



OCHA DRC

Monthly Humanitarian Bulletin

OCHA DRC

Kinshasa

Goma

Kisangani

Bukavu

Bunia

Democratic Republic of the Congo

May - June 2000

CONTEXT

More than ever before since the onset of the war, the reporting period provided ample and eloquent arguments to perceive the humanitarian crisis in the DRC as a unique drama caused in the first place by unbridled violence, defiant impunity and ongoing violation of fundamental humanitarian principles.

What comes first is the cold-blooded settlement of scores between two foreign troops in DRC's third largest town, using heavy armament and ignoring humanitarian cease-fires in a total disregard for the fate of 600,000 civilians. Such exceptional circumstances led to the non less remarkable adoption of the UNSC Resolution 1304, marked by references to Chapter VII of the UN Charter, and by the presence of Ugandan and Rwandan Foreign ministers.

Parallel to blatant violations of humanitarian principles, the level of daily mortality as a direct effect of the ongoing war in eastern DRC, as surveyed recently by International Rescue Committee, gives a horrific account of the silent disaster experienced by Congolese civilians in eastern provinces. Daily violence, mutual fears combined with shrinking access to most basic health services, are breeding an environment of vulnerability that led civilians of Kivu to portray themselves as the "wrecked of the earth". In a poorly inhabited and remote province such as Maniema, an FAO mission estimated at 68% of the population the proportion of those who had to flee from home at one point since August 1998 (110,000 are still hiding in the forest).

A third, most ordinary facet of DRC's humanitarian crisis, is that witnessed by a humanitarian team in a village on the frontline in northern Katanga, where the absence of food and non food trade across the frontline (with the exception of discreet exchanges between troops) brings both displaced and host communities on the verge of starvation.

These three features of DRC's humanitarian tragedy – shelling in a city centre, daily violence in rural areas, interruption of supply routes due to the war – have developed against a background of erratic compliance and interpretation of the Lusaka accord by signatory parties. While the disengagement of forces was being signed by the DRC Government during the high level visit of the Security Council mission led by Ambassador Hoolbrooke (5 May), clashes had abruptly resumed in Kisangani between Uganda and Rwanda forces, and the frontline was re-drawn on its Equateur's end through frontal combats and bombings. As for the inter-Congolese dialogue, the failure of Cotonou's preliminary meeting as well as the rebuff of Sir Katumile Masire as Facilitator by Kinshasa and the trials officially set against the fathers of MLC's first and second in command, concur in keeping the whole process in limbo. The unilateral launching of a constituent assembly in Kinshasa is seen by other parties to Lusaka as another block on the road. Overall, May and June 2000 appear retrospectively as a period when the Lusaka accord has been most referred to while being most questioned in practice by all parties.

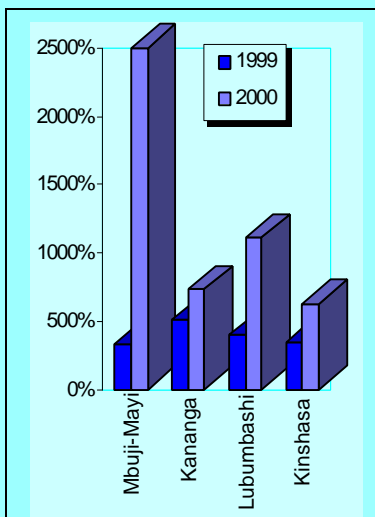
ECONOMY AND FOOD SECURITY

Starting from the beginning of 2000, the relief community attempted to identify in a precise way the humanitarian impact on urban populations, of the economic turmoil ravaging the DRC. Accurate alarm bells are not yet available for sound, tailored humanitarian responses. A study sponsored by OCHA in main urban areas of western DRC revealed that although beyond disparities, common factors were soaring consumer prices and widening food deficit. While

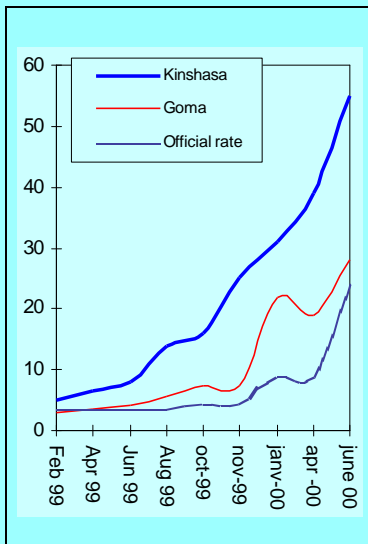
Town	1999 Inflation %	Projected Inflation % (2000)
Mbuji-Mayi	336	2500
Kananga	506	730
Lubumbashi	396	1109
Kinshasa	350	626

food deficit and prices higher than average national levels in mining towns were well known phenomena for decades, the current supply and price levels in the urban areas is way below the acceptable level. For instance, food deficit (as quantities required according to medical standards multiplied, by the number of residents) in the market of Mbuji-Mayi is

calculated at 40 percent, in Lubumbashi at 37 and in Kananga at over 50. This means that



Consumer price inflation in 1999 and projection for 2000



Foreign exchange rate
FC against US \$.

since 1999 when a drastic decline was first observed in food supply, the average Mbuji-Mayi resident, for instance, is consuming 40 percent less than required under medical standards. Prolonged state of poor nutrition and lack of access to basic health care are leading to an increase in vulnerability that reaches unworkable dimensions for relief agencies. An ACF nutritional survey conducted in January 2000 in Lubumbashi revealed quite a moderate rate of severe malnutrition among traditional vulnerable groups. Yet the nutritional rehabilitation project subsequently set up by this NGO faced serious difficulties in meeting requirements of patients whose number grew in a much more rapid rhythm than predicted by surveys. In effect, new segments of the Congolese society (e.g. civil servants, students, etc) are being trapped into a status of vulnerability, thus joining traditional groups (e.g. orphans, single female headed households).

