

# CONGO, DEMOCRATIC REPUBLIC OF THE



+ ICRC delegation   
 + ICRC sub-delegation   
 + ICRC office  
+ ICRC-supported prosthetic/orthotic centre

## EXPENDITURE (IN KCHF)

Protection	<b>14,820</b>
Assistance	<b>38,523</b>
Prevention	<b>4,760</b>
Cooperation with National Societies	<b>1,563</b>
General	-

**► 59,666**

*of which: Overheads 3,530*

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>109%</b>
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## PERSONNEL

Expatriates	<b>89</b>
National staff (daily workers not included)	<b>723</b>

## KEY POINTS

**In 2012, the ICRC:**

- ▶ through the provision of daily food rations to a monthly average of 3,800 detainees in 8 prisons countrywide, helped keep the global nutritional health of detainees below the emergency threshold of 30%
- ▶ maintained/further developed its confidential dialogue with armed and security forces and armed groups on respect for IHL and humanitarian principles, aiming to improve respect for and the protection of civilians
- ▶ evacuated 332 weapon-wounded people to referral hospitals in Bukavu or Goma, while enabling the treatment of 738 weapon-wounded patients and covering the cost of treatment for 967 impoverished patients
- ▶ with the National Society, helped improve the immediate living conditions of some 44,500 IDP or returnee households (222,000 people) with food rations and, in most cases, also essential household items
- ▶ worked with the National Society to reunite 973 unaccompanied minors, including children formerly associated with weapon bearers, with their families in the country or abroad
- ▶ ensured over 5,000 victims of sexual violence had access to adequate support by referring them to timely medical treatment, supporting counselling centres and training community counsellors

Having worked in the country since 1960, 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. It visits detainees, helps restore contact between separated relatives (reuniting children with their families where appropriate) and supports the National Society's development. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

## CONTEXT

While some areas in the Democratic Republic of the Congo (hereafter DRC) stabilized, the humanitarian and security situation in the east worsened significantly. In early 2012, increased military operations against armed groups, sometimes supported by the UN Organization Stabilization Mission in the DRC (MONUSCO), placed a severe strain on civilians, particularly in remote areas.

Desertions by elements of the former National Congress for the Defence of the People in April and the M23's armed insurrection in May radically changed the army's focus, resulting in heavy fighting in North Kivu. This led to numerous casualties and the displacement of tens of thousands of people towards Goma, Masisi and Walikale, and into Rwanda and Uganda. After a ceasefire lasting several weeks, hostilities resumed mid-November. The M23 took control of Goma and surrounding areas, until its withdrawal in December prior to peace talks resulting in a fragile truce. Meanwhile, other armed groups regained control in certain regions, leading to casualties, property destruction and displacement.

Frequent confrontations opposing the army and armed groups occurred in South Kivu, where the Raia Mutomboki gained significant influence over previously government-controlled territory. These caused casualties and forced thousands to flee from their homes.

In Province Orientale, armed attacks by the Lord's Resistance Army (LRA) diminished overall, while banditry increased towards year-end in the Uélés.

Deportations of Congolese migrants from Lunda Norte, Angola, to Kasai Occidental continued to separate family members and took place under difficult humanitarian conditions.

## ICRC ACTION AND RESULTS

Against a backdrop of increased fighting and insecurity in eastern DRC, the ICRC maintained a multidisciplinary and flexible approach, developing or adapting its activities to protect and assist victims of armed conflict, particularly in remote areas. The Red Cross Society of the DRC remained a key partner in carrying out operations, capitalizing on ICRC financial/material support and training to strengthen its assistance, family-links, first-aid and communication capacities. Coordination meetings with other Movement partners and humanitarian organizations helped maximize aid efforts.

Main figures and indicators	PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*	
RCMs collected		43,044	2,069	
RCMs distributed		37,337	1,373	
Phone calls facilitated between family members		53		
Names published in the media		158		
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families		1,024		
	<i>including people registered by another delegation</i>	27		
People transferred/repatriated		39		
<b>Tracing requests, including cases of missing persons</b>			Women	Minors
People for whom a tracing request was newly registered		616	49	432
People located (tracing cases closed positively)		267		
	<i>including people for whom tracing requests were registered by another delegation</i>	28		
Tracing cases still being handled at the end of the reporting period (people)		595	50	406
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		1,670	568	449
UAMs/SCs reunited with their families by the ICRC/National Society		973	360	250
	<i>including UAMs/SCs registered by another delegation</i>	26		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,053	340	272
<b>Documents</b>				
People to whom travel documents were issued		1		
Official documents relayed between family members across borders/front lines		11		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>			Women	Minors
Detainees visited		17,615		
Detainees visited and monitored individually		1,664	11	64
Detainees newly registered		999	6	57
Number of visits carried out		387		
Number of places of detention visited		108		
<b>Restoring family links</b>				
RCMs collected		3,297		
RCMs distributed		2,584		
Phone calls made to families to inform them of the whereabouts of a detained relative		26		
People to whom a detention attestation was issued		44		

