

## Key nutrition challenges



**214 000** children under 5 years were **wasted** in 2022  
**67 000** of them were **severely wasted**



**98 000** pregnant and lactating women were **acutely malnourished**

Source: IPC AMN, October 2021.

**High levels of acute food insecurity have contributed to the number of children and pregnant and lactating women that were wasted in 2021.**

Of particular concern is the deterioration in Basse-Kotto and Haut-Mbomou prefectures in the southeast, where six sub-prefectures (Mobaye, Zangba, Satema, Mingala, Djema and Zémio) are expected to be in Critical (IPC AMN Phase 4) during the lean season (March to August 2022), which is also the peak of the malaria season. In Kaga-Bandoro, Yalinga et Ouadda, which were not analysed due to lack of sufficient data, the nutritional situation is expected to be severe, driven by access constraints and lack of work opportunities and basic health services (IPC AMN, October 2021).

Stunting levels remain 'very high', according to WHO thresholds, with approximately 40 percent of children below 5 years stunted, up from 37.7 percent in 2018 (SMART, 2018 and 2019).

### Key drivers

#### Food security and access to healthy diets

Acute food insecurity appears to be a major contributing factor to child wasting in all the sub-prefectures classified in Serious (IPC AMN Phase 3). More than 40 percent of the population in all of these sub-prefectures have faced Crisis or worse (IPC Phase 3 or above) acute food insecurity, which reflects serious limitations on access to food (quantity and quality) (IPC AMN, October 2021).

#### Caring and feeding practices

Although almost half of children are breastfed exclusively until 6 months of age (SMART, 2019), minimum dietary diversity is very low in all the areas analysed (varies from 1.6–32 percent) and only 2 percent of children aged 6–23 months have a minimum acceptable diet (IPC AMN, October 2021).

#### Health services and household environment

Conflict and insecurity in tandem with the persistent effects of COVID-19, including the restrictive measures put in place for its control, have had a major negative impact on basic social services, accentuating the already inadequate functioning of many decentralized health structures and further reducing the coverage of nutritional interventions. Insecurity made it difficult for households to access nutritional assistance and prevention activities in most sub-prefectures analysed (IPC AMN, October 2021).

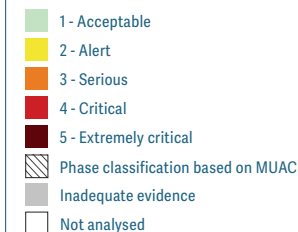
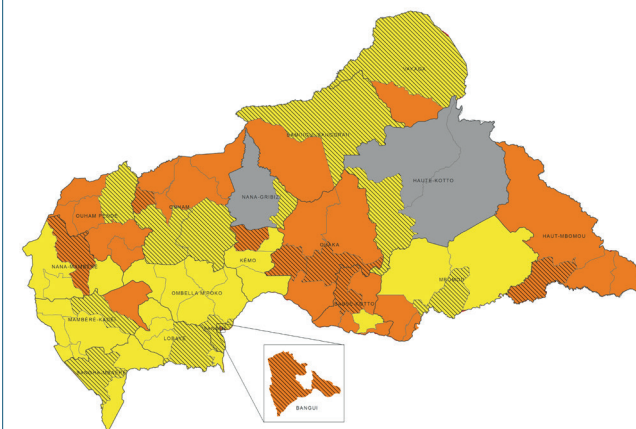
In Kabo, Mingala and Mbrès sub-prefectures, mobile clinics had to be suspended due to insecurity and health facilities were occupied by armed groups, while people relied on humanitarian aid to survive (HNO, October 2021).

Inadequate access to safe drinking water and improved sanitation contribute to the high prevalence of childhood diseases – notably malaria, diarrhoea, acute respiratory infections and measles outbreaks. Water facilities are no longer functional due to vandalism or lack of maintenance, containers for collecting and storing water have been lost during people's flight, wells have been contaminated and insecurity has limited access to water points that are still functioning. In 2021, people in Ouham-Pendé suffered the highest number of violent shocks in the country and the number of people without access to water trebled (HNO, October 2021).

MAP 3.14

### IPC acute malnutrition situation, September 2021–February 2022

According to the analysis of 68 out of 71 sub-prefectures and Bangui, 31 were classified in Serious (IPC AMN Phase 3) – including Bangui – and the remaining 37 in Alert (IPC AMN Phase 2).



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: Central African Republic IPC Technical Working Group, October 2021.