

### Current Acute Food Insecurity September - December 2021\*

**27M**

Over 27 million people out of around 102 million analysed are experiencing high levels of acute food insecurity (IPC Phase 3 or above) in the Democratic Republic of Congo (DRC) between September and December 2021, making it the most food insecure country in the world.

### Acute Malnutrition September 2021 - August 2022

**860K** **470K**

The first-ever IPC Acute Malnutrition Analysis conducted in parts of DRC has revealed that nearly 860,000 children under the age of five and nearly 470,000 pregnant or lactating women are likely to suffer from acute malnutrition in 2022.

**5.2M**

Persistent conflict and insecurity have uprooted over 5.2 million Congolese out of their homes into displacement camps. The country also hosts 1.4 million returnees and more than half a million refugees and asylum seekers from neighbouring countries.

### Overview

#### Acute Food Insecurity (AFI)

Around 27 million people in the Democratic Republic of Congo (DRC) are experiencing high levels of acute food insecurity (IPC Phase 3 or above) between September and December 2021, of which around 6.1 million people are experiencing critical levels of acute food insecurity (IPC Phase 4). The country has the largest number of highly food insecure people in the world. This food insecurity is a result of a combination of conflict, economic decline, high food prices and the lingering impact of the COVID-19 pandemic. Although the latest analysis represents a slight improvement in comparison with last year's figures (27.3 million), the caseload and severity remain unacceptably high. Out of a total of 179 areas analysed, five territories have been classified in Emergency (IPC Phase 4), mainly Djugu (Ituri Province), Kamonia and Luebo (Kasai Province), as well as Dibaya and Luiza (Central Kasai Province). In the projection period, from January to June 2022, 25.9 million people or 25% of the analysed population will likely be in IPC Phase 3 or above, including 5.4 million in Emergency (IPC Phase 4). The situation in Irumu (Ituri Province) and Gungu (Kwilu Province) will likely deteriorate, changing the classification of these areas to Emergency (IPC Phase 4) with respectively 65% and 45% of their populations facing critical levels of food insecurity.

#### Acute Malnutrition (AMN)

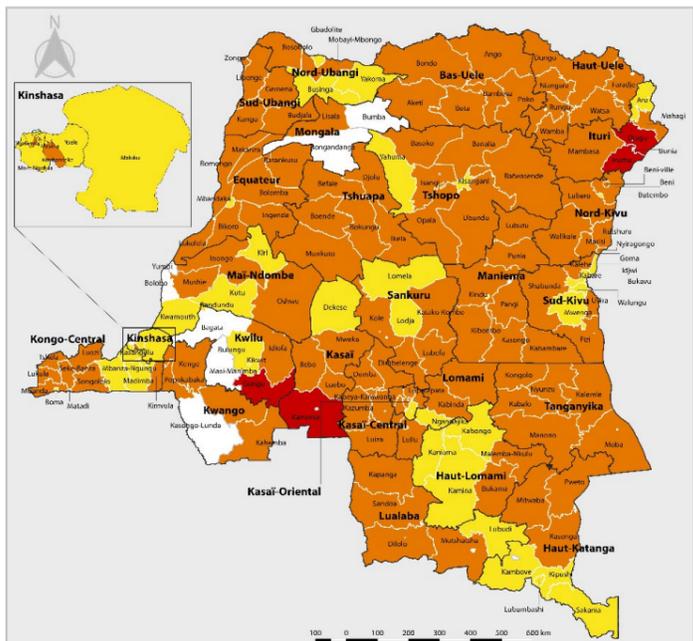
The first-ever IPC Acute Malnutrition analysis conducted in 70 health zones out of the 503 areas of DRC has revealed that nearly 860,000 children under the age of five and nearly 470,000 pregnant or lactating women are likely to suffer from acute malnutrition in 2022. Of the children, more than 200,000 are expected to be severely malnourished and will urgently require treatment. The causes of acute malnutrition in DRC include poor child feeding practice, high levels of acute food insecurity and inadequate access to health services, among others. Out of the 60 health zones included in territories covered by the AFI analysis, 35 have the same IPC classification (Phase 3) in both AFI and AMN scales, while 13 have a more severe AMN classification than the AFI one.

