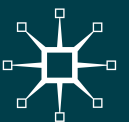


THE HUMANITARIAN RESPONSE INDEX 2009



Whose Crisis? Clarifying Donor's Priorities

DARA



The Humanitarian Response Index 2009

Whose Crisis?

Clarifying Donor Priorities



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macmillan

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DARA – Development Assistance Research Associates – is an independent, international, non-profit organisation, which works to improve the quality and impact of development and humanitarian interventions. We do this through research, evaluations, promoting learning and knowledge sharing.

DARA aims to enhance global efforts to reduce human suffering and inequity and encourage prevention. Our focus is on the improvement of humanitarian action, the promotion of international stability and development, and the reduction of disaster risk.

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Crisis Reports

Democratic Republic of the Congo



Democratic Republic of the Congo at a Glance

Country data

- ▶ Population (2007): 62 million
- ▶ Under five mortality rate (2006): 205 per 1,000
- ▶ Human Development Index Ranking (2008): 177
- ▶ Life expectancy (2006): 46 years
- ▶ Official Development Assistance (2007): US\$1.216 billion

The crisis

- ▶ Large-scale human suffering and displacement in north and east of DRC resulting from renewal of heavy fighting; FDLR rebels continue violent attacks and army remains largest human-rights violator and perpetrator of gender-based violence;
- ▶ Emerging food insecurity and malnutrition crisis in west, but humanitarian funds and programmes remain concentrated in the insecure east;
- ▶ Global financial crisis further damaging DRC's weak economy, creating more vulnerability.

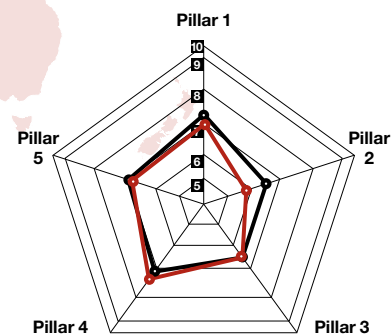
The response

- ▶ DRC is third-largest recipient of emergency aid, but humanitarian needs remain enormous;
- ▶ 2008 DRC CAP appeal 77 percent covered (US\$564 million), 2009 CAP appeal stands at 53 percent covered (US\$440 million);
- ▶ Pooled Fund is second-largest source of humanitarian funding, at 25 percent of total HAP funding;
- ▶ DRC is testing ground for humanitarian reform and a GHD pilot country; coordination mechanisms well developed, but improvement needed to achieve sustainable progress.

Donor performance

- ▶ Donor engagement and funding rated relatively high, but crisis shows limitations of GHD and reform process in complex contexts such as the DRC;
- ▶ Donors rated generally well in questions around protection of human rights, applying good practice and alleviating suffering, but rated poorly in Prevention, risk reduction and recovery (Pillar 2), and promoting Learning and accountability (Pillar 5);
- ▶ Donors perceived as failing to implement both a viable transition from relief to development and a system capable of preventing future crises.

Sources: World Bank 2009, UNICEF 2008, UNDP 2008, OECD 2007
 OCHA FTS 2009, Swedish Foundation for Human Rights 2008, UN Security Council 2008, DRC Provincial Population Movement Committees, UNICEF DRC 2008, CARE DRC 2008, Lilly and Bertram 2008.



HRI 2009 scores by pillar

- Pillar 1** Responding to needs
- Pillar 2** Prevention, risk reduction and recovery
- Pillar 3** Working with humanitarian partners
- Pillar 4** Protection and International Law
- Pillar 5** Learning and accountability

- Democratic Republic of the Congo
- All crisis average

Democratic Republic of the Congo

Difficult Transitions'

Gilles Gasser and Dennis Dijkzeul

Last year's Humanitarian Response Index (HRI) mission to the Democratic Republic of the Congo (DRC) cautiously indicated progress towards peace and stability in the country – a positive sign for a country wracked by years of conflict and instability. In January 2008, 40 groups signed an agreement in Goma calling for a ceasefire and disarmament. During the first part of 2008, many internally displaced persons (IDPs) returned to Katanga. The economy seemed to be picking up and donor attention to the DRC remained relatively high.

