Democratic Republic of the Congo

AT A GLANCE

Country data (2006 figures, unless otherwise noted)

- 2007 Human Development Index: ranked 168th of 179 countries
- Population: 60.64 million
- Population living on less than US$2 a day (1990–2004): NA
- Life expectancy: 46 years
- Infant mortality rate: 129 per 1,000 live births
- Under-five infant mortality rate: 205 per 1,000
- Population with sustainable access to improved water source (2004): 46 percent
- Primary education completion rate: NA
- Gender-related development index (2005): ranked 147th of 177 countries
- Official development assistance (ODA): US$2.056 billion
- 2007 Corruption Perception Index: ranked 168th out of 179 countries


The crisis

- 2007 saw relative stability, despite continuing violence in eastern region;
- 5.4 million people killed since 1998; 45,000 die monthly; 1,500 daily from malnutrition, epidemics, and conflict-related incidents;
- 2007 maternal mortality ratio from 1,289 to 3,000 deaths per 100,000 live births; over 300,000 children under five died from malnutrition;
- Cholera and Ebola killed hundreds in 2007; HIV/AIDS prevalence rate from 1.7 to 7.6 percent, 20 percent higher in conflict-affected areas;
- 80 percent of population live on less than US$1/day; under-employment at 81.7 percent; 11 percent of all deaths attributed to malnutrition;
- 1,480,000 displaced people returned home since conflict end; 760,000 in 2007;
- But in North Kivu, 436,000 displaced between December 2006 and February 2008; by end-2007, over 1.3 million displaced, half forced to flee in the last six months of 2007.


The humanitarian response

- Donors provided US$500 million in humanitarian aid in 2007;
- 2007 CAP received US$456 million (66% of US$686 million requested);
- Largest 2007 donors were U.S. (US$120 million, 24 percent); EC/ECHO (US$69.7 million, 13.9 percent); and UK (US$66 million, 13.2 percent);
- In 2007, France tripled its contribution to US$7.8 million (1.6 percent of total); Germany and Japan, reduced their contributions; Belgium, Canada, Ireland, Luxembourg, the Netherlands, Norway, Spain, Sweden, and UK gave US$117.8 million to Pooled Fund (an increase of 27 percent over the 2006 budget); GERF contributed US$52.3 million (10 percent).

Sources: OCHA, 2007.

Introduction

After decades of spilling conflict, rampant anarchy, and the collapse of the state, 2007 was a year of relative stability in the Democratic Republic of the Congo (DRC). Key political events took place in 2006 and 2007: the presidential and parliamentary elections, the formation of a new coalition government, and an institutional transition. Despite the violence, allegations of fraud, and suspicions of conspiracy surrounding this political process, Congolese institutions seem to be on a new track.

These positive developments have been welcomed – albeit with excessive euphoria and optimism – by donors and the international community, who are hoping that the sick giant of Africa is about to renounce years of violence and work towards peace and sustainable socio-economic development.

Despite these promising indicators, the scenario in the field and daily reality remains troubling. The country continues to be stuck in a disastrous humanitarian crisis. In the eastern provinces, the peace process is undermined by disputes between government forces and warlords over land and the control of lucrative mine resources. A persistent climate of insecurity is ravaging communities, where belligerents harass civilians, spread terror, and violate the most basic human rights. Despite the presence of the world’s largest peacekeeping contingent, the UN Mission in the Democratic Republic of the Congo (MONUC), forced civilian displacement and increased vulnerability are the norm in many communities.

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With the improvement of the security situation in some regions, aid did reach previously inaccessible people, contributing to the perception of increased humanitarian needs. Food security, access to potable water, and basic health care are now more stable. Another challenge to the path to stability and recovery is the strengthening of DRC socio-political institutions. The state apparatus is still not functioning—corruption reigns with impunity—and social services have collapsed.

