

Congo, democratic republic of the

The ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It ensures that the emergency needs of conflict-affected IDPs and residents are met; that they have the means to become self-sufficient; and that the wounded and sick receive adequate care. It visits detainees, works to restore contact between separated family members, where appropriate and possible, reuniting children with their families, and supports the development of the National Society. It also promotes respect for the basic rules of IHL and international human rights law by the authorities in their treatment of civilians and detainees.



EXPENDITURE (IN KCHF)

Protection	12,877
Assistance	38,806
Prevention	4,681
Cooperation with National Societies	4,233
General	-

► **60,597**

of which: Overheads 3,579

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
---------------------------	-----

PERSONNEL

76 expatriates
633 national staff (daily workers not included)

KEY POINTS

In 2009, the ICRC:

- ▶ developed contacts with armed forces and groups to address alleged violations against the civilian population through, amongst other things, confidential dialogue and IHL training sessions
- ▶ distributed food to 282,695 people affected by displacement in the Kivus, essential household items to 202,143 and emergency drinking water to 75,980
- ▶ supported over 30 counselling centres for victims of sexual violence, as well as 13 hospitals, 18 health centres and 5 physical rehabilitation centres
- ▶ reunited 916 unaccompanied children, including former child soldiers, with their families
- ▶ facilitated recovery from conflict by boosting 384,422 people's livelihoods and improving water supply systems in 10 villages and 3 towns
- ▶ visited security detainees in prisons and places of temporary detention, providing food rations to 2,335 to improve their nutritional situation

CONTEXT

The humanitarian and security situation in the eastern Democratic Republic of the Congo (DRC), particularly in the provinces of North and South Kivu and in northern areas of Province Orientale, remained a cause for grave concern in 2009.

In the Kivus, agreements at the beginning of the year saw most armed groups, including the Congrès national pour la défense du peuple (CNDP), integrated into the DRC army. Subsequently, the DRC army launched two military operations against the remaining Forces démocratiques de libération du Rwanda (FDLR). The first operation was backed by the Rwandan Defence Forces and the second by the UN Mission in the DRC (MONUC). The situation surrounding peace agreements signed in March between the DRC government, the CNDP and various Mayi Mayi groups remained fragile. Throughout the year, both IDPs and residents in the Kivus continued to suffer the effects of past and ongoing insecurity. Numerous IHL violations were reported and many people were dependent on humanitarian aid.

In March, the DRC army assumed the lead of a military campaign in northern Province Orientale, launched by the Ugandan armed forces against the Lord's Resistance Army in 2008 (see *Uganda*). Related and protracted insecurity in the region had severe humanitarian consequences, including IHL violations and displacement. Logistic and security constraints meant that many people remained out of the reach of humanitarian organizations.

Towards year-end, violence broke out in Equateur province. Tens of thousands of people were reportedly displaced within the country or had fled to neighbouring Congo or, to a lesser extent, to the Central African Republic. Tension between the DRC and Angola was exacerbated by tit-for-tat expulsions of migrant workers and other people regularly crossing the border between the two countries (see *Pretoria*).

Other challenges facing the DRC government included the restructuring of the army, the economic impact of the world financial crisis and falling commodity prices, and rising urban crime rates.