On the humanitarian front, under the leadership of the Resident Humanitarian Coordinator (RHC), key instruments for better planning and funding of humanitarian action, in particular the Needs Assessment Framework for the Humanitarian Action Plan (HAP), the Pooled Fund (PF) and the cluster approach, as well as the Central Emergency Response Fund (CERF), were slowly being improved. Moreover, the United Nations Mission in DRC (MONUC), the largest UN peacekeeping mission in the world, was further expanded to continue its peacekeeping and rebuilding tasks. State-building, albeit slow, was at least possible.

Nevertheless, in the second half of 2008, there was more – quite terrible – fighting, which caused considerable humanitarian problems in the Kivus and surrounding provinces. Disturbingly, there was also growing evidence that the west of the country, although lacking the same security challenges, increasingly faces high rates of malnutrition and food insecurity. The humanitarian response, however, remains concentrated in the east (Lilly and Bertram 2008).

Beyond the traditional mandate

Some donors have expressed unease with the current situation. They are conscious that no substantial progress will be made in the DRC without tackling issues such as peace in the east, corruption or building a democratic state. While it is clear there is a need to continue to respond to the severe humanitarian situation, it is also necessary to develop longer-term programmes and structural assistance with a mixed approach of development and humanitarian assistance. These issues go beyond the traditional humanitarian mandate and require an in-depth reflection by the Good Humanitarian Donor (GHD) donor group. The GHD initiative needs a new vision and stronger leadership to continue to cover basic humanitarian needs but also to stimulate a transition towards building local capacities and finding longer-term solutions for all Congolese.

The violence continues

In 1994, after the Rwandan genocide, the DRC became entangled in the wider conflagrations of the African Great Lakes region. The country became engulfed by horrific violence, and a self-perpetuating war economy developed. International peace diplomacy was unsuccessful for a long period, but in 2003, the warring factions signed a comprehensive peace agreement. Three years later, after the first multi-party presidential and parliamentary elections in 46 years, Joseph Kabila was installed as president.

Unfortunately, in the North and South Kivu provinces bordering Rwanda, high levels of violence continued. The Hutu extremists of the Democratic Liberation Forces of Rwanda (FDLR) and the Rwandan-backed forces led by General Nkunda exploited the population and the region's natural resources. The Armed Forces of the Democratic Republic of Congo (FARDC), the corrupt national army, was too weak to defeat both rebel movements and often had to rely on MONUC forces for support. Meanwhile, the cruel Lord's Resistance Army was active in the far north.

International mediation coupled with diplomatic and financial pressure led to an unexpected, but haphazard, peace process between the DRC and Rwanda in December 2008. General Nkunda was captured, while Rwandan and Congolese forces jointly attacked FDLR forces positioned in North Kivu in early 2009. They did not, however, succeed in destroying the FDLR.

The humanitarian consequences

The humanitarian consequences of this turmoil have been and remain huge. All in all, the outbreak of armed conflict and the lack of a sustainable ceasefire has resulted in the displacement of more than 1,350,000 people in South Kivu, North Kivu and the north of Province Orientale since August 1998 (OCHA 2008). The average duration of displacement has increased, contributing to the general impoverishment of the communities that host the IDP populations (McDowell 2008). This is compounded by the fact that local communities are subject to harassment, pillage and aggression.

In August 2008, when fighting resumed in North Kivu, more than 250,000 people became newly displaced (UN News 2008). IDPs have been both caught in the cross-fire and subject to an array of other abuses such as forced recruitment, extortion and gender-based violence perpetrated by the armed militias as well as the FARDC (ICG 2008). The ineffective and corrupt Congolese National Police (PNC) has contributed to the climate of insecurity and impunity (Vinck et al 2008).

