

Growing Food Insecurity Amid the Ebola Virus Disease (EVD) Outbreak in Ituri Province, Democratic Republic of the Congo

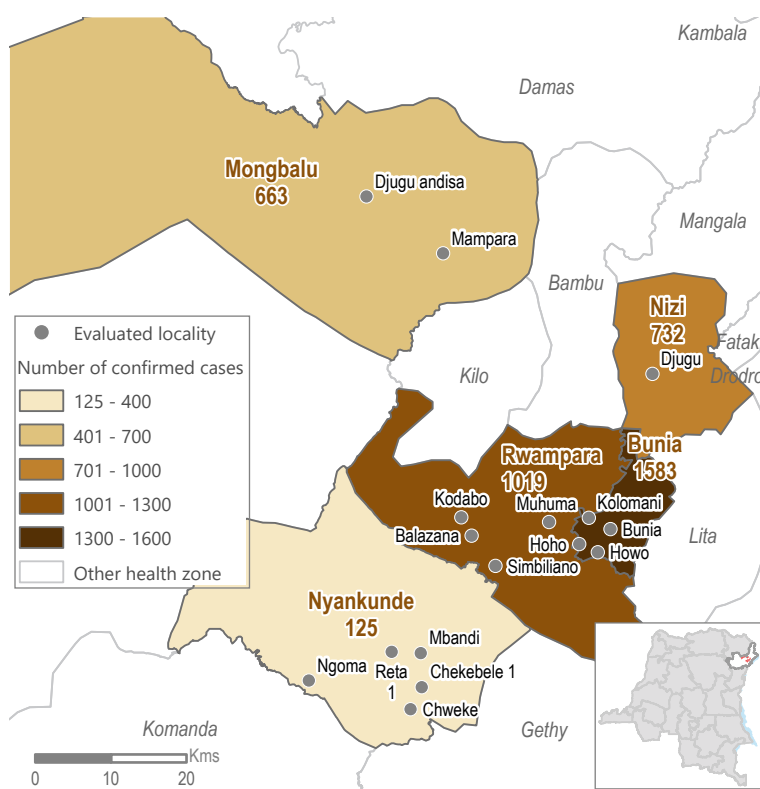
KEY MESSAGES

- Measures to respond to the EVD outbreak, particularly restrictions on movement, are affecting the availability of food at markets and households' ability to access food due to rising food prices, thereby eroding purchasing power.
- Local response capacities and community mutual aid systems are helping to maintain some level of food access, but emergency assistance remains necessary for the most isolated and vulnerable.
- By the end of September, food security is expected to deteriorate further with the onset of the lean season, unless community mutual aid is rapidly strengthened and emergency assistance is targeting the most isolated populations.

CONTEXT & RATIONALE

The Democratic Republic of the Congo (DRC) is regularly affected by recurring epidemics (Ebola, COVID-19, cholera, measles, Mpox), which pose a threat to health and food security due to their impact on the livelihoods and economies of households in the affected areas. Since May 2026, the 17th Ebola virus disease (EVD) outbreak has affected 62 health zones (ZS) in the eastern region of the DRC, specifically in the provinces of Ituri, which remains the epicenter of the outbreak, North Kivu, South Kivu, and, more recently, Haut-Uele, Tshopo, Bas-Uele, and South Ubangi¹ with more than 7,258 confirmed cases and 3,510 deaths as of September 13, 2026². Against a backdrop of conflict and a fragile economy, food insecurity already affects a portion of the population and risks being exacerbated by this health crisis through the associated preventive measures. As of June 2026, 10% of Ituri's population was facing severe food insecurity (IPC AFI P4), and just under 300,000 children (n=291,302) under the age of five were malnourished (IPC AMN P3 and P4)³.

