

# The Democratic Republic of the Congo

## AT A GLANCE



### Country data *(2005 figures, unless otherwise noted)*

- 2006 Human Development Index: 0.391, ranked 167 of 177 countries
- Population (2006): 59.3 million
- GNI per capita Atlas method (2006, current US\$): 130
- Life expectancy: 44
- Under five infant mortality rate: 205 per 1,000
- Population undernourished (2001–2003): 72 percent
- Population with sustainable access to improved water source (2004): 46 percent
- Primary education completion rate: NA
- Gender-related development index (2006): 0.373, ranked 131 of 177 countries
- Official development assistance (ODA): US\$1.8 billion
- 2006 Corruption Perception Index: 2.0, ranked 156 of 163 countries

Sources: World Bank; UNDP, 2006; Transparency International, 2006.

### The crisis

- From 1996–2003, almost 4 million people died from the conflict—called Africa’s world war—the equivalent of six Rwandan genocides;
- In 2006, 1,200 people died *daily* as a consequence of the war;
- In addition to a new wave of displacement in 2006, between 1.4 and 1.6 million persons were still displaced and 1.3 million returnees required urgent support;
- High levels of sexual violence and rape, described by then UN Under Secretary-General for Humanitarian Affairs as “a cancer... out of control;” sexual violence used as a weapon of war; therefore, incidence of HIV/AIDS believed to be high;
- 30,000 boys and girls were used by armed groups as combatants, camp porters, or sex slaves;
- Despite first democratic elections in 40 years held in 2006, violence and human rights abuses continued in some areas throughout 2006 and 2007.

Sources: Brennan, 2006; OCHA, 2006; UNICEF, 2006; Oxfam, 2006; Watchlist on Children and Armed Conflict, 2006.

### The humanitarian response

- The DRC has been considered a “neglected” crisis; in 2000, the UN Appeal received 31.8 percent of requested funds; the 2005 Appeal received 64.8 percent;
- The 2006 UN Humanitarian Action Plan (HAP) requested US\$696 million to assist 30 million people, and received US\$287 million, or 42 percent of funding requested, although this represented 2.5 times more than funding received in 2005;
- Of the 21 OECD-DAC members providing humanitarian aid in 2006, the UK, the EC/ECHO and the United States provided 49 percent of funds;
- The Congo crisis served as the impetus for several initiatives for reform of humanitarian action: the Needs Assessment Framework Matrix (NAFM), the Pooled Fund, the Central Emergency Response Fund (CERF), the cluster approach, and the GHD initiative; DRC was selected by OECD-DAC as a pilot country for application of the GHD *Principles*;
- Humanitarian actors have estimated their funding requirements for 2007 at US\$687 million.

Source: OCHA, Financial Tracking Service.

# The Democratic Republic of the Congo

## Sick Giant of Africa

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

The Democratic Republic of Congo (DRC) is the site of one of the world's worst ongoing humanitarian crises. The country suffered what has been called "Africa's world war" from 1996 to 2003 from which almost 4 million people died, compared to the 228,000 dead and missing from the 2004 tsunami.<sup>2</sup> Following a peace agreement in 2003, and with the help of the world's largest and most expensive peacekeeping operation, the country held its first democratic elections in 40 years in 2006.

However, 2006 did not mark an end to instability and violence in a country no longer at war but still not at peace. Protection issues continued on a large scale. Throughout 2006, killings, human rights violations,

widespread rape, and forced displacement of civilians continued, in particular in the east. Many communities were still being deprived of basic services and humanitarian assistance.

Despite the scale of the disaster, the crisis has traditionally been considered "neglected" and the UN Appeal in 2006, as in previous years, was underfunded. However, 2006 saw a sharp increase in the volume of funding and the introduction of a number of humanitarian reform initiatives, in part due to the fact that the DRC was selected as a pilot country for the application of the Good Humanitarian Donorship *Principles*.

### Causes of the crisis: Regional warfare fuelled by natural wealth

The causes of the conflict and humanitarian crisis which erupted in 1996 were a volatile mix of long- and short-term factors, including the country's brutal colonial past, violent struggles over state power and control of natural resources—often delineated along ethnic lines—regional state rivalry, and spillover from conflicts in neighbouring countries.