Despite these hardships and the fact that the capacities of some host families have become stretched to or beyond breaking point, support through local integration has endured. With the latest waves of displacements, the World Food Programme (WFP) has had to step up its food distribution activities. However, due to the insecurity, the DRC's dilapidated infrastructure and insufficient MONUC escorts, thousands of people in remote areas and conflict zones could not be reached.

Non-conflict areas of the DRC also face growing humanitarian crises. Since 2006, the humanitarian community has enlarged its area of operations after noting alarming indicators in other parts of the country (OCHA 2006). In 2008, for example, nutritional studies undertaken in both eastern and western DRC identified 28 nutritional emergencies, the majority of which were in the western provinces. At the same time, 2008 was marked by epidemics, including measles, meningitis, cholera, pulmonary plague, monkey pox and typhoid fever. The resurgence of acute flaccid poliomyelitis (polio) was also a major public health concern.

Nevertheless, 2008 was also marked by the return of IDPs to Ituri, the northern part of North Kivu (Grand Nord) and a few areas in South Kivu. Between January and October 2008, 29,287 refugees out of a total 318,000 were repatriated with the support of the UN High Commissioner for Refugees (UNHCR).

In sum, the DRC remains an extremely weak state in a violent neighbourhood that is often unable or unwilling to care for its people. State-building, security-sector reform and the development of a transparent and equitable resource-extraction system are still far from complete – and, despite some positive developments, humanitarian needs remain enormous.

Sustained donor support

During 2008, humanitarian actors focused their efforts on the humanitarian crises created by the resumption of conflict, new waves of displacement and human rights abuses, while many NGOs worked to address health concerns and epidemics. Humanitarian assistance and funding levels of the HAP increased compared with previous years, continuing the trend of the past two years towards sustained donor commitment in the DRC.

According to the Office for the Coordination of Humanitarian Affairs' Financial Tracking Service (OCHA FTS) (2009), donor contributions amounted to US\$564,584,996 – or 77 percent of the total estimated needs of US\$736,511,765.² This reflects the consistently high level of need in the DRC and demonstrates increasing donor confidence in the HAP as a comprehensive framework for prioritising and planning humanitarian programmes across the country.

In 2008, as in 2007, the largest bilateral donor was the United States with US\$122 million (21.8 percent of the total humanitarian funding). Solid support also came from the European Commission and the United Kingdom, providing US\$79 million (14 percent) and US\$78 million (13.9 percent), respectively. Countries such as Sweden and the Netherlands, both PF Board members, also remained important contributors. Japan increased support from US\$5.7 million in 2007 to US\$22 million in 2008 (3.95 percent).

However, several large countries, such as France and Germany, remained remarkably marginal donors. Meanwhile, the UN Central Emergency Response Fund (CERF) contribution was reduced from US\$52 million in 2007 to US\$41 million in 2008 (OCHA FTS 2009 and OCHA 2009)

Pooled Fund contributions

In 2008, donor contributions to the PF reached US\$143 million compared with US\$117.8 million in 2007. Although bilateral funding still provides the majority of the funds received in the HAP framework, the PF ranks as the DRC's largest humanitarian 'donor' in 2008. The contributions of the PF represented 25 percent of total 2008 HAP funding. When combined, funding from CERF and the PF represented 32 percent (OCHA 2009).

Donor contributions to the PF also show a year-by-year increase. With a contribution of US\$58.7 million, the UK Department for International Development (DFID) is the largest donor, providing 41 percent of all PF funds. This is followed by the Netherlands with US\$28 million, Sweden with US\$20 million and Ireland with US\$10 million. Notably, in 2008 the Netherlands' contribution to the PF reached 74 percent; up from 60 percent in 2007 (OCHA 2009).