### Projected Acute Food Insecurity | January - June 2022\*

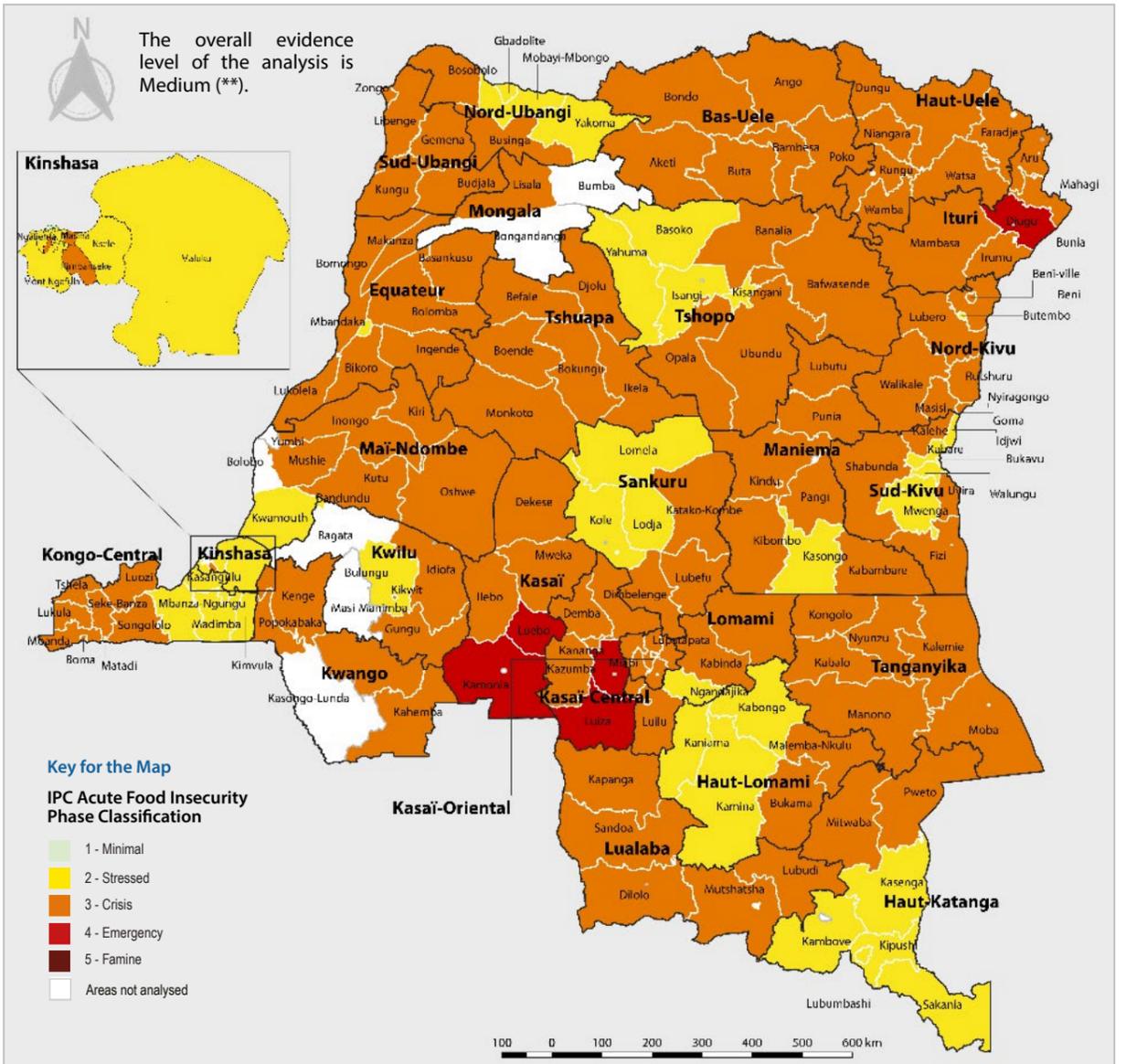
**26M**

Between January and June 2022, a slight improvement in food security is expected, with the number of people in Crisis (IPC Phase 3) or worse likely decreasing to nearly 26 million (25% of the analysed population). The situation remains, however, critical.

### Projected Acute Food Insecurity | January - June 2022



### Current Acute Food Insecurity | September - December 2021



### Key Drivers of Acute Food Insecurity



#### Conflict

Armed and communal conflicts persisted during the analysis period, displacing thousands of households and disrupting livelihoods. North Kivu, South Kivu and Ituri provinces continued to face armed conflict, presenting logistical challenges for humanitarian response efforts.



