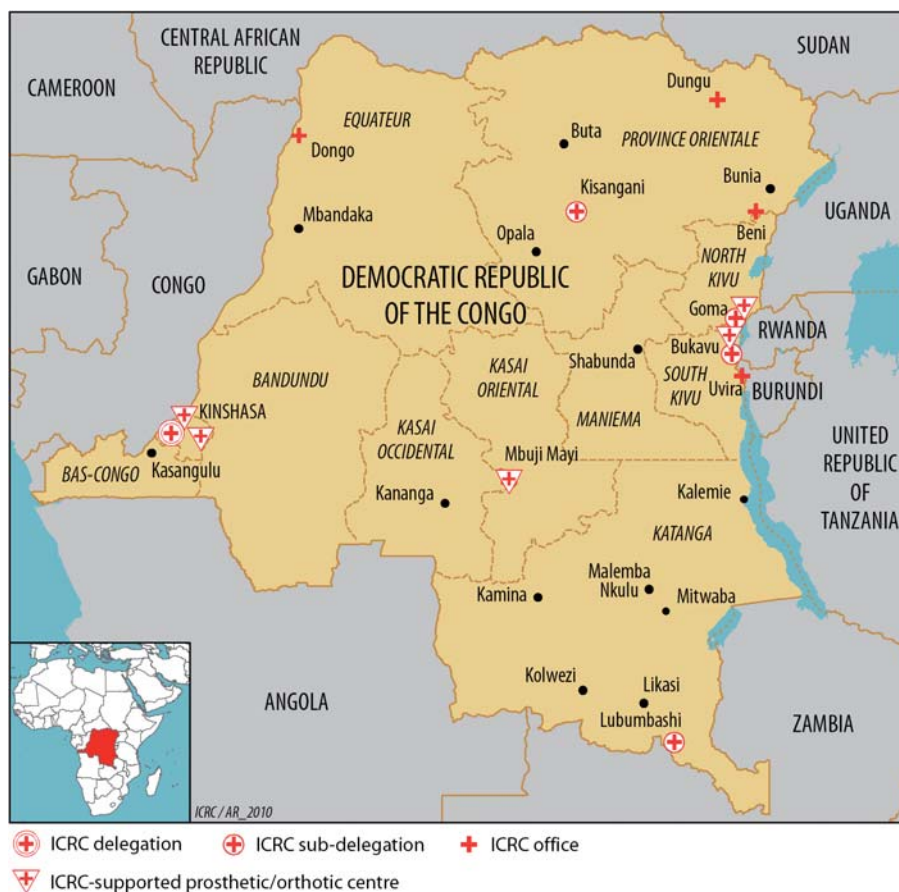


CONGO, DEMOCRATIC REPUBLIC OF THE



The ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It meets the emergency needs of conflict-affected IDPs and residents, provides them with the means to become self-sufficient and helps ensure that the wounded and sick receive adequate care, including psychological support for victims of sexual violence. It visits detainees, helps restore contact between separated relatives (reuniting children with their families where appropriate and possible) and supports the National Society's development. It also promotes respect for IHL and international human rights law by the authorities in their treatment of civilians and detainees.

EXPENDITURE (IN KCHF)

Protection	14,738
Assistance	35,847
Prevention	4,751
Cooperation with National Societies	1,622
General	-

▶ **56,958**

of which: Overheads **3,326**

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Expatriates	82
National staff (daily workers not included)	669

KEY POINTS

In 2010, the ICRC:

- ▶ adapted its operations to the evolving situation by extending its coverage in the Kivus and developing its operations in Equateur and Province Orientale to better respond to civilians' needs
- ▶ with the Red Cross Society of the Democratic Republic of the Congo, distributed essential household items and emergency food rations to 151,000 and 91,500 IDPs respectively
- ▶ facilitated recovery from armed conflict and violence by helping some 420,700 longer-term IDPs, returnees and host communities in more stable areas to rebuild their livelihoods and over 229,700 to improve their access to clean water
- ▶ supplied and supported 37 permanent and 5 temporary counselling centres providing psychological support to victims of sexual violence in the Kivus
- ▶ supported the reunification of over 1,000 children with their relatives while broadening a network of appropriate host families for children still looking for a permanent home
- ▶ contributed to a sharp decline in malnutrition and mortality rates in several prisons by running urgent nutritional programmes

CONTEXT

While some areas of the Democratic Republic of the Congo (DRC) stabilized in 2010, the humanitarian and security situation in several provinces remained a cause for concern.