As part of the PF, the Rapid Response Reserve (RRR) amounted to US\$28 million in 2008 and was used as a rapid and flexible mechanism to fund emergency and priority projects outside the standard allocation process. In 2008, 33 percent of the RRR was allocated through the UN Children's Fund and the Office for the Coordination of Humanitarian Affairs (UNICEF-OCHA) Rapid Response Mechanism (RRM).

“The GHD initiative may have reached many of its objectives in the DRC, but it now needs an overhaul.”



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Application of the Principles of Good Humanitarian Donorship: the 'G3' takes the lead

Donor willingness to strengthen dialogue with humanitarian partners has been fairly successful. So too have donor efforts to improve coordination at the field level, as well as their attempts to allocate funds on the basis of needs. However, the actual degree of involvement and understanding of the GHD initiative by donors varies considerably. This discrepancy is so great that the EC's Humanitarian Aid Office (ECHO), DFID and the US Office of Foreign Disaster Assistance (OFDA) have been nicknamed 'the G3' for their weight and leadership. These three players are calling for greater involvement from other donor countries to regenerate the GHD initiative.

Other donors are interested in the GHD initiative, but lack staff and financial resources to follow it properly. They also lack guidance on how to implement and promote *GHD Principles* among partner NGOs. Similarly, many operational partners in the field still do not know how to 'translate' the *GHD Principles* in practical terms with regard to their relationship with donors. Meanwhile, some donor field representatives have only superficial knowledge of the GHD initiative and continue to follow their own agendas. Although humanitarian action is now more needs-based than five years ago, it is still not sufficiently in line with GHD Principle six, which calls for allocation of funding in proportion to needs. This is particularly problematic given the existing level of needs in the west (OCHA 2008).

The evolution of the HAP

Since 2006, the DRC has been a pilot country for humanitarian reform.

Partly based on the GHD initiative, these encompass both the reinforcement of the role of the Resident Humanitarian Coordinator through the implementation of the cluster approach, as well as the reform of the financing system through the PF and CERF. The implementation of these reforms has also strengthened the development of the HAP, the main strategic framework for aid agencies in the DRC.

Since 2007, the evolution of the HAP illustrates how conceptions of the humanitarian crises and relations among actors have changed over time. The 2008 HAP already highlighted the chronic nature of the overlapping humanitarian crises in the DRC and the fact that these crises are not limited to the insecure areas in the east.

However, in many cases, NGOs or UN agencies lack the capacity to deploy teams in western regions where needs have been identified and funding made available. Moreover, UN agencies, as part of MONUC, experience explicit political pressure to support peace efforts in the east.

NGOs are also put under pressure by donors, the media and their headquarters to prioritise programmes and increase their visibility in the west. But since 2008, the HAP introduced the notion of sector thresholds, a series of sectoral indicators beyond which immediate humanitarian response is needed regardless of the geographic location in the country. The 2009 HAP again uses threshold indicators and develops cross-sectoral and early recovery strategies. However, some field agencies stated that consultation remains insufficient and that their requests concerning strategy and data compilation are insufficiently reflected in the document (DARA 2009).

The mixed results of the cluster approach

As a result of the cluster approach, there are currently nine clusters in the DRC (DARA 2009). This approach was implemented in response to the need for decentralised analysis and decision-making processes to improve assessment and monitoring mechanisms, strengthen strategy formulation and make humanitarian aid more effective. Generally, humanitarian organisations have acknowledged that the cluster approach has improved efforts to identify and address gaps in services in the field, and the approach has become a key tool in the allocation of PF. However, some donors that do not contribute to the PF have expressed concern that the clusters' resources and capacities are overstretched (DARA 2009). In addition, they would like to benefit more directly from the clusters' analysis for their own bilateral aid.

As could be expected, some clusters have performed better than others, depending on the management of the cluster lead. For example, the water and sanitation cluster was noted for its effectiveness by its participating NGOs.² In contrast, the health cluster is widely considered to have failed to play an active role in the identification of needs and priorities for PF allocation and to create a positive working dynamic with partners. This is mainly due to the weak management of its cluster lead, the World Health Organization (WHO).

