



In a nutshell

- More than 6 million people (8% of the population) in the DRC experience acute food insecurity and approximately 70% live below the poverty line
- The population has been growing in North and South Kivu since 2010, and so too has the rate of food insecurity: 10–15 % of rural households are now food insecure
- More than 4 million children under five years of age in the DRC (>60%) suffer from acute malnutrition
- In South Kivu, 43% of children suffer from chronic malnutrition, compared with 53.6% of children in North Kivu
- Coordination of local and internationally supported nutrition interventions by a government agency, PRONANUT, has led to a reduction in acute malnutrition
- Agricultural systems and markets in eastern DRC are still seriously disrupted. The agri-food industry is underdeveloped and increasing reliance on imported foods is changing traditional eating habits.

Key recommendations

- Integrate agriculture into the National Nutrition Programme and merge existing food-security and nutrition clusters
- Give priority to infrastructure development for increasing local agricultural production and trade
- Target nutrition education programmes on meeting nutritional needs of women and children to reduce discrimination within households
- Systematically integrate gender into policy frameworks and involve women's organisations in agriculture and nutrition interventions

The provinces of North and South Kivu, in the far east of the Democratic Republic of the Congo, are deeply marked by two decades of conflict. Instability and population displacement have resulted in the destruction of the agricultural base, causing food insecurity and severe malnutrition.

Malnutrition among children under five years of age and among women, especially pregnant women, are major problems faced by these two provinces. More than 10% of children born in both provinces weigh less than 2.5 kg, contributing to high rates of infant mortality.

Many projects have been implemented to mitigate the malnutrition problem, with the government's limited reach extended by partner organisations large and small. These projects have chiefly focused on establishing new nutritional centres or supporting existing ones. However, much remains to be done, and the failure of agriculture is at the root of the problem.

“Poor infrastructure makes movement of people and goods difficult”

With security and policy challenges on the one hand and environmental, agronomic and economic challenges on the other, achieving sustainable food security in both provinces will not be easy.

Agriculture

North and South Kivu remain very difficult places to be a farmer. Inadequate, dilapidated transport infrastructure makes movement of people and goods difficult. Various taxes and police and military checks along the road connecting production areas and markets are additional barriers to free movement of goods. The persistence of armed conflict adds to the challenge.

Soils have been depleted of nutrients and eroded through long use with few inputs. Large areas where industrial-scale agricultural estates control the best remaining land are exceptions.



In many cases, these have long been abandoned, but the land remains unavailable to local farmers, exacerbating the scarcity of productive land. With subsistence farming now dominating the region, the main crops are bananas, beans, cassava, groundnuts, maize, potatoes, rice, sorghum and sweet potatoes. Pests and diseases have driven down yields. Banana bacterial wilt, banana brown streak and cassava mosaic virus are particularly damaging. In South Kivu’s Ruzizi Plain, mosaic disease is forcing some farmers to abandon the cultivation of cassava, despite it being central to their food security because it can grow on the exhausted soils and be stored in the ground as a safeguard against food shortages.

With young men engaging in mining and trade and young people seeking opportunities in the cities, the agricultural workforce is increasingly composed of women and older men. Yet women have little access to land, which is usually allocated to men in the family, and have even more difficulties than men in accessing the most basic inputs and finance.

The fisheries potential of the region’s lakes, rivers and ponds is enormous and largely unexploited. It is estimated that the current annual catch on the Congolese side of Lake Tanganyika, at 22,000 t, represents less than 5% of the production potential. Most fishing on Lake Tanganyika, Lake Kivu and elsewhere is artisanal, and catches are sold locally. Development of the sector will require fisherfolk to have access to more modern technology and to fish sustainably.

Food

Both North and South Kivu have seen improvements in food security as their situations stabilise. Yet in a 2015 assessment, over 800,000 people in North Kivu (13% of the population) and 500,000 in South Kivu (10%) were found to be food insecure. Part of the problem is population growth: the number of people in North Kivu grew by more than 15% between 2010 and 2015, with no matching increase in food production.

