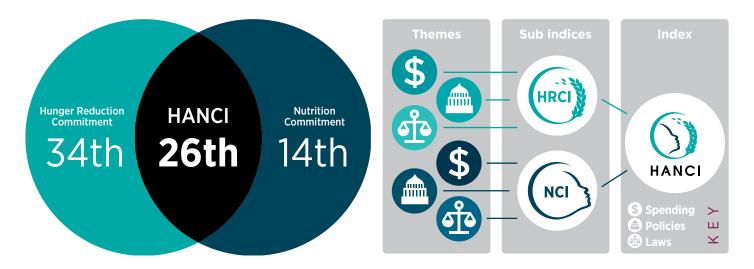


Key data for Democratic Republic of the Congo



Existing rates of: Wasting: 8.1% Stunting: 42.6% Proportion of population underweight: 23.4% Source: Gov. of Democratic Republic of the Congo (DHS, 2013)

Strong Performance

- Relative to other HANCI countries, DR Congo's medium/ long term national development policy (Second generation growth and poverty reduction strategy paper) assigns strong importance to nutrition.
- DR Congo instituted a separate budget line for nutrition, enabling transparency and accountability for spending.
- DR Congo has devised a National Nutrition Policy/Strategy.
- DR Congo has introduced a multisectoral and multistakeholder policy coordination mechanism to support delivery of the National Nutrition Policy/Strategy.
- Policymakers in DR Congo benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2013-2014.
- The Government of DR Congo promotes complementary feeding practices and has achieved two high doses of vitamin A supplementation for 99% of children in 2014.
- In DR Congo, constitutional protection of the right to social security is strong.

Areas for improvement

- Spending on agriculture (7.18% of public spending in 2014), does not meet government commitments set out in the African Union's Maputo Declaration (10% of public spending).
- DR Congo's spending in its health sector (11.1% of public spending in 2014) does not fully meet (15%) commitments set out in the Abuja Declaration.
- In DR Congo, the law does not give women economic rights equal to men. Men and women have equal legal access to agricultural land, but this is not effectively enforced and discriminatory practices against women continue, increasing their vulnerability to hunger and undernutrition.
- Even though DR Congo has developed a National Nutrition Policy/Strategy and a multisectoral and multistakeholder policy coordination mechanism, clear time-bound nutrition targets are still lacking.
- Weak access to an improved source of drinking water (52.4% in 2015) and an improved sanitation facility (28.7% in 2015) prevents positive outcomes for hunger and nutrition in DR Congo.
- In DR Congo, constitutional protection of the right to food is weak.
- The Government of DR Congo does not provide social safety nets.
- Civil registration rates are weak (27.8% in 2010) and potentially hold back children's access to critical public services such as health and education.



Key data for Democratic Republic of the Congo



Hunger Reduction Commitment Index (HRCI)

Public spending		Score*	Year	HRCI Rank of 45
\$ Public spending on agriculture as share of total public spending 1		7.18%	2014	13rd
\$ Public spending on health as share of total public spending 1		11.1%	2014	18th
Policies				
Access to land (security of tenure) ²		Moderate	2014	Joint 30th
Access to agricultural research and extension services ²		Moderate	2013	Joint 27th
Civil registration system — coverage of live births		27.8%	2010	39th
Functioning of social protection systems ²		Very Weak	2016	Joint 43rd
Laws				
b Level of constitutional protection of the right to food ²		Weak	2011	Joint 31st
Equality of women's access to agricultural land (property rights) ³		In Law, not in Practice	2014	Joint 1st
Equality of women's economic rights ³		Not in Law	2011	Joint 26th
① Constitutional right to social security (yes/no)		Yes	2011	Joint 1st
¹ Possible scores are: ● <75% of agriculture (Maputo) and health (Abuja) sp. ² Possible scores are: ● Very Weak/Weak ● Moderate ● Strong/Very St. ³ Possible scores are: ● Not in Law ● In Law Not in Practice ● In Law &	trong		<100% >=100	0%

Nutrition Commitment Index (NCI)

Public spending	Score*	Year	NCI Rank of 45		
\$ Separate budget for nutrition (No/Sectoral only/Yes)	Yes	2015	Joint 1st		
Policies					
Vitamin A supplementation coverage for children	99%	2014	Joint 2nd		
Government promotes complementary feeding (yes/no)	Yes	2014	Joint 1st		
Population with access to an improved water source	52.4%	2015	41st		
Population with access to improved sanitation	28.7%	2015	26th		
Health care visits for pregnant women	88.4%	2014	29th		
Nutrition features in national development policy	Strong	2011 - 2015	12nd		
National nutrition policy/strategy (yes/no)	Yes	2015	Joint 1st		
Multisector and multistakeholder policy coordination (yes/no)	Yes	2015	Joint 1st		
Time bound nutrition targets (yes/no)	No	2012	Joint 32nd		
National nutrition survey in last 3 years (yes/no)	Yes	2013-2014	Joint 1st		
Laws					
⊕ ICMBS [^] Enshrined in domestic law ²	Many Aspects Enshrined	2016	Joint 15th		
Possible scores are: Very Weak/Weak Moderate Strong/Very Strong (Note: Performance relative to other countries).					

[^] International Code of Marketing of Breastmilk Substitutes







² Possible scores are: Not Enshrined in Law Few/Many Aspects Enshrined Fully enshrined.