MAIN FIGURES AND INDICATORS

	Total		Total	Women	Children	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)		CIVILIANS (residents, IDPs, returnees, etc.)				
Detainees visited	11,661	<i>Economic security, water and habitat</i>				
Detainees visited and monitored individually	1,087	Food	Beneficiaries	282,695	40%	30%
				282,695		
	<i>of whom women</i>			202,543	40%	30%
	<i>of whom minors</i>	Essential household items	Beneficiaries	202,543		
Number of visits carried out	176			202,543		
Number of places of detention visited	58	Agricultural and veterinary inputs and micro-economic initiatives	Beneficiaries	384,422	40%	30%
				322,340		
RESTORING FAMILY LINKS				934,088	30%	40%
<i>Red Cross messages (RCMs) and reunifications</i>				75,980		
RCMs collected	48,050	Water and habitat activities	Beneficiaries			
RCMs distributed	40,058					
People reunited with their families	826					
<i>Tracing requests, including cases of missing persons</i>		Health				
People for whom a tracing request was newly registered	665	Health centres supported	Structures	18		
		Consultations	Patients	134,447		
	<i>of whom women</i>					
	<i>of whom minors at the time of disappearance</i>					
Tracing cases closed positively (persons located)	323				36,183	52,845
Tracing cases still being handled at 31 December 2009 (people)	478				22,928	675
	<i>of whom women</i>	Immunizations	Doses	111,574		
	<i>of whom minors at the time of disappearance</i>	PEOPLE DEPRIVED OF THEIR FREEDOM				
Unaccompanied minors (UAMs) and separated children (SCs), including unaccompanied demobilized child soldiers	306	<i>Economic security, water and habitat</i>				
UAMs/SCs newly registered by the ICRC/National Society	1,318	Food	Beneficiaries	2,335		
	<i>of whom girls</i>	Water and habitat activities	Beneficiaries	8,983		
UAMs/SCs reunited with their families by the ICRC/National Society	826	WOUNDED AND SICK				
	<i>of whom girls</i>	Hospitals supported	Structures	13		
UAM/SC cases still being handled at 31 December 2009	706	Admissions	Patients	24,265	12,630	7,517
	<i>of whom girls</i>	Operations	Operations performed	5,874		
		Water and habitat activities	Number of beds	740		
		<i>Physical rehabilitation</i>				
		Patients receiving services	Patients	740	107	50
		Prostheses delivered	Units	695	100	50
		Orthoses delivered	Units	83	10	6
DOCUMENTS ISSUED						
People to whom a detention attestation was issued	46					

ICRC ACTION AND RESULTS

In 2009, the ICRC focused on addressing the humanitarian situation in eastern DRC. To better respond to the cumulative needs of people affected by recurring armed confrontations in the Kivus, the ICRC appealed in May for additional funds for its assistance operations, implemented in partnership with the Red Cross Society of the DRC. In Ituri, cooperation with the National Society was strengthened and family-links and detention-related activities resumed after several years of the ICRC's absence following the deaths of six of its staff members there in 2001. In light of the relative stability in Katanga, ICRC assistance activities in the province were reduced.

Contacts with weapon bearers at all levels helped obtain access to victims and security clearances for Red Cross workers. The ICRC pursued confidential dialogue with the relevant authorities regarding alleged IHL violations and whenever relevant appealed publicly to all parties to the armed conflict to protect civilians. ICRC delegates also briefed parliamentarians and armed forces and groups on IHL provisions and raised local, national and international awareness of its humanitarian operations and concerns.

IDPs in the Kivus received emergency relief goods, food and water. Returnees and host communities recovering from the effects of armed conflict were given seed and tools to help them resume farming, sometimes coupled with food. A livestock vaccination campaign and support for farming and fishing associations also

boosted income generation. Village water points were installed and/or repaired, and the urban water and electricity boards worked with the ICRC to rehabilitate supply networks in towns.

ICRC material and technical input, including that of an ICRC surgical team until May, helped hospitals and health and physical rehabilitation centres treat injured people, particularly in the Kivus. With ICRC backing, over 30 counselling centres provided psychological and social support to victims of sexual violence and facilitated their access to medical care. Communities were also prompted to challenge the stigma surrounding sexual violence.

National Society/ICRC family-links services helped separated relatives restore and maintain contact. Such activities also enabled unaccompanied children, including large numbers of demobilized children, to be registered and reunited with their families where appropriate.

Detainees in prisons and places of temporary detention were visited by ICRC delegates, who discussed their findings confidentially with the relevant authorities to improve detention conditions and treatment. In response to severe nutritional needs, the ICRC supplied daily food rations to detainees. Where needed, it also delivered hygiene items and medicines and rehabilitated prison facilities. In Katanga, the organization ran prison management workshops for provincial staff.

The ICRC provided technical and financial support for the National Society's operations and boosted its capacities and processes. The two organizations worked together, for example, to help the authorities manage an outbreak of cholera in Goma.

Ongoing coordination with humanitarian actors on the ground, including UN cluster system participants, helped maximize impact, respond to unmet needs and avoid duplication.

CIVILIANS

Parties to the conflict called upon to respect and protect civilians

IHL violations reported to the ICRC included summary executions, sexual violence, ill-treatment, the recruitment of children, looting, the destruction of property, and arbitrary arrest and detention. The relevant authorities and ICRC delegates confidentially discussed specific allegations with the aim of improving the general protection of civilians (see *Armed forces and other bearers of weapons*). To facilitate humanitarian access to victims, the ICRC's principles of neutrality, independence and impartiality were also emphasized during these discussions.

