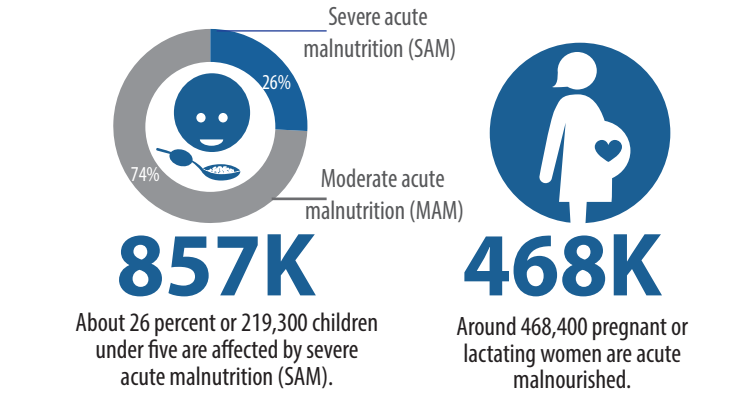


Acute Malnutrition September 2021 - August 2022*



Overview

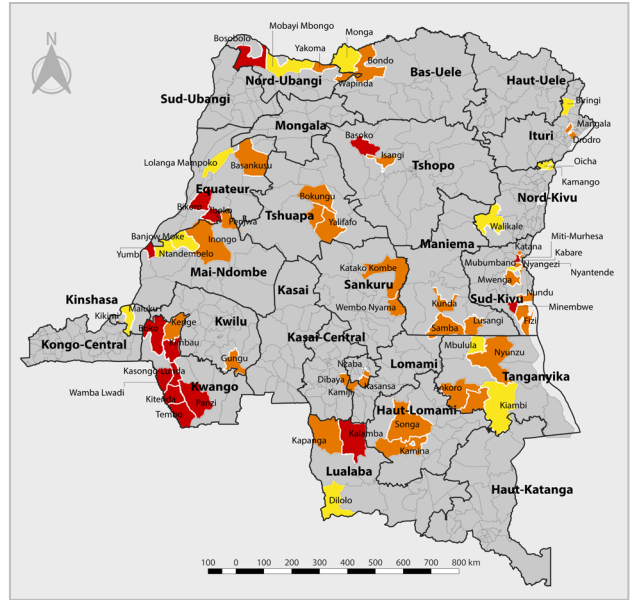
The Democratic Republic of Congo (DRC) is experiencing one of the worst humanitarian crises in the world. More than five million people have been displaced, including three million children. Most of these displaced families have sheltered in local communities which are only just managing to meet their 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.

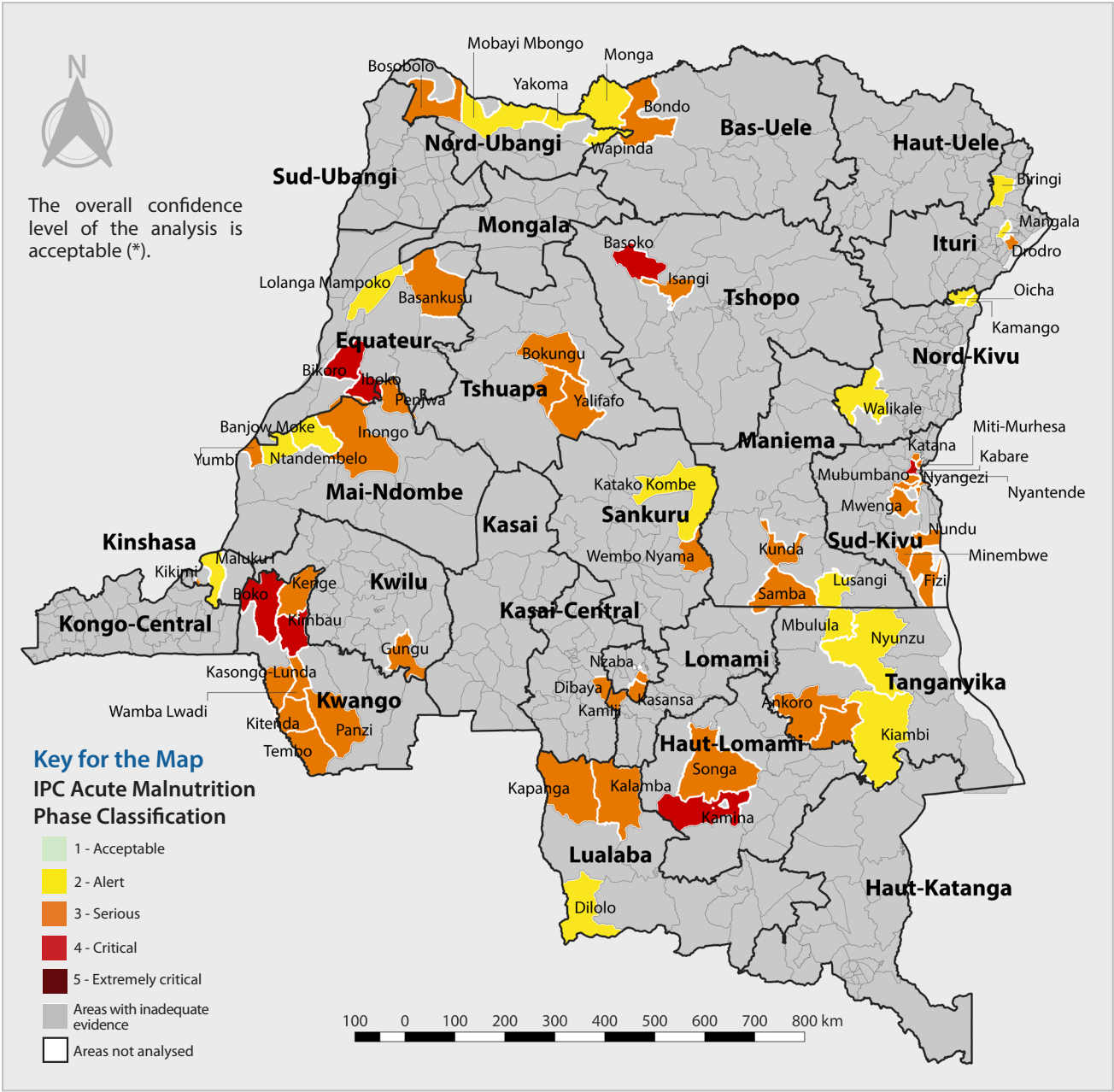
This precarious nutritional situation is the result of a combination of several factors, mainly poor feeding practices, acute food insecurity, high prevalence of childhood illnesses (malaria and diarrhoea) and outbreaks of measles and cholera, poor hygiene conditions (inaccessibility to adequate sanitation 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 nutritional situation (IPC 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 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



Contributing Factors

Poor feeding practices
Low dietary diversity and inadequate minimum acceptable diet.

Acute food insecurity
High levels of acute 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).

Recommended Actions

Provide humanitarian assistance
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.

Take actions for early prevention
Capitalise on the achievements in the implementation of emergency responses and early prevention that have limited the deterioration of the nutritional situation.

Provide livelihood support
Strengthen the resilience of households to cope with food insecurity.

Increase access to safe water and adequate sanitation
Improve water and sanitation infrastructure.

Monitor and manage diseases
Strengthen the monitoring and systematic management of diseases.

Monitor and mitigate security situation
Establish a mechanism for monitoring and mitigating the effects of security crises on basic infrastructure (health centres, water points, etc.) and population movements.