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U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)

DEMOCRATIC REPUBLIC OF THE CONGO – Complex Emergency

Situation Report #2, Fiscal Year (FY) 2005

September 30, 2005

Note: The last situation report was dated May 5, 2005.

BACKGROUND

Since 1998, regional armed conflict in the Democratic Republic of the Congo (DRC) has claimed an estimated 3.3 million lives as a direct result of fighting or because of disease and malnutrition. The conflict has also displaced 3.4 million residents. In August 1999, the governments of the DRC (GDRC), Angola (GRA), Namibia, Rwanda, Uganda, and Zimbabwe and the main Congolese opposition groups signed the Lusaka Peace Accords. Presidential, parliamentary, and local elections scheduled for March 2006 will be the first pluralistic and open polls in the DRC in 40 years. The U.N. Mission in the DRC (MONUC), with approximately 16,193 troops, is the largest U.N. peacekeeping operation in the world. Despite the strength of MONUC, armed opposition groups including Forces Démocratiques de Libération du Rwanda (FDLR)/Interahamwe (Rwandans implicated in the 1994 genocide who subsequently fled to eastern DRC), Mai-Mai factions (bands of local DRC citizens originally formed to resist Rwandan army occupation), and ethnic or clan-based organizations continue to threaten security in certain areas.

According to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA), 24 million people in the DRC remain vulnerable due to the effects of conflict and continued insecurity. Poverty is widespread, and the health care system has eroded due to a lack of resources and continuous looting. Sporadic insecurity restricts access to agricultural land and traditional markets and prevents displaced populations from returning to the DRC. The 2005 U.N. Consolidated Appeal Process (CAP) launched in November 2004 requested more than \$194 million in humanitarian assistance for the DRC. As of September 26, the CAP was 52 percent funded.

NUMBERS AT A GLANCE	SOURCE	
Internally Displaced Persons (IDPs)	2,170,000	OCHA – June 2005
Refugees in the DRC	217,539	OCHA – June 2005
DRC Refugees in Tanzania, Republic of Congo, Zambia, Burundi, Rwanda, Uganda, Angola, Sudan, and the Central Africa Republic	381,100	UNHCR – February 2005

Total FY 2005 USAID/OFDA Assistance to the DRC.....\$26,485,592
Total FY 2005 U.S. Government (USG) Humanitarian Assistance to the DRC.....\$76,344,265

CURRENT SITUATION

Food assistance. The U.N. World Food Program (WFP) planned to reach 1.56 million targeted beneficiaries through various programs in the DRC in 2005. In Maniema Province, WFP faced increasing difficulties implementing food distribution activities. However, in other locations, such as Miriki in North Kivu, food distributions took place despite difficulties brought on by localized conflict. WFP fed more than 119,000 students throughout the country during the 2004/2005 academic year through WFP-supported school feeding activities.

Food security program in Pweto. In February and March, a USAID/OFDA program officer visited Pweto Territory, Katanga Province, to assess a food security project. The project provided basic agricultural inputs such as seeds, agricultural tools, and fishing equipment to IDPs and returnees in order to facilitate the reestablishment of their livelihood-sustaining activities. Through this program, USAID/OFDA’s implementing partner, the United Methodist Committee on Relief

(UMCOR), distributed seeds and tools to targeted beneficiaries at the beginning of the planting season. Program beneficiaries who demonstrated high production but had difficulties accessing markets were provided bicycles, which allowed them to bring their produce to market.

Transport of humanitarian commodities. In December 2004, the International Rescue Committee (IRC), the U.N., and local partners finished rebuilding the Kisangani-Ubundu railroad, destroyed by armed conflict in 1998. The destruction of the railroad drastically slowed commerce from the town of Kisangani to the town of Ubundu and left many unemployed. Since the railroad was repaired, vulnerable populations have received humanitarian commodities transported on the railroad, NGOs have stocked 14 health centers along the rail route, and the livelihoods of those who sell food and other commodities along the rail route have improved. In addition, through a food-for-work (FFW) project recently

begun by WFP and its implementing partner Agence d'Aide à la Coopération Technique Et au Développement (ACTED), 54 km of roads are being rehabilitated. Once completed, the road will allow humanitarian commodities to reach hundreds of vulnerable agriculturists, previously identified for food assistance, approximately 140 km from Uvira along the Fizi-Lulimba axis.

Cholera outbreaks. In April, DRC health authorities declared a cholera epidemic due to the rising number of cholera-related deaths in Kafe IDP camp in Ituri District. Cholera has also been reported in South and North Kivu provinces, which have been cholera-endemic areas since 1998, with cases increasing each year during the rainy season. This year, however, the rise was particularly high with up to 300 cases reported per week affecting the entire South Kivu Province, especially the city of Bukavu and the territories of Uvira and Fizi. A cholera outbreak was also reported in August in Goma. Approximately 330 soldiers contracted the disease in Goma and became sick en route from Goma to Ituri. In FY 2005, aid agencies intensified emergency activities by supporting cholera treatment centers, community hygiene and sanitation sensitization campaigns, and water chlorination at provision points in affected areas.

