The Democratic Republic of Congo (DRC) is experiencing one of the worst humanitarian crises in the world. More than five million people have been displaced, including three million children. Most of these displaced families have sheltered in local communities which are only just managing to meet their own needs. Other displaced persons live in informal camps where living conditions are even harsher.

According to the latest IPC Acute Malnutrition analysis, nearly 900,000 children under five and more than 400,000 pregnant or lactating women are likely to be acutely malnourished through August 2022 in the 70 health zones analysed out of a total of 519 health zones. 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, 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 Phase 3) and eight in a Critical situation (IPC Phase 4). Between April and August 2022, a significant deterioration of the nutritional situation (IPC Phase 4) is likely to be observed, with eight health zones moving from a Serious situation to a Critical situation, and five zones likely moving from an Alert situation (IPC 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.

The overall confidence level of the analysis is acceptable (2).**

** This analysis was conducted under the sponsorship of the Ministry of health under the umbrella of PRONANUT. The methodological protocol has been adapted to the DRC context and is in line with the technical support of the IPC Global Support Unit with the financial support of ADRA, ACF and WFP.

The analysis was conducted under the sponsorship of the Ministry of health under the umbrella of PRONANUT. The methodological protocol has been adapted to the DRC context and is in line with the technical support of the IPC Global Support Unit with the financial support of ADRA, ACF and WFP.

Contributing Factors

- **Poor feeding practices**: Low dietary diversity and inadequate minimum acceptable diet.
- **Acute food insecurity**: High levels of food insecurity contribute to acute malnutrition.
- **Inadequate WASH services**: Inadequate hygiene conditions and low access to safe water.
- **Diseases and illnesses**: Outbreaks of measles and cholera, and a marked increase in cases of diarrhoea and malaria.
- **Insecurity and conflict**: Deteriorated security situation (residual insecurity and inter-community conflicts).

Overview

DRC: Acute Malnutrition September 2021 - August 2022

Current Acute Malnutrition | September - March 2021

Projected Acute Malnutrition | April - August 2022

Recommended Actions

- Provide humanitarian assistance
- Take actions for early prevention
- Provide livelihood support
- Increase access to safe water and adequate sanitation
- Monitor and manage diseases
- Monitor and mitigate security situation

Recommended Actions

- Capitalise on the achievements in the implementation of emergency responses and early prevention that have limited the deterioration of the nutritional situation.
- Strengthen the resilience of households to cope with food insecurity.
- Improve water and sanitation infrastructure.
- Strengthen the monitoring and systematic management of diseases.
- Establish a mechanism for monitoring and mitigating the effects of security crises on basic infrastructure (health centres, water points, etc.) and population movements.

Recommended Actions

- Provide treatment for all children and women suffering from acute malnutrition. This must be the first priority to reduce the mortality rate of children under five and pregnant or lactating women.
- Capitalise on the achievements in the implementation of emergency responses and early prevention that have limited the deterioration of the nutritional situation.
- Strengthen the resilience of households to cope with food insecurity.
- Improve water and sanitation infrastructure.
- Strengthen the monitoring and systematic management of diseases.
- Establish a mechanism for monitoring and mitigating the effects of security crises on basic infrastructure (health centres, water points, etc.) and population movements.

Recommended Actions

- Provide humanitarian assistance
- Take actions for early prevention
- Provide livelihood support
- Increase access to safe water and adequate sanitation
- Monitor and manage diseases
- Monitor and mitigate security situation

Recommended Actions

- Provide treatment for all children and women suffering from acute malnutrition. This must be the first priority to reduce the mortality rate of children under five and pregnant or lactating women.
- Capitalise on the achievements in the implementation of emergency responses and early prevention that have limited the deterioration of the nutritional situation.
- Strengthen the resilience of households to cope with food insecurity.
- Improve water and sanitation infrastructure.
- Strengthen the monitoring and systematic management of diseases.
- Establish a mechanism for monitoring and mitigating the effects of security crises on basic infrastructure (health centres, water points, etc.) and population movements.

Recommended Actions

- Provide humanitarian assistance
- Take actions for early prevention
- Provide livelihood support
- Increase access to safe water and adequate sanitation
- Monitor and manage diseases
- Monitor and mitigate security situation

Recommended Actions

- Provide treatment for all children and women suffering from acute malnutrition. This must be the first priority to reduce the mortality rate of children under five and pregnant or lactating women.
- Capitalise on the achievements in the implementation of emergency responses and early prevention that have limited the deterioration of the nutritional situation.
- Strengthen the resilience of households to cope with food insecurity.
- Improve water and sanitation infrastructure.
- Strengthen the monitoring and systematic management of diseases.
- Establish a mechanism for monitoring and mitigating the effects of security crises on basic infrastructure (health centres, water points, etc.) and population movements.

Recommended Actions

- Provide humanitarian assistance
- Take actions for early prevention
- Provide livelihood support
- Increase access to safe water and adequate sanitation
- Monitor and manage diseases
- Monitor and mitigate security situation

Recommended Actions

- Provide treatment for all children and women suffering from acute malnutrition. This must be the first priority to reduce the mortality rate of children under five and pregnant or lactating women.
- Capitalise on the achievements in the implementation of emergency responses and early prevention that have limited the deterioration of the nutritional situation.
- Strengthen the resilience of households to cope with food insecurity.
- Improve water and sanitation infrastructure.
- Strengthen the monitoring and systematic management of diseases.
- Establish a mechanism for monitoring and mitigating the effects of security crises on basic infrastructure (health centres, water points, etc.) and population movements.