

CONGO, DEMOCRATIC REPUBLIC OF THE

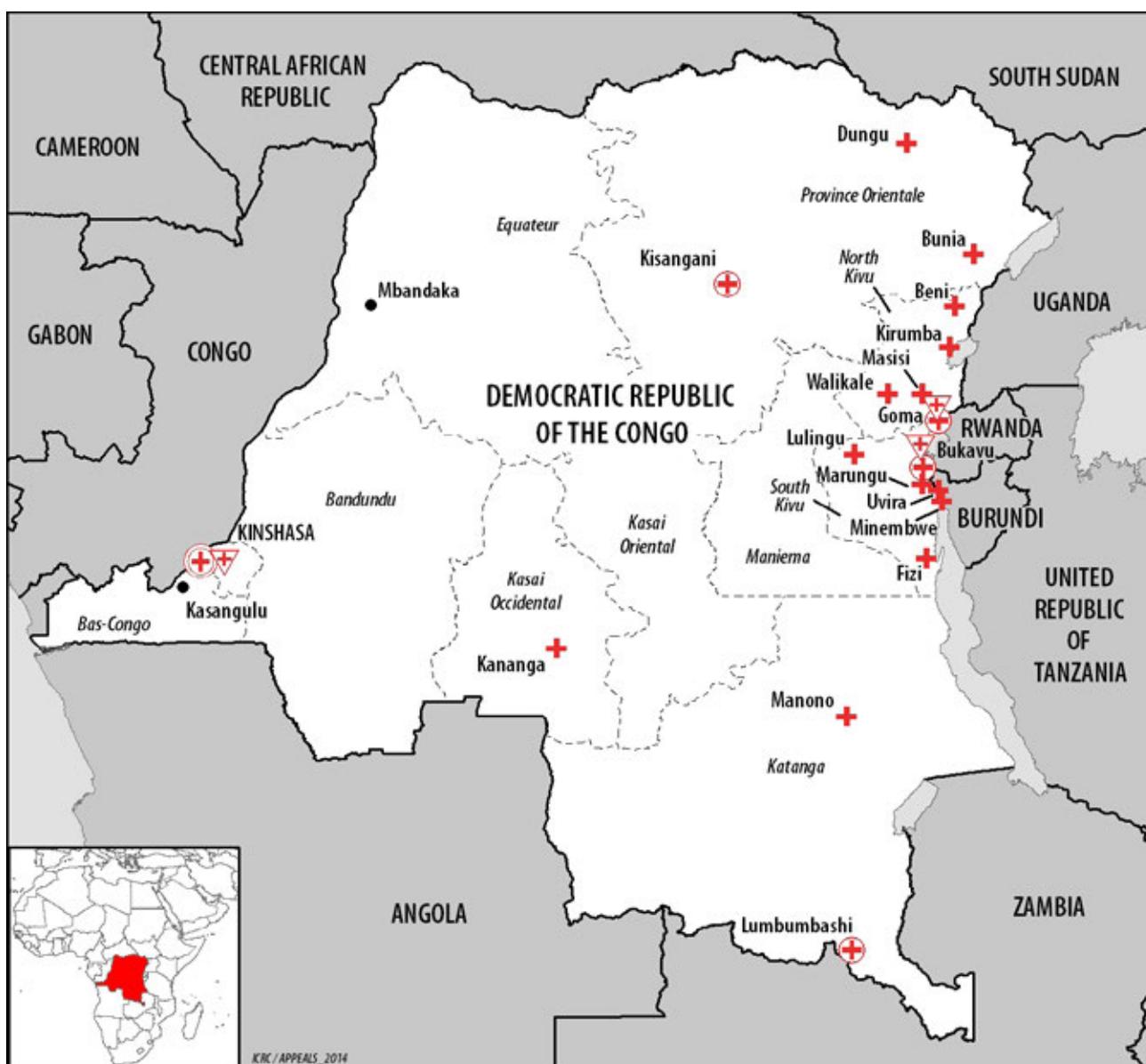
Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It meets the emergency needs of conflict-affected IDPs and residents, assists them in becoming self-sufficient and helps ensure that the wounded and sick receive adequate medical/surgical care, including psychological support. It visits detainees, helps restore contact between separated relatives, reunites children with their families and supports the Red Cross Society of the Democratic Republic of the Congo's development. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

BUDGET IN KCHF

Protection	15,876
Assistance	45,566
Prevention	6,018
Cooperation with National Societies	2,445
General	-
Total	69,905
<i>Of which: Overheads</i>	<i>4,096</i>

PERSONNEL

Mobile staff	104
Resident staff (daily workers not included)	786



+ ICRC delegation
 + ICRC sub-delegation
 + ICRC office/presence
 + ICRC-supported prosthetic/orthotic centre

MAIN TARGETS FOR 2014

- ▶ weapon bearers engage in a process to limit/put an end to abuses of IHL and international human rights law, such as child recruitment and sexual violence, thanks to regular ICRC dialogue with them in conflict-affected areas
- ▶ unaccompanied/demobilized children restore contact with and, where appropriate, rejoin their families thanks to Movement family-links services, with 400 of them being monitored three months after their reunification
- ▶ conflict-affected communities, including sexual violence victims, access adequate medical and psychological care in 5 hospitals, 12 health centres and 40 counselling centres in North and South Kivu and Province Orientale
- ▶ IDPs/returnees in conflict-affected areas in both Kivu provinces, Katanga and Province Orientale cover their emergency needs while restoring their livelihoods by pursuing/resuming agricultural or fishing activities
- ▶ weapon-wounded patients receive appropriate surgical care in 2 hospitals in Bukavu and Goma, administered by surgical personnel trained in war-surgery standards and supported by 2 ICRC surgical teams
- ▶ some 15,000 detainees in 12 prisons enjoy enhanced living conditions, including access to quality health services, monitoring of their nutritional status, and treatment for malnutrition