Polio vaccination program. On September 12, the U.N. Children's Fund (UNICEF) and local health authorities launched a drive to vaccinate 10 million children against polio in six provinces of the DRC that border Angola and two provinces that border the Central African Republic and Sudan. Although the disease was nearly eradicated in the DRC, a wild polio virus was detected in Angola, and a few cases of polio were registered in Sudan in 2005. The last case of wild polio in the DRC was detected in 2000.

Progress toward disarmament of armed opposition movements. In March 2005, FDLR leaders announced the movement's willingness to cease armed struggle and join disarmament, demobilization, repatriation, resettlement, and reintegration (DDRRR) programs. Although this declaration appeared to present an opportunity to remove one of the main obstacles to peace and security in the DRC, the June 2005 deadline set for the completion of repatriation of FDLR fighters passed with no significant returns observed. In July, MONUC and Forces armées de la République démocratique du Congo (FARDC) went on the offensive to force FDLR from the DRC. However, these attacks resulted only in FDLR forces retreating deeper into the forests of the DRC. MONUC and the GDRC jointly issued a new deadline of September 30 for all foreign armed groups to leave the DRC. The disarmament, demobilization, and reintegration (DDR) process moved forward, however, albeit slowly. In 2005, former armed combatants and opposition groups in many parts of the country, including Ituri, joined DDR programs. DDR transit camps were established throughout the country to facilitate the reintegration of ex-combatants into civilian life.

Progress toward stabilization in Ituri. In 2005, the MONUC dismantled armed opposition camps, and 15,500 Ituri armed combatants began the transition to civilian life or to the FARDC. From August 25 to September 1, a USAID/OFDA senior program officer traveled to eastern Djugu territory, north of Bunia. In Djugu territory, most IDPs had returned home, and reconciliation efforts appeared to be met with success. In western Djugu territory, returns from the IDP camp at Gina also began in 2005. Other than Djugu and Bogoro, southern Ituri is still marked by serious insecurity, and in 2005, the area was characterized by considerable turmoil and a significant loss of humanitarian access. Roving armed opposition groups prevented humanitarian aid workers from accessing most of the Ngiti heartland, and in Boga, near the North Kivu border, a new coalition of opposition groups took over a large swath of territory and caused IDPs to seek refuge west and south of the area. Also in Bunia, the GDRC significantly increased the number of policemen, many having come from special training sessions in Kisangani, who patrol the streets in virtually every section of town at night.

Ongoing violence in North Kivu. Despite several ongoing peace initiatives and some improvement in the overall security situation in the DRC, conflict in late 2004 between former opposition soldiers and the new, integrated national army resulted in the displacement of approximately 150,000 people in Lubero Territory, North Kivu Province. In Ishasha and other locations, conflict occurred between Mai-Mai forces and FDLR fighters. Destruction caused by former opposition soldiers who looted Nyabiondo town, coupled with the advance of Mai-Mai forces, led to the displacement of the entire population of Nyabiondo and surrounding areas. Persistent conflict, attacks against civilians, and kidnappings of civilians in Lubero and Rutshuru territories limited humanitarian access to thousands of IDPs.

MONUC mandate extended. On September 30, the U.N. Security Council (UNSC) adopted Resolution 1628 to extend MONUC's mandate through the end of October 2005. The UNSC previously demanded that the governments of Uganda, Rwanda, and the DRC stop violations of the arms embargo imposed in July 2003, and cease support for armed groups operating in the region. MONUC collaborates with all transitional institutions in the DRC as well as the International Committee to Support the Transition. On September 6, the UNSC decided to increase the number of personnel supporting MONUC by 841. The increase included up to five police units and additional personnel to support voter registration throughout the DRC.

USG HUMANITARIAN ASSISTANCE

On October 1, 2004, U.S. Ambassador Roger A. Meece redeclared a disaster for the ongoing complex emergency in the DRC. In FY 2005, USAID/OFDA provided more than \$26 million in emergency assistance to the DRC.

Targeting conflict-affected populations, USAID/OFDA provided assistance in the health and nutrition sectors, supplied emergency shelter and household equipment to IDPs and returnees, contributed to the transportation of humanitarian personnel and materials, and supported the return of agricultural production in areas where stability was restored.

USAID/OFDA projects and programs in FY 2005 were implemented through multiple international NGOs, as well as through the U.N. Food and Agriculture Organization (FAO), OCHA, and UNICEF. In addition, USAID/OFDA supported two Program Officers in the DRC who monitored the humanitarian situation and provide program recommendations to USAID/OFDA in Washington, D.C.

In FY 2005, USAID’s Office of Food for Peace (USAID/FFP) authorized 34,640 MT of P.L. 480 Title II emergency food assistance, valued at approximately \$28.6 million, for WFP. These commodities are used to provide assistance to vulnerable populations including women and children, IDPs, and refugees, and to support the national DDRRR initiative through the provision of food assistance for former child and adult combatants.