The country's population and natural resources were exploited under Belgian colonial rule until independence in 1960, when the Congo became embroiled in the Cold War and a violent conflict over its future. Colonel Joseph Desiré Mobutu (later known as Mobutu Sese Seko) came to power in a military coup in 1965 and installed a repressive regime which was to last 32 years. Political rule through violent repression, corruption, patronage, and the manipulation of ethnic divisions, along with the exploitation of natural resources by national and foreign interests, and the devastation of the broader economy were hallmarks of the regime. This troubled history was perpetuated in and shaped the current conflict.

In 1997, Mobutu was ousted in a rebellion led by Laurent Kabila and backed by Rwanda and Uganda. However, when, in August 1998, Kabila purged Tutsi from his government, Rwandan troops backed Congolese Tutsi rebels and entered eastern DRC. The conflict escalated, with Zimbabwean, Angolan, and Namibian troops supporting Kabila. Numerous local militias emerged, following ethnic lines and supporting the various state actors. At least seven states and seven rebel groups were involved in the fighting. Internal conflicts, such as that in Rwanda, were played out in eastern DRC and control of territory for the exploitation of natural mineral wealth became a key objective for all sides. Following the signing of the Lusaka ceasefire and the deployment of the UN peacekeeping force (MONUC) in 1999 and 2000, respectively, along with Kabila's assassination in 2001 and succession by his son Joseph Kabila, a peace agreement was finally signed in 2002. This included the withdrawal of foreign troops and the introduction of a transitional government which paved the way for elections in 2006.

Nevertheless, this failed to stop the violence in eastern Congo, specifically in Ituri, North Kivu, South Kivu, and Katanga provinces. Rebel groups continued to combat the government and rival groups for control of mineral wealth, with a potent admixture of ethnic

competition and insecurity. The election, in which Joseph Kabila was voted President, was marred by violence, with supporters of Presidential candidate Jean-Pierre Bemba refusing to accept the vote. Political instability and violence continued into 2007, with former militias—including Bemba's supporters and Tutsi rebels in the east—refusing to integrate into the national army.

While there has been considerable progress in improving security, the situation remains unstable, with very weak state institutions and services and human rights abuses routinely committed by both army and police, as well as armed groups. The causes of the conflict, including corruption, the exploitation of natural resources, ethnic divisions, and authoritarian government, continue to haunt the country.

### Humanitarian impact of the crisis: The deadliest conflict since World War II

The crisis in the Democratic Republic of Congo has been called the deadliest humanitarian catastrophe since the Second World War.<sup>3</sup> The greatest number of victims of the conflict, many of them children, dying of malnutrition and disease, were civilians caught in the middle of the violence. Human rights abuses such as murder, torture, rape, abduction, and the use of child soldiers were rampant and committed by all sides. Civilian belongings were looted, and they were displaced from areas of mineral resources, and out of retribution. The conflict also devastated the economy, destroyed livelihoods, created mass food insecurity, and denied local communities the basic healthcare, food security, and education. With access virtually impossible in many areas, humanitarian actors were obliged to adapt their strategies in favour of advocacy activities in support of humanitarian access, respect for humanitarian principles, and the protection of civilians.

As difficult as it is to contemplate, almost 4 million people have lost their lives since 1998, as a direct or indirect result of the conflict, the vast majority due to malnutrition and preventable disease.<sup>4</sup> This is equivalent to six Rwandan genocides.<sup>5</sup> Equally difficult to comprehend is the fact that, as late as 2006, more than 1,200 people continued to die every day as a direct or indirect consequence of the war.<sup>6</sup> In 2006, between 1.4 and 1.6 million persons were still displaced and unable to return due to continuing violence.<sup>7</sup> In fact, 2006 saw a new wave of displacement, caused by renewed violence in the east. IDPs were exposed to multiple threats, such as

cholera and malnutrition, and were denied basic social services. In addition, over 400,000 refugees were still living in neighbouring countries, and 1.3 million returnees required urgent support.<sup>8</sup>

The impact of the war on the civilian population must itself be understood within the existing context of chronic poverty and the virtual collapse of state institutions and services, inherited from the Mobutu regime. Income per capita peaked at US\$1.31 per day in 1973, and by 1998 had dropped to just US\$0.30 cents.<sup>9</sup> By 2006, it was estimated that 80 percent of the population lived on less than a dollar a day.<sup>10</sup> In 2006, Oxfam estimated that 75 percent of the population faced a precarious food situation, with the DRC government calculating that severe malnutrition affected over 16 percent of the population. A 2005 report by Médecins Sans Frontières estimated that the mother and child mortality rate stood at 1,289 per 100,000 live births, representing the death of 585,000 children a year. One in every five children died before the age of five.<sup>11</sup> In 2006, food security was still one of the worst in the world. The public health system had collapsed in large parts of the country and the privatised health system was beyond the means of a large majority of the population.