The food-security situation has improved more in South Kivu than in North Kivu, but is more volatile: South Kivu imports over 50% of its food, at fluctuating prices, from neighbouring Rwanda. Despite this improvement, residents of South Kivu have the lowest daily caloric intake in the country (1,561 kcal per person per day), the bulk of which comes from cassava.

“Armed conflict adds to the food and nutrition security challenge”

Nutrition

Malnutrition among children under five years old and among women, especially pregnant women, is a consequence of the food insecurity.

A study in Kadutu/Bukavu in South Kivu found that only 39.4% of pregnant women ate twice daily. Only 24% had knowledge about the food categories they needed during pregnancy. And an adequate household food supply does not automatically translate into adequate nutrition for women. In many families, cultural norms and traditions mean that women and girls eat only the food remaining after the men have eaten. Many women in both North and South Kivu also lack control over income-generating activities, such as agriculture, and income use, such as food purchasing. Early marriages and low education of women further disempower their decision-making on food and nutrition.

In a 2005 survey, 11.7% of children born in South Kivu and 10.7% in North Kivu weighed less than 2.5 kg. This is a factor in the very high infant mortality rates in the provinces: a 2009 study in South Kivu found that 40% of children died of undernutrition before their second birthday. Levels of stunting in the province are also high, and increase rapidly with age. They stand at 15% for children under six months of age, rising to 28% at 9–11 months and 54% at 36–47 months.

The policy and institutional framework

The Ministry of Public Health has lead responsibility for the management of food and nutrition security. All of its activities are organised by zone, each of which has a population of about 50,000–100,000 people in rural areas and 100,000–250,000 people in urban areas. Each zone has a health-centre network and a single general referral hospital. In 2002, the Ministry launched a National Nutrition Programme (PRONANUT), which has overseen a national reduction in global acute malnutrition from 16% in 2001 to 11% in 2010. However, the transition to a centralised programme has only been partial: state capacity to carry out national coordination is limited, and the activities of non-governmental organisations (NGOs) and other nutritional actors have rapidly become decentralised again.

Before and since the launch of PRONANUT, government and non-government actors have implemented many projects to mitigate the malnutrition problem, with a consistent focus on establishing nutrition centres or supporting existing ones. Most of these projects have focused on improving the nutrition of children and pregnant and lactating women.

In the past, these nutrition services were largely delivered by NGOs working in parallel to the official structure. However, NGOs of all sizes, research institutions and religious communities are now supporting PRONANUT. In particular, UNICEF and other international organisations provide inputs to its Community-based Management of Acute Malnutrition (CMAM) programme. They also provide much of the general financial, technical and logistical support to PRONANUT.



Two key organisational ‘clusters’ operate in the food-security and nutrition area in both North and South Kivu. The Food Security Cluster is led by FAO, while the Nutrition Cluster is led by UNICEF. PRONANUT represents the state in both clusters.

The Food Security Cluster has a strategy focused on urgent and persistent food-security needs, as well as on structural aspects including those related to sudden crises. It aims for sustainable adaptation strategies, diversification of livelihoods and improving knowledge management and best practices to strengthen the food-security resilience of the population. Meanwhile, in relative isolation from this, the Nutrition Cluster works on the challenging task of harmonising nutritional intervention criteria and disseminating standards. One successful mechanism in this harmonisation has been Rapid Response to Population Movements (RRMP), a link for the exchange of information about existing needs.

At the local level, many women’s organisations are involved in agriculture, food-security and nutrition actions. However, key roles in these organisations are often held by men because of the shortage of highly educated women to take on leadership positions. Women’s organisations also have poor access to financial resources to support food and nutrition security activities, and there is no specific governmental programme to promote gender equality in this area. There is thus a need to promote and build the capacity of women in food and nutrition sectors, and to direct more of the resources for these activities to women’s organisations.