USAID’s Office of Transition Initiatives (USAID/OTI) assisted with the stabilization and revitalization of war-

torn communities in the DRC by facilitating community-level reintegration of war-affected youth and increasing broad awareness of key transition issues. In FY 2005, OTI authorized \$6.2 million for its Synergie d'Education Communautaire et d'Appui à la transition (SE*CA) program, which focuses on community reintegration and revitalization and consists of basic life skills and vocational training and small grants. In FY 2005, USAID/OTI awarded 129 small in-kind grants, totaling \$2.8 million, and trained over 10,000 war-affected youth.

In FY 2005, USAID’s Office of Democracy and Governance (USAID/DG), through the Victims of Torture Fund, provided approximately \$1.8 million through implementing partners to assist female survivors of rape. These projects offered women post-rape reconstructive surgery at two hospitals in North and South Kivu provinces.

The U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM) provided more than \$13 million to the U.N. High Commissioner for Refugees (UNHCR), the International Committee of the Red Cross (ICRC), and the U.S. Embassy to support the return of refugees from neighboring countries, victims of conflict in eastern DRC, and rehabilitation of a Congolese medical center that also assists Rwandan refugees returning home.

U.S. GOVERNMENT HUMANITARIAN ASSISTANCE TO THE DRC

<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
USAID/OFDA ASSISTANCE¹			
Action Against Hunger (AAH/USA)	Food security	Equateur, South Kivu	\$1,557,422
Air Serv International (ASI)	Airlift	Countrywide	\$2,457,758
Catholic Relief Services (CRS)	Food security/agriculture, emergency relief supplies, transportation/reconstruction	Maniema	\$1,125,203
FAO	Coordination in food security/agriculture	Countrywide	\$700,000
Food for the Hungry International (FHI)	Food security/agriculture	Katanga, Maniema, South Kivu	\$1,799,814
German Agro Action (GAA)	Food security/agriculture, transportation/reconstruction	North Kivu, Orientale	\$3,312,275
GOAL	Health, nutrition, infrastructure	South Kivu	\$697,580
International Medical Corps (IMC)	Health, nutrition, water/sanitation	North Kivu, South Kivu	\$1,309,595
IRC	Health, emergency relief supplies, capacity building	South Kivu	\$2,703,583
Medair	Health	Orientale	\$390,000
Medical Emergency Relief International (MERLIN)	Health	Maniema	\$2,500,000
OCHA	Coordination	Countrywide	\$500,000
Première Urgence	Food security/agriculture	Orientale	\$2,183,718

¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of September 30, 2005.

Save the Children (SC/UK)	Capacity building, information management	North Kivu, Orientale	\$107,385
Solidarités	Food distribution, food security/agriculture, rehabilitation, resettlement	North Kivu	\$1,461,853
UMCOR	Food security/agriculture	Katanga	\$900,000
UNICEF	IDP/returnees, nutrition rehabilitation, health, water/sanitation	Countrywide	\$2,000,000
World Vision	Health, nutrition, food security	North Kivu	\$199,987
Administrative	Various	Countrywide	\$579,419
TOTAL USAID/OFDA ASSISTANCE TO DRC			\$26,485,592
USAID/FFP ASSISTANCE²			
WFP	34,640 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$28,600,000
TOTAL USAID/FFP ASSISTANCE TO DRC			\$28,600,000
USAID/OTI ASSISTANCE			
Chemonics	Community-Focused Reintegration Program (including small grants), YES and TAP grants, including support for Radio Okapi	Countrywide	\$6,200,000
TOTAL USAID/OTI ASSISTANCE TO DRC			\$6,200,000
USAID/DG ASSISTANCE³			
IRC	Assistance to rape victims	North and South Kivu	\$1,788,688
TOTAL USAID/DG ASSISTANCE TO DRC			\$1,788,688
STATE/PRM ASSISTANCE⁴			
UNHCR	Refugee and returnee assistance	Countrywide	\$7,250,000
ICRC	Assistance to conflict victims	Eastern DRC	\$6,000,000
Embassy Kinshasa	Health assistance to Rwandan refugees	Eastern DRC	\$19,985
TOTAL STATE/PRM			\$13,269,985
TOTAL USAID HUMANITARIAN ASSISTANCE TO DRC IN FY 2005			\$63,074,280
TOTAL USG HUMANITARIAN ASSISTANCE TO DRC IN FY 2005			\$76,344,265

² Estimated value of food assistance.

³ USAID/DG assistance represents Development Assistance funds. USAID/DG also programmed an additional \$1.4 million during FY 2005.

⁴ State/PRM also provided more than \$5.1 million to support refugees from the DRC living in Tanzania, Rwanda, and the Republic of Congo through UNHCR and WFP. In addition, State/PRM provided \$51.5 million in unearmarked funds to UNHCR for Africa and \$34.7 million to the International Committee of the Red Cross (ICRC). A portion of the unearmarked funds supported UNHCR and ICRC programs in the DRC and programs to assist DRC refugees located outside the country.



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