Macroeconomic indicators improved following the 2003 peace agreement, but the fact that the country slipped to 167th out of 177 countries in the 2006 UNDP Human Development Index—having previously ranked 152nd in 1998—would suggest that these agreements had little direct impact on the lives of most Congolese.<sup>12</sup>

Despite the increase in numbers and more robust mandate of UN peacekeeping forces in 2006, and the progress made in repatriating foreign armed forces and disarming and reintegrating militias, interethnic and rebel clashes continued and human rights abuses were ubiquitous. Civilians were targeted not only by armed groups which had not demobilised, but also by members of the new national army and police force. Clearly, the introduction of procedural democracy has yet to address impunity, corruption, and governance issues.

An extremely worrying trend was the high level of sexual violence and rape, described by former UN Under-Secretary-General Jan Egeland as “a cancer... out of control.”<sup>13</sup> An average of 40 women were raped daily in and around Uvira in South Kivu between October 2002 and February 2003, as documented by a specialised local NGO. During the conflict, sexual violence was used as a weapon of war and the HIV/AIDS rate is thought to be extremely high. A report by

Watchlist on Children and Armed Conflict also documents high levels of abuse and human rights violations against children in 2006. Some 30,000 boys and girls are estimated to be attached to armed groups as combatants, camp porters, or sex slaves.<sup>14</sup>

These problems will not be solved rapidly and it will take many years to design, finance, and implement sustainable responses, requiring long-term financial and political donor commitment. In the meantime, the civilian population is deprived of their basic rights and many remain dependent on humanitarian aid for their barest survive.

### **International donor response: From forgotten crisis to GHD flagship**

The humanitarian crisis, despite being described as one of the world’s worst, is also regularly referred to as “neglected.” For several years, the international community paid but scant attention to the DRC. Funding remained low compared to higher profile emergencies, such as the 2004 tsunami and Iraq. Conflict in the Great Lakes region had been going on for so long that the media had lost interest. Reflecting this neglect, the 2000 UN Appeal received only US\$11 million (31.8 percent), although the 2005 Appeal had received US\$142 million (64.8 percent).<sup>15</sup>

The 2006 UN Humanitarian Action Plan (HAP) requested US\$696 million to assist 30 million people. As of 11 September 2007, the donor community had responded by providing US\$287 million, representing a low funding level of only 42 percent. Nevertheless, the absolute amount of funds received was two and a half times the entire amount of funding received in 2005. The 2006 HAP represented a radical shift in the humanitarian community’s approach to the crisis: for years, large parts of the country remained inaccessible and humanitarian assistance had only scratched the surface. The successful transition process, reinforcement of the MONUC mandate, and improved security allowed humanitarian actors to reach unassisted communities and realise a more comprehensive needs assessment covering all areas of the country. The successful election process, in which donors invested considerable resources and political effort—including EU troops—attracted increased international attention and funding. Arguably, therefore, some donor behaviour was not driven by needs assessments, but by changes in the broader context. Increased funding and attention was also in

response to the GHD *Principles*, specifically because the DRC was chosen by donors as a pilot country (along with Burundi) in which to put the GHD *Principles* into practice.

As an instrument consistent with the GHD *Principles*, the Pooled Fund was created as a pilot initiative in 2005, aimed at strengthening the role of the Humanitarian Coordinator, improving coordination, and increasing the extent to which funding was allocated to priority humanitarian needs. Six countries contributed 27 percent of the financing of the HAP through the Pooled Fund, to which three (the UK, the Netherlands, and Sweden) contributed 90 percent of the total budget. Their contributions to the overall financing of the HAP were made almost exclusively through the Pooled Fund (95 percent for Sweden, 89 percent for the Netherlands and 88 percent for the UK).

