

# **Humanitarian Crisis in Congo**

## **Introduction**

The humanitarian crisis within the Democratic Republic of Congo originated from the 1994 genocide in Rwanda. In 1959, the Hutus overthrew the Tutsi monarchy and tens of thousands of Tutsis fled to neighboring countries, including Uganda. A group of Tutsi exiles formed a rebel group, the Rwandan Patriotic Front (RPF), which invaded Rwanda in 1990 and fighting continued until a 1993 peace deal was agreed upon. On the night of 6 April 1994 a plane carrying then-President Juvenal Habyarimana, and his counterpart Cyprien Ntaryamira of Burundi - both Hutus - was shot down, killing everyone on board.

Even after the genocide, the Democratic Republic of Congo found it difficult to form a stable government. Despite a peace deal in 2002 and the formation of a transitional government in 2003, ongoing violence perpetrated by armed groups against civilians in the eastern region has continued, largely due to poor governance, weak institutions, and rampant corruption. One of the most prominent rebel groups to emerge in the aftermath of the war was known as the March 23 Movement (M23), made up primarily of ethnic Tutsis who were allegedly supported by the Rwandan government. M23 rebelled against the Congolese government for supposedly reneging on a peace deal signed in 2009. The UN Security Council authorized an offensive brigade under the mandate of the UN Organization Stabilization Mission in the DRC (MONUSCO) to support the DRC state army in its fight against M23. The Congolese army and UN peacekeepers defeated the group in 2013, but other armed groups have since emerged.

## **Causes of the Humanitarian Crisis**

A major factor that war and conflict remain rampant within the region is the massive amount of untapped wealth present within the region. The mineral trade provides financial means for groups to operate and buy arms. The United States passed legislation in 2010 to reduce the purchase of “conflict minerals” and prevent the funding of armed militias, but complex supply chains in the DRC mineral sale business have made it difficult for companies that purchase resources from secondhand buyers to obtain certification. As a result, multinational companies have stopped buying minerals from the DRC altogether, putting many miners out of work and even driving some to join armed groups to gain a source of livelihood.

Inter-communal conflicts amongst minority groups and armed groups typically affiliated with these communities, and military offensives by the Congolese national army, have caused the repeated displacement of millions of people, especially in the east of the country. Cities in eastern Congo, like Goma and Bukavu, had been experiencing an influx of people fleeing

violence from the more rural areas. People were seeking safety and security, and new opportunities to earn an income, as the conflict has forced many of them off their land.

Over the last three decades, there has been a dramatic decline in the DRC's healthcare, education and transportation infrastructures. Conflict, vast geography, dense forests, and low population density continue to complicate the development of new infrastructure. Poor transportation infrastructure provides huge logistical obstacles to reaching children needing vaccines throughout the DRC. Seventy percent of the Congolese people have no access to healthcare. Hospitals and clinics throughout the DRC lack equipment, staff, medicine, and supplies. The DRC's education system is of poor quality and inaccessible to children in rural areas. In general, the management of basic public services, such as education, health, water, and sanitation, is extraordinarily limited in the DRC, with substantial regional variation. The lack of infrastructure and the economic inability to build new infrastructure severely limits the Congolese peoples' quality of life, proliferating poverty in the DRC.

The DRC has witnessed decades of corrupt dictators who helped cripple the DRC's economy and contribute to poverty in the DRC. Neopatrimonialism has characterized the DRC's political system long before the current president, Joseph Kabila, took office. Presidents Mobutu Sese Seko, Laurent Desire-Kabila, and Joseph Kabila have all profited from the presidential position, allocating wealth and resources for themselves. The use of public offices for personal profit is deeply ingrained in the political culture of the DRC, contributing to economic mismanagement, ethnic cleavages, the erosion of infrastructure, and increased poverty in the DRC. Joseph Kabila's unwillingness to loosen his grip on power has only contributed to what Human Rights Watch has described as a "web of security, humanitarian, political, and economic crises" that continues to damage the Congolese people.

In 2016, approximately 1.7 million people fled their homes due to the crisis in eastern DRC spilling over into the Kasai region. This has contributed to 4.5 million internally displaced people in the DRC. The increase in conflict between 2017 and 2018 has caused more than 600,000 Congolese to seek refuge in neighboring countries and a doubling of humanitarian needs in the DRC. Though the war in the DRC officially ended in July 2003, the eastern region of the DRC remains plagued with violence among armed groups, land disputes, sexual violence, and intercommunity conflicts, contributing to humanitarian crises and poverty in the DRC.