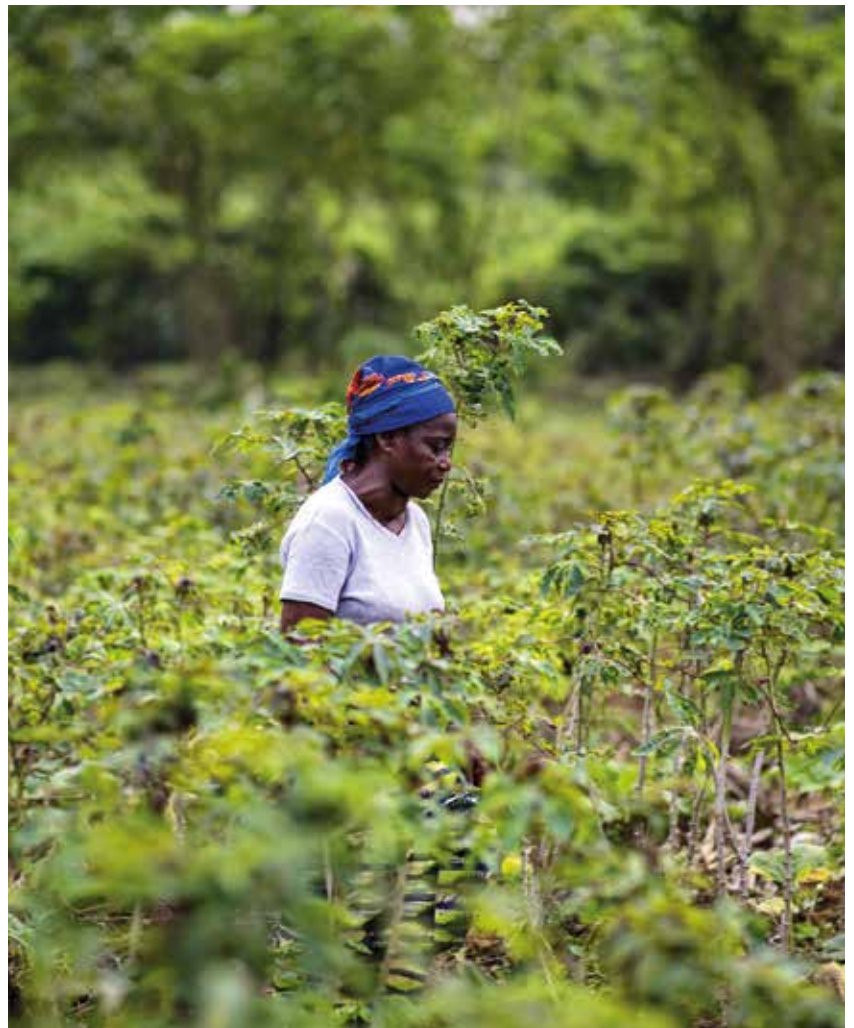
Strengthening the agriculture–nutrition nexus

Only a robust agricultural recovery will rectify the dire nutritional situation in North and South Kivu. As PRONANUT’s supporters continue to work on strengthening the programme, they should seek to ensure integration of the agricultural side of the nexus into the nutrition programme interventions.

The opportunities for intervention include:

- Merging the Nutrition and Food Security Clusters into one multisectoral platform, an effort that is already under way.
- Strengthening agricultural recovery programmes and improving agricultural livelihoods to address both food availability and access. Embryonic local food industries need enabling trade policies; adequate road and lake-based transport networks; and access to financing, storage and processing facilities. Efforts should be made to organise value chains and innovation clusters to improve the production, processing, marketing and distribution of banana, beans, cassava, fish, maize, potato, rice, sorghum and sweet potato.

“Soils have been depleted of nutrients and eroded through long use with few inputs”



- Raising awareness of the importance of improving nutrition and dietary diversity, as well as the needs of women and children, with the aim of reducing discriminatory traditional practices and achieving adequate distribution of food within households. Technical and financial actors should support value-chain activities performed by women, working with the many existing processing and marketing groups in which women participate.
- Systematically integrating gender into policy frameworks through gender-specific needs assessments, gender audits, gender-sensitive data collection systems and budget allocations. This should start with women’s active participation in policy, including agriculture and nutrition policies.