#### Poor production

Poor rainfall distribution, crop diseases and pests as well as limited access to seeds have undermined food production in many parts of DRC.



#### High food prices

Prices of staples and essential products increased by between 12% to 16% between June and August 2021, depriving households of access to food.



#### COVID-19 / other diseases

Although COVID-19 cases in the country remain relatively limited, with nearly 57,000 confirmed cases and 1,084 deaths by the end of September 2021, Kinshasa remains the most affected province with almost 60% of cases. DRC also suffers frequent outbreaks of cholera, Ebola and malaria.

### Recommended Actions for Acute Food Insecurity



#### Conflict resolution

Address the root causes of communal and political conflicts, especially in Katanga and Kivu provinces, to allow displaced households to return to their homes and rebuild their livelihoods.



#### Humanitarian assistance

Provide humanitarian support to populations classified in IPC Phases 3 and 4 to improve their food consumption, particularly in the Eastern provinces and the country's central region.



#### Livelihood support

Provide livelihood support by improving household access to tools and seeds. Improve technical capacity to grow more food. Support livestock herding communities and small-scale farmers in the fight against epizootics and plant diseases by supplying necessary inputs.



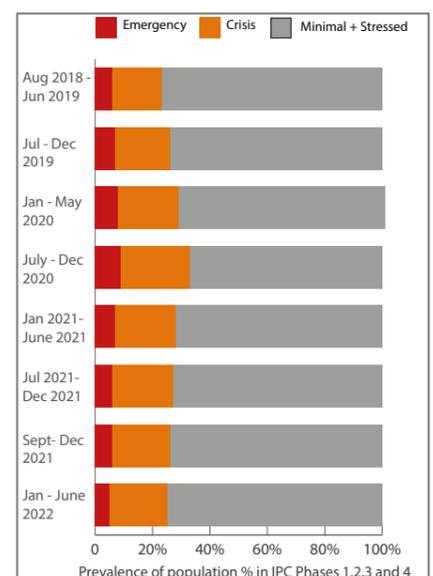
#### Manage diseases

Strengthen measures to combat waterborne diseases by improving access to water and sanitation facilities, mainly in endemic areas. Continue national efforts to combat the COVID-19 pandemic and continue to sensitise the population to respect measures.

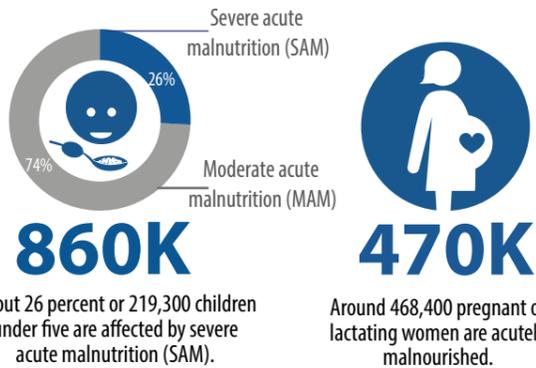
### Comparison: Acute Food Insecurity 2018 - 2022

The historical comparison of Acute Food Insecurity results in the DRC must consider the evolution of the coverage of the analyses. Between 2018 and 2021, the number of territories analysed increased from 101 to 179, and the population covered from 56.2 million to over 102 million. However, trend analysis shows that the prevalence of population in IPC Phase 3 or above has decreased by 7% compared to the same period in 2020 (from 33% in July-December 2020 to 26% in September-December 2021). The latest analysis also includes more urban areas than previous ones.

This is due to a general improvement of the situation and the higher coverage of areas with lower severity. Furthermore, the September-December 2021 current period of analysis shows a decrease of population in Phase 3 or above (-0.3 million people) compared to the current period February - July 2021 of the last analysis conducted in February 2021. The reduction becomes more noticeable when considering that the total population covered raised from 96 million (previous analysis) to 102 million (current analysis) in the same period.