### **Recent Developments within the Region**

Opposition leader Félix Tshisekedi was declared the winner of the Democratic Republic of Congo's (DRC) presidential elections held in late December 2018 and was inaugurated in January 2019. The transfer of power from former President Joseph Kabila, who ruled for eighteen years and had delayed elections multiple times, marked the first peaceful transfer of

power in the DRC's history. However, election results have since been questioned. Technical issues and irregularities, including a delay in voting for more than a million people, marred the election itself and polling data indicates that a different opposition leader, Martin Fayulu, may have won.

Tshisekedi inherited several crises across the DRC, including an Ebola outbreak in the east and ongoing violence across the country, particularly in the Ituri, Kasai, and Kivu regions. More than one hundred armed groups, such as the Ugandan Allied Democratic Forces, are believed to operate in the eastern region of the DRC. Despite the presence of more than sixteen thousand UN peacekeepers, these groups continue to terrorize communities and control weakly governed areas. Millions of civilians have been forced to flee the fighting: the United Nations estimates there are currently 4.5 million internally displaced persons in the DRC and more than 800,000 DRC refugees in other nations.

To combat gender-based violence within the region, the Deputy Minister of Planning and the Minister of State for Gender, Family, and Child launched the new revision of the National Strategy for Combating Gender-based Violence (SNVGB) on Thursday, August 27, 2020, in Kinshasa. This revision aims to eliminate all forms of violence against women in the Democratic Republic of Congo and to define a reference framework for the prevention of crimes and the care of survivors. The revised SNVGB contains a new definition that encompasses all aspects of GBV, including domestic violence. The specificity of sexual and gender-based violence (SGBV) in the humanitarian setting is also taken into account. Finally, the government's responsibility is strengthened, and its scope of action is extended to the entire country.

## **Impacts of the Crisis within the Democratic Republic of Congo**

### **A. Displaced People**

The amount of internally displaced people present in Congo is growing at an exponential rate. In December 2015, around 500,000 people were displaced. This figure continued to grow and in December 2016, the figure nearly doubled. Last year, 1.8 million people were newly displaced by violence, more than anywhere else in the world except Ethiopia, and an estimated 12.8 million people require humanitarian assistance and protection in 2019, 10 percent of the total worldwide humanitarian caseload.

### **B. Food Insecurity**

According to the latest IPC (Integrated food security Phase Classification) published on 10 November, 27 million people in DRC are experiencing high levels of food insecurity between September and December 2021, which represents around 26,5% of the Congolese population. 6.1

million people are experiencing critical levels of acute food insecurity (IPC Phase 4). The projections for the first semester of 2022 are similarly alarming. Findings show that nearly 860,000 children under five and nearly 470,000 pregnant or lactating women are likely to be acutely malnourished. The country has the largest number of highly food insecure people in the world which is a result of a combination of persistent conflict, insecurity and massive displacement, economic decline and chronic under-development, high food prices, and the impact of the COVID-19 pandemic.

### **C. Gender-Based Violence**

In 2018, more than 35,000 cases of sexual violence were still recorded, the majority of them in the East. During the COVID-19 epidemic, violence increased by 99% in North Kivu Province. Women and children among displaced and host communities are the ones most exposed to life-threatening forms of gender-based violence (GBV). Sexual violence is the most reported form of GBV, but many survivors are afraid to report rape or violence due to stigma and the fear of reprisal from perpetrators. However, sexual violence committed by national security entities has decreased, according to an impact evaluation on sexual violence published on the 20th of May 2019. Humanitarian actors assist approximately 30,000 survivors per year.

### **D. Epidemics**

The Democratic Republic of Congo (DRC) has a very high infectious disease burden and is prone to recurrent epidemics that require emergency support and create additional humanitarian needs. The country is currently dealing with outbreaks of cholera, Ebola, measles, monkeypox, plague, yellow fever, and vaccine-derived polio. The fifth wave of COVID-19 has also seemed to emerge within Congo. Part of disease control efforts for these various outbreaks is vaccination against cholera, polio, yellow fever, Ebola, measles, monkeypox, and COVID-19. The DRC has also been selected as a priority country for the new malaria vaccine for children at risk. Three Ebola cases have been confirmed in one health zone in Mbandaka city in Equateur province between 23 April and 4 May 2022 and all three died. Isolation and testing of suspected cases and other control measures are ongoing and carried out by national and international response teams.