In North and South Kivu, the conflict moved south and westwards, affecting populations in isolated, difficult-to-reach areas. Military operations against armed groups in the region continued, conducted by the DRC army and sometimes backed by the UN peacekeeping mission in the DRC (MONUC). MONUC became the MONUSCO stabilization force on 1 July 2010. One local armed group retained eight ICRC staff members for a week in South Kivu in April before releasing them unharmed.

In Province Orientale, insecurity related to the presence of groups of the Lord's Resistance Army remained a destabilizing factor, seriously affecting communities there (see *Uganda*).

In Equateur, thousands were displaced as a result of armed violence that broke out in 2009, and over 100,000 people continued to seek refuge in neighbouring Congo (see *Yaoundé*).

An ongoing process of integrating members of armed groups into the armed forces, part of a wider reform of the security sector, remained fragile. Meanwhile, the country's political discourse primarily focused on the organization of local and presidential elections, scheduled for the end of 2011.

MAIN FIGURES AND INDICATORS				
PROTECTION				
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages		Total	UAMs/SCs*	
RCMs collected		45,133	1,260	
RCMs distributed		36,226	931	
Names published in the media		276		
Reunifications, transfers and repatriations		Total		
People reunited with their families		1,122		
	<i>including people registered by another delegation</i>	168		
Tracing requests, including cases of missing persons		Total	Women	Minors
People for whom a tracing request was newly registered		559	262	339
People located (tracing cases closed positively)		387		
	<i>including people for whom tracing requests were registered by another delegation</i>	60		
Tracing cases still being handled at 31 December 2010 (people)		465	210	261
UAMs/SCs,* including unaccompanied demobilized child soldiers		Total	Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		1,369	423	484
UAMs/SCs reunited with their families by the ICRC/National Society		1,043	258	394
	<i>including UAMs/SCs registered by another delegation</i>	158		
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2010		759	285	100
Documents				
Official documents relayed between family members across borders/front lines		9		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Total	Women	Minors
Detainees visited		14,840		
Detainees visited and monitored individually		1,750	37	72
Detainees newly registered		1,166	32	68
Number of visits carried out		298		
Number of places of detention visited		87		
Restoring family links		Total		
RCMs collected		2,760		
RCMs distributed		1,825		
Detainees released and transferred/repatriated by/via the ICRC		9		
People to whom a detention attestation was issued		55		

* Unaccompanied minors/separated children

ASSISTANCE					
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat			Total	Women	Children
Food		Beneficiaries	141,955	40%	30%
	<i>of whom IDPs</i>	Beneficiaries	141,955		
Essential household items		Beneficiaries	151,220	40%	30%
	<i>of whom IDPs</i>	Beneficiaries	151,220		
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	420,721	40%	30%
	<i>of whom IDPs</i>	Beneficiaries	281,369		
Water and habitat activities		Beneficiaries	229,785	30%	40%
	<i>of whom IDPs</i>	Beneficiaries	37,716		

MAIN FIGURES AND INDICATORS				
ASSISTANCE				
Health		Total	Women	Children
Health centres supported	Structures	12		
Average catchment population		223,287		
Consultations	Patients	57,872		
	<i>of which curative</i>		43,614	19,394
	<i>of which ante/post-natal</i>		13,792	
Immunizations	Doses	118,561		
	<i>of which for children aged five or under</i>	113,033		
	<i>of which for women of childbearing age</i>	5,528		
Referrals to a second level of care	Patients	4,926		
Health education	Sessions	2,420		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Food	Beneficiaries	3,686		
Essential household items	Beneficiaries	11,000		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	202		
Water and habitat activities	Beneficiaries	11,342		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	31		
	<i>of which provided data</i>	3		
Admissions	Patients	17,551	8,103	6,730
	<i>of whom weapon-wounded</i>	144	17	8
	<i>(including by mines or explosive remnants of war)</i>	5		
	<i>of whom other surgical cases</i>	2,086		
	<i>of whom medical cases</i>	11,173		
	<i>of whom gynaecological/obstetric cases</i>	4,148		
Operations	Operations performed	2,718		
Outpatient consultations	Patients	18,686		
	<i>of which surgical</i>	939		
	<i>of which medical</i>	15,825		
	<i>of which gynaecological/obstetric</i>	1,922		
Water and habitat				
Water and habitat activities	Number of beds	282		
Physical rehabilitation				
Centres supported	Structures	5		
Patients receiving services	Patients	680	115	35
New patients fitted with prostheses	Patients	247	48	14
Prostheses delivered	Units	670	108	35
	<i>of which for victims of mines or explosive remnants of war</i>	87		
New patients fitted with orthoses	Patients	23	6	1
Orthoses delivered	Units	44	11	2
	<i>of which for victims of mines or explosive remnants of war</i>	5		
Crutches delivered	Units	719		
Wheelchairs delivered	Units	21		