From among the 21 OECD-DAC members who supported humanitarian aid in-country,<sup>16</sup> three contributors alone (the UK, the EC/ECHO and the USA), financed 49 percent of humanitarian aid in 2006. It should be emphasised that these donors were closely involved in the GHD pilot initiative which promotes needs-based funding and mid- to long-term donor support. Nevertheless, organisations such as Oxfam considered that the United States could have contributed more to the 2006 Appeal and criticised France, Germany, and Japan for their small commitments.<sup>17</sup>

Humanitarian actors have estimated their funding requirements for 2007 at US\$687 million. The major differences in comparison to the previous year are that 20 percent more of the funds are directed towards the immediate saving of lives and 70 percent are destined for eastern areas. Budgets are based on regional action plans developed by technical experts in the field to target priority humanitarian zones and the most vulnerable populations.

Despite the engagement of the international community through MONUC and the support for the 2006 elections, many actors believe that the international community could do more to promote peace and human security in the DRC. In fact, MONUC has one of the lowest number of peacekeepers per capita of all UN missions and more could be done in the area of protection. This is one of the reasons why the situation remains fragile and why donors must make long-term commitments. Yet, in July 2007, the International Crisis Group warned that “without clear signs of improvement before year end, donor support will drift

to other post-conflict theatres, and Congo could lose the peace-building gains made over the past five years.”<sup>18</sup>

### Implementation of the humanitarian response: GHD reforms

The international humanitarian community has implemented a number of reforms, including the Needs Assessment Framework Matrix (NAFM), the Pooled Fund, the Central Emergency Response Fund (CERF), the GHD initiative, and the cluster approach.

The 2006 Humanitarian Action Plan was the first to bring together the broadest possible cross-section of humanitarian actors (UN, NGOs, and civil society). The 2007 HAP is also the result of a collaborative effort, bringing together Congolese government officials and donors. OCHA also formulated and introduced the Needs Assessment Framework Matrix (NAFM), a standardised multi-sectoral needs assessment questionnaire that could be used by UN agencies and NGOs in countrywide needs assessments. However, the NAFM was only partially operational in 2006, because its format was rejected for being too complex and technical, and no agreement was reached on the measuring units and benchmarks. Implementing agencies felt that it was too constricting, and although donors were supportive of the initiative, no funds were made available.

The Pooled Fund was created as a pilot initiative in 2005, in the context of UN humanitarian reform and the implementation of the GHD *Principles*. Among other goals, the PF aims to support the role of the Humanitarian Coordinator by making available a tool to augment the efficiency of the humanitarian response and thereby better respond to priority needs. The PF became operational from April 2006 and has become the largest single source of funding for humanitarian activities. A PF team was created within OCHA to facilitate the overall management of the funding allocation process. It also provides guidance on identification and project prioritisation in the various regions and ensures the completion of the allocation process. In its role as the administrative agent, UNDP has also put a special team in charge of the financial aspects of the fund and of monitoring the projects implemented by NGOs, as well as by the International Organisation for Migration (IOM) in its capacity as a UN participating agency.

At the end of October 2006, approximately US\$83 million had been given to a total of 136 projects

through the PF mechanism. UN agencies received 63 percent, NGOs 25 percent, with the remaining 12 percent allocated to the Rapid Reaction Mechanism (RRM), thus largely benefiting the three NGOs that are RRM focal points in the field.

Although the Pooled Fund is largely supported and accepted by the humanitarian community, problems have been identified at different levels. In the allocation process, there is a potential conflict of interests, as some UN agencies have benefited greatly from the PF mechanism, both financially and in terms of visibility. In contrast, there have been difficulties of access and participation for some NGOs, with accusations that funds are not always allocated to the most capable actors. Finally, as a result of administrative complications and delays resulting from UNDP internal regulations and guidelines, there were complaints from NGOs about UNDP leadership. Some implementing agencies suggested that a development agency like the UNDP did not function with sufficient flexibility and speed to make it the appropriate body for administering humanitarian programmes.<sup>19</sup>

In addition to the PF, another key mechanism implemented as part of the UN humanitarian reform agenda, and consistent with GHD objectives, was CERF, the Central Emergency Response Fund. The financial contribution to the 2006 HAP reached US\$38 million, as part of the funding directed at “underfunded crises.” In contrast to the PF, CERF funding is earmarked exclusively for UN agencies, including the IOM. Nevertheless, NGOs benefited from it indirectly, as implementing partners or the RRM in the field. However, the CERF itself has been criticised for its hierarchical decision-making structure, the lack of access to funds by local NGOs and government, and delays in disbursement.<sup>20</sup> As a result, many NGOs call for direct access to CERF funds.

