

# 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
- GNI per capita (Atlas method, current US\$): US\$130
- 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 undernourished (2002–2004): 74 percent
- 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

Sources: Transparency International (TI), 2007; UNDP, 2007a and 2007b; World Bank, 2008.

### 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.

Sources: International Rescue Committee, 2008; OCHA, 2008a and 2008b; UNICEF, 2007; IRIN, 2007; OECD, 2008.

### 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, Luxemburg, the Netherlands, Norway, Spain, Sweden, and UK gave US\$117.8 million to Pooled Fund (an increase of 27 percent over the 2006 budget); CERF contributed US\$52.5 million (10 percent).

Sources: OCHA FTS, 2007



# Democratic Republic of the Congo

## The Giant with Feet of Clay

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### Introduction<sup>1</sup>

After decades of spiralling 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.

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 are often absent. 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. Additionally, humanitarian actors criticised 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 victim 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 end of the Cold War and US backing accelerated the country's decline. In 1997, neighbouring Rwanda invaded to chase extremist Hutu militias. The anti-Mobutu rebels, led by Laurent Kabila, took advantage of the chaotic situation to drive Mobutu from power and renamed the country the Democratic Republic of the Congo. But the country's troubles continued. In 1998, a clash between Kabila and his former allies, Rwanda and Uganda, turned the country into a vast battleground – the first African World War.<sup>2</sup>

In 1999, belligerents signed the Lusaka Agreement to end the war. Despite the deployment of MONUC, countless violations persisted. In 2001, Kabila was killed and his 29 year old son, Joseph, took power. In 2002, a peace agreement was signed in Sun City, South Africa, nominally ending the war, maintaining Joseph Kabila as President, and setting up an interim administration, including members of the rebel groups. One of the key elements of the agreement was the demilitarisation of

the country and the withdrawal of foreign forces. In 2005, the country held its first multi-party elections in 46 years. Joseph Kabila was elected President and his party won the most seats in the National Assembly. A coalition government headed by his former rival Antoine Gizenga was formed.

Unfortunately, in the eastern provinces of North and South Kivu, the situation remained chaotic and civilians continued to be victims of terrible exactions. On 23 January 2008, 40 groups participated in the Goma conference and signed an agreement calling for a ceasefire, the disarmament and demobilisation of combatants, and addressing humanitarian and human rights issues. The agreement has been widely welcomed but its concrete implementation in the field remains slow and uncertain.

In the rest of the country, state authority is weak, particularly in opposition-dominated provinces. 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, corrupted, unable, 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 on *Mortality in the Democratic Republic of Congo*.<sup>3</sup> Based on the results of the five previous IRC studies,<sup>4</sup> the report estimates that 5.4 million people have died since 1998, and that 45,000 continue to die every month – 1,500 *daily* – from malnutrition, epidemics, and conflict-related incidents. IRC President George Rupp said that the loss of life in the DRC is equivalent to the entire population of Denmark, or the state of Colorado, dying within a decade. The crude mortality rate from 2004 remains unchanged (2.2 deaths per 1,000 people per month<sup>5</sup>), indicating that despite the peace agreement and political transition, the Congolese population remains in humanitarian crisis. Security did improve in many provinces, but remains critical in both Kivu and Ituri. In these regions, redeployment of MONUC is requested by many NGOs. During the elections, peacekeepers were sent all over the country to supervise the voting process. Humanitarian actors lamented the fact that troops were still deployed in stable provinces months after the elections, when their presence in both Kivu and Ituri

was most needed to mitigate, if not prevent, the wave of violence that overtook these provinces in 2007. The persistent violence and the acute social crisis have had a terrible impact on the civilian population, mainly on women and children, who have been victims of terrifying aggression, murder, systematic rape, forced recruitment, and use of children as soldiers. In the province of North Kivu alone, 436,000 people were displaced between December 2006 and February 2008.<sup>6</sup> Countrywide, at the end of 2007 there were still more than 1.3 million displaced persons, more than half of whom were forced to abandon their homes in the last six months of 2007.<sup>7</sup>