Between July 13 and 15, 2026, REACH conducted a rapid qualitative study to analyze the effects of the EVD epidemic on household food security and livelihoods, interviewing 30 key informants (26 men and 4 women) in Ituri Province, in the health zones most affected by the epidemic during the period: Bunia (n=6), Rwampara (n=6), Mongbwalu (n=6), Nizi (n=6), and Nyankunde (n=6). Information was collected from 6 farmers, 6 health workers, 5 merchants, 4 teachers, 2 civil servants, 1 humanitarian worker, and 6 community members, including 1 civil society representative, 1 motorcycle taxi driver, and 1 community leader.



Map 1: Study area and number of EVD cases as of 13.09.2026

The crisis linked to the EVD epidemic is affecting households' ability to access adequate food

Ituri Province is characterized by agricultural production of staple foods (cassava, corn, etc.) that, in a normal year, is sufficient to feed the population. Households rely primarily on this activity, as well as on livestock raising for the better-off. The poorest households depend mainly on daily agricultural and non-agricultural labor⁴. Markets in the assessed areas were generally considered to be functioning well, with stable food prices and a steady supply. Some informants nevertheless highlighted pre-existing challenges related to insecurity, frequent population displacements, and fragile infrastructure in a context of chronic poverty, which exacerbated local production and resulted in food consumption shortfalls.

A decline in the availability of staple foods and a rise in prices during a harvest period that is typically stable. Overall, informants reported a combination of economic, security, and environmental constraints that were undermining the availability of and access to sufficient and diverse food for communities. The month of July marks the start of the rainy season and generally the beginning of the preparation period for the main season's crops. It is also the time for harvesting beans and maize from the previous season⁴. The majority of respondents described a situation characterized by food shortages since the preventive measures related to the EVD. Access to fields for harvesting and land preparation was hampered by measures to combat the EVD, particularly movement restrictions. As a result, the quantities of local food available throughout the province were reportedly below average, further limited by climatic disruptions and a lack of inputs (seeds and labor) during the growing season. Limited infrastructure also complicated the distribution of the harvest.

These local production challenges are linked to rising food prices, which are eroding the purchasing power of low-income households with limited income opportunities. Several informants mentioned a lack of dietary diversity (particularly little or no meat available) and a scarcity of certain goods in the markets, due to a decline in local and regional supplies, also resulting from the closure of the borders with Uganda. Some informants highlighted rising transportation costs associated with movement restrictions, which have led to a significant reduction in the movement of people (particularly merchants) and goods. As markets became less functional, and communities avoided visiting them out of fear of infection, their access to basic foodstuffs was further limited.

Public health measures directly affect income-generating activities, further reducing the purchasing power of households already facing chronic poverty.

A decline in household income is considered the primary impact on livelihoods by the vast majority of key informants. Starting in July, the poorest households typically rely on food purchased with income earned from daily

agricultural work. However, since public health measures for infection prevention and control limited their ability to work and carry out their activities, their purchasing power was significantly reduced, especially as prices for staple foods (corn and beans) were volatile or even rising, as also reflected in joint market monitoring initiatives, particularly in the city of Bunia⁵. This has a direct impact on the purchasing power of the poorest households, for whom food expenditures account for 50–70% of their annual spending, especially during a period when prices are typically at their lowest. Added to this are the unexpected expenses resulting from public health prevention measures. Some respondents noted that the situation seemed temporary or that they were experiencing fewer difficulties at the time of the assessment. In contrast, informants in the Nizi and Mongbwalu health zones (both classified by the IPC AFI as Phase 4 through June 2026 and as IPC P3 starting in July)^{3,6}, reported experiences of hunger and a deterioration in children's nutritional status.

Consumption of displaced populations is particularly affected by the impact of EVD

Against a backdrop of rising numbers of internally displaced persons since the beginning of the year, recent population influxes into the Nyakunde and Bunia health zones due to neighboring conflicts were recorded between June 1 and July 8⁷. This population was often considered more vulnerable by a majority of key informants. Internally displaced persons face significantly lower purchasing power due to difficulties in accessing income, as do people requiring special care (key informants primarily mentioned people with disabilities, children, women, including pregnant women, and the elderly).

Community coping strategies in the face of the EVD outbreak and their access to food.

