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Report of AHA on DR Congo displacement

I. Introduction

The present report is submitted to the CCAR Task Force to serve as background document for briefing the PRC Sub-Committee on Refugees, Returnees and IDPs.

II. Insecurity in DRC

The Democratic Republic of the Congo (DRC) faces multiple crises including attacks by armed groups, massive displacement, food insecurity and disease outbreaks. Violence has afflicted the South and North Kivu areas of DRC over several years. The situation has worsened in recent months amid recent fighting between government forces and soldiers loyal to former rebel commander Bosco Ntaganda. With the fracturing of the army, the current security vacuum is being filled by numerous other armed groups which have grown in strength as government forces have been forced to leave certain areas to engage army mutineers.

Rebels have taken on guerrilla tactics which has made the conflict difficult to follow and predict. The situation on the ground is rapidly changing as towns and villages are taken and then quickly lost by both sides. The civilian population is uncertain of how or when they might be able to return home.

The sporadic conflict has forced thousands to flee across North Kivu. UNHCR estimates that more than 40,000 people have abandoned their homes due to recent fighting, with many heading to Rwanda and Uganda and some seeking refuge within DRC itself. The flight from their fields has left many of these refugees without means to feed themselves or earn a living.

Despite efforts from the humanitarian community, it is hard to access some of the affected population in DRC because of insecurity. A number of aid workers have been attacked this year. In 2011, there were 177 attacks against aid workers in the Kivus. Limited access for humanitarian workers means that many people are without protection and help.

III. Humanitarian situation

Following presidential and parliamentary election in November 2011, an estimated 300,000 people have been newly displaced. Currently more than 2 million people are uprooted from their homes, including those displaced by earlier violence.

In addition to the 55,000 Congolese refugees that Rwanda is hosting, more than 8,200 have crossed over since April 27, 2012. Most of these refugees are women, children and elderly coming from North Kivu's Masisi and Walikale territories. After crossing into Rwanda at the border town of Gisenyi, refugees are transported to the Nkamira Transit Centre where they are provided with food, essential non-food items and WASH facilities before transferred to three existing camps. However, shelter is a major concern as people continue to arrive at a high rate. As camps are exceeding their capacity and in camp conditions are worsening, the government and UNHCR have announced that an additional camp will be established to accommodate newly arriving refugees.

In Uganda, government officials report that 30,000 refugees have arrived from the DRC. Prior to this new influx, Uganda was already hosting 97,424 DRC refugees.

On 17 April 2012, Rwamwanja Settlement in Kamwenge District was opened and 3,689 refugees have been transferred to the settlement from Nyakabande Transit Centre. Kamwenge residents welcomed the arrival of refugees with expectations that basic services in the area will improve. As of May 17, over 400 refugees are registered per day at Nyakabande Transit Centre.

However, most refugees are reluctant to move to transit camps where basic services are available as they prefer to remain in the border area and monitor how the situation evolves. Most return to the DRC during the day to collect water, work and tend their fields. While some have family members in Uganda they stay with, most live in rudimentary tents exposed to the regular harsh rains of the season. There is a consensus among refugees to return to their homes as soon as possible.

There is high level of malnutrition and food insecurity in the western provinces of the DRC. Cholera outbreak is also witnessed in the region due to lack of clean water, sanitation and hygiene facilities. In 2011, measles and cholera epidemics claimed more than 2,400 lives, most of them children. Urgent medical treatments for cholera infected populations are provided by humanitarian actors, including a \$9.1 million fund from the UN Central Emergency Response Fund (CERF) to help with the cholera response. However, the epidemic is persisting because families do not have access to proper WASH facilities. The epidemic has now spread to nine of the 11 provinces in DRC.

IV. AHA's support to DRC refugees

AHA has collaborated with local and international partners to provide emergency assistance to newly arriving refugees with food, shelter and healthcare provision. In Uganda, AHA is currently assessing how to better support local health centers that are strained with medical emergencies. AHA Rwanda is providing emergency drugs and has temporarily relocated medical staff from other duty stations to respond to the refugee influx. AHA will continue to provide short term services while working on long-term solutions.

V. Observations

- There has been a decline in funding and resources to DRC refugees and IDPs. In 2011, only 62 per cent of the humanitarian appeal was funded. So far this year, only 4 per cent of the 718 million requested has been met.
- Children and women are subject to sexual violence. Protection programs focusing on these vulnerable groups are lacking.
- 28 per cent of children under the age of 5 are malnourished in DRC. There is a need to intertwine agriculture development with humanitarian response.
- Lack of logistical support, security and resources are worsening the human tragedy in the region.
- The potential intervention of neighboring forces in the conflict is a concern among stakeholders.
- Civilians caught in crossfire reported that all groups were the same uniform making it difficult to distinguish between rebels and government troops.