### **E. Poverty**

The Democratic Republic of Congo (DRC), about the size of Western Europe, is the largest country in Sub-Saharan Africa (SSA). DRC is endowed with exceptional natural resources, including minerals such as cobalt and copper, hydropower potential, significant arable land, immense biodiversity, and the world's second-largest rainforest. Most people in DRC have not benefited from this wealth. A long history of conflict, political upheaval and instability, and authoritarian rule has led to a grave, ongoing humanitarian crisis. In addition, there has been



displacement of populations. These features have not changed significantly since the end of the Congo Wars in 2003. DRC is among the five poorest nations in the world. In 2018, about 73% of Congolese, about 60 million people, lived on less than \$1.90 a day. About one out of six people living in extreme poverty in SSA lives in DRC.

## **F. Water Scarcity and Malnutrition**

The Democratic Republic of Congo (DRC) has over 50% of the African continent's water reserves but despite this tremendous potential, 33 million people in rural areas still lack access to quality water. Despite sustained efforts, only 52% of the population has access to an improved water source and 29% has improved sanitation facilities. At the same time, chronic malnutrition affects 43% of children between 0 and 5 years of age throughout the country. Malnutrition is a result of multiple causes, such as lack of access to safe drinking water, and sanitation services, and failure to practice basic hygiene practices. Generally, access to safe water and adequate sanitary and hygienic conditions make it possible to prevent many other waterborne diseases. On the other hand, chronic conflicts in several provinces facilitate the spread of water-borne diseases due to large movements in the population. The arrival of displaced people in host communities, with a low rate of access to drinking water, increases the pressure on available resources.

## **International Action**

The United Nations (UN) in the Democratic Republic of the Congo (DRC) consists of a peacekeeping mission and 21 programs, funds, and specialized agencies working together and alongside the Congolese Government for the stabilization and development of the DRC while providing humanitarian assistance to the neediest. The DRC, which has been a member of the UN since 1960, takes part in the discussions on the role and missions of the UN and thus has an impact on the way in which its priorities are defined and its programs implemented. The UN is working to promote the following in the Democratic Republic of Congo:

- Promotion of human rights and development.
- Creation of jobs and new economic activities.
- Improved health, nutrition, education, and access to water (basic social services).
- Control of diseases including HIV, measles, cholera, and Ebola.
- Management of natural resources (mining, energy, biodiversity, and land) and green economy.
- Protection of civilians, respect for human rights, and reduction of tensions and conflicts.

Security Council Resolutions 2612, 2641, and 2582 were passed condemning the action of rebel groups present within Congo and calling upon the international community to provide aid and assistance. The Security Council extended the mandate of MONUC until 30 June 2010 and also decided that from 1 July it would bear the title "United Nations Organization Stabilization

Mission in the Democratic Republic of the Congo (MONUSCO)”, in view of the new phase reached in the country. The Security Council extended the mandate of the MONUC until 31 May 2010 and requested the Secretary-General to conduct a strategic review of the situation in the DRC and of MONUC’s progress toward achieving its mandate. The Security Council extended the arms embargo and related sanctions regime until 30 November 2010 and extended the mandate of the Group of Experts dealing with the DRC.

The DRC’s primary source of fiscal investment comes from foreign aid, from both International Organizations (IOs), like the International Monetary Fund and World Bank, as well as International Non-Governmental organizations (INGOs). DRC received \$525 million in foreign aid in 2017 alone (World Bank 2017).

The government of the DRC and its international partners have also prioritized health issues. Forty-five percent of children between the ages of 1 and 2 received all vaccinations, an increase of 31 percent from 2007. For the first time, funds were set aside for contraceptives and essential medicines in 2015.

If efforts to improve utilization of the DRC’s natural resources, rebuild infrastructure, increase food security, diminish ethnopolitical conflict and restructure the political climate of the DRC continue, there is hope for a secure state and a significant reduction of poverty in the DRC.