\* Unaccompanied minors/separated children

ICRC delegates stepped up dialogue with the authorities, weapon bearers and influential civil society members to enhance their understanding of IHL, garner support for the Movement and promote respect for medical personnel/infrastructure. Drawing on documented allegations of IHL/human rights violations transmitted to the ICRC, they shared feedback and recommendations confidentially with the parties concerned.

In the hardest-hit areas of the Kivus, the ICRC helped ensure that weapon-wounded people had access to emergency and secondary-level medical care. National Society teams provided first aid and helped evacuate the injured. Donations of medical/surgical materials to medical facilities and health centres enabled patients to receive appropriate care. Following influxes of dozens of weapon-wounded in Goma in November, the ICRC deployed two surgical teams to support local staff in hospitals.

In the Kivus, National Society/ICRC teams provided emergency relief to displaced people to help them meet their basic needs. Those who returned home in stabilized areas benefited from similar support in addition to various longer-term initiatives, including agricultural/veterinary activities and cash-for-work

projects, helping them recover their economic security. Local partner organizations involved in these activities provided monitoring services and daily follow-up, helping ensure their viability.

In November and December, large numbers of IDPs in Goma had safe drinking water trucked in by the ICRC. The water authorities received fuel to overcome power shortages, helping restore water/electricity in much of the city. In urban and rural areas, conflict-affected people benefited from improved access to safe drinking water following the rehabilitation/construction of water supply systems in coordination with the water authorities.

The Ministry of Public Health and the ICRC worked towards improving people's access to quality health care, including through the training of health personnel in the identification/treatment of illnesses and vaccination campaigns. Support to counselling centres in conflict-affected areas helped ensure victims of sexual violence received psychological support and appropriate, timely treatment at nearby health facilities. In three areas in the Uélés, people affected by the LRA-related conflict had access to similar support. People disabled by armed conflict continued to receive services at ICRC-backed physical rehabilitation centres.

Main figures and indicators	ASSISTANCE	Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	226,393	33%	38%
	<i>of whom IDPs</i>	132,596		
Essential household items	Beneficiaries	196,172	20%	34%
	<i>of whom IDPs</i>	130,592		
Productive inputs	Beneficiaries	183,646	38%	37%
	<i>of whom IDPs</i>	29,937		
Cash	Beneficiaries	12,265	34%	17%
	<i>of whom IDPs</i>	2,581		
Vouchers	Beneficiaries	6,000	30%	50%
	<i>of whom IDPs</i>	1,200		
Work, services and training	Beneficiaries	13,109	16%	8%
	<i>of whom IDPs</i>	2,470		
Water and habitat activities	Beneficiaries	834,411	30%	40%
	<i>of whom IDPs</i>	90,000		
<b>Health</b>				
Health centres supported	Structures	28		
Average catchment population		140,599		
Consultations	Patients	109,156		
	<i>of which curative</i>		11,706	37,741
	<i>of which ante/post-natal</i>		24,503	
Immunizations	Doses	169,821		
	<i>of which for children aged five or under</i>	164,781		
Referrals to a second level of care	Patients	4,995		
Health education	Sessions	1,219		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities <sup>1</sup>	Beneficiaries	3,800		
Essential household items <sup>1</sup>	Beneficiaries	12,491		
Productive inputs	Beneficiaries	350		
Water and habitat activities	Beneficiaries	12,491		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	5		
	<i>of which provided data</i>	5		
Patients whose hospital treatment has been paid for by the ICRC	Patients	967		
Admissions	Patients	15,832	6,765	5,838
	<i>of whom weapon-wounded</i>	738	88	77
	<i>(including by mines or explosive remnants of war)</i>	4		
	<i>of whom other surgical cases</i>	2,213		
	<i>of whom medical cases</i>	9,622		
	<i>of whom gynaecological/obstetric cases</i>	3,259		
Operations performed		3,274		
Outpatient consultations	Patients	14,627		
	<i>of which surgical</i>	835		
	<i>of which medical</i>	11,674		
	<i>of which gynaecological/obstetric</i>	2,118		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	42,648		
<b>Physical rehabilitation</b>				
Centres supported	Structures	4		
Patients receiving services	Patients	759	129	45
New patients fitted with prostheses	Patients	128	32	6
Prostheses delivered	Units	272	67	26
	<i>of which for victims of mines or explosive remnants of war</i>	44		
New patients fitted with orthoses	Patients	12	1	1
Orthoses delivered	Units	21	3	1
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Number of patients receiving physiotherapy	Patients	258	61	22
Crutches delivered	Units	885		
Wheelchairs delivered	Units	11		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect all activities carried out during the reporting period