ICRC ACTION AND RESULTS

Amid a volatile security situation fraught with logistic constraints, the ICRC adapted its activities to meet the significant humanitarian needs of people affected by armed conflict or other situations of violence in the DRC. In 2010, the delegation extended its coverage in the Kivus and developed its operations in Equateur and northern Province Orientale. The Red Cross Society of the DRC was a key partner for the ICRC in carrying out activities throughout the country, receiving materials and training to reinforce its relief and other assistance capacities, build up its family-links network and bolster its IHL-promotion skills.

In efforts to improve access to and the protection of civilians, the ICRC strengthened dialogue with national and local authorities, the armed forces, armed groups and influential

members of civil society. Delegates also collected allegations of IHL violations and, where necessary and possible, made representations to the relevant groups with a view to preventing their reoccurrence.

To respond to the needs of IDPs and others directly affected by conflict, the ICRC, together with the DRC Red Cross, continued distributing relief goods and food. In more stable areas, they helped longer-term IDPs, returnees and residents start to rebuild their livelihoods, providing farmers with seed and tools and undertaking food- or cash-for-work projects benefiting host communities. In the Kivus, the ICRC helped local associations set up fish nurseries, grow disease-resistant cassava and establish market gardens in areas short of dietary staples. The ICRC and provincial authorities also completed a cattle vaccination campaign in South Kivu to preserve livestock health.

The ICRC worked with rural and urban officials to repair or upgrade water supply systems to improve access to clean water in conflict-affected areas. To complement these efforts, the National Society, supported by a Swedish Red Cross/ICRC project, promoted good hygiene practices in rural communities. Health centres received ICRC training, material and financial support, as did counselling centres offering psychological assistance to victims of sexual violence. The delegation helped set up additional counselling centres in North Kivu following a peak in needs.

Thousands of family members restored and maintained contact through the tracing and RCM services provided by the ICRC and the National Society. Based on the recommendations of an internal review, the delegation stepped up efforts to protect unaccompanied/demobilized children and improve their reintegration into society, including by broadening a network of appropriate host families. It continued to provide children living in transit centres with food, clothes and personal items. Where appropriate, such children were reunited with their families, who often received assistance to ease reintegration.

ICRC delegates visited detainees in places of permanent and temporary detention, providing confidential feedback to the authorities on treatment and living conditions and, when necessary, making recommendations. The ICRC also stepped up its nutritional programme for inmates in six prisons across four provinces, contributing to a rapid decline in malnutrition and mortality rates there. To further reduce health risks, the delegation rehabilitated water, sanitation and kitchen facilities, provided prison health centres and referral hospitals with drugs, medical supplies and training, and gave inmates hygiene items. The ICRC served as a neutral intermediary during the release and handover of nine soldiers and civilians held by armed groups.

Countrywide, the ICRC developed contacts with the authorities to rally their support for IHL. An informal working group of ministerial cabinet members organized by the ICRC contributed to the National Assembly's vote to pass a law implementing the Mine Ban Convention.

The ICRC continued to coordinate its activities with those of Movement partners, UN agencies and other humanitarian actors in fields of common interest, thereby maximizing impact, identifying unmet needs and avoiding duplication.