**Acute Malnutrition September 2021 - August 2022\***



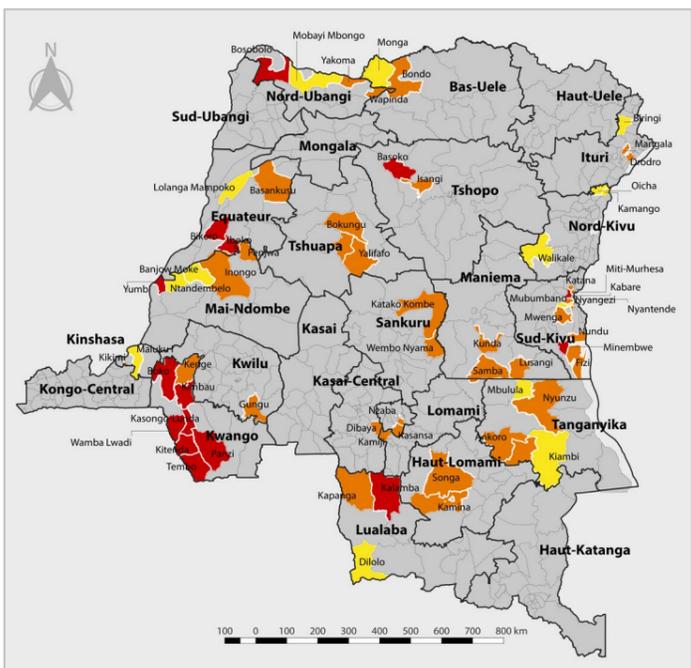
**Overview Acute Malnutrition**

For the first time, the IPC conducted an Acute Malnutrition Analysis in DRC, revealing the country's significant levels of acute malnutrition. Findings show that nearly 860,000 children under five and nearly 470,000 pregnant or lactating women are likely to be acutely malnourished through August 2022 in the 70 health zones analysed out of a total of 503 areas. These estimates include more than 200,000 severely malnourished children requiring urgent care.

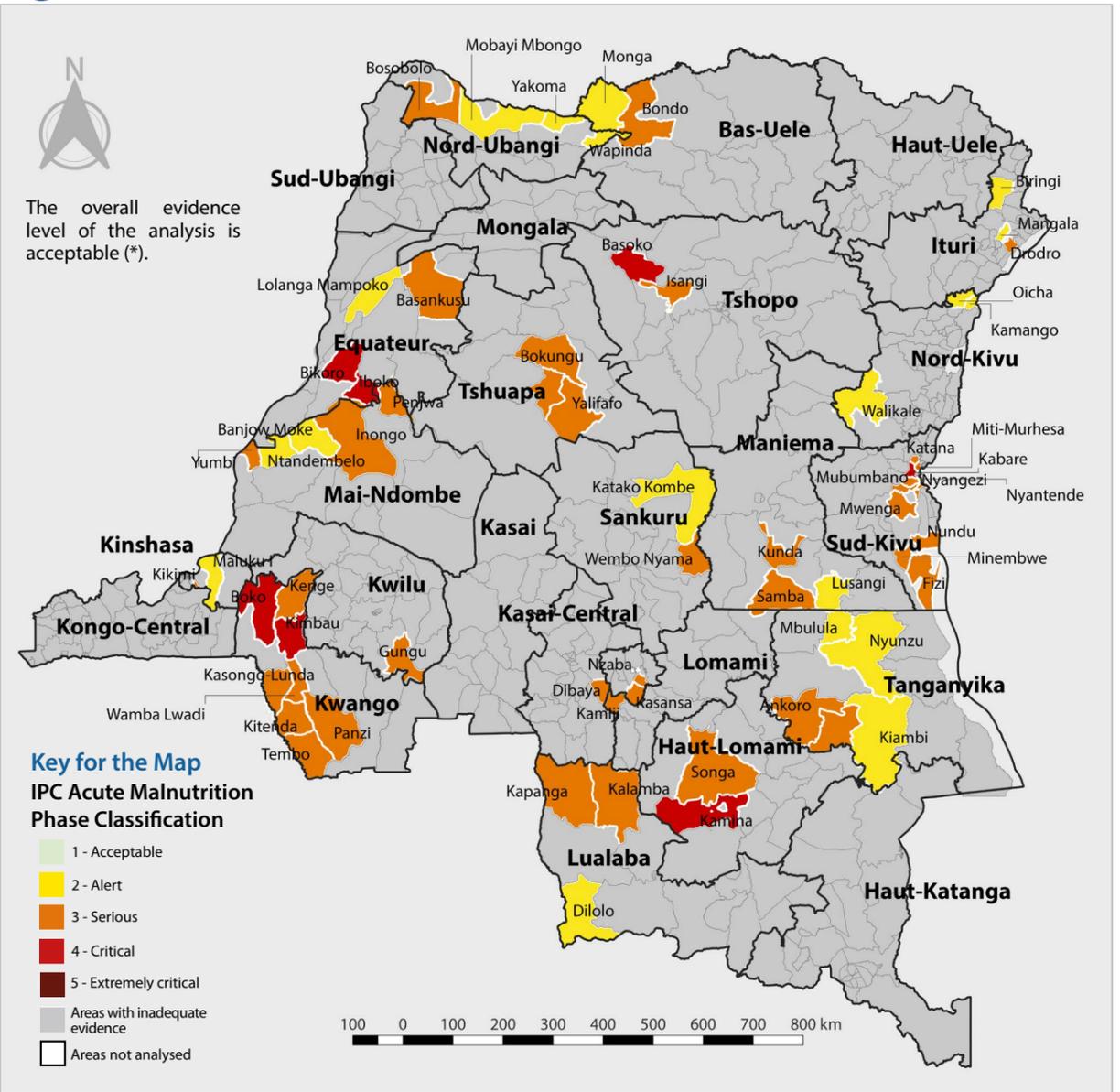
This precarious nutritional situation is the result of a combination of several factors, mainly poor feeding practices, acute food insecurity, a high prevalence of childhood illnesses (malaria and diarrhoea) and outbreaks of measles and cholera, poor hygiene conditions (inaccessibility to adequate sanitation facilities), very low access to drinking water, and the consequences of the security situation - mainly massive population displacement.