Despite several rumours of a drastic revision of the foreign exchange ban, restrictive fiscal policies remained unchanged: the official exchange rate valid for all transactions and payments was fixed at 23.5 FC against US \$1 at the end of June, while the parallel or market rate hovered around 55 FC. More systematic cash smuggling between Kinshasa and eastern DRC caused in the beginning of May a 30 percent devaluation of the FC in the east. Rebel authorities accused foreigners of money smuggling and introduced a rather strict control/search at the entry points of eastern DRC. This measure is apparently paying off, as the exchange rate dropped from 40 in the beginning of May to 28 FC and did not drastically change since then.

Humanitarian Principles and Human Rights

Access

Administrative procedures for humanitarian access in Government held areas improved over the reporting period, through ground breaking initiatives. OCHA inter-agency missions enabled an array of NGOs and Agencies to expand the humanitarian space in a number of war-affected regions. In the course of May 2000, relief agencies received various individual authorisations to assess and operate in Katanga, the two Kasai and Equateur provinces. Parallel to this particular effort, cross frontline humanitarian flights have almost taken a routine shape over the period, only disturbed in the immediate aftermath of the Kisangani clashes. Both MONUC and civil planes are used in the process, with OCHA handling the administrative interface with all parties.

These positive dynamics, however, are still depending on Kinshasa's highly centralised decision making procedures. Authorisations are issued on case-by-case and person-by-person basis, which makes it difficult to plan even for a short-term intervention. As a result, a number of projects, namely in Eastern Kasai (e.g. FOMETRO and CRS) are simply put on hold. A UN (HC/OCHA) – donor (EU) – NGO (CRS, ACF, MSF) – Government committee on access issues is to be set up following a meeting with the Minister of Home Affairs (cf OCHA paper on Impératifs Humanitaires en RDC – March 2000). It is understood that exchanges on access will go beyond rhetorical considerations to reach time-saving mechanisms and address issues related to routine trips and team shifts, rather than official, ground breaking missions.

Contrasting with this trend, accessibility in eastern DRC, has shrunk in some parts, reflecting another fierce wave of violence and confrontation between rebel and Rwandan forces on the one hand, numerous Congolese and foreign militia on the other. Protracted insurrection and frequent security incidents have rendered entire rural areas of southernmost South Kivu practically inaccessible, prompting relief agencies to leave (cf Security chapter). Walikale in Northern Kivu cannot be reached from Goma under current circumstances. Access to victims of tribal (or rather land ownership) clashes in Ituri district of Orientale has equally been challenged by Mafia-like mercenary groups using terror as a means to keep displaced peasants away from any opportunity to return and claim their land back. Taking into due consideration these trends, but also its extended knowledge of the region, the relief community

launched operations and assessments in northernmost areas of North Kivu and Central regions of South Kivu, including a five day evaluation in the Haut Plateaux, home of the Banyamulenge and Bafulero communities. Equally, humanitarian convoys in Northern Kivu are both a routine practice and a fair means of reaching integrated UN-NGO programmes, focusing on specific "islands of quietness" where communities can be supported in their desire for peace. All these efforts are aimed at narrowing the gap between phases of identification (of the most vulnerable) and of actual delivery.

Security

The reporting period saw a number of security incidents that had serious repercussions on the course of humanitarian interventions both in eastern and western DRC.

On 8-9 May, armed men some seventy kilometres from Bunia commandeered two MSF-H vehicles travelling from Kampala to Bunia. The vehicles were taken to Bunia and used to transport covertly munitions and grenades from Bunia into the forests. The drivers were forced upon death threats to collaborate, and were informed that NGO vehicles had been targeted in order to pass unhindered through checkpoints. The vehicles were returned and MSF drivers were shortly released unharmed. Captors had also stated that they would continue to use vehicles bearing the logos of NGOs in order to pass roadblocks safely and to carry out their activities without causing suspicion.

On 23 May an ACF team of an expatriate nurse, a local nurse and a driver was stopped by a group of armed men in Kadekezi, South Kivu, held at gunpoint and beaten-up while the car and their personal belongings were looted. Relief workers were forcibly brought to a village and all three were finally released the same day without injury after they had clearly stated that they were nurses and "in charge of treating patients". This incident, the latest in a long series, has prompted ACF to suspend its activities south of Uvira. Activities are also suspended around Ndolera off the road in the Ruzizi plain. However, in order to address the appalling humanitarian situation, ACF has been combining an intervention to strengthen agriculture and fishing activities with a nutritional program of therapeutic and supplementary feeding. Distribution of medical supplies had to be interrupted because of erratic access. An office in Moba is being set up to counter the downward spiral prevailing in Southern Kivu, in which humanitarian actors are seen as intruders.