“South Kivu depends on neighbouring Rwanda for over 50% of its food”

Nutrition in the DRC

Human development

- The DRC ranked 186th among 187 countries in the 2012 Human Development Index ranking; in 2014, it rose to 176th

Malnutrition

- The DRC is one of 10 countries in which more than 60% of children under five suffer from acute malnutrition
- More than 4 million children under five experience acute malnutrition each year, and over half of this group face a high risk of death if nothing is done
- In the 2007 Demographic and Health Survey, 19% of women aged 15–49 were malnourished; this had declined to 14% by 2013
- A higher percentage of women were malnourished in rural areas (21%) than in urban centres (16%)

Food insecurity

- Currently more than 6.4 million people are experiencing acute food insecurity – almost 10% of the rural population

Levels of a National Nutrition Programme

Launched in 2002, the National Nutrition Programme (PRONANUT) is decentralised and supported by a large network of national and international NGOs, research institutions and religious communities. In a country where the reach and capacity of hospitals is severely limited, the programme operates at three levels:

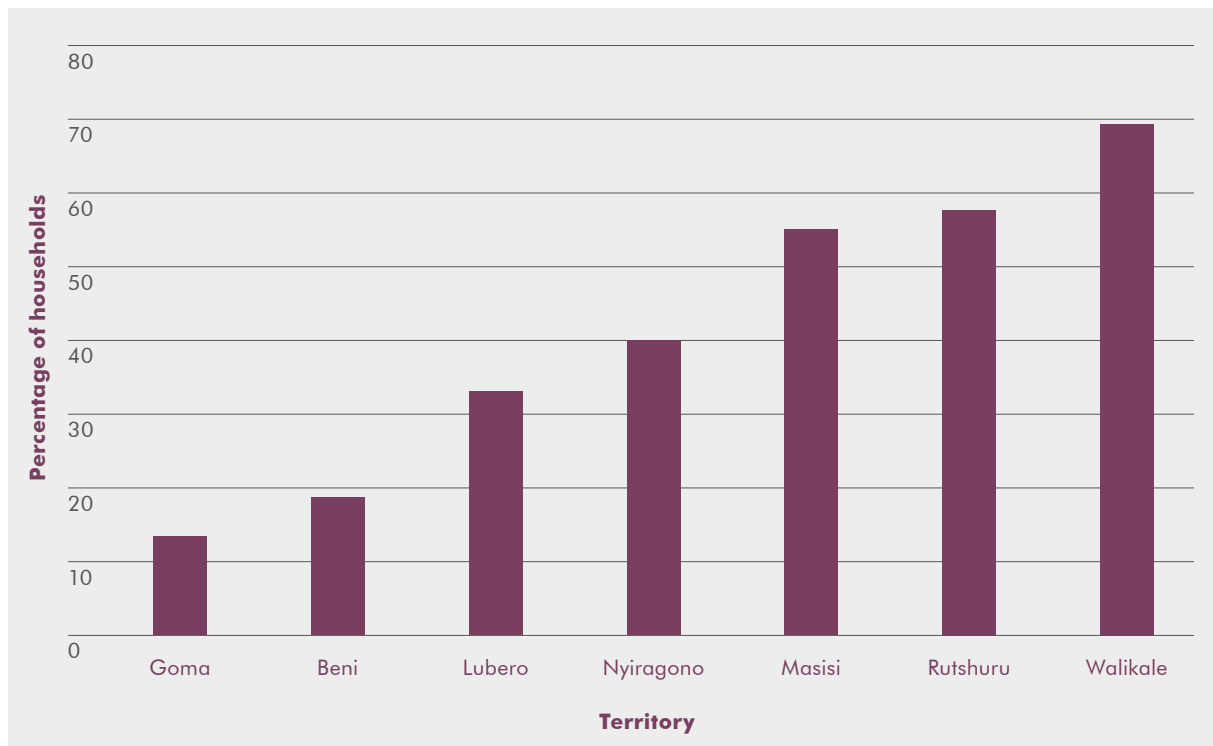
Hospitals and reference health centres manage severe acute malnutrition with medical complications and/or loss of appetite, as well as in infants under six months. These include nutritional and outpatient therapeutic units (UNTA).