The humanitarian response to the DRC crisis has increased substantially since 2005, the first year of reform of the humanitarian system. In 2007, donor support remained high, but the crisis was still underfunded. Donors have criticized the insufficient donor commitment to Good Humanitarian Donorship (GHD) Principles of humanity, impartiality, and needs-based response.

**Causes of the crisis: Aftermath of Africa’s first world war**

DRC remains a country in crisis, the victims of its extraordinary natural resource wealth. For decades, none of the huge profits extracted from the Congolese soil have benefited the local population. Since its independence in 1960, the history of the DRC has been characterised by corruption and civil war. The descent into the abyss began with Colonel Joseph Désiré Mobutu. After the 1965 military coup, he renamed the country Zaire and turned it into a base for operations against Soviet-backed Angola. But he also made Zaire synonymous with corruption and repression. The World Bank estimated that 60 percent of government spending was concentrated in the country’s capital city Kinshasa, where Kabila controls key state institutions, is characterised by political repression and marginalisation of the opposition. The DRC is no longer considered a collapsed state, but rather a failed state, weak, corrupt, unstable, and sometimes unwilling to care for its people. The peace process is far from complete. Humanitarian impact of the crisis

The signing of the Goma Agreement coincided with release by the International Rescue Committee (IRC) of its most recent report Mortality in the Democratic Republic of Congo.

Based on the results of the five previous IRC studies, the report estimates that 10 percent of children are underweight at birth. Over half of the 620,000 deaths of children under five are attributed to malnutrition and micronutrient deficiencies. The same sources reported that 20 percent of those deaths could be prevented through appropriate infant feeding. Multiple indicators show that there is a re-emergence of disease epidemics which had supposedly been eradicated. In 2007, cholera killed hundreds and 187 died of Ebola. Also contributing to the high mortality rate is HIV/AIDS rampant in the DRC. The Joint United Nations Programme on HIV/AIDS (UNAIDS) explains that the prevalence rate varies from 1.3 percent to 7.6 percent, depending on the region. In conflict areas where women and children are victims of sexual violence, prevalence increases to 20 percent.

Hundred of thousands of people live in overcrowded camps, especially women and children, who have been victims of sexual violence. The country’s current birth rate is 45 deaths per 1,000 live births, and rises to 3,000 deaths per 100,000 in conflict-affected areas. UNICEF estimates that 10 percent of children are underweight at birth. Over half of the 620,000 deaths of children under five are attributed to malnutrition and micronutrient deficiencies. The same sources reported that 20 percent of those deaths could be prevented through appropriate infant feeding. Multiple indicators show that there is a re-emergence of disease epidemics which had supposedly been eradicated. In 2007, cholera killed hundreds and 187 died of Ebola. Also contributing to the high mortality rate is HIV/AIDS rampant in the DRC. The Joint United Nations Programme on HIV/AIDS (UNAIDS) explains that the prevalence rate varies from 1.3 percent to 7.6 percent, depending on the region. In conflict areas where women and children are victims of sexual violence, prevalence increases to 20 percent.

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The Humanitarian Response Index 2008

Since 2005–2006, significant effort and resources have been allocated to reform the humanitarian process in the DRC. The purpose of the reforms was to deliver more adequate, flexible, and timely humanitarian financing; to ensure the standardization of needs assessments; and of the broader scope of the clusters (cluster approach), and to reinforce the role of the Humanitarian Coordinator. Nevertheless, it remains unclear if these reforms have had a significant impact on beneficiaries.

The objectives of the Pool Fund (PF), mentioned earlier, are to allocate funds to priority humanitarian needs, and improve response and coordination mechanisms. In 2007, the total PF (US$177.8 million) was equivalent to the second largest bilateral humanitarian donor to the DRC, second only to the United States. The PF initiative, in line with the GHD Principles, has altered the humanitarian funding landscape in the DRC. But voices from the field are concerned about some of its dysfunctions. One of the main NGO concerns is that funds are channelled through the UN system, which allocated 5 percent of the total budget to cover administrative costs. NGOs see these as misdirected funds which they would prefer to dedicate to their programmes, as they would if they were receiving direct bilateral grants from donors. But the PF can also be seen as a convenient channel for donors to reduce their transaction costs and increase proportionally their volume of aid. NGOs also consider that slow UNDP management delayed disbursement of funds, increased administrative burdens, and delayed the implementation of aid programmes.