In 2008, at the request of the RHC, NGOs were asked to co-lead all clusters to foster greater participation and dissipate doubts about PF allocation. While the co-lead has probably improved collaboration, it has also caused a duplication of work and has imposed an additional burden on NGOs.³ As the PF also mainly funds projects, it has been very difficult to submit multi-sectoral programme proposals, which is an area that could be improved. As such, the cluster approach still fails to adequately promote local NGO and government participation, which creates incomprehension and frustration, and leads local NGOs to feel marginalised.

The Inter Agency Standing Committee (IASC) has served as another important tool to ensure inter-agency and multi-sectoral coordination at the provincial capital level. This large forum of UN agencies, NGOs and donors analyses the humanitarian situation on a weekly basis and provides general strategic advice to the humanitarian community. As the Humanitarian Advocacy Group (HAG), at the national level it also tries to prevent gaps in humanitarian action and coordination.

In comparison with the HRI 2008 report, NGOs highlighted significant improvements in coordination, allocation and implementation of the PF. These improvements included less dependence on the UN, along with greater transparency and participation in decision making. However, despite growing support, the PF is still less accessible to small or local NGOs and mainly works well for UN agencies and large NGOs.⁴

Many NGOs criticise the UN Development Programme (UNDP), blaming it for the (remaining) heavy administrative burden and incoherence that delays implementation of programmes. In general, the PF complements rather than duplicates bilateral funding. NGOs insist on maintaining a diversity of funding and stress the continued importance of robust bilateral donor support that provides more flexibility over time.

Lessons learnt and recommendations for the future

Despite the relatively high level of funding in the DRC, it is certain that more funding is needed and there are four areas where donor assistance could be improved. These include:

1 Information collection

Some donors explained that they do not have the capacity to contrast the various information strands they receive. Donors should provide more assistance for the collection of countrywide data for thematic needs assessments.

2 Health

Despite increasing donor assistance to the health sector, basic indicators show little improvement. Corruption, bad governance, low capacities and chronic poverty have increased vulnerability beyond the insecure areas. The donors subscribing to the GHD initiative need to reflect further on their role and priorities in non-conflict zones of the DRC.

3 IDPs

Despite advocacy from NGOs and an evaluation from UNICEF/CARE5 and Oxfam, 6 donor support to host families remains weak (McDowell 2008 and Haver 2008). Donors could push for a 'host family' sub-cluster to address the IDP situation.⁷

4 Leadership

Donors should also provide greater leadership on protection issues. More pressure on the Congolese authorities, in particular on the national army and the police, could help create programmes that empower beneficiaries and encourage IDP return. Currently, humanitarian action in the DRC is arguably better at responding to basic needs than addressing the chronic character of the ongoing crises.

It is highly likely that the Congolese will experience new crises in the near future. To live up to one of the core objectives of humanitarian action that the GHD espouses, that of *preventing* human suffering, donors should:

- ▶ Promote programmes to strengthen affected communities' capacities and resilience beyond emergency aid to confront the current crises and prevent new ones.
- ▶ Develop early-warning mechanisms to anticipate humanitarian emergencies and link humanitarian and development programmes.
- ▶ Foster stronger engagement with provincial and local authorities, as well as with state services, to facilitate the transition from humanitarian to development action.
- ▶ Encourage more dialogue and better coordination between humanitarian and development actors.
- ▶ Better indicate to government and local authorities the responsibilities and obligations they hold towards their internally displaced population (Guiding Principles on Internal Displacement).

A new approach

Above all, donors – and most particularly the so-called 'G3' – should promote a new GHD implementation plan that will analyse the ongoing complex humanitarian crises, measure the impact of the GHD pilot initiative and develop a comprehensive strategy to renew the GHD mandate in the DRC. Humanitarian aid helps the Congolese survive their country's crises, but neither humanitarian nor most development aid addresses the root causes of the crises.