On 14 May 2000, a team of UNHCR and Atlas Logistics evaluators undertaking an assessment mission by boat around Impfundo, Republic of the Congo was apprehended by DRC security forces in international waters, and accused of espionage. Team members were released several days later, as a result of a series of interventions. Staff members have been reportedly mistreated.

UN (including MONUC) and MSF offices have been hit by shells during the fierce fighting on 5 - 10 June 2000 in Kisangani. Five national staff members of UNICEF, WHO, OCHA and MSF/Belgium have been slightly wounded. Although there is no direct indication at a deliberate targeting of humanitarian organisations, the above incidents, as well as the absence of humanitarian truces during the fighting period, were testimonies of a total absence of concern for civilian casualties.

PROTECTION OF CIVILIANS IN ARMED CONFLICT

The rather settled situation along the conventional frontline (with the exception of Equateur) did not bring much relief to civilian populations residing in rebel controlled regions and most notably in areas that could be defined as the second (RCD- Mayi-Mayi- Interahamwe) and third fronts (RPA and UPDF) of the war. The reporting period saw yet another blatant disrespect for the rights of civilians. On 31 May 2000 Amnesty International released a communiqué "Massive violations kill human decency" that attracted a considerable international attention to human rights abuses in the DRC. While listing the atrocities against civilians in eastern DRC and judicial abuse, arbitrary detentions and persecution on political grounds in western DRC,

Amnesty's report did not address the underlying trends shaping the current human rights and humanitarian space in the DRC. The terror reigning in many parts of the DRC has deep-rooted origins and articulations since 1992 (anti-Kasaïan ethnic cleansing in Shaba-Katanga), 1993 (clashes pitting Hutu and Tutsi against other communities in Northern Kivu), 1994 (Mai Mai fighting Hutu ex-FAR and interhahamwe, seen as seeking hegemony in the Kivu), 1995-96 (anti-Tutsi ethnic cleansing by ex-FAR in Northern Kivu), 1996-97 (manhunt against Hutu refugees and fighters alike throughout DRC, extensive looting by the FAZ), 1998 (second war and renewed cycle of massacres), 1999 (bloody battle over land property in Ituri and widening armed violence throughout the East), 2000 (unbridled cycle of attacks and retaliations by armed groups and Rwandan army, offensive against Banyamulenge and Bafulero in Southern Kivu's hills). Beyond sharp disparities, these faces of Congo's tragedy carry similar patterns :

→ These amalgamated wars involve to a very large extent hungry men fighting and looting for food and ammunition in an environment of acute poverty aggravated by world-record mass displacements and lost planting seasons ;

→ Ethnic cleansing and ethnic-based retaliations are used as a feature of life, especially since the fully-fledged retreat of ex-FAR and interahamwe troops into eastern DRC in 1994 and the spreading of their hatred-driven mindset, guerrilla methods and arm deals throughout the region. In a mimetic spiral, the practices adopted since then by regular as well as outlaw, domestic as much as foreign, forces, have all been marked by utter contempt for all the local populations, seen, in a deadly alternative, as enemy groups or as war slaves.

On 27 June, secondary school examination papers gathered from 7 provinces partially or totally out of Government's control were transported from Goma to Kinshasa in an OCHA-chartered aircraft. Education Civil servants joined the trip in another round of UN assistance to the implementation of Annex A, point 6 of the Lusaka accord.

MASSACRES

Another in the growing series of massacres of civilians was reported on 14 May 2000 in Katogota village located in the Ruzizi plain of the South Kivu. According to the official version put forward by rebels in Goma, an RCD convoy was ambushed by armed elements reportedly coming from Burundi on 14 May 2000 near the Kamanyola crossing point. In the course of the initial skirmish a RCD commander was killed. In the ensuing hunt seven of the attackers were killed. Commenting the incident the RCD leadership called for an international forensic investigation of the Katogota and other alleged massacres in South Kivu since 1998. Religious and other local sources denounced the official account given by RCD Goma and insisted that civilians were deliberately targeted in what is described as a ruthless retaliation by RCD troops against Katogota residents. They referred to a much heavier death toll – 386 villagers. A UNHCHR preliminary mission concluded on a conservative estimate of around forty persons.

DISTINCTION BETWEEN COMBATANTS AND NON-COMBATANTS



Persisting tensions between Ugandan and Rwandan troops have degenerated starting from 5 May into open and violent clashes in Kisangani,. For the second time since 1999, the confrontation between foreign forces spread from garrisons and military camps into residential areas of Kisangani, the third largest city of the DRC with almost 0.7 million inhabitants. As in August 1999, the renewed fighting between ex-allies has coincided with major humanitarian initiatives led or facilitated by the UN system: August 99 – National Immunisation Days; May 2000 – National Examination.

This first round of clashes recessed by mid-May, when MONUC brokered a cease-fire agreement and a disengagement plan. However, despite a formal acceptance of the disengagement plan by UPDF and RPA and the deployment of additional UN military

observers in Kisangani, the situation remained highly strained throughout May, thus hampering the city's food and other vital supplies. In the end of May, intensive negotiations initiated by OCHA/Kisangani with all belligerents allowed partial resumption of commercial air traffic (the city is not accessible by inland transport).