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Implementation of the response: Impact of the reform mechanism

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Donors and Good Humanitarian Donorship

In 2004, the DRC was selected as a pilot country for the GHD. Donors have developed their own coordination tools and discuss core principles, financial decisions, and prioritise programmes based on the guidelines of the Humanitarian Action Plan and have expressed strong support for all the recent initiatives taken to strengthen coordination of the humanitarian system. Nevertheless, the increasing importance of UN funding mechanisms is sometimes creating confusion in the
The UN Central Emergency Response Fund (CERF), a key mechanism in UN humanitarian reform, was the fourth largest source of funds in the DRC in 2007, contributing US$2.5 million (10 percent of all humanitarian funding).

Another key instrument in the implementation of humanitarian aid in the DRC is the Pooled Fund (PF), comprising 23 percent of the total amount contributed. The Pooled Fund is a common fund provided by various donors, managed by the Humanitarian Coordinator through OCHA (funds attribution) and UNDP (financial management, administration, and monitoring). In 2007, donor contributions to the PF amounted to US$117.8 million (from Belgium, Canada, Ireland, Luxembourg, the Netherlands, Norway, Spain, Sweden, and the United Kingdom), an increase of 27 percent over the 2006 budget. The UK was the most generous donor, providing US$32 million, representing 47.94 percent of the total PF budget and 93.8 percent of the overall contribution of the UK to the DRC. HAP 2007 Appeal. The policy of the UK Department for International Development (DFID) of prioritizing funds to the PF is worrisome to some humanitarian agencies who deplore the systematic channeling of funds through the UN system. The contributions of two other main donors to the PF, the Netherlands and Sweden, does not exceed 60 percent of their whole contribution to aid programmes in DRC, which NGOs consider more balanced.

The two main objectives of the humanitarian aid strategy have been to channel emergency funds to support the return process. The 2008 Humanitarian Action Plan focuses on the provinces to which almost 1,480,000 internally displaced people have returned since the end of the conflict, 760,000 of them in 2007. In many cases, the displaced live with host families who take them in for several months, until they are able to return of their own accord to their villages. When the return is organized, UNICEF and NGOs provide the returnees with kits (for both individuals and communities) consisting of plastic sheeting, blankets, and other non-food items, but the kits are not much help in dealing with characteristics like land disputes and civil protection. However, the UN High Commissioner for Refugees (UNHCR) is attempting to put in place essential administrative mechanisms for land redistribution, so that the return can be sustainable.

These carefully delineated objectives were conceived at the cluster level and put in place in 2006. In the DRC, ten clusters have already been established at the national and local levels. OCHA (in charge of the overall coordination) encourages NGOs to participate. Clusters are seen as a positive element for assessment, coordination, and prioritization of needs. But some are also criticized for being slow and non-participatory. A study by the Center on International Cooperation (CIC)30 stressed that NGOs such as Médecins Sans Frontières (MSF) consider that the cluster approach sometimes “blurred” the lines between humanitarian action and the political/military agenda, particularly in the cluster where MONUC replaced OCHA.

In 2007, the clusters that received most funding were food security (US$142.5 million), health (US$41.8 million), and logistics (US$41 million).32 Several nutritional surveys conducted throughout the year showed that all the areas visited faced a food crisis. This situation was particularly worrisome in western provinces and in Kinshasa. This important gap has been identified by the 2008 HAP Thus, subsistence mechanisms and government capacity to respond to the need will be analysed countrywide in the future: Areas affected by chronic poverty, and which comply with the previously mentioned criteria, could be included in the humanitarian map. This approach will have a significant impact on the redefinition of needs and on the geographical redeployment of NGOs.