CIVILIANS

Parties to the conflict called upon to respect and protect civilians

In northern and eastern DRC, civilians continued to suffer the consequences of armed clashes and related insecurity. To help ensure the protection of and respect for civilians, the ICRC expanded its field presence, made contact with new armed groups and strengthened dialogue with weapon bearers. Whenever possible, parties to conflict were reminded, during bilateral discussions, briefings, and presentations, of their responsibilities under IHL

(see *Armed forces and other bearers of weapons*). Where necessary, the relevant authorities and weapon bearers received confidential oral and written representations addressing allegations of IHL violations, including physical and sexual violence, recruitment of child soldiers, looting and attacks on medical services, offering recommendations on how to prevent such abuses.

Vulnerable people provided with relief, livelihood support and improved water supply and sanitation

In Equateur, the Kivus and Province Orientale, recently displaced people, returnees and/or vulnerable host communities benefited from relief and livelihood assistance and longer-term improvements to water supply and sanitation, provided by the ICRC and National Society teams trained and equipped by the ICRC.

Families uprooted by violence continued to receive emergency relief distributions. Thus, over 151,000 IDPs (30,200 households) received essential household items and 91,500 got one-off food rations, while more than 16,300 benefited from improved access to water and sanitation, including through water trucked-in. Over 55,416 farmers and their families, in total 277,080 people, got seed and tools to kick-start farming activities, 50,150 of whom lived on ICRC food rations while waiting for their harvests. Vulnerable workers and their families received cash (4,289 people) for repairing rural roads linking villages to markets, rebuilding houses or rehabilitating an airstrip in Equateur to improve access of humanitarian aid.

In more stable areas of the Kivus, 48,697 people (9,721 households) began rebuilding their livelihoods with ICRC technical and financial support. State agricultural agencies provided trained members of local associations with disease-resistant cassava cuttings. Fishing associations and market gardeners boosted production of dietary staples and generated income for their families. Victims of sexual violence (see below) and disabled patients (see *Wounded and sick*) took part in micro-economic initiatives to help them and their families earn a living. In South Kivu, nearly 57,000 cattle were vaccinated against disease to preserve the economic security of 90,655 people (18,131 households). The vaccinations, carried out in partnership with the provincial authorities, completed the second round of a livestock vaccination campaign begun in 2009.

In the Kivus and Province Orientale, rural communities worked alongside the ICRC to upgrade and maintain their water systems, reducing health risks for over 182,800 people. This included some 30,850 conflict-affected villagers in South Kivu who built their own latrines and learnt good hygiene practices through a campaign carried out by the DRC Red Cross and supported by a Swedish Red Cross/ICRC project. In two cities, the water boards continued to renovate their water networks, with ICRC technical input, benefiting some 30,000 residents.

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

Over 57,800 vulnerable patients and mothers and children in conflict-affected areas sought medical attention and vaccination in 12 health centres receiving regular ICRC support. The centres were stocked with ICRC medical supplies and staffed with health

personnel paid and trained by the ICRC in coordination with the Ministry of Health. Rehabilitation work at five of them improved inpatients' accommodation (see *Wounded and sick*). Following influxes of casualties or looting, 27 other centres received ad hoc deliveries of basic medical supplies and equipment.

Victims of sexual violence received psychological support at 37 counselling centres supplied and supported by the ICRC. Women heard about the services offered in such centres during six awareness-raising campaigns, which also aimed to prevent social stigma linked to sexual assault. In response to a peak in needs in North Kivu in August, five temporary counselling centres were set up and supported. Another three improved their services following ICRC rehabilitation work, helping them accommodate some 240 people.

Families reconnect and unaccompanied/demobilized children are cared for

People separated from their families, including unaccompanied/demobilized children, restored and maintained contact with their relatives through services run by the ICRC and an extensive network of National Society personnel trained and supported by the ICRC. To reinforce the family-links network, six new National Society tracing posts opened in northern Equateur and three in Province Orientale.

To reduce the risk of people going unaccounted for, representatives of the Ministries of Defence, Health and Interior and members of National Society emergency response units attended a three-day ICRC seminar on the management of human remains.

