

Key nutrition challenges



1.2M children under 5 years were **wasted** in 2021
534 000 of them were **severely wasted**



550 000 pregnant and lactating women were **acutely malnourished**

Source: HNO, February 2022.

Some 1.2 million children under 5 years and over 0.5 million women are expected to be wasted in 2022 (HNO, February 2022).

The prevalence of stunting exceeded the ‘very high’ WHO threshold (≥30 percent) with an estimated 41.8 percent of children under 5 years – almost 5.7 million children – stunted. The levels are even higher in conflict-affected northeastern provinces of North Kivu (49.6 percent) and Ituri (47.1 percent). Stunting levels are ‘very high’ in ten out of 11 refugee sites (SENS, 2019).

Key drivers

Low quality of food due to poor child feeding practices and acute food insecurity, as well as a high prevalence of childhood illnesses, poor sanitation, very poor access to drinking water and conflict-related displacement are chief factors driving wasting.

Food security and access to healthy diets

Acute food insecurity appears to be a major contributing factor to child wasting as a result of lower availability of food in quantity and quality for children under 5 years (IPC AMN, November 2021).

Comparisons between the IPC acute malnutrition and acute food insecurity analyses are limited due to the relatively small number of health zones covered by the acute malnutrition analysis. However, acute food insecurity appears to be a contributing factor to the nutritional situation in 46 out of the 60 health zones covered by both the acute food insecurity and acute malnutrition analysis. In the 12 zones where the classification of acute food insecurity is more severe than that of malnutrition, there are dietary practices

adopted by households that help to slightly reduce the effects of food insecurity and protect children against acute malnutrition. These include an acceptable level of IYCF practices – exclusive breastfeeding, the continuation of breastfeeding and the timely introduction of diverse foods, as well as consumption of wild foods and reducing adult consumption so that children can eat (IPC AMN, November 2021).

Caring and feeding practices

More than 60 percent of children do not receive a minimally acceptable diet. Exclusive breastfeeding, continued breastfeeding and introduction of adequate complementary food are more likely to be inadequate in Kwango, Mai-Ndombe, Kwilu, Sankuru, Kasai, Kasai-Oriental and Central provinces (IPC AMN, November 2021).

Health services and household environment

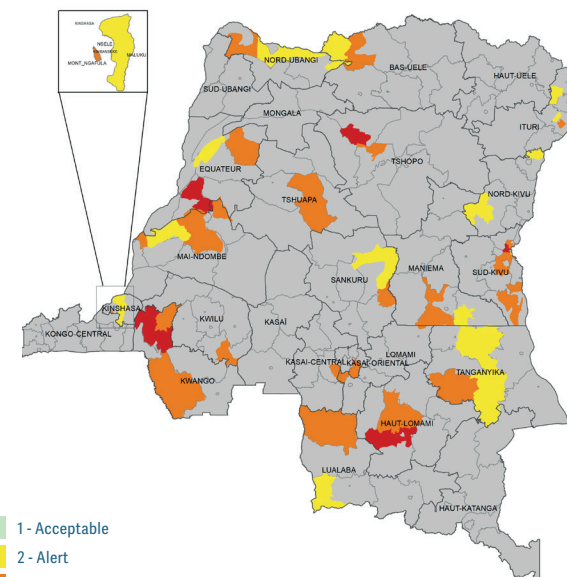
Poor sanitation conditions, low access to drinking water and poor health services underlie a high prevalence of diseases. Around 40 percent of households lack access to improved water points and over 60 percent lack improved sanitation (IPC AMN, November 2021).




The high incidence of diarrhoea is a key driver of malnutrition, particularly in Equateur, Kasai Central and North Kivu, where only 24 percent of those affected receive adequate treatment, 21.5 percent of households have access to a handwashing facility with soap and water, 33 percent to improved sanitation facilities and 5 percent to an improved drinking water source (HNO, February 2022). In the second quarter of 2021, new cases of measles were reported in Equateur, Maniema and Sankuru. From October 7, 2021, an epidemic was declared in Kinshasa (IPC AMN, November 2021). By November 2021, 49 000 measles cases had been reported nationally (HNO, February 2022). In early October, the Congolese authorities again declared the Ebola virus disease (EVD) epidemic in Beni, North Kivu. Vaccination coverage against measles and vitamin A supplementation was particularly low in certain health zones (IPC AMN, November 2021).

MAP 3.19

IPC acute malnutrition situation, September 2021–March 2022

During the peak malnutrition period between September 2021 and March 2022, eight health zones were projected to be in Critical (IPC AMN Phase 4) and 42 in Serious (IPC AMN Phase 3). Between April and August 2022, a significant deterioration is expected, with 16 health zones likely in Critical (IPC AMN Phase 4).



- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
-  Phase classification based on MUAC
-  Inadequate evidence
-  Not analysed

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

Source: Democratic Republic of the Congo IPC AMN Technical Working Group, November 2021.