Overview

Acute Food Insecurity (AFI)

Around 27 million people in the Democratic Republic of Congo (DRC) are experiencing critical 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 unacceptable high. Out of a total of 179 areas analysed, five territories have been classified in Emergency (IPC Phase 4), mainly Duguju (Ituri Province), Kamonia and Luvungi (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 3.4 million in Emergency (IPC Phase 4). The situation in Turu (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 February 2021, classified 25.9 million people or 25% of the analyzed population as “severe acute malnutrition” (SAM). This classification is based on the severity of malnutrition and its impact on survival. However, this classification does not capture the full picture of the situation. Given the high prevalence of acute food insecurity, nearly 860,000 children under the age of five and nearly 470,000 pregnant or lactating women are likely to suffer from severe acute malnutrition in 2022. 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 severe acute malnutrition in 2022.

Key Drivers of Acute Food Insecurity

Conflict

Armed and communal conflicts persist, displacing thousands of households and disrupting livelihoods. North Kivu, South Kivu and Ituri provinces continue 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 have 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, nearly 5,700 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 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 control 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 sensitize 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 analysis. 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 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.
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 women 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 clean drinking water and 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 was 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.

Factors contributing to Acute Malnutrition

- 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.
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 in Ituri, as well as Tanganyika and the central Kasai provinces. 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 in Ituri, as well as Tanganyika and the central Kasai provinces.