Conflict victims receive food, water and livelihood support

New IDPs received three-month food rations, essential household items and, where needed, trucked-in water. Longer-term IDPs, returnees and host communities got seed and tools, sometimes coupled with food, to kick-start farming activities.

To further revive production and local markets, farming and fishing associations in the Kivus and Katanga received agricultural supplies and training, including for market gardening, benefiting 23,785 people (4,757 households). For example, farmers quadrupled or more their manioc yields after using mosaic-resistant cuttings supplied by the ICRC. Insecurity in North Kivu limited the number of associations supported, however. In South Kivu, veterinary training and a livestock vaccination campaign helped 38,065 people (7,605 households) protect their livelihoods. Where possible, the above activities were carried out in partnership with State agricultural agencies to help build their capacities in this domain.

Ten rural Kivu communities worked alongside the ICRC to improve and maintain their permanent water supplies. Renovations of water supply infrastructure were completed in Kalemie and got under way in Bukavu and Uvira-Kiliba following ICRC financial/technical support to urban water and electricity boards. With ICRC support, technical plans to provide 740,000 Goma residents with sufficient clean water were developed in cooperation with the urban water board.

Ahead of a hygiene-promotion campaign in South Kivu, local volunteers were trained by the DRC and Swedish Red Cross Societies and the ICRC. Following a cholera outbreak in Goma, the National Society received ICRC support to run chlorination sites, provide safe water and promote good hygiene practices.

- 282,695 IDPs/returnees/residents (56,575 households) received food, including 193,530 who also received seed and tools
- 202,543 IDPs/returnees (40,508 households) received essential household items

- 384,422 people (76,869 households) benefited from agricultural/veterinary/micro-economic initiatives, including 322,340 who received seed and tools
- 934,088 people benefited from water/sanitation projects, including 75,980 from water-trucking

Civilians in the Kivus, including victims of sexual violence, receive health care

As insecurity limited people's access to health care and placed extra strain on health facilities' resources, health centres were regularly supplied with medical items and staff received technical and administrative advice. Poor patients, including IDPs and unaccompanied children, had their medical bills covered by the ICRC.

In the 18 ICRC-supported health centres (average monthly catchment population: 151,000):

- 134,447 people given consultations, including 23,603 attending ante/post-natal consultations and 110,844 attending curative consultations
- 111,574 vaccine doses administered (including 101,706 to children aged five or under and 8,010 to women of childbearing age)
- 2,141 patients referred to a second level of care
- 1,126 health education sessions held

Over 30 counselling centres received supplies and technical support to provide victims of sexual or other violence with comprehensive psychological and medical care. When necessary, victims were referred to local health facilities for appropriate medical treatment, including post-exposure prophylaxis. ICRC training of staff helped improve the quality of counselling/mediation sessions provided to victims.

To ease their social reintegration, some victims received essential household items and generated income through ICRC micro-economic initiatives. Awareness-raising campaigns and discussions with community leaders aimed to reduce the stigma surrounding sexual violence.

As insecurity limited regular humanitarian access, three counselling centres were rehabilitated instead of ten.

Family members put back in touch

Relatives dispersed within and across borders restored and maintained contact through ICRC/National Society family-links activities (see *Red Cross and Red Crescent Movement*). Unaccompanied children, including children demobilized following the March agreements, were registered and reunited with their families in the DRC or abroad, where appropriate and possible. Most of them received material assistance to facilitate their reintegration and were revisited by ICRC delegates following reunification.

Shelters and homes fostering children whose cases remained unresolved received material support. Cooperation with referral organizations, such as UNICEF, was strengthened to identify durable solutions for these children. Some children participated in ICRC micro-economic initiatives.

- 44,359 RCMs collected from and 38,351 RCMs distributed to civilians, including 1,549 from and 1,208 to unaccompanied/separated children

- ▶ new tracing requests registered for 665 people (94 women; 464 minors at the time of disappearance); 540 people located, including 217 for whom tracing requests had been registered by another delegation; 478 people (82 women; 306 minors at the time of disappearance) still being sought
- ▶ 1,318 unaccompanied/separated children registered (including 492 demobilized children); 916 reunited with their families, including 90 registered by another delegation; 706 cases of unaccompanied/separated children (including 496 demobilized children) still being handled
- ▶ names of 404 people seeking or being sought by their families published in the media

Owing to other operational priorities, the legal recourses available to families of missing persons were not analysed as originally planned.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees, including many held in relation to armed conflict or for other security reasons, were visited by the ICRC according to its standard working procedures. To promote compliance with applicable law and internationally recognized standards, the authorities were informed confidentially of the delegates' findings and recommendations. Issues of particular concern raised were respect for judicial guarantees and the needs of vulnerable detainees.