Since the DRC elections, 17 donors, UN agencies, and the World Bank produced a Country Assistance Framework (CAF) linked to the Poverty Reduction Strategy Paper (PRSP). International development partners pledged US$4 billion in support of consolidation in DRC, notably the implementation of its PRSP over the next 3 years (2008–2010). This means that the DRC will receive US$1.3 billion per year from bilateral and multilateral donors. Unfortunately, there is no clear planning and financing link between humanitarian programmes and development priorities.

Overall, in 2007, the humanitarian community achieved important objectives in the DRC. One critical element was the well-developed coordination structure supported by experienced humanitarian actors. Coordination also benefited from the competence of the OCHA team and firm leadership by the Humanitarian Coordinator. However, there is still a need to assess the impact of pilot initiatives in the DRC and to measure whether new funding mechanisms allow humanitarian actors to assist the population at risk in a more appropriate and timely manner. Implementation of the response: Impact of the reform mechanism

Since 2005–2006, significant effort and resources have been allocated to reform the humanitarian process in the DRC. The purpose of the reforms was to deliver more adequate, flexible, and timely humanitarian financing, to ensure the standardization of need assessments and of the broader scope of the sectors (cluster approach), and to reinforce the role of the Humanitarian Coordinator. Nevertheless, it remains unclear if these reforms have had a significant impact on beneficiaries. The objectives of the Pooled Fund (PF), mentioned earlier, are to allocate funds to priority humanitarian needs, and improve response and coordination mechanisms. In 2007, the total PF (US$117.8 million) was equivalent to the second largest bilateral humanitarian donor to the DRC, second only to the United States. The PF initiative, in line with the GHD Principles, has altered the humanitarian funding landscape in the DRC. But voices from the field are concerned about some of its dysfunctions. One of the main NGO concerns is that funds are channelled through the UN system, which allocated 5 percent of the total budget to cover administrative costs. NGOs see this as a distort- ed funding which they would prefer to dedicate to their programmes, as they would if they were receiving direct bilateral grants from donors. But the PF can also be seen as a convenient channel for donors to reduce their transaction costs and increase proportionally their volume of aid. NGOs also consider that slow UNDP management delayed disbursement of funds, increased administrative burdens, and delayed the implementation of aid programmes.

Excessive UN control of the process also raises criticism, leading NGOs to request greater transparency and more participation in the decision-making process. Moreover, the PF is also seen as being excessively focused on short-term solutions, and therefore, limiting the impact of aid on beneficiaries. The three-month duration of most programmes is too short to be effective in the DRC, which requires a longer-term commitment. One NGO complained that vulnerable Congolese are suffering from short-term donor priorities, giving the example of being able to easily access PF or CERF money for a three-month cholera response in Goma, but not being able to get funding for a substantial public health programme to address the real situation facing the population after the collapse of state health services. They point out that cholera is now an annual occurrence in Goma.33 Multilateral financing mechanisms directly managed by the UN system also challenge NGO independence, and increasingly NGO priority to efficiently implement aid programmes. Many NGOs question the added value of such a system and underline the operational risks of functioning within a UN-dependent system. This can be a particularly critical point in a country like the DRC, where the Humanitarian Coordinator, the most powerful individual in the humanitarian community, is operating within the framework of an integrated UN mission with a strong political and military mandate.

Clearly, more manageable tools would appear to be the cluster approach and the Provincial Inter-Agency Committees (PIA) – additional mechanisms of UN humanitarian reform – whose objectives are to raise standards, define priorities, and foster better coordination and partnership in all 10 sectors. Cluster groups, at national and provincial levels, are useful tools to identify gaps, finance projects on the basis of need and ensure the quality of technical aspects of selected projects in accordance with international standards (e.g., Sphere Standards, WHO guidelines, etc.). Thus, it seems that the system has been integrated and accepted by the majority of humanitarian actors, even though there are complaints about the administrative burdens imposed by the system and resistance to the central role of the United Nations.