ASSISTANCE		Targets (up to)
CIVILIANS (RESIDENTS, IDPs, RETURNEES, ETC.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	180,000
Essential household items	Beneficiaries	145,000
Productive inputs	Beneficiaries	120,000
Vouchers	Beneficiaries	65,000
Water and habitat activities	Beneficiaries	840,500
Health		
Health centres supported	Structures	12
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	5
Water and habitat		
Water and habitat activities	Number of beds	600
Physical rehabilitation		
Centres supported	Structures	3
Patients receiving services	Patients	700



© Didier Revol/ICRC

CONTEXT

In North and South Kivu provinces in eastern Democratic Republic of the Congo (hereafter DRC), armed conflict continues unabated. Fighting between the army, supported by the UN Stabilization Mission in the DRC (MONUSCO) and – more recently – its “intervention brigade”, and the M23/other armed groups is ongoing. Clashes also take place between armed groups, as do reprisals against civilians, alongside heightened intercommunal tensions. The hostilities result in mass displacement, often in remote areas, while widespread abuses – including looting, destruction of property, child recruitment, and sexual violence against women, men and minors – are reported and observed.

In northern Katanga, particularly in the Manono-Mitwaba-Pweto region, the humanitarian situation has significantly deteriorated following an increase in confrontations between the army and armed groups. These have resulted in displacement and the destruction of livelihoods, restricting civilians’ return home. In Province Orientale, few attacks by the Lord’s Resistance Army are reported, but armed groups have intensified their activities in the Ituri district.

Countrywide, people continue to struggle with economic difficulties, dilapidated infrastructure and poor basic services, forcing some to migrate, notably from Kasai Occidental to Angola, across recently officially opened border posts.

HUMANITARIAN RESPONSE

In 2014, the ICRC will maintain a flexible, multidisciplinary approach in the DRC, pursuing and adapting, according to the security situation, its responses to the humanitarian consequences of armed conflict. It will concentrate on the hardest-hit regions, namely North and South Kivu, Katanga and Province Orientale provinces, adapting its set-up accordingly. For example, it will increase its presence in Bunia, Province Orientale, and, around mid-year, close its office in Kananga, Kasai Occidental, where the number of migrants deported from Angola is on the decrease. The ICRC will work in partnership with the Red Cross Society of the DRC, which will receive extensive support, primarily in sustaining its emergency response capacities and family-links services.

Meetings with and briefings for weapon bearers and national/local authorities will aim to: prevent abuses against civilians; secure access to conflict victims; and increase understanding of IHL, the Movement and humanitarian concerns, including issues covered by the Health Care in Danger project. The ICRC will furthermore work with the Defence, Interior and Justice Ministries to advance the integration of relevant norms into domestic legal frameworks and into the doctrine, training and operations of the security forces.

As a priority, the ICRC will continue to help improve the casualty care chain. It will assist the National Society in strengthening its first-aid services. In North and South Kivu, working with the health authorities, it will: regularly support primary health care and hospital services; facilitate medical referrals; maintain two ICRC surgical teams in two hospitals in Bukavu and Goma, respectively; and keep up support to physical rehabilitation centres. Assistance to 40 counselling centres serving sexual violence victims and to similar services offered by community members in Province Orientale will continue. The ICRC will extend the availability of such services by training staff in ICRC-backed hospitals and transit/physical rehabilitation centres in the necessary skills.

Focusing on IDPs/returnees, National Society/ICRC teams will provide emergency assistance (in kind or through vouchers) to cover their immediate needs. Working with public services, they will provide IDPs/returnees with productive inputs to restore their livelihoods. They will also work with local water boards to improve people’s access to water in rural and urban areas in Katanga and both Kivu provinces. This will include the rehabilitation of water networks/infrastructure, and the training of community teams to maintain the systems.

The National Society/ICRC will continue to provide family-links services to dispersed family members, particularly unaccompanied minors, including demobilized children. While their relatives are being sought, the National Society/ICRC will ease such children’s stay in transit centres or with host families by distributing basic necessities. They will work with communities, organizations and transit centres to prevent child recruitment and support initiatives to assist children in their social reintegration.

ICRC delegates will continue to visit people deprived of their freedom, including security detainees and vulnerable inmates held in places of temporary detention. They will work with the authorities to improve respect for detainees’ judicial guarantees and to integrate a prison health policy into the national health system. Alongside the penitentiary administration, they will rehabilitate water/sanitation and kitchen facilities and provide adequate health care. The ICRC will monitor inmates’ nutritional status and address malnutrition in 12 prisons (hosting 75% of the prison population). Supplementary food rations for some 10,000 detainees in five prisons (hosting 50% of the prison population) will help ensure that they benefit from a balanced daily meal.

The ICRC will coordinate activities with Movement partners to maximize aid efforts.