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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 policymakers in the Democratic Republic of the Congo (DRC), where 7 percent of children under five are acutely malnourished or wasted (have low weight-for-age) and 42 percent of children under five are stunted (have low height-for-age), according to the most recent Multiple Indicator Cluster Surveys (MICS) report (INS 2017–2018).

Background

With a current population of 89.6 million, DRC is projected to be the eighth most populous country in the world by 2050, with the population swelling to 212 million. Nearly half the population is under 15 (46 percent) and 45 percent live in urban areas (PRB 2020). The high fertility rate in DRC has stayed marginally the same over the past few years, up from 6.3 children per woman in 2007 to 6.6 children per woman in 2013–2014, but then decreasing to 6.2 children per woman in 2017–2018. Use of contraceptives among women has increased in recent years; 8 percent were using a modern method in 2013–2014 and 18 percent were using a modern method in 2017–2018 (MPSMRM, MSP, and ICF International 2014; INS 2017–2018).

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 three 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 56 percent of the population living on less than US\$1.90 per day (Sachs et al. 2019). 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 (OCHA 2017). As a result of economic hardship and the political situation, DRC has approximately 5.5 million internally displaced persons, which is the highest number of any country in Africa (OCHA 2020).

A decline in demand for the country's most profitable exports—cobalt and copper—led to a sharp decrease in the gross domestic product (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 2020). 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 depleted livestock herds. Conflict has also reduced access to markets (WFP 2016).

Currently, DRC ranks 135th out of 162 countries in progress in meeting the Sustainable Development Goals (Sachs et al. 2019). According to the most recent Demographic and Health Survey (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, 1 in 10 children will die before reaching five years (MPSMRM, MSP, and ICF International 2014).

Nutrition and Food Security Situation

The food security situation in DRC has been problematic for several years due to conflict, epidemics, and other factors. Between 7.5 million and 10 million people are expected to experience acute food insecurity in 2021 (FEWS NET 2020). Additionally, the United Nations (UN) estimates that 4.7 million people countrywide required assistance to prevent and treat acute malnutrition in 2020. (USAID 2020). 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 percentage of children under five who are stunted has improved in recent years; 42 percent remain stunted, which is considered very high by the World Health Organization and the United Nations Children's Fund (UNICEF). Stunting is lower in urban areas (29 percent) compared to rural areas (50 percent) and varies widely among provinces. Differences in stunting levels can be seen based on maternal education and wealth levels—34 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, 18 percent of children in the highest wealth quintile are stunted, while 53 percent of children in the lowest wealth quintile are stunted (WHO and UNICEF 2017; INS 2017–2018).

There was a slight decline in wasting among children under five years of age from 2013–2014 (8 percent) and 2017–2018 (6.5 percent). The prevalence of wasting is highest among children 6–11 months of age (10 percent). The overall prevalence of children under five years old who are underweight is approximately 23 percent. These rates are higher in rural areas (28 percent) compared to urban areas (15 percent). The education and nutritional status of the mother can also affect the weight of the children. The prevalence of underweight drops from 30 percent among children whose mothers have no education to 6 percent among those whose mothers have the highest level of education (INS 2017–2018).

Poor infant and young child feeding practices are contributing to DRC's nutrition problems. Only 54 percent of children zero to five months are exclusively breastfed and 8 percent of children 6–23 months receive a minimum acceptable diet. Childbearing begins early in DRC. By 19 years, 49 percent of adolescent girls had begun childbearing in 2017–2018, which is a decrease from 51 percent in 2013–2014 (INS 2017–2018; MPSMRM, MSP, and ICF International 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 seven-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 noncommunicable diseases (NCDs), such as diabetes, hypertension, and cardiovascular conditions. NCDs account for 23 percent of total deaths in DRC (WHO 2018).

