

Congo, democratic republic of the

The ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It promotes respect for the basic rules of IHL and human rights law by the authorities in their treatment of civilians and detainees. It ensures that displaced people and residents affected by armed conflict and violence have the means to survive and become self-sufficient and that the wounded and sick receive adequate health care. It works to restore contact between separated family members – where necessary and possible, reuniting children with their families – and supports the development of the National Society.



EXPENDITURE (IN KCHF)

Protection	8,821
Assistance	17,897
Prevention	2,647
Cooperation with National Societies	3,239
General	-

► **32,603**

of which: Overheads 1,970

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

55 expatriates
475 national staff (daily workers not included)

KEY POINTS

In 2007, the ICRC:

- ▶ stepped up its activities to protect civilians in North and South Kivu from IHL violations allegedly committed by weapon bearers
- ▶ deployed a surgical team to respond to the influx of weapon-wounded patients in North Kivu
- ▶ helped reunite 465 unaccompanied children with their families, in partnership with the Red Cross of the DRC
- ▶ improved water, sanitation and habitat facilities for some 990,000 people
- ▶ visited 6,900 detainees and monitored 771 of them individually
- ▶ supported the National Society's operational programmes and helped to reinforce its management capacity

CONTEXT

The prospect of a stable, secure and peaceful Democratic Republic of the Congo (DRC) was threatened by the limited success of reforms to the Armed Forces of the DRC (FARDC) and delays in the disarmament, demobilization and reintegration of former fighters.

The situation was particularly problematic in North and South Kivu, where a substantial shift in the balance of political power following the 2006 elections contributed to a gradual deterioration in the humanitarian and security situation.

In August, hostilities restarted in North Kivu between the forces of Laurent Nkunda and the FARDC, following unsuccessful attempts to create mixed brigades of troops drawn from both sides. Over the last four months of the year, more than 140,000 people were displaced, leading to the creation of IDP camps in the province, with the conflict intensifying further in December.

In South Kivu, there were outbreaks of fighting between Banyamulenge groups and the FARDC. Military and political pressure mounted on the Democratic Liberation Forces of Rwanda (FDLR), a Rwandan armed group based in the province, with the DRC and Rwanda expressing their commitment in November to take joint action to disarm them.

At the end of December, the government called for a conference to resolve the problems in North and South Kivu, to be held in Goma in early 2008.

The government's efforts to impose its authority across the country's political system were marked by violent confrontations on 22 and 23 March in Kinshasa between its forces and those loyal to opposition senator Jean-Pierre Bemba.

In Ituri, three militia leaders agreed to integrate their forces into the ranks of the FARDC, while Katanga province also saw some political and military stabilization.

The European Union (EU) force that had supported the UN Mission in the DRC (MONUC) during the 2006 elections withdrew. The UN Security Council extended MONUC's mandate until 31 December 2008 and maintained its force strength.

CIVILIANS

Protecting civilians

The situation of civilians, especially in conflict-affected areas of North and South Kivu, was monitored by the ICRC. Dialogue was strengthened with armed groups and the FARDC, and allegations of IHL violations, including murder, sexual violence and looting, collected from victims and direct witnesses, were, where necessary, made known to them so that they could bring such abuses to an end.

More than 430 people, including weapon bearers and their families, took refuge with MONUC following fighting in Kinshasa in March. They received visits from ICRC delegates, who discussed their situation with MONUC and made the RCM service available to them.

Restoring family links

In most of the country, stability increased, communications improved, and the number of RCMs exchanged and unaccompanied minors registered fell progressively.

Unaccompanied and vulnerable children, including children formerly associated with armed forces or groups, were reunited with their families, as appropriate. When this involved repatriation, the ICRC worked in coordination with the authorities concerned and UNHCR.

