Crisis
severe AMN classification than the AFI one.
covered by the AFI analysis, 35 have the same IPC classification
others. Out of the 60 health zones included in territories
include poor child feeding practice, high levels of acute food
are expected to be severely malnourished and will urgently
acute malnutrition in 2022. Of the children, more than 200,000
that nearly 860,000 children under the age of five and nearly
70 health zones out of the 503 areas of DRC has revealed
Emergency (IPC Phase 4) with respectively 65% and 45% of
likely deteriorate, changing the classification of these areas to
including 5.4 million in Emergency (IPC Phase 4). The situation
in Emergency (IPC Phase 4), mainly Djugu (Ituri Province),
total of 179 areas analysed, five territories have been classified
in comparison with last year’s figures (27.3 million), the
case load and severity remain unacceptable 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 Lubeo (Kasai Province), as well as Dibaya 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 5.4 million in Emergency (IPC Phase 4). The situation
in Ituri (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 2022
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, 55 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.

**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 case load and severity remain unacceptable high.

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 from 26 million to around 25.9 million people. In addition, the number of people in Emergency (IPC Phase 4) is also expected to decrease, although it remains the most affected province with nearly 6.1 million people in Emergency (IPC Phase 4). The country has the largest number of highly food insecure people in the world, with nearly 860,000 children under the age of five and nearly 70 health zones out of the 503 areas of DRC having revealed Emergency (IPC Phase 4) with respectively 65% and 45% of the analysed population likely to be in IPC Phase 3 or above, including 5.4 million in Emergency (IPC Phase 4). The situation in Ituri (Ituri Province) and Gungu (Kwilu Province) is expected to 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.

**Conflict**

Armed and communal conflicts persist, 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 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, with nearly 57,000 confirmed cases and 1,046 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, improving 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. Between July and August 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 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 situation (IPC AMN Phase 4). Between April and August 2022, a significant deterioration of the nutritional situation (IPC AMN Phase 4) was observed, with eight health zones likely moving from an Alert situation to a Critical situation, five zones likely moving from a Serious situation to a Critical 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

The overall evidence level of the analysis is acceptable (*).
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 standoff, 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.