The UN cluster approach to improve coordination and the effective delivery of aid was introduced in January 2006, with the establishment of ten clusters: Protection, Water and Sanitation, Health, Non Food Items and Shelter, Logistics, Nutrition, Food Security, Return and Reintegration, Education, and Emergency Telecommunications. In addition, OCHA was in charge of geographical coordination. However, OCHA focussed on the zones of conflict or post-conflict where there was greatest humanitarian need—particularly in the provinces of North Kivu, South Kivu, Katanga, and Ituri—and then began to focus attention on issues of long-term development.

Most implementing agencies were aware of the GHD *Principles* and pilot project, but the degree of their detailed knowledge and interest varied. Those who were sceptical of the initiative viewed the GHD *Principles* as a vague intellectual concept unrelated to daily priorities. However, NGOs do not have equal capacity and means to understand, absorb, and participate in the GHD initiative, and there is a risk that smaller NGOs, in particular local ones, will be marginalised. So there is a need to improve the information flow on GHD and encourage the participation of smaller, local NGOs.

Nevertheless, these new mechanisms and instruments were largely accepted by humanitarian actors, who recognised their positive impact in the field. Since the implementation of the GHD pilot project, the perception among implementing agencies was that coherency, effectiveness, flexibility, and accountability had improved.<sup>21</sup> However, some difficult questions remain, such as the availability of funds in proportion to identified needs or the comprehensiveness of assessments in a constantly changing situation.

## Conclusion

The scale of the tragedy of the crisis in the DRC cannot be underestimated. However, it is also a clear example of some of the key contradictions and challenges that exist in the humanitarian system vis-à-vis the GHD *Principles*. The 1,200 deaths every day in the DRC represent the death toll of the 2004 tsunami every six months. Yet, while the tsunami has received over US\$6.2 billion to date, the DRC received only US\$445 million in 2006, fourteen times less. Granted this is a crude comparison, but it raises serious questions regarding the application of GHD *Principles* 2, 6, and 11, and in particular the fundamental principles of humanity and impartiality, complicated though they are in practice by issues of humanitarian access and reduced implementation capacity.

Nevertheless, there was dramatic progress in 2006, with improvement in the security situation in most regions and a significant increase in the volume of humanitarian aid. The selection of the DRC as a pilot country for the application of the GHD *Principles* contributed to this improved scenario. Moreover, the introduction of new instruments based on the GHD *Principles* deserves praise, although in practice, some have yielded mixed results. This illustrates the complexity of operationalising the GHD *Principles* in a difficult and

fluid environment and in light of overwhelming humanitarian needs. Efforts must be matched by donor funds and a stronger partnership should be created with implementing agencies regarding the GHD pilot scheme.

Finally, despite these improvements and the much lauded elections, continuing violence in the east throughout 2006 and into 2007, as well as staggering and persistent levels of humanitarian needs, indicate that a long-term solution to the crisis is still far off.

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## Notes

- 1 The opinions expressed here are those of the author and do not necessarily reflect those of DARA.
- 2 Brennan, 2006; Tsunami Evaluation Coalition, 2006.
- 3 International Rescue Committee, 2003.
- 4 Ibid.
- 5 OCHA, 2006.
- 6 UNICEF, 2006.
- 7 Oxfam, 2006.
- 8 Ibid.
- 9 Cited in Faubert, 2006.
- 10 Faubert, 2006.
- 11 Médecins Sans Frontières, 2005.
- 12 UNDP, 2006
- 13 OCHA, 2006.
- 14 Watchlist on Children and Armed Conflict, 2006.
- 15 OCHA, Financial Tracking Service, August 2007.
- 16 Australia, Belgium, Canada, Denmark, European Commission, Finland, France, Germany, Greece, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, United Kingdom, and United States
- 17 Oxfam, 2006.
- 18 International Crisis Group, 2007.
- 19 DARA field interviews, May 2007.
- 20 Oxfam, 2007.
- 21 DARA field interviews, May 2007.