Relatives dispersed by armed conflict restored/maintained contact through National Society/ICRC family-links services, which focused on separated children. The opening of an ICRC office in Kananga helped migrants, including unaccompanied minors, deported from Angola reconnect with their relatives. In the Kivus, work continued with local associations and community leaders to ensure the protection of children following their reunification, facilitate their reintegration and prevent their recruitment into fighting forces.

ICRC delegates pursued visits to detainees countrywide, including those held by armed groups, to monitor their treatment and living conditions. While concentrating on structural support, they stepped in to assist the penitentiary authorities in emergencies, for example by helping severely malnourished inmates recover their health. Dialogue with the relevant authorities focused on gaining access to all detainees within the ICRC's purview and on ways of improving detainees' living conditions.

## CIVILIANS

In eastern DRC, civilians continued to suffer the consequences of armed conflict (see *Context*). ICRC delegates documented allegations of IHL/human rights violations, including extrajudicial executions, physical and sexual violence, recruitment of children by fighting forces and looting of medical facilities. Where necessary and feasible, parties to the armed conflict received confidential oral/written representations concerning such allegations. Regular dialogue with weapon bearers also reminded them of the protection afforded to civilians under IHL, aiming to prevent further abuses.

### Dispersed family members, including children, reconnect

Relatives uprooted by armed conflict restored/maintained contact through family-links services run with trained National Society teams. In particular, 973 unaccompanied children, of whom 250 were formerly associated with weapon bearers, rejoined their families within the DRC or abroad. These included 88 children reunited with relatives in Rwanda, 6 in South Sudan, and 42 deported from Angola (see below). In total, 320 minors, including 243 children formerly associated with weapon bearers, were given food and hygiene items to ease their reintegration upon returning to their communities in the DRC. After their reunification, 560 families received follow-up visits, and repeat visits as necessary, to monitor the children's welfare; 131 people benefited from additional agricultural or other inputs to help them improve their livelihoods.

Meanwhile, in nine villages throughout the Kivus, child protection initiatives launched in 2011 to facilitate reunified children's reintegration into family/community life continued. For example, nine local associations involved children in their communities through training activities. Influential community leaders learnt about the risks children faced upon returning home. In an additional area in South Kivu, target communities for a similar programme were selected. During sessions, children in nine transit/day-care centres in the Kivus discussed the dangers of recruitment and possible challenges encountered upon their return. Some 4,000 unaccompanied minors in four transit centres covered their basic needs with ICRC-donated food and hygiene items.

A new ICRC office in Kananga supported National Society-run family-links services benefiting economic migrants deported from Angola. These enabled returnees to reconnect with their relatives and unaccompanied children to rejoin their families in the DRC (see *Yaoundé*).

### Conflict-affected families receive relief and improve their livelihoods

Armed fighting in the Kivus led to further displacement, whereas in calmer areas, IDPs returned home. With training, funding and material support, the National Society responded to victims' needs, working alongside the ICRC and strengthening its capacities throughout the process, from planning to evaluation.

To help new IDPs or returnees cope with their immediate needs, 222,100 people (44,456 households) benefited from food rations and 191,918 (38,419 households) from essential household items.

Over 150 local partner organizations, as well as cooperatives and State agencies, worked with the National Society/ICRC to help longer-term IDPs/returnees recover their economic security. Daily follow-up and training by local monitors contributed to the viability and sustainability of initiatives. Financial support to 15 partner-run projects helped partners strengthen their operational capacities while learning more about the ICRC.