During the peak malnutrition period between September 2021 and March 2022, 42 health zones are in a Serious nutritional situation (IPC AMN Phase 3) and eight in a Critical nutritional situation (IPC AMN Phase 4). Between April and August 2022, a significant deterioration of the nutritional situation will likely be observed, with eight health zones likely moving from a Serious situation to a Critical situation, five zones likely moving from an Alert situation (IPC AMN Phase 2) to a Serious situation, and 34 health zones likely remaining in a Serious situation if adequate measures to alleviate the aggravating factors of malnutrition are not taken.

**Projected Acute Malnutrition | April - August 2022**



**Current Acute Malnutrition | September - March 2021**



**Factors contributing to Acute Malnutrition**



**Poor feeding practices**  
Findings show poor feeding practices among Congolese households, resulting in low dietary diversity and an inadequate minimum acceptable diet.



**Acute food insecurity**  
DRC's persistently high levels of acute food insecurity over the last few years have contributed to high levels of acute malnutrition among children and pregnant or lactating women.



**Diseases**  
Frequent outbreaks of measles and cholera and a marked increase in cases of diarrhoea and malaria have hit children under five hardest, contributing to acute malnutrition.



**Conflict**  
Displacement and life in camps exposes children to diseases and deprives them of access to ample nutritious feeding.

**Recommended Actions for Acute Malnutrition**



**Lifesaving Nutrition Assistance**  
Provide lifesaving nutrition treatment for all children and pregnant or lactating women suffering from acute malnutrition as a priority to reduce their mortality rate.



**Water and Sanitation**  
Acute malnutrition can be prevented by improving access to clean drinking water and basic sanitation for children and their families. This is especially important during conflicts or among poor and displaced communities.



**Livelihood support**  
Livelihood support aimed at improving access to food at the household level will benefit children under five, and support the development of local markets that can service needs in the long term and strengthen resilience.



**Access to Healthcare**  
Improve access to healthcare services to improve the quality of newborn, child and maternal health care - especially at the community level - through cultural and age-appropriate health and nutrition protocols.

**IPC Acute Malnutrition Phase name and description**

The IPC Acute Malnutrition Classification provides information on the magnitude and severity of acute malnutrition, highlights the major contributing factors to acute malnutrition, and provides actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	5-9.9% of children are acutely malnourished.	10-14.9% of children are acutely malnourished.	15-29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.
The situation is progressively deteriorating, with increasing levels of acute malnutrition. Morbidity levels and/or individual food consumption gaps are likely to increase with increasing levels of acute malnutrition.				

