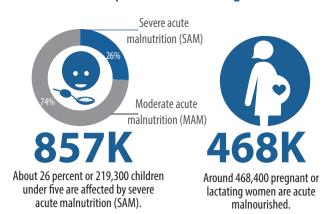
# Integrated Food Security Phase Classification

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



## **Overview**

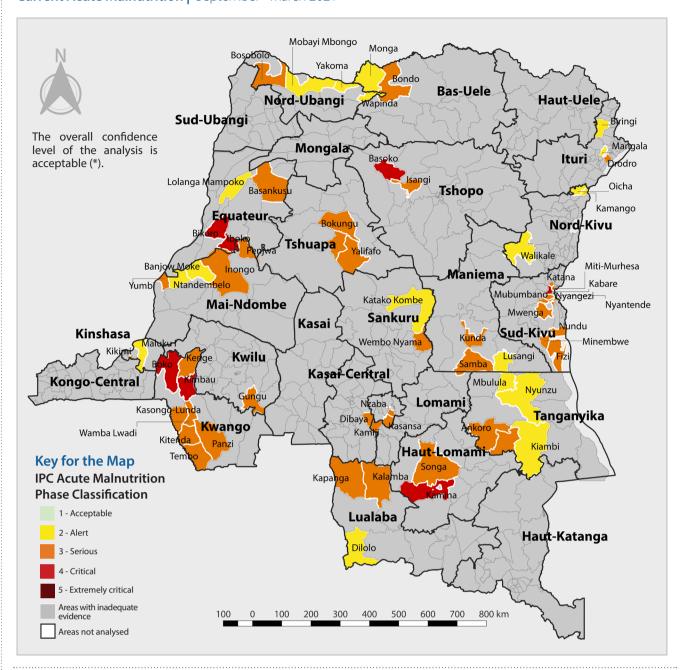
The Democratic Republic of Congo (DRC) is experiencing one of the worst humanitarian crises in the world. More than five million people have been displaced, including three million children. Most of these displaced families have sheltered in local communities which are only just managing to meet their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

## **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.



# illnesses

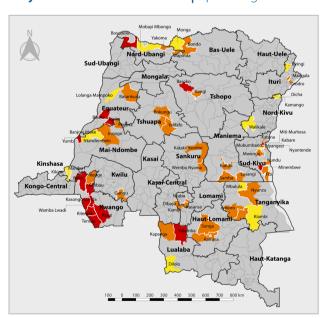
Outbreaks of measles and cholera, and a marked increase in cases of diarrhoea



#### Insecurity and conflict

Deteriorated security situation (residual insecurity and inter-community conflicts)

# Projected Acute Malnutrition | April - August 2022



# **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.

 $\label{localization} \begin{tabular}{ll} \textbf{Publication date:} September 2021 & PC population data is based on population estimate by the DR Congo's National Institute of Statistics. & **Background information is based on information taken from the UNICEF website. & PC@FAO.org & Disclaimer: The information shown on this map does not imply official in the property of the property$ recognition or endorsement of any physical and political boundaries.

This analysis was conducted under the sponsorship of the Ministry of health under the umbrella of PRONANUT (National Nutrition Programme). It benefited from the technical support of the IPC Global Support Unit and the financial support of ADRA, FAO and WFP.

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.









