Open fighting broke out once again on Monday 5 June, at a considerably larger scale. Six-day long ferocious fighting between the two regular armies in Kisangani ended on 11 June 2000 when the last MONUC brokered cease-fire came into effect. Losses among civilians population and damage inflicted upon the city's infrastructure and housing were extraordinarily high. The rescue operations (ICRC, MSF/B, MSF/H; WFP, WHO, UNICEF, OCHA) are still underway but a preliminary damage assessment is stated as follows:

Over 760 civilians killed;
Estimated 1,700 civilians wounded, many gravely
Approximately 1,400 dwellings destroyed or seriously damaged;
25 Schools partially destroyed or damaged;
Estimated 65,000 residents of Kisangani fled the town;

Beyond physical damage, the psychological trauma inflicted to the population came as a shock to every incoming visitor in the immediate aftermath of the war. Anger was particularly caused by the total contempt shown by both armies towards basic principles of the Geneva conventions such as humanitarian truces.

In sharp contrast with the ruthless exchange of hostilities, the Kisangani tragedy will remain as an exemplary mobilisation of humanitarian endeavour by both national and foreign individuals and entities. During the clashes, health personnel, whose means available to treat the growing number of wounded was limited due to the usual patterns of the Congolese crisis, remained however with the patients. Red Cross volunteers got themselves organised during the clashes and therefore were ready to deploy for first responses (burials, sanitation, mine-awareness campaign) as soon as from Saturday evening. The International Committee of the Red Cross and Médecins Sans Frontières (present in Province Orientale since 1998) provided the necessary medical assistance to war-wounded within hours that followed the cease-fire in Kisangani. Then, starting from Tuesday 13 June, a second wave of response came from the relief community on both sides of the DRC, most notably through the Emergency Humanitarian Interventions (EHI) concept of the UN system. The UN and its NGO partners (especially MEMISA and CRS) organised a major airlift operation between Kinshasa or Goma and Kisangani and implemented a series of EHI:

- Starting from 13 June stocks (over 300 tons as at 5 July) of emergency supplies, equipment and fuel were built up or restored in Kisangani (including food shipped through E.H.I. by Congolese's civil society from Kinshasa : "SOS-Kisangani").
- Starting from 14 June rapid assessments of IDPs were conducted on all major axes connecting Kisangani with the rest of Orientale province;
- Starting from 15 June emergency medical assistance and non-food supplies are being delivered to IDPs in and outside Kisangani and food aid to IDPs in all identified sites in Kisangani; Health centres were reopened and emergency medical services were organised on Kisangani – Banalia and Kisangani – Lubutu axes (OXFAM has joined the .
- A comprehensive epidemiological surveillance system was in place on 16 June (WHO, provincial health Inspector and medical NGOs) .
- Air-traffic control was established at Kisangani Bangboka airport (looted by retreating troops);
- Surgical operations were organised in hospitals of Kisangani with the help of a group of Congolese surgeons that was flown from Kinshasa to Kisangani on 22 June.
- Hydro-electric plant of Kisangani was furnished with necessary lubricants and electric current supply completely resumed on 23 June 2000 (this special oil had been brought from Lubumbashi by OCHA, with USAID financial backing).
- Radio communications were re-established and reinforced.
- Committees per sector were in place from 20 June (health, distribution, displaced).

WAR PRISONERS

A medium term action plan was being finalised by OCHA in consultation with major players, based on a sequenced food security plan involving over 400 tons of food (WFP) and a seed and tool programme by FAO. Belgium, whose Deputy Prime Minister for Foreign Affairs visited personally Kisangani on 29 June, pledged a strong financial support to the recovery of the town (especially in the strengthening of the town's health and food supply and production capacities).

MINORITIES

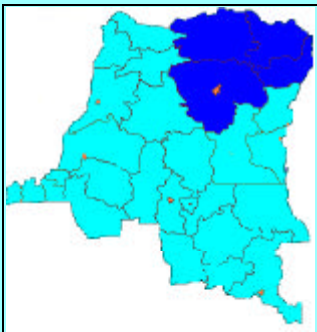
Based upon an agreement between Congolese, Rwandan, Zimbabwean and Namibian authorities, 177 war prisoners were exchanged between Lusaka signatory parties, under the auspices of the International Committee of the Red Cross (35 Zimbabwean, 11 Namibian, 88 Rwandan (transported from Kinshasa) , 43 other Rwandan (from Harare).

In DRC's complex tribal fabric, the populations of the Hauts Plateaux in Southern Kivu (Banyamulenge, Bafulero, Babembe, Banindu) can be termed minorities, due to their state of administrative neglect, but equally to the fact that the main minority (Banyamulenge) is both experiencing tension with FDD and Interahamwe groups (35 attacks recorded since early March 2000 in the Haut Plateaux area, resulting in the flight of approximately 30,000 persons), and with the Rwandan army. The latter's virtual presence in the Plateaux is seen by Banyamulenge local leaders as a major harm to their reconciliation efforts with Mai Mai warriors (which were real, against all odds, until this new wave of attacks).

Within the area, another, tinier, minority is that of 5,000 people who once fled from Vyura (northern Katanga) and were relocated in the Ruzizi plains. More recently, they had moved up into the Hauts Plateaux, fleeing insecurity.