## BACKGROUND OF THE CRISIS IN DRC

For decades, the DRC has been engulfed by a complex humanitarian crisis, fuelled by armed conflict, natural disasters and disease outbreaks. While the poverty rate of the largest country in Sub-Saharan Africa has fallen slightly over the past two decades, particularly in rural areas, the DRC nonetheless remains one of the poorest countries in the world. Women and children remain the most vulnerable. The crisis context is aggravated by a political standstill, the slowdown in economic growth, and structural weaknesses in terms of development.

### Conflict

To date, over 120 armed groups are active in the east of the country, uprooting more than 5.2 million people from their homes. As a result, fragmented armed groups often prevent civilians from accessing their fields. War and unrest have been the most protracted in North Kivu, South Kivu, and Ituri, as well as Tanganyika and the central Kasai provinces more recently. The situation remains particularly volatile and cyclical in the eastern provinces, driving millions into high levels of acute food insecurity. The impact of conflict on food security is long-lasting.

## Diseases

The country has suffered some of the most severe Ebola outbreaks the world has ever seen, second only to the 2013-2016 West Africa epidemic, which claimed over 11,000 lives. For about two years from 2018-2020, the DRC faced an Ebola epidemic in Beni territory (North Kivu). On 7 February 2021, authorities announced the resurgence of the Ebola Virus Disease (EVD) in the east of the country, three months after declaring the end of a previous epidemic. The country is also facing the ongoing COVID-19 pandemic, which negatively affects the economy and the macro-economic framework.

In addition, the country's multiple measles outbreaks have been compounded by low immunisation coverage in vulnerable communities, malnutrition, weak public health systems, outbreaks of other diseases with epidemic potential, as well as poor access to health care for vulnerable populations and insecurity, which hampered the response in some areas. The DRC continues to struggle with malaria, which affects all provinces and is the leading cause of morbidity and mortality.

## State of roads and basic infrastructure

Nearly 70% of the Congolese population live in rural areas, mainly engaging in cropping, fishing, and livestock farming, in precarious conditions and absolute poverty, despite the considerable economic potential of these activities. The absence or poor state of road and communication infrastructure are major causal factors, keeping the rural population in isolation. Poor infrastructure has also negatively impacted access to essential social services and markets' functioning, making the movement of goods and humanitarian assistance difficult.

### Economic Decline

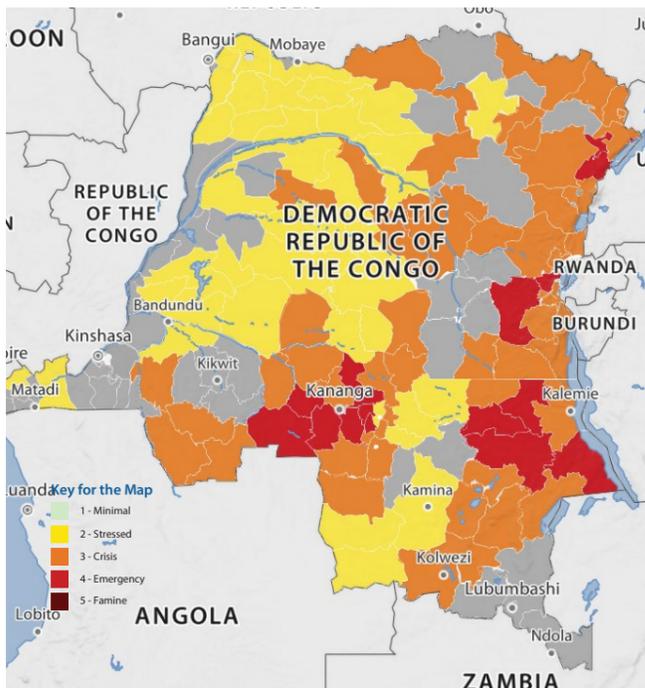
The economy of DRC has declined drastically since the mid-1980s, despite being home to extensive natural resources and mineral wealth with vast potential to support a healthy, functioning economy for the population. In 2018, 72% of the population, especially in the North West and Kasai regions, lived in extreme poverty on less than \$1.90 a day, according to the World Bank. In 2020, the country experienced its first recession in 18 years due to the impacts of the COVID-19 pandemic. The DRC's real GDP contracted by 1.7% in 2020 after increasing by 4.4% in 2019 and 5.8% in 2018.