- ▶ 58,416 RCMs collected from and 51,948 RCMs distributed to civilians, including 821 from and 572 to unaccompanied/separated children
- ▶ new tracing requests registered for 664 people (including 341 females and 438 minors at the time of disappearance); 409 people located; 481 people (including 233 females and 319 minors at the time of disappearance) still being sought
- ▶ 561 unaccompanied/separated children registered (including 185 demobilized children); 465 reunited with their families; 354 cases of unaccompanied/separated children (including 62 demobilized children) still being handled

Assisting conflict-affected people

Families displaced by fighting in North and South Kivu received essential household items from the ICRC and the National Society, reducing the burden on the communities hosting them and helping them resume their lives on their return home. Certain households received seed and tools to enable them to grow more food. Eighty households received food rations.

Farming associations in North and South Kivu and Katanga benefited from training and material assistance, including the supply of mosaic-resistant manioc cuttings and cash-crop seed. This increased members' agricultural production and food security and enabled them to propagate mosaic-resistant manioc varieties and make them more widely available. An agricultural institute conducted research into the best-adapted crop varieties for the different regions, with ICRC financial support.

Households received vegetable seed for market gardening projects, helping improve their food and economic security and increasing the availability of seed on local markets.

Fish-farming associations received fingerlings, tools and training. The local population thus gained better sources of protein, fish-farming expertise increased and there was a better supply of fingerlings for other fish farms.

- ▶ 74,395 people (14,888 households/families) received essential household items
- ▶ 200 people (80 households) received food
- ▶ 51,755 people (10,363 households) benefited from agricultural/fish-farming initiatives, including:
 - 5,500 people from distributions of seed and tools for IDPs, host families and returnees
 - 39,430 people from distributions of mosaic-resistant manioc cuttings, cash-crop seed and vegetable seed for market gardening
 - 6,825 people from distributions of fish-farming inputs

Strengthening health care

Many civilians in North and South Kivu suffered limited access to health care owing to conflict, gaps in coverage, and delays in implementing the national health strategy. Health centres in North and South Kivu and elsewhere in the DRC received medicines and other supplies, staff training, and support for specific programmes such as anti-malaria and immunization campaigns from the ICRC, often working jointly with the National Society.

Twenty-two health facilities, mostly in North and South Kivu, benefited from ICRC ad hoc medical assistance, increasing their capacities to respond to an influx of IDPs or weapon-wounded. Medical supplies for up to 20,000 people, including HIV/AIDS post-exposure prophylaxis kits, were positioned near conflict areas to facilitate the rapid provision of health care in emergencies.

Medical care for victims of sexual violence was made available in accessible health facilities, and communities learned about the importance of ensuring that victims received treatment promptly. Victims of sexual violence also gained improved access to counselling and psychological and socio-economic support, facilitating their recovery and reintegration into their communities, through ICRC assistance to counselling centres, nine of which were directly supported by the organization. The programme was extended to areas where IDPs had congregated, such as the camps around Goma and in Minova in South Kivu.

In the health centres receiving regular ICRC support (catchment population: 46,000):

- ▶ 31,783 people given consultations, including 12,062 attending ante/post-natal consultations and 19,721 attending curative consultations
- ▶ 20,043 vaccine doses administered (18,255 to children aged five or under and 40 to women of childbearing age)
- ▶ 269 health education sessions held

In addition:

- ▶ 600 unaccompanied children benefited from medical consultations in the centres accommodating them
- ▶ 874 victims of sexual violence received at ICRC-supported counselling centres and referred to health facilities where necessary, 99 of whom given post-exposure prophylaxis within 72 hours of being raped

Improving water supply

Almost 1 million people had their access to clean water restored through the ICRC's rehabilitation of water facilities in towns and rural areas. As a result, IDPs and local communities, particularly in North and South Kivu, faced fewer health risks. Town pumping stations were repaired, rural water networks improved and

extended, and boreholes rehabilitated and equipped with hand pumps. One hospital and four health facilities benefited from repairs to their water and sanitation systems and other infrastructure. In case of emergency, water supply equipment to respond to the needs of up to 30,000 people was kept in Goma. Wherever possible, work was done in coordination with the water authorities. In Kinshasa, 13 engineers and technicians received technical training as part of institutional support to Regideso, the urban water board.

