

Existing rates of: **Wasting:** 8.2% **Stunting:** 21.2% **Proportion of population underweight:** 12.3%

Source: Government of Congo (MICS5, 2014-15)





















Strong Performance

- Congo has devised a National Nutrition Policy/Strategy.
- Policymakers in Congo benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2014-2015.
- The Government of Congo promotes complementary feeding practices and has achieved two high doses of vitamin A supplementation for 99% of children in 2015.
- In Congo 93.2% of women aged 15-49 were visited at least once during pregnancy by skilled health personnel in 2014-2015.
- Strong civil registration rates (95.9% in 2014-2015) potentially enable children's access to critical public services such as health and education.




Areas for improvement




- Spending on agriculture (1.6% of public spending in 2016), does not meet government commitments set out in the African Union's Maputo Declaration (10% of public spending).
- Congo's spending in its health sector (3.1% of public spending in 2015) does not fully meet (15%) commitments set out in the Abuja Declaration.
- In 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.
- Relative to other HANCI countries, Congo's medium/long term national development policy (Le Chemin d'Avenir) places weak importance to nutrition.
- Even though Congo has developed a National Nutrition Policy/Strategy, clear time-bound nutrition targets and a multisectoral and multistakeholder policy coordination mechanism are still lacking.
- The Government of Congo has not enshrined the International Code of Marketing of Breastmilk Substitutes into domestic law.
- Weak access to improved sanitation facilities (15% in 2015) obstructs better hunger and nutrition outcomes.
- In Congo, constitutional protection of the right to food and the right to social security is weak.
- Social safety nets in Congo are basic and only cover few risks for a limited number of beneficiaries.




Hunger Reduction Commitment Index (HRCI)

Public spending	Score*	Year	HRCI Rank of 45
 Public spending on agriculture as share of total public spending ¹	 1.6%	2016	41st
 Public spending on health as share of total public spending ²	 3.1%	2015	Joint 41st
Policies			
 Access to land (security of tenure) ³	 Moderate	2016	Joint 17th
 Access to agricultural research and extension services ³	 Moderate	2013	Joint 34th
 Civil registration system — coverage of live births	 95.9%	2014-2015	4th
 Functioning of social protection systems ³	 Weak	2016	Joint 21st
Laws			
 Level of constitutional protection of the right to food ³	 Weak	2016	Joint 29th
 Equality of women's access to agricultural land (property rights) ⁴	 In Law, not in Practice	2014	Joint 1st
 Equality of women's economic rights ⁴	 Not in Law	2014	Joint 26th
 Constitutional right to social security (yes/no)	 No	2017	Joint 29th

























¹ Possible scores are:  <75% of agri. spending pledges (AU commitments set out in the Maputo Declaration)  >=75% & <100%  >=100%

² Possible scores are:  <75% of health spending pledges (AU commitments set out in the Abuja Declaration)  >=75% & <100%  >=100%

³ Possible scores are:  Very Weak/Weak  Moderate  Strong/Very Strong

⁴ Possible scores are:  Not in Law  In Law Not in Practice  In Law & Practice

Nutrition Commitment Index (NCI)

Public spending	Score*	Year	NCI Rank of 45
 Separate budget for nutrition (No/Sectoral only/Yes)	 Sectoral only	2017	Joint 17th
Policies			
 Vitamin A supplementation coverage for children	 99%	2015	Joint 2nd
 Government promotes complementary feeding (yes/no)	 Yes	2014	Joint 1st
 Population with access to an improved water source	 81.4%	2015	18th
 Population with access to improved sanitation	 15%	2015	37th
 Health care visits for pregnant women	 93.2%	2014-2015	20th
 Nutrition features in national development policy ¹	 Weak	2009-2016	Joint 38th
 National nutrition policy/strategy (yes/no)	 Yes	2017	Joint 1st
 Multisector and multistakeholder policy coordination (yes/no)	 No	2017	Joint 35th
 Time bound nutrition targets (yes/no)	 No	2017	Joint 39th
 National nutrition survey in last 3 years (yes/no)	 Yes	2014-2015	Joint 1st
Laws			
 ICMSB [^] Enshrined in domestic law ²	 Not Enshrined in Law	2016	Joint 33rd

¹ Possible scores are:  Very Weak/Weak  Moderate  Strong/Very Strong (Note: Performance relative to other countries).

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

[^] International Code of Marketing of Breastmilk Substitutes