It is probably too early to measure the impact of the United Nations reform in the DRC, but it is clear that mechanisms improve humanitarian actors’ work? Was aid more flexible, adequate, and timely? Have more lives been saved? For actors in the field, it is difficult to give categorical answers. However, there is one point on which all agree: instruments such as the PF, CERF, or the cluster approach have great potential and should be improved.

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NGO community concerning the role and competence of some donors and of the Humanitarian Coordinator. One major donor interviewed in the field during the HRI mission admitted that the UN machinery is increasingly acting like a donor, generating a “comparative factor.” The same donor admitted that the relationship between the Humanitarian Coordinator and donors lost its initial fluidity and transparency. Nevertheless, humanitarian priorities in DRC are widely acknowledged. Protection remains a priority. Implementing agencies would like to see greater donor involvement in this fundamental element of Principles 3, 4, and 16 of the GHD. During the electoral process, the international community was present on the diplomatic and military fronts. However, since the new gov- ernment took power, key agencies blame both diplomats and donors for being too discreet about human rights violations. Agencies underline that there is a lack of coherence among the donors with regard to reform of the army, good governance, and support for the judicial system. After the elections, important economic develop- ment contracts were signed between the DRC government and international donors, but Human Rights Watch reports that very few of these donors expressed concern about current human rights violations or con- sidered their aid on better protection for civilians.46 Another priority in the DRC is to support pro- grammes for the return and reintegration of the dis- placed and refugees. OCHA estimates that 2008 will be marked by the return of 79,000 refugees and many of the 1.3 million displaced throughout the country. Areas of return are often isolated and difficult to access, due to the deterioration or absence of roads. Years of conflict have destroyed schools, and health and social centres. There are no jobs; agricultural activities remain precarious; social tensions are high. This troubling situation calls for implementation of a long-term programme to fill the gap between humanitarian aid and development projects (Principles 9 of the GHD). On these issues, humanitarian agencies are critical of donors – an old debate to which they do not offer ready solutions. The development strategies of major donors are totally unknown to humanitarian actors and development agencies in the field. NGOs confessed that donors lose credibility with local actors because of slow implementa- tion of their programmes. This is particularly true in the health sector, where the extreme slowness of the EC Fund européen pour le développement (FED) pro- grammes is so evident, that in Goma, the 9th FED is ironically called the 9th Faible (“weak”). However, it should be pointed out that the greatest difficulty donors encountered is the absence of national and local coun- terparts. Thus, the humanitarain situation will greatly improve through the restoration of the Congolese state and its institutions. The chronic problems in DRC could plunge a province into a humanitarian emergency in a matter of weeks. In the absence of an integrated long-term approach, the DRC is susceptible to a vicious cycle in which the assisted population risks suffering another crisis after humanitarian organisations withdraw. To bridge this gap, NGOs confess that they have to reshape their programmes in such a way that donors will still consider them emergency-oriented, although, in reality, they deal with development issues. Some donors are conscious of this problem and try to employ a more flexible definition of humanitarian needs in provinces where security improves. For implementing partners, this situation calls for more direct funding to NGOs. A fundamental GHD Principle insists that funding decisions be based on a solid needs assessment. Since pilot projects have been implemented as the DRC progress has been made in using common needs assess- ments. OCHA has started inter-agency planning and multi-sector needs assessments in developing regional humanitarian action plans. The larger question is whether the available funding is proportionate to the needs identified. Donor support increased for the DRC since the GHD pilot project began, but so did their requests to use available funds more effectively. This mix of resource-based and needs-based planning permitted a larger and more rational coverage of humanitarian needs. Nevertheless, the implementation of these new tools does not guarantee coverage of identified needs. Major UN actors and NGOs often use the host family situation as an example. In the