## ACUTE FOOD INSECURITY TREND ANALYSIS 2019 - 2022

### 2019 CURRENT: Acute Food Insecurity

July - December 2019

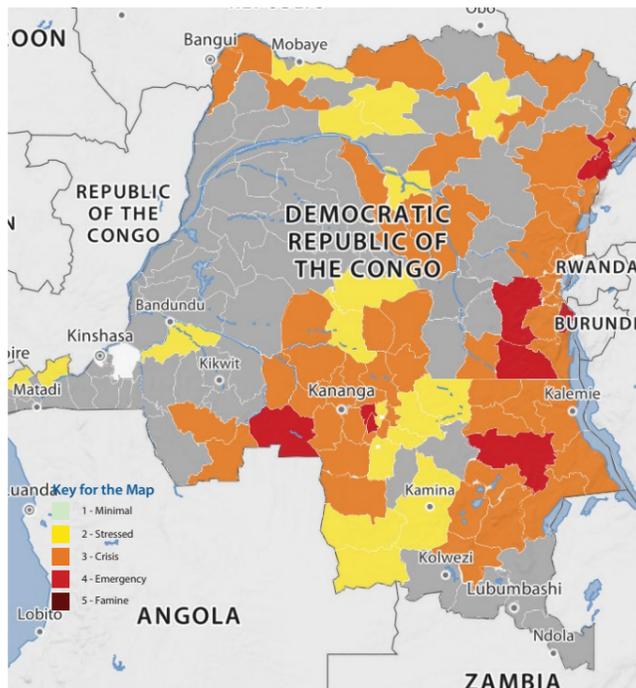
**15.6M** Nearly 15.6 million people (26% of the population analysed) in DRC were classified to be in Crisis or worse (IPC Phase 3 or above) between July and December 2019



### 2020 PROJECTION: Acute Food Insecurity

January - May 2020

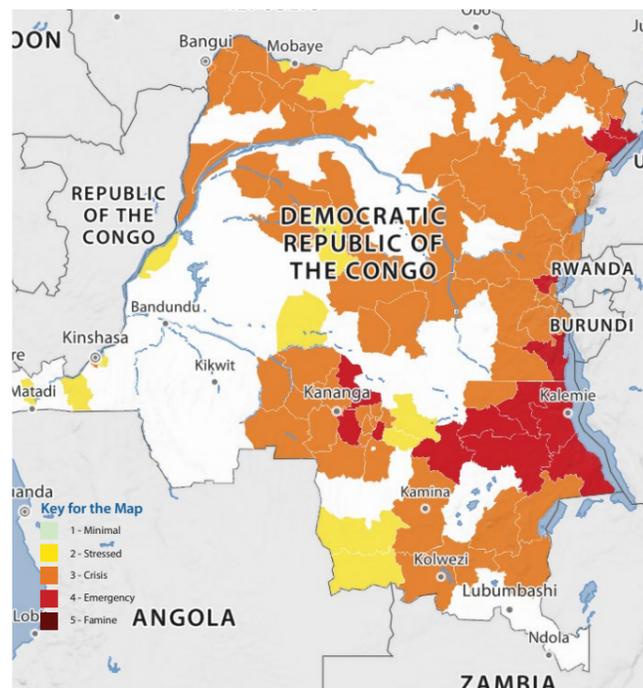
**13.5M** Over 13.6 million people (28% of the population analysed) in DRC were projected to be in Crisis or worse (IPC Phase 3 or above) between January and May 2020



### 2020 CURRENT: Acute Food Insecurity

July - December 2020

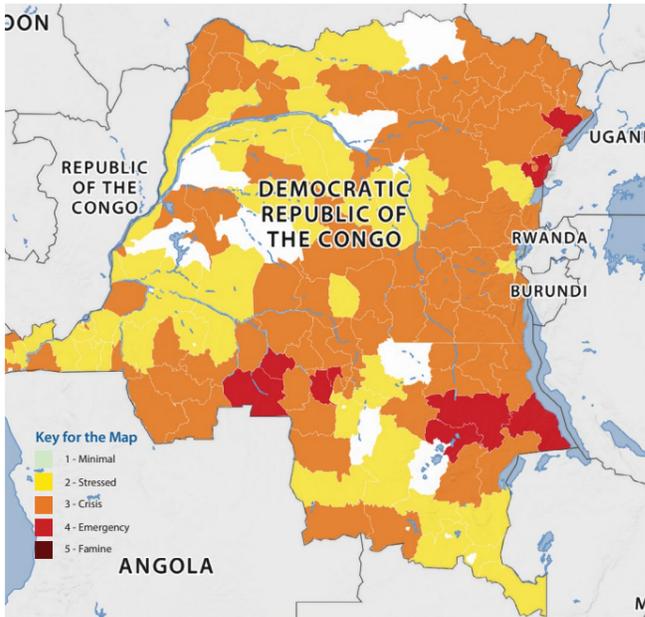
**21.8M** Over 21.8 million people (33% of the population analysed) in DRC were classified in Crisis or worse (IPC Phase 3 or above) between July and December 2020