People held by State military/intelligence services and by armed groups received some visits from ICRC delegates as a result of dialogue with the relevant detaining authorities (see *Armed forces and other bearers of weapons*). Two Congolese soldiers were released by the FDLR with the ICRC acting as a neutral intermediary.

- ▶ government: 11,659 detainees visited, of whom 1,085 monitored individually (25 women; 34 minors) and 735 newly registered (21 women; 32 minors), during 175 visits to 57 places of detention
- ▶ armed group: 2 detainees visited and monitored individually, during 1 visit to 1 place of detention
- ▶ 3,691 RCMs collected from and 1,707 RCMs distributed to detainees
- ▶ 46 detention certificates issued to former detainees or their families

With limited resources and capacities, the prison authorities struggled to ensure adequate detention conditions. Many detainees relied on food and other services provided by relatives or charitable organizations.

To counter severe malnutrition, detainees received emergency daily food rations and/or high-energy biscuits and four prisons increased their cooking capacities following deliveries of firewood. As a result, the malnutrition rate in Mbuji Mayi prison, for example, almost halved. To begin identifying longer-term solutions, prison officials attended a health and nutrition workshop in Bas-Congo. Detainees in Katanga supplemented their diets with produce from three ICRC-supported prison gardens.

Sick detainees were treated using medical items supplied to nine Ministry of Health-run prison dispensaries. Where needed, detainees' referral and hospital fees were covered by the ICRC. In one prison, detainees sexually violated during a riot received psychosocial, medical and legal assistance.

To boost hygiene, detainees received monthly provisions of soap. Prison staff were equipped for and trained in waste disposal and cleaning. When cholera broke out in Goma, detainees were given disinfectant, clean water, new clothes and bedding. Four prisons' water, sanitation and cooking facilities were rehabilitated.

In Katanga Province, the detaining authorities developed working tools for monitoring and improving overall detention conditions during two ICRC workshops organized at their request.

- ▶ 2,335 detainees received food
- ▶ 8,983 detainees benefited from water/sanitation/habitat projects and received essential household and hygiene items

WOUNDED AND SICK

Thirteen hospitals providing emergency surgery to injured people in the Kivus received medical equipment and drugs. Operating staff were supported by an ICRC surgical team until May. Some 40 medical professionals attended two war-surgery seminars. Hospital staff treating referrals from ICRC-supported health centres (see *Civilians*) were trained in governance and stock management.

The recovery of people previously treated for osteomyelitis at Panzi hospital was monitored; ten people's follow-up treatment was paid for by the ICRC.

In the 10 ICRC-supported hospitals that provided data:

- ▶ 24,265 patients (including 12,630 women and 7,517 children) admitted: of whom 360 weapon-wounded (including 76 women, 42 children and 7 people injured by mines or explosive remnants of war), 3,896 other surgical cases, and 12,065 medical and 7,944 gynaecological/obstetric patients
- ▶ 5,874 surgical operations performed
- ▶ 43,353 outpatients given consultations, including 36,153 attending surgical or medical consultations and 7,200 attending gynaecological/obstetric consultations

The weapon-wounded, be they civilians or weapon bearers, had their physical rehabilitation or related travel costs covered by the ICRC. To bolster such services, five technicians and physiotherapists were sponsored to attend courses abroad.

- ▶ 740 patients (including 107 women and 50 children) received services at 5 ICRC-supported physical rehabilitation centres
- ▶ 327 new patients (including 56 women and 18 children) fitted with prostheses and 24 (including 6 women and 1 child) fitted with orthoses
- ▶ 695 prostheses (including 100 for women, 50 for children and 64 for mine victims), 83 orthoses (including 10 for women, 6 for children and 5 for mine victims), 755 crutches and 16 wheelchairs delivered

The renovation of ICRC-supported hospitals, health centres and physical rehabilitation centres also improved health care services.