Given the high number of unaccompanied/demobilized children, selected communities and the ICRC made preparations, based on an internal review conducted at end-2009 and a survey in 2010, to step up efforts to protect such children and improve their reintegration into society. To better safeguard children still seeking a permanent home, additional host families were identified, and a process was initiated with the National Society to improve the monitoring of such families. With regular ICRC support, two transit centres provided an average of 280 children with food, clothes, hygiene items and medical care, while six other centres received such assistance as needed.

Meanwhile, 1,043 unaccompanied children, including 394 demobilized child soldiers, rejoined their families in the DRC or in neighbouring countries. The families were visited within three months of reunification to monitor the child's welfare and, when needed, were given household items and/or food.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held in permanent or temporary detention, some in places to which the ICRC gained access during the year, received visits, according to the organization's standard procedures, enabling delegates, to monitor their treatment and living conditions, including respect for their judicial guarantees. Among those visited were people in the MONUSCO-run Demobilization, Disarmament, Repatriation, Reintegration and Resettlement process and awaiting their transfer to the authorities concerned. Those detained in connection with armed conflict or for other reasons of State security were followed up individually. Particular attention was also paid to the situation of vulnerable detainees, such as children, women and foreigners. After the visits, the detaining authorities received confidential feedback on the ICRC's findings and, where relevant, recommendations. Through the RCM service, detainees restored and maintained contact with their relatives in the DRC and abroad.

Acceptance of the ICRC as a neutral intermediary facilitated the release and handover to the relevant authorities of nine soldiers and civilians held by armed groups.

Malnourished detainees see improvements in their diets

To counter high malnutrition rates observed in six prisons across the country, in total 3,686 detainees (monthly average: 2,760 detainees) received balanced daily food rations, while kitchens were given firewood to boost their cooking capacities. Additionally, 550 severely malnourished detainees in eight prisons had their rations supplemented with high-energy biscuits. These emergency food measures contributed to a sharp decline in malnutrition and mortality rates in prisons.

In parallel, prison authorities, national and international stakeholders and the ICRC worked together towards sustainable improvements in detainees' food supply, with some encouraging

PEOPLE DEPRIVED OF THEIR FREEDOM	DRC	MONUSCO
ICRC visits		
Detainees visited	14,813	27
Detainees visited and monitored individually	1,723	27
	<i>of whom women</i>	34
	<i>of whom minors</i>	66
Detainees newly registered	1,140	26
	<i>of whom women</i>	29
	<i>of whom minors</i>	62
Number of visits carried out	288	10
Number of places of detention visited	84	3
Restoring family links		
RCMs collected	2,760	
RCMs distributed	1,825	
People to whom a detention attestation was issued	55	

results. For example, a comprehensive ICRC report prompted the Justice Ministry to set up working mechanisms to implement recommendations therein on nutrition, health and judicial guarantees. Following the ICRC's intercession, the authorities in the main prison in Kinshasa significantly increased detainees' food rations. Some 200 inmates in two prisons in Katanga supplemented their diets with food grown through ICRC-supported market gardens, and directors and staff there developed their management skills during two workshops. The provincial authorities in Bas-Congo adopted a plan of action to improve inmates' diets after a two-day workshop on the subject.

Inmates enjoy better access to health care and hygiene

Sick detainees in 11 prison health centres and 2 referral hospitals received treatment thanks to ICRC financial support and a regular supply of medical materials. The relevant national and prison authorities were encouraged to include detainees in national HIV/AIDS, tuberculosis and malaria prevention programmes.

More than 11,300 detainees faced fewer health risks after the ICRC rehabilitated various water, sanitation and cooking facilities. Some 11,000 inmates in 14 prisons also received soap and hygiene items, while prison staff participated in training in waste disposal and cleaning techniques and received the necessary equipment.

WOUNDED AND SICK

Weapon bearers were trained by National Society personnel to provide first aid to people injured during armed clashes (see *Armed forces and other bearers of weapons*).

Some 144 weapon-wounded and other casualty patients, both civilian and military, received medical treatment at three hospitals with the help of drugs, medical supplies, equipment and staff training provided by the ICRC. During influxes of casualties, 28 other hospitals received ad hoc donations of medicines.