Health centres begin with passive screening, triage and referral of cases. These include two types of supplementary nutrition units (UNSSs): for the management of cases of moderate acute malnutrition, as well as monitoring of discharged patients from UNTAs; and for cases of severe acute malnutrition without complications and with an appetite.

The community component promotes ownership and active participation of the community in prevention and care of malnutrition.

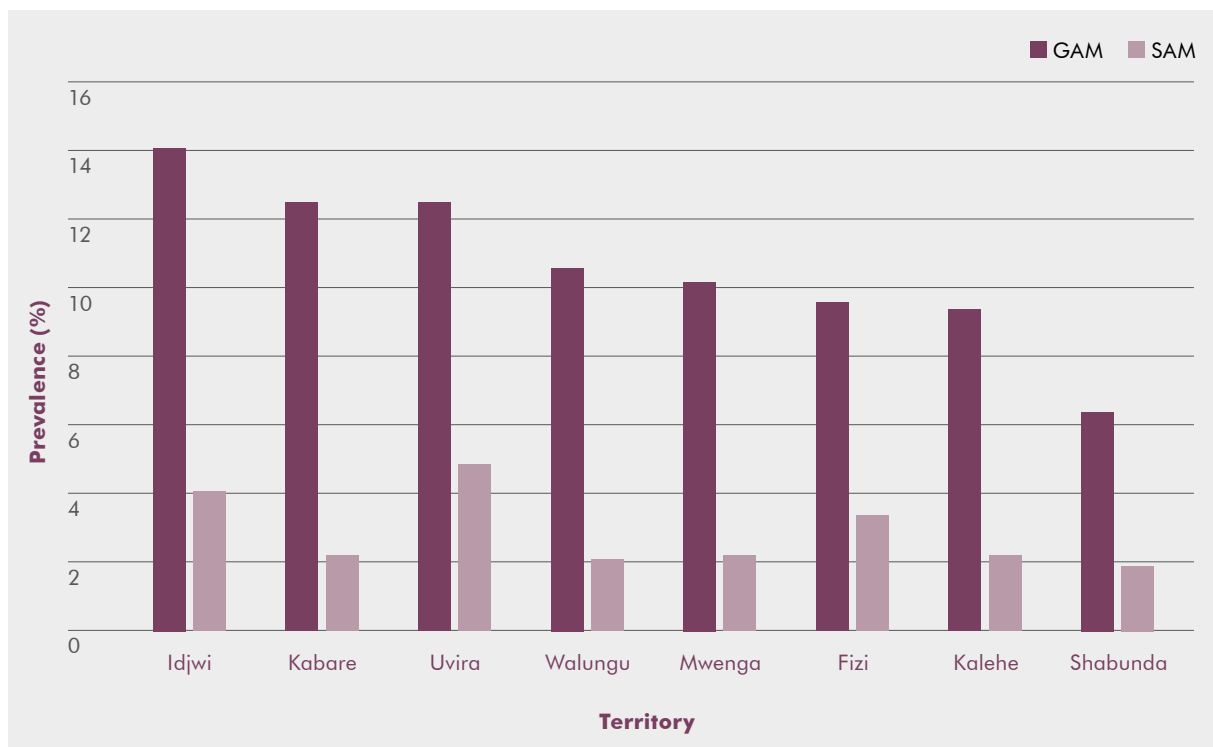


Figure 1. Proportion of households with poor or limited food consumption in territories of North Kivu.



Source: Ministère de la Santé Publique, Programme National de Nutrition, Democratic Republic of the Congo

Figure 2. Prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) in territories of South Kivu.



Source: Ministère de la Santé Publique, Programme National de Nutrition, Democratic Republic of the Congo

Further reading

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CTA Technical Briefs document experience and learning in topical issues of interest to the ACP agricultural development community. They are intended as a practical guide for people involved in an issue professionally or for people with a strong interest in the topic.

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