### 2021 CURRENT: Acute Food Insecurity

February - July 2021

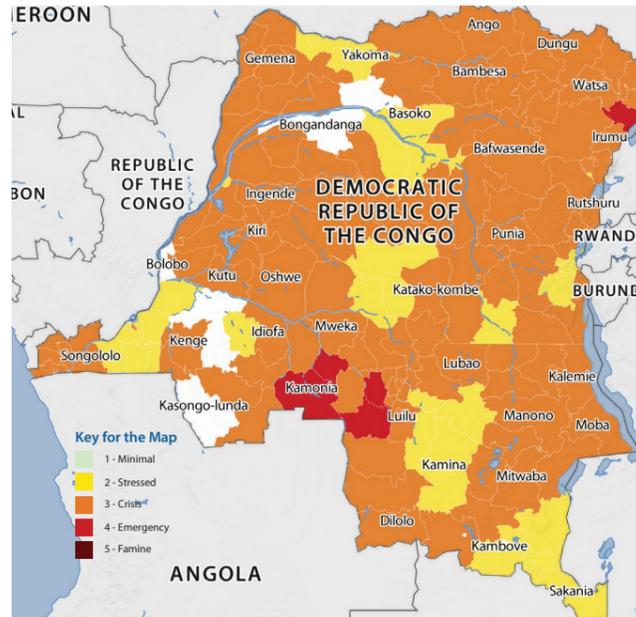
**27.3M** Nearly 27.3 million people (28% of the population analysed) in DRC were classified in Crisis or worse (IPC Phase 3 or above) between February and July 2021



### 2021 CURRENT: Acute Food Insecurity

September - December 2021

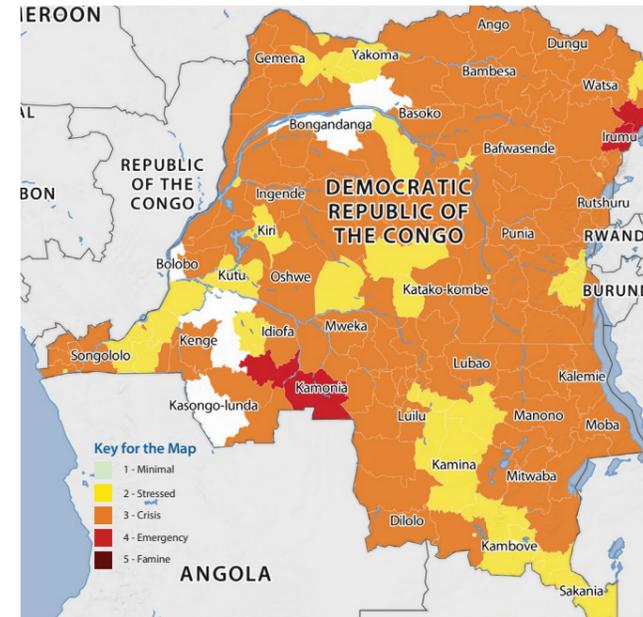
**27M** Over 27 million people (26% of the population analysed) in DRC are classified in Crisis or worse (IPC Phase 3 or above) between September and December 2021



### 2022 PROJECTION: Acute Food Insecurity

January - June 2022

**26M** Nearly 26 million people (25% of the population analysed) in DRC are projected to be in Crisis or worse (IPC Phase 3 or above) between January and June 2022



Publication date: November 2021 | \*IPC population data is based on population estimate by the DRC's National Institute of Statistics. | Feedback: IPC@FAO.org | Disclaimer: The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.

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Classification of malnutrition using the IPC protocols, developed and implemented by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWS NET, Food Security Cluster, Malnutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