In recently stabilized areas in Equateur, North and South Kivu and Province Orientale, 36,737 IDP/returnee households and vulnerable members of host communities (183,515 people) improved their livelihoods through agricultural/veterinary initiatives. With disease-resistant cassava cuttings, staple crop seed, tools and training, 13,682 families (68,416 people) in 124 farming associations expanded their agricultural activities, including seed multiplication. Aside from varying their diet, these efforts helped increase household income by 15 to 25%. Some 3,800 households (19,100 individuals) covered some of their financial needs by participating in cash-for-work projects, such as bush cleaning and road or house maintenance, or benefited from voucher-based shopping fairs to buy essentials.

In the Kivus, 22 fishing associations (13,999 individuals or 2,799 households), including 1,900 people who underwent training, rehabilitated their fishponds with fishing kits and fingerlings. Apart from providing an additional source of protein to the community, these activities enabled residents in Mwenga and Nyabiondo (Masisi) to boost their household economy by 18% and 17% respectively. In the medium and high plateaus of South Kivu, 617 pastoralist households (3,085 people) benefited from a final livestock vaccination campaign, bringing to a close a programme begun in 2009 to improve livestock health, and which resulted in a 50% growth among herds. With three newly constructed corrals, training and in some cases veterinary kits, eight livestock associations started independently managing their activities.

### Conflict-affected people enjoy access to clean water

In total, 834,411 people benefited from measures to improve their water supply and sanitation conditions.

Following the M23's takeover of Goma in November (see *Context*), around 90,000 IDPs, including those in one hospital, benefited from the trucking of safe drinking water for a month until water services resumed. With donated chemicals, Goma's water authorities chlorinated water points. To overcome shortages in power and therefore water supply, the water authorities and medical facilities received fuel, helping restore water/electricity supply to much of the city (see *Wounded and sick*).

The rehabilitation/construction of water supply systems continued with the water authorities. Thus, 578,809 urban dwellers,

including in Bukavu, Goma, Uvira and Walikale, 172,482 people in 15 rural areas in North and South Kivu and some 13,000 rural residents in the Haut and Bas Uélé districts gained access to more and better quality water. Furthermore, some 12,500 people in five rural areas countrywide accessed clean water at National Society-rehabilitated/constructed water points. To help sustain the improved/new infrastructure, communities established water committees to manage and maintain them.

### Civilians in North and South Kivu, including victims of sexual violence, access health care services

In North and South Kivu, health services suffered from security/resource constraints.

With ad hoc medical supplies, 28 health structures provided emergency and curative care for influxes of patients or resolved shortages caused by looting. Moreover, 14 health centres (averaging a monthly catchment area of 140,599 people) benefited from regular deliveries of drugs/medical supplies, training and infrastructure upgrades. At these centres, vulnerable patients had their treatment costs covered when necessary. Nearly 5,000 patients benefited from timely referrals to secondary-level care, including over 25% for obstetric reasons. Meanwhile, during 13 training courses organized with the Public Health Ministry, 150 health personnel bolstered their skills in identifying/treating diseases. Regular monitoring confirmed improvements in the quality of care provided, particularly the prescription of medicines and drug management.

Within the framework of national immunization campaigns, ICRC-supported health centers carried out some 170,000 vaccinations, of which 97% were for children; these included 3,800 children vaccinated in remote areas thanks to the ICRC's presence, helping reduce their exposure to health risks. In over 1,200 health education sessions run by National Society volunteers with ICRC support, combined with the distribution of over 150,000 mosquito nets provided by the health authorities, communities learnt about malaria prevention. Sessions for IDPs included cholera prevention measures.

At 40 ICRC-supported counselling centres, including five rehabilitated/constructed ones, over 5,000 victims of sexual violence benefited from psychological counselling and 2,250 from referrals to nearby health facilities for treatment. During community-based awareness-raising campaigns partly aimed at preventing social stigma linked to sexual assault, women learnt about the centres

and the importance of beginning post-exposure prophylactic treatment within 72 hours of being raped. In three areas in the Haut and Bas Uélé districts of Province Orientale, people affected by the LRA-related conflict had access to services from 170 trained community psychological counsellors.

### PEOPLE DEPRIVED OF THEIR FREEDOM

Over 17,600 detainees, including people awaiting transfer from the MONUSCO-run disarmament, demobilization, repatriation, resettlement and reintegration process and those held by armed groups, received ICRC visits, in most cases conducted according to the organization's standard procedures, during which delegates monitored their treatment and living conditions. Security detainees and other vulnerable inmates such as children, women and the elderly received special attention; 1,664 of them were monitored individually. As necessary, detainees communicated with relatives through RCMs. Following such visits, the detaining authorities received confidential feedback and any recommendations for improvements. Drawing on allegations of arrest transmitted to the ICRC, dialogue with the relevant detaining authorities aimed to secure access to all detainees within the organization's purview.