Conflict amputees and other physically disabled people had their travel costs and treatment covered by the ICRC at five physical rehabilitation centres located in Bukavu, Goma, Kinshasa (two) and Mbuji Mayi. The centres received basic materials, prosthetic/orthotic components and technical support, including training courses in Bukavu for ten prosthetic/orthotic technicians. As of June, patients at the centres in Bukavu and Goma benefited from the presence of an ICRC physiotherapist, who provided staff with on-the-job training.

Rehabilitation work in hospitals, physical rehabilitation centres and health centres (see *Civilians*) improved the water supply and sanitary facilities for some 280 inpatients.

AUTHORITIES

Parliamentarians, civil servants, national and local government representatives, and diplomats were updated on humanitarian issues and Movement activities during meetings with the ICRC. Similar meetings with provincial authorities contributed to generating grassroots support for the Movement, including safe access for its personnel to people affected by violence.

An informal working group comprising ministerial cabinet members and the ICRC met regularly to discuss ways to advance the ratification of IHL treaties, including the Convention on Certain Conventional Weapons, and their national implementation. These efforts contributed to the National Assembly's vote in October to pass a national law implementing the Mine Ban Convention. The group also lobbied for the adoption of a national law protecting the Movement's emblems.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Across the country, weapon bearers from all ranks within the armed forces and armed groups, including MONUSCO personnel, participated in briefings and presentations on IHL and the Movement's activities, with the aim of improving respect for civilians and securing Movement workers' access to people in need. Where feasible, they also learnt basic first aid from National Society personnel alongside such events.

In the Kivus, key operational army officers and the ICRC initiated a forum to address general and specific IHL-related concerns. Soldiers participated in discussions on IHL topics, facilitated by DRC military instructors and ICRC delegates using innovative methods, including role-play and focus groups. The DRC army and the ICRC also produced a film for soldiers illustrating appropriate behaviour in conflict situations.

Following training and refresher courses, army instructors carried out their own IHL familiarization and training activities, with ICRC technical support. Instructors at a new school for non-commissioned officers in Bas-Congo, the first of its kind in the DRC, received training organized by the ICRC as part of broader efforts to support the armed forces' reform process.

Police and security agents attended briefings on international human rights law and ICRC detention-related activities, during which they were reminded of their responsibilities in the maintenance of law and order. A working group for security sector reform continued to develop a national curriculum for police training, with ICRC technical expertise.

CIVIL SOCIETY

Public understanding of and support for IHL and the Movement relied on the cooperation of influential members of civil society.

National and international media reported regularly on humanitarian issues and the Movement's activities, drawing on ICRC press releases and publications. Journalists made field trips to observe Movement activities aimed at improving access to water and reconnecting families. Workshops organized for journalists in four provinces expanded and enhanced national media coverage of humanitarian issues. People learnt about IHL and the protection it affords civilians through radio programmes, including a weekly spot broadcast locally in Goma and Kinshasa by the ICRC and trained National Society communication teams.

Community and religious leaders and a human rights NGO in Kinshasa raised their awareness of IHL and the Movement during presentations and briefings, as did MONUSCO civilian staff based in the Kivus and Province Orientale.

To stimulate interest in IHL in academic circles, 21 teams of law students from 7 provinces tested their skills during a pre-selection process for a national IHL moot court competition planned for 2011, the first of its kind in the DRC. In addition, some 1,200 students in Beni, Bukavu, Goma, Kinshasa and Lubumbashi participated in ICRC-organized presentations on IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The DRC Red Cross worked with the ICRC in providing relief and family-links services and promoting IHL (see above). With ICRC technical and financial support, it responded effectively to a number of accidents and emergencies. For example, volunteers evacuated the wounded and assisted communities affected by natural disasters such as a volcanic eruption, a mudslide and floods. Red Cross personnel took care of the dead after a fuel tanker exploded in South Kivu, killing over 220 bystanders, and following armed clashes in Equateur and Province Orientale (see *Civilians*).

To strengthen management capacity, national and provincial Red Cross leaders attended an administration and finance workshop. New offices were built in Walikale (North Kivu), Bunia and Dungu (Province Orientale). Communication personnel produced and distributed material to raise awareness of IHL and drafted internal regulations and policies. With ICRC sponsorship, a new legal adviser participated in an international IHL meeting abroad.

Movement partners met regularly in Kinshasa and in the field to coordinate their activities.