In the face of ill-inquired violence in eastern DRC¹, and following the issuance of an international arrest warrant by the Belgian justice system against the minister of foreign affairs, Abdoulaye Yerodia Ndombasi (charged with incitement to racial hatred), concern grows among all communities of Hauts Plateaux in Southern Kivu that resistance in everyone's mind might more than ever before be amalgamated with fighting against Tutsi Congolese (and more specifically, Banyamulenge civilians).

Population Movement. Overview by Province



ORIENTALE

Two consecutive clashes during May and June in Kisangani have resulted in a mass displacement of civilians. An estimated 65,000 residents, or roughly 10 percent of Kisangani's population have fled during and after hostilities. Also, tense security situation and massive military presence around Kisangani have uprooted a number of rural communities along the Kisangani- Buta; Kisangani-Yangambi; Kisangani-Lubutu; Kisangani-Ubundu and Kisangani - Opala axes. Humanitarian assessment and rescue mission conducted in the early aftermath of the Kisangani cease-fire observed several layers of displacement, some of which occurred in 1998-1999. Emergency medical assistance (UNICEF, WHO and MSF/Belgium) is being provided to urban IDPs through health centres along the displacement roads and to 12,500 IDPs sheltered in several sites in Kisangani. The great majority of urban IDPs is expected to shortly return to Kisangani following the stabilisation of the security situation.

SPLA troops are still allegedly controlling the Aba-Dungu area, two years after their attack against the town of Dungu (in an attempt to cut access and recruitment opportunities by Sudanese regular forces towards Sudanese refugees). As such, they have to be counted as another compounding element in the Congolese crisis. In Ituri, the IDP number for Bunia and its surroundings is currently estimated at 115,000. The humanitarian situation of IDPs in Ituri is reportedly improving as a result of a multi-sector health, nutrition, sanitation, and food security humanitarian response implemented by German Agro-Action, ICRC, UNICEF, Medair, OXFAM/UK, COOPI, FAO, and MSF/Holland. In Bunia Oxfam GB has thus far provided an appropriate water and sanitation response to 45,000 people in communities made vulnerable

¹ Yet in an environment where Rwanda, as the prominent force, is seen as the main responsible for the prevailing violence.

by displacements. By the end of June the first phase of the intervention was ended and 60,000 were getting access to safe water. The second phase of the programme envisages more durable, water and sanitation solutions to 90,000 people.

NORTH KIVU

The displaced figures for North Kivu are currently stated at 282,000. Increase in figure is due to the confirmation of 90,000 displaced from Rutshuru, northern Masisi and northern Walikale, Kanyanbanyonga and the Grand Nord. The IDP movement from Masisi to the coastal areas of the Kivu lake has gradually diminished after more than a two-month massive arrival of IDPs at a rate of 1000 person per week.

Humanitarian interventions targeted at displaced populations in North Kivu are consistently improving in terms of coverage and quantity of assistance delivered. WFP for instance, recently completed the largest food distribution campaign since the beginning of the war. Some 7,250 IDP families or roughly 36,000 persons have received supplementary food rations. Non-food supplies are being provided by OXFAM/UNICEF. German Agro-Action, will be addressing some of the needs associated with this population in the coming months with USAID funding.

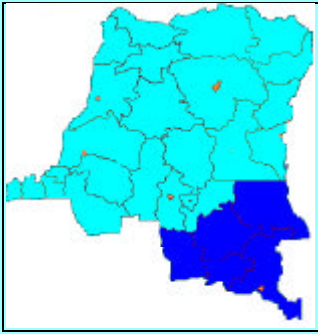
Refugee repatriation programmes are ongoing in North Kivu, through local partners and with appropriate monitoring and sensitisation work. For North Kivu the number repatriated per week remains around 600 with the majority coming from the Masisi territory. This is probably as a result of the massive increase in insecurity but could also be due to the fact that UNHCR has more collection points in Masisi. Refugee accounts from the collection points in Mweso, Nyamitaba and Tongo (North Kivu, Masisi) indicate that pressure is still high from authorities and local populations alike in order that refugees return to Rwanda. Pending further confirmation it has been reported that refugees suspected by the Rwandan army of being interahamwe or ex-FAR are sent straight for military training at army bases in DRC. UNHCR continues its sensitisation and training efforts through its local partner in North Kivu and pursues its close monitoring of the situation.

SOUTH KIVU

IDP figures (220,000) for South Kivu are slightly higher than those used previously but are expected to rise dramatically as a result of ongoing assessment exercises being carried out by a mixed team of humanitarian actors. The team, comprising UN agencies, international NGOs and local NGOs will be gathering data on all aspects of displaced populations along for the following axes: Bukavu - Nyabibwe, Bukavu - Kabare, Bukavu - Burhinyi, Bukavu - Walungu. Information gathered will be used to orient integrated programmes as much as possible and will be the first of much information to go into the coordination/OCHA database on humanitarian needs in DRC. A group of 35,000 IDPs was identified in the Haut Plateau area (cf chapter on minorities). On the dynamics of population movement, a general overview of humanitarian interventions in South Kivu will be examined in the next issue of the Bulletin, upon completion of a comprehensive assessment.