Overall, the mortality rate in the DRC is one of the highest in the world. Most deaths are attributed to preventable or curable diseases, such as malaria, diarrhoea, measles, and meningitis, or to malnutrition. A United Nations Children's Fund (UNICEF) report indicates that in 2007, the maternal mortality ratio was 1,289 deaths per 100,000 live births, and rises to 3,000 deaths per 100,000 in conflict-affected areas.<sup>8</sup> 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.<sup>9</sup> The same sources reported that 20 percent of these 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.<sup>10</sup> 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 1.7 percent to 7.6 percent, depending on the region.<sup>11</sup> In conflict areas where women and children are victims of sexual violence, prevalence increases to 20 percent.

Years of conflict have destroyed the DRC's agricultural potential. It is a painful fact that in a country with a climate and soil favourable to the cultivation of a wide range of tropical and Mediterranean crops, and with the potential to feed all of Africa, 11 percent of all deaths in the DRC can be attributed to malnutrition.<sup>12</sup> In rural areas, the lack of money and the inability to obtain agriculture inputs, combined with insecurity, poor access to potable water, and absence of transport are undermining the recovery and the well-being of the civilian population.

The situation in the urban areas is also grim. Hundreds of thousands of people live in overcrowded conditions in dismally unhealthy shantytowns, without electricity, safe drinking water, or sanitation, their single

daily concern being to find food. In the poorest suburbs of Kinshasa, no one seems to know what an NGO is or what the Red Cross flag means. This disturbing panorama has to be understood in the context of a failed state, with a disintegrated administration, disorganised services, generalised corruption,<sup>13</sup> and economic derailment. In 2007, the country was 168th out of 177 countries in the UNDP Human Development Index,<sup>14</sup> down one place from the previous year, when the DRC ranked 167th.<sup>15</sup> Despite the transition process and the multiple political and economic agreements, the DRC remains far below minimum international humanitarian standards. Subsistence mechanisms are very limited, with 80 percent of the population living on US\$1 per day,<sup>16</sup> an underemployment rate of 81.7 percent,<sup>17</sup> and the Congolese economy considered one of the least competitive on the African continent.<sup>18</sup>

### The humanitarian response

According to the Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking System (FTS),<sup>19</sup> donors provided US\$500 million to support humanitarian aid programmes in the DRC. Of this, the UN Consolidated Appeal for the 2007 Humanitarian Action Plan for the DRC received US\$456 million, 66 percent of the US\$686 million requested. Donor backing for humanitarian assistance programmes has increased constantly since the 2006 Humanitarian Action Plan (HAP) and the encouraging developments in the country. Long considered a "forgotten crisis," the DRC is now receiving greater attention from the donor community. This attitude can be attributed to several factors, including the promising political transition, the NGO campaign for greater donor attention, reinforcement of MONUC's mandate, improved security conditions allowing humanitarian actors to access beneficiaries, and the fact that the DRC was the pilot country for implementation of the GHD initiative.

FTS reports the largest donors of total humanitarian aid to the DRC in 2007 were: the US with US\$120 million (24 percent of total humanitarian funding); the European Commission, US\$69.7 million (13.9 percent); and, the UK, US\$66 million (13.2 percent). It should be emphasised that France, criticised for its small commitments in 2006, almost tripled its contribution to US\$7.8 million, a sum which still represented only 1.6 percent of the total donor contribution. By contrast, Germany and Japan, also taken to task for their insufficient commitments, *reduced* their contributions in 2007.



