

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

Source: Government of Congo (MICS, 2014)





















### Strong Performance

- The Government of Congo has ensured tenure security for rural populations. Land titling is common and land markets function well. Policy promotes equitable access to common property resources.
- Congo has devised a National Nutrition Policy/Strategy.
- The Government of Congo promotes complementary feeding practices.
- 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 (1.1% of public spending in 2019), 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 (3.4% of public spending in 2017) does not fully meet (15%) commitments set out in the Abuja Declaration.
- Agricultural extension services are the preserve of government and poor farmers have no say in setting policy priorities. The agricultural research and extension system is not properly reaching out to poor farmers. There is no policy promoting gender equity in access to extension services. This has been the case for an extended period.
- In Congo, law does neither give women economic rights or agricultural land access rights equal to men. This increases women and children's vulnerability to hunger and undernutrition.
- Congo does not have a separate budget line for nutrition; this prevents transparency and accountability for spending.
- Even though Congo has developed a National Nutrition Policy/Strategy and clear time-bound nutrition targets, a multisectoral and multistakeholder policy coordination mechanism is still lacking.
- Policymakers in Congo do not benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2014-2015.
- The Government of Congo has not enshrined the International Code of Marketing of Breastmilk Substitutes into domestic law.
- The Government of Congo has achieved two high doses of vitamin A supplementation for only 8% of children in 2018.
- Weak access to improved sanitation facilities (20.2% in 2017) 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.


**Key data for Congo**
**Hunger Reduction Commitment Index (HRCI)**

| Public spending  | Score*   | Year      | HRCI Rank of 45 |
|--|--|-----------|-----------------|
|  Public spending on agriculture as share of total public spending <sup>1</sup>  |  1.1%       | 2019      | 43rd            |
|  Public spending on health as share of total public spending <sup>2</sup>       |  3.4%       | 2017      | Joint 40th      |
| <b>Policies</b>  |  |           |                 |
|  Access to land (security of tenure) <sup>3</sup>                               |  Strong     | 2019      | Joint 7th       |
|  Access to agricultural research and extension services <sup>3</sup>            |  Very Weak  | 2019      | Joint 43rd      |
|  Civil registration system — coverage of live births                            |  95.9%      | 2014-2015 | 5th             |
|  Functioning of social protection systems <sup>3</sup>                          |  Weak       | 2018      | Joint 25th      |
| <b>Laws</b>  |  |           |                 |
|  Level of constitutional protection of the right to food <sup>3</sup>           |  Weak       | 2016      | Joint 29th      |
|  Equality of women's access to agricultural land (property rights) <sup>4</sup> |  Not in Law | 2019      | Joint 39th      |
|  Equality of women's economic rights <sup>4</sup>                               |  Not in Law | 2019      | Joint 16th      |
|  Constitutional right to social security (yes/no)                               |  No         | 2015      | Joint 26th      |

























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

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

<sup>3</sup> Possible scores are:  Very Weak/Weak  Moderate  Strong/Very Strong

<sup>4</sup> 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)           |  No                   | 2019      | Joint 39th     |
| <b>Policies</b>  |  |           |                |
|  Vitamin A supplementation coverage for children                |  8%                   | 2018      | 43rd           |
|  Government promotes complementary feeding (yes/no)             |  Yes                  | 2014      | Joint 1st      |
|  Population with access to an improved water source             |  83.7%                | 2017      | 17th           |
|  Population with access to improved sanitation                  |  20.2%                | 2017      | 34th           |
|  Health care visits for pregnant women                          |  93.2%                | 2014-2015 | Joint 21st     |
|  Nutrition features in national development policy <sup>1</sup> |  Moderate             | 2018-2022 | 22nd           |
|  National nutrition policy/strategy (yes/no)                    |  Yes                  | 2019      | Joint 1st      |
|  Multisector and multistakeholder policy coordination (yes/no)  |  No                   | 2019      | Joint 36th     |
|  Time bound nutrition targets (yes/no)                          |  Yes                  | 2019      | Joint 1st      |
|  National nutrition survey in last 3 years (yes/no)             |  No                   | 2014-2015 | Joint 37th     |
| <b>Laws</b>  |  |           |                |
|  ICMBMS <sup>^</sup> Enshrined in domestic law <sup>2</sup>     |  Not Enshrined in Law | 2019      | Joint 33rd     |

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

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

<sup>^</sup> International Code of Marketing of Breastmilk Substitutes