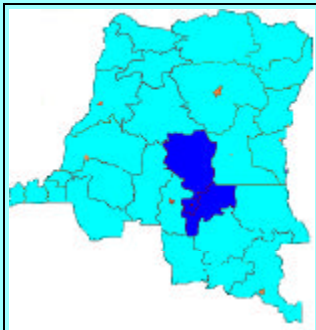
MANIEMA

An inter-Agency mission conducted by FAO in May 2000 appraised the number of IDPs remaining in the forest at 110,000, of the 980,000 or so who had fled the fighting before Kindu's fall to rebel forces in 1999. Fish breeding seems to have been the most favoured response to the appalling state of economic remoteness throughout the province. Following initial assessment missions to Kindu and the surrounding areas and having supplied emergency water to 25,000 in need, Oxfam GB is in the process of defining projects for the next six months. With ECHO financing they will provide short and medium terms water and sanitation solutions for 7,000 IDPs, work through the parastatal REGIDESO to improve the water system and provide safe water to a further 42,000 people in the town of Kindu. For an extremely vulnerable 60,000 who have returned to town having been displaced due to insecurity they will be improving water sources. FAO is seeking financial support to seed and tool as well as fish breeding programmes.



KATANGA

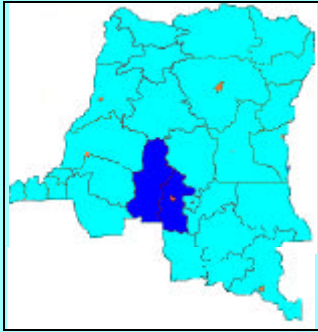
Along with the first-wave displaced of the Kivus, the IDP caseload in Katanga is the oldest as it was mainly generated during the August-November 1998 fighting in northern Katanga. All major IDP categories (according to their mode of settlement) known in the DRC are represented in this province: there are IDP camps in Lubumbashi, IDP resettlement sites south of the provincial capital, IDPs hosted in local communities and finally those dispersed in an area as large as 50,000 km². In total, there are some 250,000 displaced persons scattered in Katanga on both sides of the frontline. Since 1998 assistance to Katangan IDPs was mainly focusing on some 20,000 persons sheltered in camps, since access to interior of the province was severely restricted under the state of siege decree. Since the end of 1999 the attitude of authorities has considerably softened, thus allowing Caritas, MSF/Belgium and later on ACF to access areas hosting displaced. But it was only on 19 May 2000, that the DRC Government authorised an inter-agency multidiscipline humanitarian mission to areas conventionally called frontline, e.g. Ankoro. This OCHA led mission could, after a number of unsuccessful attempts since 1998, physically assess the conditions of some of the first victims of the Congolese war, largely abandoned by the world. Fishing is forbidden by the military on grounds that the enemy is across the river. Civilians on both sides are affected by the prevailing state of no-war no-peace. The mission noted much willingness on the part of displaced and host populations alike to help themselves. Practical arrangements were made by mission participants, e.g. UNICEF, ACF and OXFAM/Quebec to start emergency health and nutritional projects. FAO will attempt a sequenced assistance in which seeds and tools will take over from food distribution. In spite of enormous logistical and security constraints, WFP's food has started to arrive into central parts of the province – Malemba Nkulu. Simultaneously, ACF/US is planning to reach out IDPs in Moba, on the other side of the frontline (chapter on security). Since the outbreak of the latest war, no substantial international assistance has reached there.



EASTERN KASAI

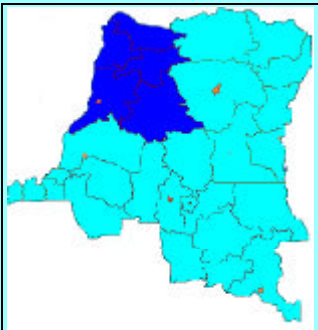
The continued high level of military activity along the frontline and Government's restrictive access policies in southern regions of the province eventually contributed to make Eastern Kasai one of the least accessible provinces for humanitarian interventions. The very few interventions made possible on both sides of the frontline, reached out only an insignificant segment of war-affected populations and were by and large insufficient to understand the nature of displacement nor to identify beneficiaries. In April-May 2000, following an inter-Agency mission to Mbuji-Mayi², Government controlled areas of the province became more accessible thus resulting in more consistent relief operations in favour of IDPs in Mbuji-Mayi and Kabinda (20,000). The rebel controlled areas benefited from a one-time distribution of medicines (February 2000 CRS/MEMISA/CORDAID) which in spite of difficult security situation was dispatched to most health zones in the north of the province. Medical assistance is currently being provided by UNICEF through CRS to 221 health centres in the diocese of Tshumbe. Newly established contacts with religious sources in Lomela and Kole health zones of Sankuru district suggest that since March-April 2000, the local communities regularly receive IDPs coming from Ikela (Equateur) and Dekese (Western Kasai) in addition to long-date local displaced. The bulk of the displaced are said to be hiding in the forest, although not far from their homes. Although the need for relief supplies (mostly medicines) is great, local church sources prioritise the protection of displaced and give an appalling account of violence (systematic rape of school age girls) civilians are subjected to by Rwandan troops. At this stage it is impossible to accurately estimate the number of all IDPs in the province, especially given the relatively new influxes from Equateur. The conservative figure of 140,000 IDPs is maintained for planning purposes, until a more comprehensive assessment on both sides of the frontline can be undertaken.