eastern part of the coun- try, 70 percent of the displaced are living with host families. In most cases, the arrival of the IDPs doubled the size of the families, while house size and access to land and water remained unchanged. In many cases, the resources of host families were quickly exhausted, result- ing in the general impoverishment of communities in areas affected by displacement. Regarding neutrality, independence, and impartiality, implementing partners are critical of donor performance. “No war no work” is a formula used by some donors which is roundly criticised by NGOs. The eastern part of the DRC is the target of the vast majority of donor aid. The western part of the country has been virtually forgotten, despite the fact that some provinces without armed conflict registered the highest mortality and malnutrition rates. There is a general understanding that donors have given priority to solving the situation in the east in order to stabilise the country. However, many NGOs consider that any other country displaying the same vulnerability indicators as western DRC would be considered a priority emergency. The very specific context of humanitarian interven- tion within an integrated mission, in which MONUC is a key player, should be kept in mind. Agencies explained that UN management of the Pooled Fund affects the neutrality and independence of programmes. Interviewees typically commented that donors improved in effective- ness and efficiency. The field expertise of donors such as ECHO or DFID is greatly appreciated. In the case of DFID, however, many NGOs warned that if the donor agency continues its policy of channeling the majority of funds to the P F, it could lose identity and influence. Finally, it should be emphasised that the survey team found humanitarian actors to be better informed about the GHD Principles than they were last year. Nevertheless, most still do not understand exactly what is expected from them and how the outcomes of the GHD initiative can be measured. Both donors and humanitarian organisations recognise that saving lives and alleviating suffering (Principle 1) is an objective that deserves total dedication and engagement. Yet, three years after the implementation of the pilot in the DRC, there is still a need to demonstrate how upholding the GHD Principles will meet this objective. Conclusion “Every day without major clashes is a victory for the peace process in DRC,” explained a top UN representa- tive.49 This statement eloquently expresses not only the hope for the country’s recovery, but also its fragility. The encouraging picture emerging from the transition cannot eclipse the desperate situation in the eastern part of the country where civilians are victims of daily human rights violations and forced displacement. Today, the main challenge is to convert hope and promise into reality. The international community’s engagement remains essential to reaching this objective, but it must be more critical of how domestic as well as foreign belligerents fulfil their commitment to the peace process, to human rights, and to good governance. Although donor involvement in the east remains a pri- ority, humanitarian actors insist on the need to see donors more involved in the western part of the country. The same agencies are also concerned that more donors will channel their funds through the PF system. Moreover, the same NGOs fear that such a model could weaken their independence, and undermine their relations with donors. Clearly, the DRC needs not only humanitarian aid, but also a massive infusion of technical and long- term assistance. Finally, the GHD remains a potential tool to rein- force the partnership between donors and implementing NGOs, representing a code of conduct for donors and encouraging coherent donor behaviour in response to humanitarian needs. The question remains whether Good Humanitarian Donorship is indeed the beginning of a new era of million of Congolese and how this can be measured.
The HRI team, composed of Alblas Calbié, Gilles Gasster, Carlos Oliver, Soledad Posada, and Kim Wuys visited the Democratic Republic of the Congo in February 2008. The opinions expressed here are those of the author and do not necessarily reflect those of DARA.

Since 2000, the IRC conducted five mortality surveys. The first conducted between 2000 and 2004, estimated that 3.7 million people had died since 1998, making O/R the world’s deadliest humanitarian catastrophe since World War II.

The rate is twice the African average and almost twice the 1.3 per 1000 per month reported by UNICEF for the O/R in 1997, the year before the war began.

Office for the Coordination of Humanitarian Affairs (OCHA), 2008a.


Notes

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2 The Kinshasa alliance included Zimbabwe, Angola, Chad, and Namibia. The Rwandan alliance included Rwanda, Uganda, and Burundi.

3 International Rescue Committee, 2008.

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References