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\$52.5 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, Luxemburg, 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 to the PF with US\$58.6 million, representing 49.74 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 prioritising funds to the PF is worrisome to some humanitarian agencies who deplore the systematic channelling 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 respond to the emergency and support the return process. The 2008 Humanitarian Action Plan focuses on the provinces to which almost 1,480,000 internally displaced people (IDPs) have returned since the end of the conflict, 760,000 of them in 2007.<sup>20</sup> 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 organised, 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 such major difficulties as land disputes and civilian 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 sustained.

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 prioritisation of needs. But some are also criticised for being slow and non-participatory. A study by the Center on International Cooperation (CIC)<sup>21</sup> stressed that NGOs such as Médecins Sans Frontières (MSF) consider that the cluster approach sometimes “blurr[ed] 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\$45 million).<sup>22</sup> 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 development 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 standardisation 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 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.

Excessive UN control of the process also arouses 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 longer-term commitments. One INGO 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.<sup>23</sup>

Multilateral financing mechanisms directly managed by the UN system also challenge NGO independence, and consequently NGO capacity 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 (CPIA) – additional mechanisms of UN humanitarian reform – whose objectives are to raise standards, define provincial strategies, and ensure greater 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 needs 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. Did the new instruments 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.

### 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

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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 “competitive 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 financial fronts. However, since the new government took power, key agencies blame both diplomats and donors for being too discreet about human rights violations. Agencies feel 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 development 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 conditioned their aid on better protection for civilians.<sup>24</sup>

Another priority in the DRC is to support programmes for the return and reintegration of the displaced 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 scenario calls for implementation of a long-term programme to fill the gap between humanitarian aid and development projects (Principle 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 implementation of their programmes. This is particularly true in the health sector, where the extreme slowness of the EC’s *Fond européen pour le développement* (FED) programmes 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 counterparts. Thus, the humanitarian 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 in the DRC, progress has been made in using common needs assessments. OCHA has supported 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 country, 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 food and water remained unchanged. In many cases, the resources of host families were quickly exhausted, resulting 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 intervention 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 effectiveness 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 channelling the majority of its funds to the PF, 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 ask 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 representative.<sup>25</sup> 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 priority, 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 reinforce 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 improving the lives of millions of Congolese and how this can be measured.

## Notes

- 1 The HRI team, composed of Aldara Collet, Gilles Gasser, Carlos Oliver, Soledad Posada, and Kim Wuyts 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.
- 2 The Kinshasa alliance included Zimbabwe, Angola, Chad, and Namibia. The Rwanda alliance included Rwanda, Uganda, and Burundi.
- 3 International Rescue Committee, 2008.
- 4 Since 2000, the IRC conducted five mortality surveys. The first conducted between 2000 and 2004, estimated that 3.9 million people had died since 1998, making DRC the world's deadliest humanitarian catastrophe since World War II.
- 5 This rate is twice the African average and almost twice the 1.3 per 1000 per month reported by UNICEF for the DRC in 1997, the year before the war began.
- 6 Office for the Coordination of Humanitarian Affairs (OCHA), 2008a.
- 7 OCHA 2008b.
- 8 UNICEF, 2007.
- 9 Ibid.
- 10 OCHA, 2008b, p. 6.
- 11 *IRIN*, 2007.
- 12 Ibid.
- 13 In the 2007 *Corruption Perceptions Index*, Transparency International ranked the DRC 156th out of 163 countries (Transparency International, 2007, p. 330).
- 14 UNDP, 2007, p. 232.
- 15 UNDP, 2006, p. 294.
- 16 UNICEF, 2007.
- 17 OECD, 2008, p. 255.
- 18 Conclusion of the *Africa Competitiveness Report, 2007*, released 13 June 2007 at the World Economic Forum on Africa.
- 19 OCHA, FTS, 2007.
- 20 OCHA, 2008b, p. 42.
- 21 Center on International Cooperation, 2006, p. 20.
- 22 OCHA, 2008b, p. 15.
- 23 Refugee Studies Centre, 2007, p. 31.
- 24 Human Rights Watch, 2007, pp. 75–76.
- 25 HRI field interview.

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