
Democratic Republic of the Congo: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. These consequences of malnutrition should be a significant concern for policy makers in the Democratic Republic of the Congo (DRC), where over six million children under 5 (43 percent) suffer from chronic malnutrition (stunting or low height-for-age), according to the most recent Demographic and Health Survey (DHS) (Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité [MPSMRM], Ministère de la Santé Publique [MSP], and ICF International 2014).

Background

With a current population of 78.7 million, DRC is projected to be the eighth most populous country in the world by 2050 with the population swelling to 216 million. Nearly half the population is under 15 (46 percent) and 43 percent live in urban areas (Population Reference Bureau 2017). The high fertility rate in DRC continues to increase, up from 6.3 children per woman in 2007 to 6.6 children per woman in 2013–2014. Use of contraceptives has only marginally increased during this same period. Among women, six percent were using a modern method in 2007 and just 8 percent were using a modern method in 2013–2014 (MPSMRM, MSP, and ICF International 2014).

With vast natural resources, including minerals and precious metals and 80 million hectares of arable land, DRC has the potential to become one of the richest countries in Africa. However, nearly 3 decades of conflict and instability have prevented the realization of this potential. Instead, DRC remains among the poorest countries in the world with an estimated 69 percent of the population living on less than US\$1.90 per day (Sachs et al. 2017). Joseph Kabila's second term as president was due to expire in December 2016 with constitutional term limits preventing him from running for a third term. New elections were originally planned for late 2016 but have not yet taken place. The African Union mediated an agreement between the government and the opposition parties that was signed in December 2016, but it has not been effectively enforced. Since the signing of the agreement, the president has nominated two prime ministers whom the opposition parties have refused to recognize (World Bank 2017). The deterioration in the security situation since the end of 2016 forced 1.7 million people to leave their homes in 2017, an average of more than 5,500 people per day (United Nations Office for the Coordination of Humanitarian Affairs [OCHA] 2017). As a result of economic hardship and the political situation, DRC has approximately 4.1 million internally displaced persons, which is the highest number of any country in Africa (OCHA 2017). In addition, DRC hosts over half a million refugees from neighboring countries (USAID 2017).

A decline in demand for the country's most profitable exports—cobalt and copper—led to a sharp decrease in the GDP growth rate, from 9 percent in 2013–2014 to just 2.4 percent in 2016. This economic shock prompted a drop in the exchange rate and inflation reached almost 24 percent in 2016 (World Bank 2017). Agriculture accounts for 43 percent of the country's GDP and 80 percent of the rural population works in the agriculture sector. While the vast availability of land creates the potential for DRC to develop a secure and sustainable agricultural economy, the displacement of households due to ongoing insecurity has caused farmers to miss planting seasons and led to the depletion of livestock herds. Conflict has also reduced access to markets (WFP 2016).

Currently, DRC ranks 155th out of 157 countries in progress in meeting the Sustainable Development Goals (Sachs et al. 2017). According to the most recent DHS, the maternal mortality ratio is 846 per 100,000 live births; 35 percent of

female deaths among those of reproductive age are related to maternal causes, putting 1 out of every 18 women at risk of death. Additionally, one in 10 children will die before reaching 5 years (MPSMRM, MSP, and ICF International 2014).

Nutrition and Food Security Situation

The food security situation in DRC is deteriorating. In 2016 an estimated 5.9 million people were experiencing acute food insecurity. That number has risen to 7.7 million as of the end of 2017 (USAID 2017). Nearly 2 million children are suffering from severe acute malnutrition (SAM) (weight-for-height < -3 z-score), which accounts for 12 percent of SAM cases in the world. The most affected areas include the greater Kasai region and the eastern provinces of North Kivu, South Kivu, and Tanganyika (OCHA 2017).

Although the proportion of children under 5 who are stunted has improved in recent years, 43 percent remain stunted, which is considered very high by the World Health Organization and UNICEF. Stunting is lower in urban areas (33 percent) compared to rural areas (47 percent) and varies widely among provinces. Kinshasa province has the lowest prevalence of stunting (17 percent) while all other provinces have much higher levels, ranging from 38 percent in Équateur to 53 percent in South Kivu. Differences in stunting levels can be seen according to maternal education and wealth levels—33 percent of children whose mothers have secondary education are stunted, while the rate rises to 51 percent of children whose mothers have no formal education. Similarly, 23 percent of children in the highest wealth quintile are stunted, while 50 percent of children in the lowest wealth quintile are stunted (MPSMRM, MSP, and ICF International 2014; WHO and UNICEF 2017).

