshikaji as well as all the Presbyterian mission stations and hospitals in the Congo Presbyterian Church (CPC) network. HMCC offers a multidisciplinary, holistic approach to helping improve the health and well being of mothers, children and the communities where they live.

Over the past 10 years, the Democratic Republic of the Congo has suffered through civil war, war with neighboring countries and continual militia activity and internal conflicts.



A recent International Rescue Committee (IRC) survey found that these conflicts and the associated humanitarian crisis have left **5,400,000** people dead in the Congo since 1998. As many as 45,000 Congolese continue to die each month from war-related causes, with Congo having the highest mortality rate in the world.<sup>1</sup> Congo has known the displacement of thousands of its citizens, continued economic failure and a dramatic decline in the general state of health, with childhood (under age 5) mortality at over 20%.<sup>2</sup> Maternal mortality is extremely high at 990 deaths per 100,000 live

births.<sup>3</sup> 74% of the population is undernourished, eating only one meal per day and the average annual family income is \$110.<sup>4</sup>

In response to the critical need for health and development initiatives in the target population, the HMCC program strives to assist these communities as they achieve sustainable solutions to their most pressing problems. The program team includes a Presbyterian pastor and director of the “Action Presbytérienne Contre le SIDA” (the official Congo Presbyterian church HIV/AIDS prevention program), a community development expert, a women’s micro-finance expert, a nurse, a nutritionist, an agronomist and Mike and Nancy Haninger.

---

<sup>1</sup> International Rescue Committee, *Mortality in the Democratic Republic of the Congo; An Ongoing Crisis* (2007) [www.theirc.org/resources/2007/2006-7\\_congomortalitysurvey.pdf](http://www.theirc.org/resources/2007/2006-7_congomortalitysurvey.pdf)

<sup>2</sup> UNICEF, *The State of the World’s Children 2007*, [www.unicef.org/sowc07/statistics/statistics.php](http://www.unicef.org/sowc07/statistics/statistics.php)

<sup>3</sup> UNFPA, United Nations Population Fund Activities; *Indicators/Policy Development Democratic Republic of the Congo*, [www.unfpa.org/profile/drcongo.cfm](http://www.unfpa.org/profile/drcongo.cfm)

<sup>4</sup> UNFPA, United Nations Population Fund Activities; *Indicators/Policy Development Democratic Republic of the Congo*, [www.unfpa.org/profile/drcongo.cfm](http://www.unfpa.org/profile/drcongo.cfm)

Each month, the team travels to a different rural Presbyterian hospital, where 4 primary objectives are pursued:

- Evaluation of the hospital services and facility (local capacity building)
- Training in the WHO program “Active Management of Third Stage of Labor” (decreasing maternal mortality)
- Surveying communities and forming community health and development committees (improving community development)
- Initiating a Moringa Tree malnutrition program (reducing childhood mortality)

The problems facing the Congolese are overwhelming. One approach is to provide direct aid. The other is to work from a development perspective to empower the local population to take charge of recognizing, analyzing, and solving their most critical problems. We invite our Congolese friends to engage in a process of “transformation.” This transformational approach is based upon the belief that God has provided all His children with great capacity, intelligence and talent in order to unite and have an abundant life. During our visits to these communities, we stress that we are respectful ‘partners’ with them in this effort. We are willing to walk hand-in-hand with them down the challenging path towards self-development and a better life for all.

The results of this program are very exciting! Recently we were working at Luebo, a Presbyterian mission station that lies 185 miles northwest of Tshikaji (16 hours by road).

We met with the villagers and helped them form a health and development committee (see photo at right). They then set out to perform a community analysis, searching for the most serious problem that affects the health of the larger community. Since Luebo does not have a safe drinking water source, it was decided that this was problem that they themselves could solve immediately. The hospital statistics revealed a high rate of childhood diarrhea. The committee members organized a plan of action, trained 20 village health volunteers, and set out to educate the villagers about water borne diseases, and the necessity for boiling water in order to have potable water for their families. Transformation in action!



*This program is supported through donations of Presbyterian Women and other PCUSA congregations. Please send donations to ECO 320402/SafeMotherhood/Haninger projects. Thank you and God bless.*