Despite the tensions and panic associated with the EVD, coping strategies have enabled communities to maintain a certain level of access to food and financial resources. The entire community has combined dietary, economic, and social adjustments to cope with the constraints imposed by the outbreak. One informant suggested that authorities may have compelled agricultural activities to continue, just as households dependent on daily agricultural labor were forced to continue working to maintain an acceptable level of income and future production. Some informants reported that reducing the number of meals was a strategy employed by certain households to limit their food consumption, along with stockpiling available food or creating vegetable gardens in some areas. To maintain a certain level of purchasing power, most informants frequently reported reducing non-essential spending, engaging in small-scale commercial activities, taking out loans, or working as day laborers. The lack of communication resources was cited as a barrier, not only to reporting cases of EVD but also to receiving accurate

information on how to continue economic activities safely.

Despite the return of a reluctance to mutual aid for fear of lack or contamination and its decrease, the creation of Village Savings and Loan Associations (VSLAs) has been reported, mainly in the Nizi health zone.

“Community members have set up a collective arrangement in which they pool their resources to send a single person to buy food from outside. This strategy reduces travel and limits the risk of infection.” (KI, Mbandi, Nyakunde, Irungu, Ituri)

Overall, the coordination of the response was perceived as effective and structured, despite disparities among health zones and mixed feedback on the assistance received. The majority of informants highlighted the existence of good collaboration and coordination among the various stakeholders, including local leaders (neighborhood chiefs) and the Health Zone Office, in organizing the interventions. Some informants also noted the community’s involvement in implementing the response.

However, the provision of food assistance was rarely mentioned during the assessment, both before and after the EVD outbreak. The measures implemented combined awareness-raising, prevention, and humanitarian assistance, but their scope remained limited given the scale of the needs and the constraints imposed by the outbreak. Although WFP distributions were reported, as well as an increase in food security assistance, several informants reported advocating for additional aid. By May 2026, more than half of the population targeted for emergency food assistance (60%) in Ituri Province had been reached, based on needs identified in late 2025, primarily in the Djugu health zone⁸. Despite the ongoing response, significant gaps in food security persist, echoing the views of respondents who felt that no action had been taken since the EVD. The main challenges related to the distribution of assistance stem from the population’s mistrust, combined with limited resources, and, according to some, a lack of adherence to health guidelines. Nevertheless, one informant emphasized:

“Assistance in the form of food and non, food items would help limit population displacement during the crisis and reduce the risk of infection.” KI, Reta 1, Nyakunde, Irumu, Ituri.”

What solutions are available to address food insecurity during an EVD outbreak?

The proposed priority actions combined strengthened public health prevention measures, economic support for livelihoods, and the building of local capacity through the involvement of local stakeholders, with the aim of making households more resilient and better prepared to face future crises. The majority emphasized the need to raise awareness about EVD and to provide more regular food or cash assistance to support people’s purchasing power. Concrete suggestions included free healthcare, the creation

of income-generating activities, and the maintenance or establishment of food reserve stocks. Attention was also given to continuing advocacy efforts with partners and improving the information system. Access to a telephone or radio remains limited for some households, so a greater variety of communication channels for disseminating information about the response was deemed necessary. Lessons learned from the response so far highlighted prevention, solidarity, and resilience, along with a heightened awareness of the importance of public health and the roles of local and international actors.

People with disabilities face isolation and inadequate care:

A lack of support and financial constraints particularly limited the ability of people with disabilities to obtain food or participate in economic activities. Several informants noted that these individuals were sometimes overlooked within the community and lacked appropriate food assistance. Some described difficulties in traveling to distribution sites or participating in agricultural activities. A few respondents added that there were no specific food assistance programs for people with disabilities. Respondents explained that the participation of organizations of people with disabilities or their representatives in response efforts during the EVD varied. Furthermore, a significant number (n=16) of informants felt that prevention messages were not accessible to people with visual or hearing disabilities, which limited their understanding of and participation in prevention efforts.