² Organised by OCHA and comprised of the Minister of Health, WHO, UNICEF, UNHCHR, WFP Representatives, DFID (London), Belgian (Brussels), Italian and Dutch cooperation officials, MDM, MEMISA, ECHO, CRS. Funded through Dutch financial support to OCHA's Emergency Humanitarian Intervention mechanism.



WESTERN KASAI

The frontline reached this western province of the DRC in November-December 1999, but substantial military activity was not noted before the February 2000 military campaign, when rebels attempted to capture Ilebo town, a major junction of the national railway connecting Kinshasa with Lubumbashi via Kananga. Intensive hostilities recessed after the signature of the 14 April Kampala agreement. Data on displacement, however, remains very scarce, as the movement of populations was pre-determined by the logistical advantages offered by the railway. Also a considerable number of residents of Bulape, Dekese, Katende and Demba zones moved eastwards in the direction of eastern Kasai where their chances of surviving would be higher. According to UNICEF - the only UN agency having a permanent presence in Eastern Kasai - most of the displaced are scattered along the railways. Although it is believed that the number of IDPs is rather high, as the frontline is intersecting the most densely populated zones, a preliminary assessment by UNICEF and OCHA on the basis of registrations by the Local Immigration Department, some 30,000 IDPs have been identified: in Kananga and Demba (Cité Demba, Diofa, Bena-Leke). A rather high number of children - 18,000 or 60% is reported in all IDP communities. A very few random assessments in areas affected by displacement depicted a rather worrisome mortality patterns among IDPs. A socio-economic study carried out by OCHA in Western Kasai revealed negative dynamics in the province's food security levels attributable to massive displacement of farmers growing staple food. No assistance is currently being provided to displaced on a systematic manner. A symbolic lot of food items (WFP) was delivered to some 270 displaced in Demba within the framework of EHI, while UNICEF assisted IDPs with NFI and medical supplies.



EQUATEUR

After the signature of the Kampala agreements, Equateur remained the most active part of the frontline. In early May, combats pitted MLC and DRC/Zimbabwean troops on the Mobenzene axis and within a few days, MLC progressed more than 100 km in the direction of Mbandaka and captured Mobenzene, Maita, Buburu and WENZE settlements. Civilians have reportedly fled the areas of intensive combats and a few of them have arrived to Mbandaka, bringing the total number of IDPs to 14,000. Local sources in Kinshasa reported that at the end of May, the Government troops repulsed MLC positions in the course of fierce fighting at Buburu and Moboza, 250 km north of Mbandaka. End June-early July was the hottest period since January 1999, as an ultimatum sent by Kinshasa to MLC troops has been followed by fighting in the Basankusu area and increasing pressure on Mbandaka, from the other side of the river. The newly established UN Humanitarian Office in Mbandaka is closely monitoring the movement of displaced on this particular axis and around Ikela and Bokungu. In early July, a barge shipment of relief supplies (WFP food) left Kinshasa to Mbandaka, the first such operation since the onset of the war. Food commodities and other emergency supplies will be pre-positioned in Mbandaka and subsequently dispatched to Bokungu and Ikela and other areas affected by displacement, including across the frontline. Negotiations are currently underway with National and provincial authorities to expedite the delivery of badly needed assistance.

REFUGEE MOVEMENTS

During the reporting period Uvira and Fizi zones remained inaccessible to UNHCR sub-office in the provincial capital Bukavu, due to increasing insecurity. There have been reports of refugee outflows to Burundi (Banyamulenge 119 persons in may) and Tanzania (Bafuleru, Bavura and other Congolese ethnic groups, 2035 persons in April-May). Fighting in the province of Equateur has resulted in a steady outflow of refugees (4045 persons in may) in northern parts of the Republic of Congo. In the province of Bandundu there are reports of a new influx of 580 Angolan refugees in Bindu (district of Kahemba). The border city of Nzofu is reportedly hosting more new arrivals from Angola. The lack of access roads in southern Bandundu is the main hindrance for UNHCR and the local authorities to assess their situation.