Poor infant and young child feeding practices are contributing to DRC’s nutrition problems. Only 48 percent of children 0–5 months are exclusively breastfed and only 22 percent are still exclusively breastfed at 4–5 months, and just nine percent receive a minimum acceptable diet (MPSMRM, MSP, and ICF International 2014). Childbearing begins early in DRC. By 19 years, 50.8 percent of adolescent girls had begun childbearing in 2013–2014, which is an increase from 46.8 percent in 2007 (MPSMRM, MSP, ICF International 2014, Ministère du Plan and Macro International 2008). This has serious consequences because adolescent girls are more likely than older mothers to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death, than those born to older mothers. The risk of stunting is 33 percent higher among first-born children of mothers under 18 years in sub-Saharan Africa, and as such, early child-bearing is a key driver of malnutrition (Fink et al. 2014).

DRC is among the developing countries experiencing the double burden of malnutrition, with high prevalence of both undernutrition and overweight/obesity. Rates of overweight/obesity among women have increased by 5 percentage points over a 7-year period (MPSMRM, MSP, and ICF International 2014). Rates of overweight/obesity are highest among women living in urban areas—19 percent compared to 9 percent in rural areas. Among women in the highest-income quintile, 33 percent are overweight/obese compared to 7 percent in the lowest quintile (MPSMRM, MSP, and ICF International 2014). This rise in overweight/obesity needs to be addressed as it can lead to increases in non-communicable diseases (NCDs), such as diabetes, hypertension, and cardiovascular conditions. NCDs account for 23 percent of total deaths in DRC (WHO 2014).

DRC Nutrition Data (DHS 2007 and 2013–2014)		
Population 2016 (UNICEF 2017)	78.7 million	
Population under 5 years of age (0–59 months) 2016 (UNICEF 2017)	14.5 million	
	2007	2013-2014
Prevalence of stunting among children under 5 years (0–59 months)	46%	43%
Prevalence of underweight among children under 5 years (0–59 months)	25%	23%
Prevalence of wasting among children under 5 years (0–59 months)	10%	8%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	8%	7%
Prevalence of anemia among children 6–59 months	71%	60%

Prevalence of anemia among women of reproductive age (15–49 years)	53%	38%
Prevalence of thinness among women of reproductive age (15–49 years)	19%	14%
Prevalence of thinness among adolescent girls (15–19 years)	25%	21%
Prevalence of children 0–5 months exclusively breastfed	36%	48%
Prevalence of children 4–5 months exclusively breastfed	17%	22%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	48%	52%
Prevalence of children who receive a pre-lacteal feed	18%	11%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet*	18%	9%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	6%	4%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	11%	16%
Coverage of iron for pregnant women (for at least 90 days)	2%	5%
Coverage of vitamin A supplements for children (6–59 months in the last 6 months)	55%	70%
Percentage of children 6–59 months living in households with iodized salt	78%	92%

* The percentages from 2007 and 2013–2014 are not comparable, as the definition changed from consuming 3+ food groups in 2007 to consuming 4+ food groups in 2013–2014.

Global and Regional Commitment to Nutrition and Agriculture

DRC has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	DRC pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).
2013	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. The multi-stakeholder platform and National Multi-Sectoral Nutrition Committee have both been established; however, the latter is not yet functional. DRC has five formal networks including the donor network, United Nations network, civil society network, private sector network, and a scientist network (SUN 2017).

2011	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP is an Africa-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development (New Partnership for Africa's Development 2009).
2016	Sub-regional Repositioning Workshop on Nutrition, Brazzaville	Several ministries, including health, agriculture, and finance, committed to eliminate hunger and prevent all forms of malnutrition by: investing in more effective nutrition interventions; strengthening sustainable food systems; including more nutrition in national strategies, policies, plans, and programs; and allocating significant national resources to combat malnutrition. A draft joint statement is still to be finalized and shared as of January 2018.
2014	Malabo Declaration	At the African Union Summit in Malabo, Equatorial Guinea, heads of state and government adopted the Declaration on Accelerated Agricultural Growth and Transformation in Africa for Shared Prosperity and Improved Living Conditions. In the declaration, countries committed to reduce stunting to 10 percent and reduce underweight to 5 percent by 2025 (African Union 2014).
2013	Nutrition for Growth	The first Nutrition for Growth summit was held in London in 2013, where a Global Nutrition for Growth Compact was endorsed by 100 stakeholders, who pledged US\$4 billion for nutrition-specific projects and US\$19 billion in nutrition-sensitive projects. As part of the summit, DRC committed to exempt imported therapeutic nutritional products from taxation (Nutrition for Growth 2016).
2009	Declaration of the World Summit on Food Security	The declaration provides a strategy for coordinated action by global-, regional-, and national-level stakeholders. DRC has adopted the third principle, which calls for a dual track approach of immediately

		addressing hunger among the most vulnerable and eliminating the root causes of hunger and poverty through medium- and long-term programs in sustainable agriculture, food security, nutrition, and rural development.
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National Nutrition Policies/Legislation, Strategies, and Initiatives