To enhance respect for judicial guarantees, penitentiary/judiciary authorities in Kasai Oriental and Province Orientale regularly monitored inmates' legal status. During two workshops organized with the Justice Ministry and judiciary authorities, participants discussed timely judicial action for those on trial. These efforts resulted in the release of 44 detainees whose pre-trial detention had exceeded the legal limit, thus helping ease prison overcrowding. During a workshop in North Kivu, military/police detaining authorities and Walikale's military judiciary discussed similar topics.

### Inmates enjoy improved nutrition, health care and hygiene

While focusing on structural support to the penitentiary authorities, the ICRC stepped in as necessary to provide direct assistance. Thus, a monthly average of 3,800 detainees in eight prisons countrywide supplemented their meals with daily food rations, and severely malnourished inmates in 17 prisons benefited from ready-to-use therapeutic food. This led to the consistent maintenance of detainees' global nutritional health below the emergency threshold of 30% in most of the concerned facilities. With seed, tools and fertilizer, some 350 detainees cultivated fresh vegetables in two prison gardens. Newly released inmates received food and financial assistance for their trip home.

PEOPLE DEPRIVED OF THEIR FREEDOM	DRC	ARMED GROUPS	MONUSCO
<b>ICRC visits</b>			
Detainees visited	17,537	44	34
Detainees visited and monitored individually	1,586	44	34
	<i>of whom women</i>	11	
	<i>of whom minors</i>	64	
Detainees newly registered	921	44	34
	<i>of whom women</i>	6	
	<i>of whom minors</i>	57	
Number of visits carried out	374	2	11
Number of places of detention visited	103	2	3
<b>Restoring family links</b>			
RCMs collected	3,297		
RCMs distributed	2,584		
Phone calls made to families to inform them of the whereabouts of a detained relative	26		
People to whom a detention attestation was issued	44		

Meanwhile, the prison authorities worked on further securing the penitentiary food-supply chain. Drawing on ICRC recommendations, the Justice Ministry repeatedly obtained the release of food budgets, albeit not regularly, and promoted the proper allocation of funds to prisons under its authority. Consequently, the ICRC decreased or temporarily suspended food distributions and focused on providing technical input to help the authorities strengthen the proper functioning of the penitentiary system.

Detainees had access to adequate health care through distributions of drugs/medical supplies to 18 medical facilities serving prisons, including a referral hospital in Kinshasa, and the training of health staff in medical stock management. When necessary, inmates had their treatment/transfer costs covered. Some 12,500 detainees reduced their exposure to hygiene-related health hazards following the rehabilitation of water/sanitation and cooking facilities in 17 prisons. Inmates received soap and cleaning materials to enhance their personal hygiene. As necessary, detainees received material assistance such as blankets and mats. Dialogue with the relevant authorities aimed to ensure detainees countrywide had access to national HIV/AIDS, TB and malaria prevention programmes.

### WOUNDED AND SICK

Owing to the intensified hostilities in the Kivus (see *Context*), fighting forces frequently needed reminding of the respect due to the wounded and sick and medical personnel/infrastructure, and of their obligation to allow people access to medical care.

The number of weapon-wounded and the need to support hospitals treating them increased significantly. Trained National Society personnel administered first aid to the injured and managed human remains. They taught first-aid skills to 686 of their peers and to 117 weapon bearers so they in turn could assist the wounded during clashes (see *Armed forces and other bearers of weapons*). In all, 332 weapon-wounded, including in remote areas, were evacuated by the National Society/ICRC to referral hospitals in Bukavu or Goma.

Nearly 740 weapon-wounded civilian and military patients benefited from secondary medical/surgical care at five hospitals regularly supported by the ICRC with drugs, supplies and equipment, combined with staff training. Among them, some 200 patients were operated on in Goma by two ICRC surgical teams deployed there since November. Over 960 injured people had their surgical treatment and, as necessary, transportation costs covered. The provision of fuel for generators kept power in continuous supply in hospitals in Goma (see *Civilians*).

Patients benefited from better hygiene/safer conditions following the rehabilitation or construction of 14 medical facilities (42,648 beds), mainly health centres (see *Civilians*).