POPULATION MOVEMENT, SUMMARY

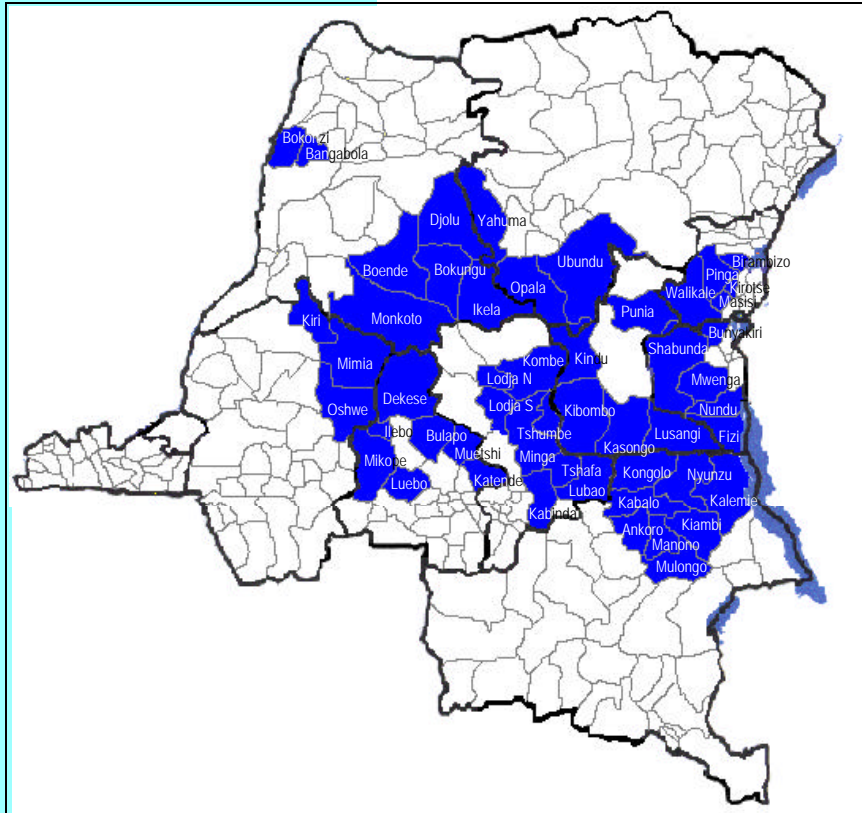
Province	IDPs	Assisted
Equateur	250,000	12000
Orientale	215,000	60000
North Kivu	287,000	99000
South Kivu	220,000	29000
Katanga	250,000	50000
Maniema	110,000	0
Eastern Kasai	30,000	1000
Western Kasai	140,000	24000
Total	1,502,000	275000
Percent Assisted		18%

◆ Although the growth dynamics of the internal displacement were sustained throughout the reporting period, the total numbers of IDPs remained basically unchanged. Displacement patterns, IDP statistics and, consequently humanitarian response, all are undergoing substantial changes in North and South Kivu, Orientale, Western and Eastern Kasai and Equateur. Compared with April 2000, IDP figures in North Kivu dramatically increased as identified by an inter-agency assessment mission in Kanyabayonga. In contrast to this IDP numbers in South Kivu diminished, partially because of their very high mobility but also due to their flight to the neighbouring Tanzania ◆ Although there were no additional influxes of refugees from neighbouring countries into the DRC, the total number increased by 20,000. This is a result of evaluations conducted by UNHCR during which several sites of remnants of Rwandan Hutu refugees were identified throughout the Kivus. ◆ The cross border movement of Congolese to the ROC (Brazzaville) and Tanzania fleeing combat zones in Equateur and South Kivu slowed down but still remains considerable.

Health and Epidemics

Based on a study conducted in Orientale, northern Katanga, the Kivus and Maniema, IRC determined that in eastern Congo at the very minimum 1.7 million people have died since 1 January 1999 as a result of the ongoing conflict. The vast majority of the deaths are disease related. There have been a disproportionate number of deaths among women and children. In some areas 47% of the children born do not reach the age of one, and a further 29% do not reach the age of two. The CDC consultant estimates that between 30-40% of all children do not make it to the age of one in eastern Congo. High levels of deaths are registered in conflict areas such as the Kivus but also in areas of lower intensity confrontations such as Moba and Kisangani. IRC survey is the first in its kind in eastern DRC since the outbreak of the war in 1998 and provides a valuable data on mortality patterns. The methodology of the assessment, however, was not commonly accepted and, therefore, some of the findings are questioned by specialised agencies. Lack of information on inaccessible areas and impossibility to make an extrapolation based on obtained data is mentioned among the possible shortcomings of the survey.

National Immunisation Days 2000



Shaded areas – health zones with difficult or no access. (NID 2000)

(A comprehensive report on the results of the first round of NIDs will be included in the next Bulletin)

The year 2000 is crucial in the WHO/UNICEF world-wide polio eradication campaign, especially in countries representing the largest reservoirs of the disease – DRC, Angola and ROC. In spite of the ongoing strife, a complete 100 percent coverage of all Congolese children under five is necessary not to jeopardise world community's synchronised efforts at the global level. A similar exercise conducted in the DRC in 1999 reached over 82 percent of the target population – 9.4 million children. The context under which NID 2000 must be implemented is considerably different from that of 1999 in many respects:

The area of military activity has greatly expanded and the frontline is currently dividing the country into 4 entities- Government, RCD-Goma, MLC, and RCD-ML controlled areas. It is estimated that some 24 million out of the DRC's total 52 million population resides in regions held by various rebel factions and

foreign armies. In addition, the protracted insurrection has gradually made the Kivu, especially its southern parts, the second front which often exceeds the conventional frontline activity by its intensity and complexity.

The number of affected populations has dramatically increased and the number of internally displaced persons has almost doubled from 700,000 in July 1999 to 1.4 million in June 2000.

Presently, 60 out of total 307 health zones of the DRC are difficult or practically impossible to access. The target population registered in these zones represents roughly 1.8 million children (i.e. 20 percent of the total target). Organisers are currently attempting to mobilise the entire humanitarian community in DRC, including all UN agencies, NGOs, Red Cross Movement, religious and other non-Governmental benevolent institutions to optimise the use of all humanitarian resources currently available the DRC.