- 988,884 people benefited from water/sanitation/habitat projects, including:
 - 200,000 people from the rehabilitation of the Goma town pumping station (North Kivu)

PEOPLE DEPRIVED OF THEIR FREEDOM

People arrested in relation to ongoing or past conflicts or for reasons of national security received visits from ICRC delegates, who followed their cases individually. The conditions of detention and treatment of the general prison population were monitored, with particular attention paid to the situation of women and children, and recommendations were made for improvements, where necessary. In the last months of the year, delegates also visited people detained by Laurent Nkunda's forces.

- 6,900 detainees visited, of whom 771 monitored individually (including 29 females and 34 minors) and 518 newly registered (including 23 females and 34 minors), during 134 visits to 45 places of detention
- 3,072 RCMs collected from and 2,322 RCMs distributed to detainees
- 27 detention certificates issued to former detainees or their families

Limited resources and severe overcrowding adversely affected detainees' access to safe water and their health and nutritional status.

Detainees in Goma and Kinshasa benefited from work to upgrade the central prisons' water and sanitation facilities.

Over 20,000 consultations took place in the 7 prison dispensaries receiving medical supplies from the ICRC and 117 detainees were transferred to hospital. Ministry of Health staff began supervising the dispensaries, and the EU included the Goma prison dispensary in its financing of the North Kivu health system. Inmates of Goma prison learned about HIV/AIDS through an ICRC-supported awareness programme.

In certain instances, where nutritional levels were particularly low, detainees received food directly from the ICRC. In Buluo prison, detainees received assistance in implementing a kitchen garden project to increase access to fresh food.

Inmates of prisons in Katanga and Kinshasa received monthly rations of soap to improve hygiene, while inmates of Goma prison benefited from training in safe hygiene. Detainees in many prisons received blankets and buckets.

- 4,371 detainees benefited from water/sanitation/habitat projects
- 6,095 detainees received essential household items
- 735 detainees received supplementary food rations
- 180 detainees benefited from agricultural projects

WOUNDED AND SICK

Twenty-seven hospitals in North and South Kivu and Kinshasa received medical and laboratory supplies, including kits to treat weapon wounds, on a regular or ad hoc basis. Weapon-wounded patients received improved treatment from Congolese surgical teams thanks to the support of an ICRC surgeon.

The number of consultations delivered at Uvira hospital doubled in 12 months, owing largely to ICRC material assistance and capacity building.

After an initial delay, Panzi hospital began treating osteomyelitis. Patients benefited from the hospital's new operating theatre and physiotherapy service and its newly equipped laboratory.

In the 8 ICRC-supported hospitals that provided data:

- 22,661 patients (including 10,104 women and 8,047 children) admitted: of whom 1,521 weapon-wounded (including 97 women, 64 children, and 3 people injured by mines or explosive remnants of war), 3,914 other surgical cases, and 11,149 medical and 6,077 gynaecological/obstetric patients
- 4,000 surgical operations performed
- 51,614 outpatients given consultations, including 40,516 attending surgical or medical consultations and 11,098 attending gynaecological/obstetric consultations

In addition:

- 252 patients received 2,520 physiotherapy sessions
- 75 police doctors and nurses attended 3 seminars organized by the ICRC surgeon
- 4 trainee doctors, 6 laboratory technicians and 3 physiotherapists trained and supervised

Civilians and military weapon-wounded in need of physical rehabilitation had access to treatment, reimbursed by the ICRC, in five centres in Bukavu, Goma, Kinshasa and Mbuji Mayi.

- 947 patients (including 156 women and 87 children) received services at 5 ICRC-supported physical rehabilitation centres
- 572 new patients (including 91 women and 46 children) fitted with prostheses and 217 (including 43 women and 22 children) fitted with orthoses
- 778 prostheses (including 121 for women, 77 for children and 116 for mine victims), 387 orthoses (including 79 for women, 39 for children and 32 for mine victims), 1,170 crutches and 15 wheelchairs delivered
- 3 prosthetic/orthotic technicians attended polypropylene technology training in Ethiopia

AUTHORITIES

The establishment of the Third Republic presented a fresh opportunity to implement IHL treaties in national law.