| DRC Nutrition Data (DHS 2013–2014 and MICS 2017–2018) | | |
|--|----------------------|-----------------------|
| Population 2018 (UNICEF 2019) | 84.1 million | |
| Population under 5 years (0–59 months) 2018 (UNICEF 2019) | 15.2 million | |
| | DHS 2013– 2014 | MICS 2017– 2018 |
| Prevalence of stunting among children under 5 years (0–59 months) | 43% | 42% |
| Prevalence of underweight among children under 5 years (0–59 months) | 23% | 23% |
| Prevalence of wasting among children under 5 years (0–59 months) | 8% | 7% |
| Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known) | 7% | 7% |
| Prevalence of anemia among children 6–59 months | 60% | NA |
| Prevalence of anemia among women of reproductive age (15–49 years) | 38% | NA |
| Prevalence of thinness among women of reproductive age (15–49 years) | 14% | NA |
| Prevalence of thinness among adolescent girls (15–19 years) | 21% | NA |
| Prevalence of children 0–5 months exclusively breastfed | 48% | 54% |
| Prevalence of children 4–5 months exclusively breastfed | 22% | NA |
| Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth) | 52% | 47% |
| Prevalence of children who receive a pre-lacteal feed | 11% | 8% |
| Prevalence of breastfed children 6–23 months receiving minimum acceptable diet | 9% | 9% |
| Prevalence of overweight/obesity among children under 5 years (0–59 months) | 4% | 4% |
| Prevalence of overweight/obesity among women of reproductive age (15–49 years) | 16% | NA |
| Coverage of iron for pregnant women (for at least 90 days) | 5% | NA |
| Coverage of vitamin A supplements for children (6–59 months in the last 6 months) | 70% | NA |
| Percentage of children 6–59 months living in households with iodized salt | 92% | 85%* |

*Reported as a percentage of households with iodized salt.

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 (UNICEF 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 | This Africa-led program brings 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 | During the first Nutrition for Growth summit, held in London in 2013, 100 stakeholders endorsed a Global Nutrition for Growth Compact; they 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. |

National Nutrition Policies/Legislation, Strategies, and Initiatives

DRC's commitment to improving nutrition is outlined in the following documents, which align 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 developing a multi-sectoral nutrition operational plan.

USAID Programs: Accelerating Progress in Nutrition

As of November 2020, the following USAID programs with a focus on nutrition were active in DRC:

| Selected Projects and Programs Incorporating Nutrition in DRC | | |
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| Name | Dates | Description |
| BHA Budikadidi Project | 2016–2021 | This development food security activity has 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; nutrition, water, and sanitation; local governance; natural resource management; biodiversity; and microenterprise productivity. |
| Bureau for Humanitarian Assistance (BHA) Tuendelee Pamoja II | 2016–2021 | Tuendelee Pamoja II is an BHA development food assistance project improves 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). |
| BHA South Kivu Food Security Project | 2016–2021 | This 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). |
| Breakthrough ACTION (BA) | 2017–2022 | BA provides ongoing assistance to the DRC Ministry of Health, the National Communication Program for the promotion of Health, USAID implementing partners, and other stakeholders. They work alongside USAID's Integrated Health Project to support the adoption of healthy behaviors, including the use of health services. In fiscal year 2020, BA finalized exclusive breastfeeding intervention designs, guides, and tools for adaption and implementation. |
| Feed the Future, Strengthening Value Chains (SVC) Activity | 2017–2021 | This activity increases 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 focus on women's economic empowerment and joint financial decision-making (Tetra Tech 2017). |

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| Integrated Health Project (IHP)/PROSANI | 2018–2025 | IHP/PROSANI focuses on maternal and child health; family planning; nutrition; malaria; tuberculosis; and water, sanitation, and hygiene. USAID IHP partners with the DRC's government National Nutrition Program to fight malnutrition in children under 5, pregnant and breastfeeding women, and women of childbearing age. The program targets health care providers and community health care workers with interventions that include support and training for preschool consultations, infant and young child feeding, and promotion of breastfeeding and vitamin supplementation. |
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