Some 760 conflict amputees and other physically disabled people at four ICRC-supported physical rehabilitation centres in Bukavu, Goma, Kinshasa and Mbuji Mayi had their treatment and transportation and/or accommodation costs covered. In addition to regular technical support, the centres received tools, machinery and physiotherapy equipment, together with prosthetic/orthotic components, crutches and wheelchairs/tricycles to help restore the mobility and dignity of the disabled. Moreover, three of the centres' staff members enhanced their qualifications at prosthetic/orthotic and physiotherapy courses abroad.

### AUTHORITIES

Meetings with local/national authorities, MONUSCO and representatives of regional/international organizations and donor countries served to deepen their understanding of humanitarian principles and IHL, including issues covered by the Health Care in Danger project, and to gain support for the Movement's operations.

After delays caused by general elections in 2011 and the establishment of a new government in May, support to the authorities in implementing outstanding IHL treaties resumed, with newly appointed high-level ministerial advisers participating in an IHL information session. This contributed to the parliament's adoption of a bill enabling the ratification of the African Union Convention on IDPs, which was subsequently submitted to the presidency for its promulgation into law. Additionally, the National Assembly initiated the review of a draft law to implement the Rome Statute. Efforts continued with the National Society to encourage the authorities to set up a national IHL committee and adopt legislation on the protection of the Movement's emblems.

### ARMED FORCES AND OTHER BEARERS OF WEAPONS

Following the deterioration of the security situation in North and South Kivu, strengthened dialogue with the operational commands of the armed forces, MONUSCO and armed groups served to remind them of their responsibilities under IHL to protect civilians and medical personnel/infrastructure and to ensure safe access by Movement staff to conflict-affected victims. Countrywide, weapon bearers deepened their understanding of IHL and the Movement's neutral, impartial and independent humanitarian action through briefings/presentations and training sessions, sometimes combined with first-aid training (see *Wounded and sick*). They included some 7,300 weapon bearers in the Kivus and in Province Orientale, where new regiments were constituted.

With the authorities' agreement, key stakeholders in security sector reform, including the European Union, MONUSCO, UNDP and the NGO Search for Common Ground, and the ICRC coordinated their approach, particularly concerning the incorporation of IHL into the doctrine and training of the armed forces. Intensified dialogue with the defence minister helped support these initiatives.

During refresher courses, 39 military instructors honed their IHL teaching skills, backed by new teaching tools and methods. Forty-three IHL instructors from the national military academy's headquarters attended train-the-trainer courses before their operational deployment. As part of efforts to provide similar assistance to police training programmes, 60 police officers learnt about integrating human rights norms regulating the use of force into policing operations.

### CIVIL SOCIETY

Efforts to spread public awareness of the need to ensure respect for the weapon-wounded and medical personnel/infrastructure continued. To that end, the National Society strengthened its communication capacities, including through training. Meetings/discussions with community leaders and human rights NGOs developed their understanding of IHL and the Movement and provided opportunities to share perspectives on humanitarian issues of concern.

Aside from practising their skills at workshops, journalists generated regular and more accurate or diverse reporting of the National Society's/ICRC's activities using press releases,

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interviews, audiovisual materials and information gathered during field trips with Red Cross teams. Similarly, international media covered the organization's work in the country, particularly following hostilities between the army and M23. Partnerships with selected local/national radio stations helped raise awareness of the Movement among the public at large, including through the airing of a song promoting the Health Care in Danger project (see *Abidjan*).

Contacts with academic circles aimed to enhance IHL knowledge among future decision-makers. Students in six universities countrywide learnt about IHL, and teachers improved their teaching standards with updated IHL educational materials/libraries. Student teams put their skills into practice at a national IHL competition organized with the Education Ministry.

### **RED CROSS AND RED CRESCENT MOVEMENT**

Besides partnering the ICRC, notably during family-links, relief, first-aid and communication activities (see above), the DRC Red Cross benefited from funds, equipment/materials, expertise and training to help strengthen its emergency preparedness/response capacities. This facilitated the design of a new contingency plan for six provinces countrywide, enabling an effective response to humanitarian emergencies, including in the Kivus following intensified hostilities (see *Civilians*).

The National Society organized regular coordination meetings with Movement partners at central or field level, participated in statutory Movement meetings and pursued its internal reorganization. In April, it obtained endorsement for its revised statutes, improving its governance/management structures and financial and human resources management. With ICRC backing, the national headquarters sustained and monitored local branch activities.

Regular Movement coordination meetings helped optimize the support provided to the National Society.