DRC’s commitment to improving nutrition is outlined in the following documents, which are aligned with the government’s National Nutrition Policy 2013:

- Multisectoral Nutrition Strategic Plan (PNSMN) 2016–2020
- National Health Development Plan (PNDS) 2016–2020
- National Policy on Food Security and Nutrition (2017)
- Health Investment Framework (2017)

PRONANUT (National Nutrition Program) within the Ministry of Health, leads nutrition coordination and national nutrition policy formulation and development. The government is also in the process of developing a multisectoral nutrition operational plan.

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in DRC.

Selected Projects and Programs Incorporating Nutrition in DRC		
Name	Dates	Description
Feed the Future, Strengthening Value Chains (SVC) Activity	2017–2021	The SVC Activity aims to increase household incomes and access to nutrient-rich crops by linking smallholder farmers to strengthened and inclusive value chains and supportive market services. The activity will target coffee farmers in an effort to continue to revitalize the coffee sector and place a focus on women’s economic empowerment and joint financial decision making (Tetra Tech 2017).
Food for Peace (FFP) Tuendelee Pamoja II	2016–2021	Tuendelee Pamoja II is an FFP development food assistance project that aims to improve food and income security through climate smart agriculture, farmer groups, savings groups, and care groups. The project is operating in South Kivu and Tanganyika (Food for the Hungry 2018).
FFP South Kivu Food Security Project	2016–2021	The South Kivu Food Security Project works with households, community leaders, government, and development partners to increase household income through on- and off-farm livelihoods, improve health and nutrition practices and services, and promote good governance and a stable operating environment to improve the food and nutrition security and economic well-being of 35,000 households (Mercy Corps 2017).
FFP Budikadidi Project	2016–2021	Budikadidi is a development food security activity with the goal of improving the food and nutrition security and economic well-being of vulnerable households. The project works in Kasai Oriental to build capacity in agriculture, maternal and child health and nutrition, water and sanitation, local governance, natural resource management, biodiversity, and microenterprise productivity.
Food for Peace Humanitarian Assistance Activities	Ongoing	FFP and the Office of Foreign Disaster Assistance partner with the World Food Programme and various non-governmental partners to provide in-kind food assistance, vouchers, and locally and regionally procured food to internally displaced people, returnees, and vulnerable host

		communities. FFP also partners with UNICEF to treat severe acute malnutrition in children in eastern and central DRC (USAID 2017).
U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and Centers for Disease Control, Project Kimia	2013–2019	Project Kimia’s goal is to increase access to high quality comprehensive HIV/AIDS prevention, care, and treatment services across Kinshasa Province (EGPAF 2018). The project includes linkages and referrals to nutrition services.
PEPFAR/USAID, Enhancing Services and Linkages for Children Affected by HIV/AIDS (ELIKIA)	2016–2021	ELIKIA’s goal in DRC is to strengthen an HIV-sensitive social welfare system to provide a vital safety net for children and families made vulnerable by HIV and other adversities. Nutrition is included in the package of services, which focuses on ensuring children and their caregivers are referred to necessary social services and remain enrolled in treatment.
PEPFAR/USAID, Coordinating Comprehensive Care for Children (4Children)	2014–2019	4Children’s goal in DRC is to strengthen an HIV-sensitive social welfare system to provide a vital safety net for children and families made vulnerable by HIV and other adversities. Nutrition is included in the package of services, which focuses on ensuring children and their caregivers are referred to necessary social services and remain enrolled in treatment (4 Children ND).
Maternal and Child Survival Program (MCSP)	2014–2018	MCSP provides pre-service and in-service training on maternal and newborn health and family planning interventions. MCSP also provides technical support for integrated community case management (iCCM), integrated management of childhood illness, and community- and facility-based family planning interventions. Nutrition has been integrated into iCCM programming (MCSP 2017).

Other USAID Nutrition-Related Development Assistance

The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) continues to support the integration of HIV testing and counseling into numerous health services including nutrition. DRC uses the Nutrition Assessment, Counseling, and Support (NACS) approach as a platform for integrating and strengthening nutrition and HIV services for improved retention and adherence to treatment (PEPFAR 2017). PEPFAR funds several projects that have a nutrition component (see table above).