- the president of the National Assembly introduced a draft law implementing the Ottawa Convention
- the DRC Red Cross received input from the ICRC on a draft law to protect the emblem, including provisions incorporating Additional Protocol III, and submitted the bill to the Ministry of Health

- ▶ the authorities pledged to adopt a draft law implementing the Rome Statute
- ▶ 25 national deputies from key parliamentary commissions participated in a seminar on IHL implementation

Government ministers, provincial and local officials, and other relevant authorities met the ICRC regularly. Information sessions on IHL and the ICRC's mandate and activities were held for:

- ▶ 758 officials from provincial/local authorities
- ▶ 240 magistrates, in conjunction with the NGO *Avocats Sans Frontières*

With ICRC support:

- ▶ a Congolese legal expert participated in the launch of the French-language version of the ICRC's study on customary IHL in Paris, France
- ▶ the media visited a physical rehabilitation centre in Kinshasa to mark the 10th anniversary of the Ottawa Convention

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The military participated in information sessions designed to increase awareness of IHL and prevent violations. Police briefings focused on the humanitarian and human rights principles applicable in operations to maintain public order. Members of armed groups learned the basic rules of IHL during sessions organized in the field. MONUC officers attended IHL briefings in case they had to participate directly in hostilities. All participants also learned about the ICRC, so that they would understand its role as a neutral and independent actor and facilitate access to areas where civilians were in need of humanitarian assistance.

Sessions were held for:

- ▶ 5,668 FARDC officers/other ranks in training/integration centres and operational bases in regions where the ICRC was active, with emphasis on brigades that included former members of armed groups
- ▶ 1,329 members of the Republican Guard
- ▶ 949 police officers/other ranks
- ▶ 79 members of armed groups in North Kivu
- ▶ 218 members of MONUC contingents in Katanga and South Kivu

Circumstances were not conducive to the full integration of IHL into military/police doctrine, training and operational procedures. However, one course was organized to help pave the way for IHL integration at a later date.

- ▶ 21 officers participated in an IHL train-the-trainer course at the *Groupement des Ecoles Supérieures Militaires*

CIVIL SOCIETY

The general public and influential figures learned about ICRC activities through regular media coverage, aided by press releases, information bulletins and articles on the ICRC website. Radio stations in Goma and Kinshasa broadcast weekly programmes on the Movement's activities, in cooperation with the Red Cross of the DRC. The media reported on a touring photo exhibition on the humanitarian consequences of the conflict in the country and the ICRC's response. "Friends of the Red Cross" clubs for journalists in Goma and Kinshasa received ICRC support, and visits to see ICRC programmes were organized for journalists from international media.

Some 120 people attended an ICRC-produced play to raise awareness of the problem of sexual violence.

Relations between civil society organizations, particularly those in North and South Kivu, and the ICRC were greatly strengthened. Such organizations regularly invited the ICRC to participate in events in view of its IHL expertise.

Law students from Goma University and the Protestant University of Kananga, the *Institut Supérieur Pédagogique* of Bukavu and the *Uélé University* of Kisangani attended IHL sessions. Students, lecturers and researchers approached the ICRC periodically for specific information on IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The DRC Red Cross, in coordination with and supported by the ICRC and other Movement partners, responded effectively to emergencies, epidemics and natural disasters countrywide. Its volunteers helped provide first aid and medical care, distribute relief and handle the collection of human remains.

- ▶ 155 emergency response team leaders and 43 first-aid instructors trained

The DRC Red Cross continued to receive technical, material and financial support for its activities to restore family links and promote IHL and the Fundamental Principles. This included ICRC support for:

- ▶ the tracing and family-links network, comprising 16 provincial offices, 189 tracing posts and almost 320 volunteers
- ▶ the training of 460 dissemination officers and 22 provincial instructors
- ▶ certain management positions at headquarters
- ▶ vehicle maintenance

The National Society assumed greater responsibility for the management of activities to restore family links in five provinces, to prepare the way for the broader assumption of such responsibilities at a later date.

The DRC Red Cross continued to receive ICRC support in its restructuring process, as well as in the organization of provincial assemblies and central committee meetings and in the training of committee members.

Movement partners active in the DRC continued to meet regularly to coordinate their activities.