Donors should re-design their interventions to respond to the whole country's humanitarian context and develop a more coherent common strategy to tackle issues such as human rights violations, corruption, illegal exploitation of natural resources and land distribution which impede peace and stability. Humanitarian actors are not responsible for these phenomena, nor are donors. But donors have the capacity to influence and correct them. Humanitarian actors do not.

Conclusions

Since the *GHD Principles* have been piloted in the DRC, major progress has been made with needs-based funding, implementing humanitarian standards and more coherent coordination to save lives and alleviate suffering. However, humanitarian needs remain huge and the chronic character of the crises is difficult to address. Donors are facing larger questions such as land distribution and state building, and the implementation of development programmes that are key to solving humanitarian problems. Such issues mark the limitations of, but also new opportunities for, humanitarian action.

Since 2005, donors have progressively developed a common approach to implement *GHD Principles*. The initiative now seems to have reached a point where donors should define a new vision of the GHD. Perhaps the lead donors (the 'G3') should stimulate an initiative to redevelop and rearticulate a new humanitarian strategy around *GHD Principles*. Moreover, after almost five years of the GHD pilot initiative in the DRC, the level of GHD knowledge, implementation and understanding from humanitarian actors on the field remains questionable.

The GHD initiative may have reached many of its objectives in the DRC, but it now needs an overhaul. Today there is a need for donors to create a new dynamic and commitment around the initiative to help tackle the root causes of the crises in the DRC. In this respect, the question needs to be asked as to whether or not the last three of the *GHD Principles* – those that deal with learning and accountability – are taken seriously enough by the donor governments themselves. It is time for a joint multi-donor evaluation on the basis of the GHD initiative – similar to those on Rwanda and the tsunami – and a wide-ranging consideration of the achievements and limitations of 15 years of humanitarian intervention in the DRC.

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Gilles Gasser is a journalist and independent consultant specialising in humanitarian aid issues and communication. He was Head of Mission of the NGO *Équilibre* in Bosnia and Herzegovina from 1993 to 1996 and later worked as an expert from 1997 to 2000 in the humanitarian offices of the European Commission in Sarajevo, Tirana and Pristina. He has undertaken studies for the Tsunami Evaluation Coalition, 'Conversations on Democracy' for the Club of Madrid, and various projects with the think-tank FRIDE. As a journalist, he has travelled to Belfast, New Caledonia, Israel, the Palestinian Territories, El Salvador, Guatemala, Brazil and the Dominican Republic.

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Notes

- 1 Information based on field interviews with key humanitarian agencies in DRC from 5 May 2009 to 20 May 2009, and 309 questionnaires on donor performance (including 248 OECD-DAC donors).

The HRI team, composed of Gilles Gasser, Lynda Attias, Philippe Benassi, Dina Dandachli, Dennis Dijkzeul and James Dyson, expresses its gratitude to all those interviewed in DRC. The opinions expressed here are those of the authors and do not necessarily reflect those of DARA.
- 2 In 2007, donors provided 66 percent of US\$686 million requested (OCHA FTS 2009).
- 3 This burden used to be carried out by the bilateral donors before the installation of the PF.
- 4 In 2008, the PF supported 294 projects, implemented by nine UN agencies (112 projects), 42 international NGOs (INGOs) (146 projects) and 34 national NGOs (32 projects). UN agencies received US\$65.4 million (52.4 percent of the 2008 allocation), while funds allocated directly to INGOs amounted to US\$58.5 million (43 percent) and US\$5.6 million (4.5 percent) to national NGOs (NNGOs) (OCHA 2009).
- 5 Internal displacement in North Kivu: Hosting, camps and coping mechanisms. UNICEF Care DRC. April 2008.
- 6 Haver, K. Building better response to displacement in the DRC by helping host families. Oxfam GB. September 2008.
- 7 In eastern DRC, 70 percent of IDPs are in host families (Haver 2008).

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