- ▶ health facilities (number of beds: 740) benefited from water/sanitation/habitat projects

AUTHORITIES

Efforts to ratify Additional Protocol III, implement the Mine Ban Convention and the Rome Statute, and adopt legislation protecting the emblem did not bring tangible results. Nonetheless, the ICRC developed contacts with government, political and diplomatic representatives to raise awareness of these and other IHL treaties and provisions and of ICRC activities in the DRC.

- parliamentarians' support for IHL implementation and the new African Union Convention on IDPs galvanized at a one-day seminar
- IHL dissemination sessions held for provincial representatives in Katanga, the Kivus and Province Orientale

ARMED FORCES AND OTHER BEARERS OF WEAPONS

In its dialogue with armed forces and armed groups, particularly those in the Kivus, the ICRC familiarized these groups at all levels with the main principles of IHL and the ICRC's mandate and activities. The aim was to improve respect for the civilian population and secure Red Cross workers' safety and access to victims and detainees (see *Civilians* and *People deprived of their freedom*). Contacts were also developed with the police to promote international human rights law and standards and to raise awareness of the ICRC's work for detainees.

To complement bilateral meetings, the following weapon bearers, including former members of armed groups integrated into the army, attended ICRC briefings on IHL/international human rights law and humanitarian action:

- 2,467 military and police personnel in Kinshasa
- 1,324 military and police officers, including members of the Republican Guard, in the Kivus
- 477 and 603 army officers in Province Orientale and Katanga respectively
- 287 members of various armed groups in the Kivus
- 95 MONUC officers in Kinshasa and the Kivus

The ICRC supported the DRC armed forces in their efforts to institutionalize IHL training. Some 30 military instructors, including, for the first time, instructors deployed in the Kivus and Province Orientale, were trained by the ICRC to teach IHL. With ICRC technical and financial input, the Ministry of Defence published its first code of conduct for army personnel. The code encompassed IHL provisions, including those protecting civilians. The DRC army received similar support to produce IHL teaching materials, including a film, in local languages.

CIVIL SOCIETY

The public learnt about humanitarian principles, concerns and action, particularly in the Kivus, through national and international media coverage. This was based on ICRC interviews, publications, press releases and events for journalists, which included clubs, visits to observe ICRC activities, and a seminar on reporting from a humanitarian perspective.

People affected by conflict heard about humanitarian principles through ICRC radio campaigns; a weekly DRC Red Cross/ICRC radio programme was broadcast in Goma and Kinshasa. Dissemination sessions also introduced community and religious leaders in Kinshasa and the Kivus to IHL principles and ICRC activities.

Taking advantage of the ICRC's IHL expertise, students, lecturers and civil society organizations requested technical advice and materials and attended related briefings. Information sessions for national and international NGOs and other civil society organizations based in Kinshasa and the Kivus improved the complementarity of humanitarian protection and assistance activities in the DRC. Contacts with lawyers were initiated to raise awareness of the ICRC's detention-related activities and to discuss respect for judicial guarantees.

RED CROSS AND RED CRESCENT MOVEMENT

The nationwide volunteer network of the DRC Red Cross contributed to the effectiveness of joint National Society/ICRC assistance activities in the Kivus and Province Orientale (see *Civilians*).

The National Society also provided first aid in these regions, supported by ICRC training for provincial first-aid teams and material donations. Its emergency response capacity was further enhanced by training and the pre-positioning of emergency stocks supplied by the ICRC, including for the management of human remains. Notably, as a result of such support, the National Society responded effectively to cholera outbreaks in Bukavu and in Goma (see *Civilians*) and to a fire in Goma.

To reinforce National Society family-links activities, particularly in Province Orientale, the work and staff of provincial tracing offices received targeted support. This included the setting up of new coordination posts, such as those in Beni and Bunia, the organization of training and refresher courses for volunteers and the provision of motorcycle repair kits.

With ICRC funding, the National Society also constructed 21 new water points in three provinces to ease tension over water resources.

To improve governance, accountability and efficiency, the National Society received ICRC support for its ongoing restructuring process, the finalization of its 2009–2013 strategic plan, the travel, training and payment of key personnel, the organization of statutory meetings and the construction of essential infrastructure. As part of wider efforts to promote the Movement and its Fundamental Principles, the National Society produced and distributed a policy document outlining volunteering principles and guidelines.

The National Society, the ICRC and other Movement partners coordinated their activities with other humanitarian actors working in the DRC.