References

A Promise Renewed. 2017. “Democratic Republic of the Congo.” Available at: <http://www.apromiserenewed.org/countries/democratic-republic-of-the-congo/>.

African Union. 2014. *Malabo Declaration on Accelerated Agricultural Growth and Transformation for Shared Prosperity and Improved Livelihoods*. Available at: https://au.int/sites/default/files/documents/31006-doc-malabo_declaration_2014_11_26-.pdf.

Coordinating Comprehensive Care for Children (4Children). No date. “Coordinating Comprehensive Care for Children (4Children).” Available at: https://www.crs.org/sites/default/files/4c_factsheet_final-12-2017.pdf.

Elizabeth Glaser Pediatric AIDS Foundation. 2018. “Democratic Republic of the Congo.” Available at: <http://www.ped aids.org/countries/democratic-republic-of-the-congo>.

Fink, G., Sudfeld, C.R., Danaei, G., Ezzati, and M. Fawzi, W.W. 2014. “Scaling-Up Access to Family Planning May Improve Linear Growth and Child Development in Low and Middle-Income Countries.” *PLoS ONE* 9(7): e102391. Doi: 10.1371/journal.pone.0102391.

Food for the Hungry. 2018. “Tuendelee Pamoja II.” Available at: <https://www.fh.org/grant-projects/tuendelee-pamoja-ii/>.

Maternal and Child Survival Program (MCSP). 2017. "DR Congo." Available at: <https://www.mcsprogram.org/where-we-work/democratic-republic-of-the-congo/>.

Mercy Corps. 2017. *FY17 Q3 Report*. Mercy Corps.

Ministère du Plan and Macro International. 2008. *Enquête Démographique et de Santé, République Démocratique du Congo 2007*. Calverton, Maryland, U.S.A.: Ministère du Plan and Macro International.

Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP) and ICF International. 2014. *Enquête Démographique et de Santé en République Démocratique du Congo 2013–2014*. Rockville, Maryland, USA: MPSMRM, MSP and ICF International.

New Partnership for Africa's Development. 2009. "Signed Comprehensive Africa Agriculture Development Programme (CAADP) Compact." Available at: <http://www.nepad.org/sites/default/files/Nigeria-Signed-Compact.pdf>.

Nutrition for Growth. 2016. "Nutrition for Growth." Available at: <https://nutritionforgrowth.org/nutrition-growth/>.

OCHA. 2017. "Democratic Republic of The Congo Overview." Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA-DRC-Overview-Nov2017.pdf>.

PEPFAR. 2017. "Democratic Republic of Congo Country Operational Plan (COP) 2017 Strategic Direction Summary." Available at: <https://www.pepfar.gov/documents/organization/272010.pdf>.

Population Reference Bureau. 2017. "2017 World Population Data Sheet." Available at: http://www.prb.org/pdf17/2017_World_Population.pdf.

Sachs, J., Schmidt-Traub, G., Kroll, C., Durand-Delacre, D., and Teksoz, K. 2017. *SDG Index and Dashboards Report 2017*. New York, NY: Bertelsmann Stiftung and Sustainable Development Solutions Network (SDSN).

Scaling Up Nutrition. 2017. "Democratic Republic of the Congo – SUN." Available at: <http://scalingupnutrition.org/sun-countries/democratic-republic-of-congo/>.

Tetra Tech. 2017. "Strengthening Value Chains to Bolster Food Security." Available at: <http://www.tetrattech.com/en/projects/strengthening-value-chains-to-bolster-food-security>.

UNICEF. 2017. *The State of the World's Children 2017*. Available at: <https://www.unicef.org/sowc/>.

USAID. 2017. "Food Assistance Fact Sheet Democratic Republic of the Congo." Available at: https://www.usaid.gov/sites/default/files/documents/1866/FFP_Fact_Sheet_DRC_2017.12.27.pdf.

WFP. 2016. *El Niño: Undermining Resilience: Implications of El Niño in Southern Africa from a Food and Nutrition Security Perspective*. Available at: <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp282004.pdf?iframe>.

World Bank. 2017. "Democratic Republic of Congo Country Overview." Available at: <http://www.worldbank.org/en/country/drc/overview>.

World Health Organization. 2014. *Noncommunicable Diseases (NCD) Country Profiles - Democratic Republic of the Congo*. Available at: http://www.who.int/nmh/countries/cod_en.pdf.