In a context of growing health crisis and persistent conflict, food insecurity among the poorest households will increase by the end of September

September marks the beginning of a period of food scarcity that lasts through November (figure 1). Households with limited access to diverse assets that could help offset shortfalls in income and food supplies are at greater risk of facing insufficient food consumption, especially in the absence of assistance or community support. The continuation of preventive measures will continue to affect the functioning of the province’s markets and limit the diversification of income-generating activities. A deterioration in food security and livelihoods by the end of September must be accompanied by a strengthening of mutual aid systems and emergency assistance for the most isolated populations to slow the deterioration of public health within the province.

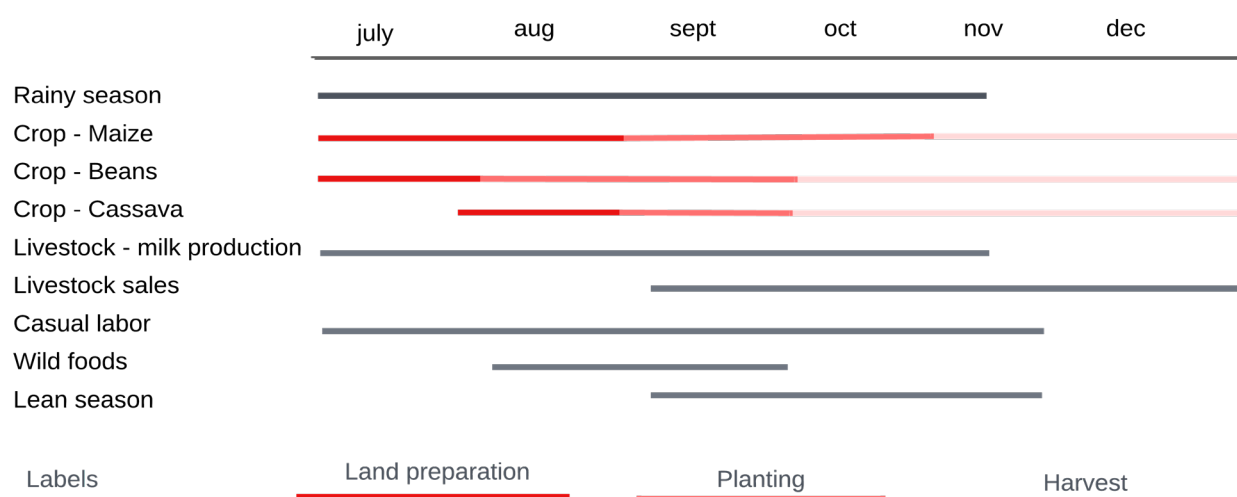


Figure 1. Seasonal calendar for the Northeast Highlands Agricultural Livelihood Zone (CD14) (adapted from FEWS NET).

ENDNOTES

1. REACH (September 2026). Northeastern DRC. Regional overview: mobility patterns.
2. INSP (September 2026). Rapport de situation numéro 122 de la 17ème l'épidémie de la maladie à virus Ebola/RDC.
3. Famine Early Warning Systems Network (FEWS NET) (July 2026) Democratic Republic of the Congo Key Message Update July 2026 - January 2027: Conflict remains the key driver of food insecurity, in a context aggravated by Ebola, 2026.
4. FEWS NET (October 2024) Livelihood Zone Baseline Profiles Report, Democratic Republic of the Congo (2024). Washington, DC: FEWS NET, 2026. <https://fewsn.net/southernafrica/democratic-republic-congo/livelihood-baseline/october-2024>.
5. REACH. (July 2026) République Démocratique du Congo: initiative conjointe de suivi des marchés (ICSM) Juillet 2026
6. IPC (May 2026) République Démocratique du Congo: Analyse de l'insécurité alimentaire aigüe Janvier-Juin 2026
7. International Organization for Migration (IOM), (August 2026). DTM RDC — Ituri: Suivi des mouvements, cycle 15 (juillet 2026). IOM, Democratic Republic of the Congo
8. Food Security Cluster. (May 2026) République Démocratique du Congo: tableau de bord interactif 2026

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). Please consult our [Website](#).