

# Democratic Republic of Congo (DRC)

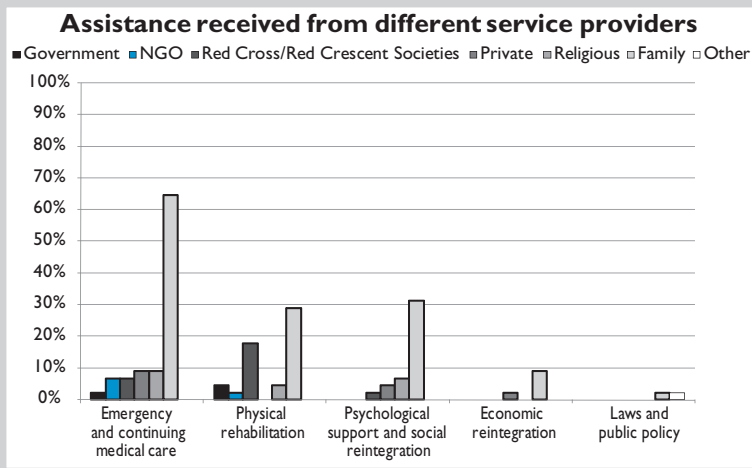
## Country indicators

- **Conflict period and mine/ERW use:** Contamination by mines, cluster submunitions and other ERW, including abandoned explosive ordnance (AXO), in the DRC is the result of ongoing armed conflict since 1996. There is earlier contamination as a result of use by foreign forces.<sup>1</sup>
- **Estimated contamination:** As of June 2008, there were some 1,893 suspected hazardous areas but their size and the number of people affected was unknown.<sup>2</sup>
- **Human development index:** 168<sup>th</sup> of 179 countries, low human development (compared to 168<sup>th</sup> of 177 in 2004).<sup>3</sup>
- **Gross national income (Atlas method):** US\$150 – 209<sup>th</sup> of 210 countries/areas (compared to US\$109 in 2004).<sup>4</sup>
- **Unemployment rate:** Unknown, but often cited as approximately 80%.<sup>5</sup>
- **External resources for healthcare as a percentage of total expenditure:** 28.8% (compared to 19.4% in 2004).<sup>6</sup>
- **Number of healthcare professionals:** Six per 10,000 population.<sup>7</sup>
- **UNCRPD status:** Non-signatory as of 1 August 2009.<sup>8</sup>
- **Budget spent on disability:** Unknown.
- **Measures of poverty and development:** In the DRC more than 1,000 people are reported to die every day from war-related causes, including disease, and violence.<sup>9</sup> Since conflict started, an estimated 4 million people have died from violence, hunger and disease as a result of the conflict, and 2.5 million people have been made homeless. The DRC has significant natural resources, but exploitation of these does not benefit the vast majority of people. Continued conflict and subsequent reluctance from foreign investors, as well as the economic slowdown in 2008, continued to deteriorate the already weak economy. Some NGOs estimate that 80% of the population lives below the poverty line and that life expectancy is just under 42 years.<sup>10</sup>

## VA country summary

Total mine/ERW casualties since 1996: At least 2,184			
Year	Total	Killed	Injured
2004	61	16	45
2005	60	18	42
2006	44	17	27
2007	28	4	24
2008	14	3	11
<b>Grand total</b>	<b>207</b>	<b>58</b>	<b>149</b>

- **Estimated number of mine/ERW survivors:** Unknown, but at least 1,247.
- **VA coordinating body/focal point:** The Director of the National Community-Based Rehabilitation Program in the Ministry of Health (MoH) is the VA focal point, but this person lacks sufficient means and institutional support.
- **VA plan:** None presented, but since 2007 it has been reported that a draft report existed, which needed updating based on a needs assessment.<sup>11</sup>
- **VA profile:** Most people in the DRC are unable to access services and due to conflict, poverty and mass displacement the government is not able to address the many needs. In most places, access to services ranged from limited to non-existent and was further hampered by long distances, inaccessible terrain and the cost. Most services are provided by NGOs working to alleviate the emergency situation. But continued outbursts of conflict canceled out much of the progress made and increased the demands, while some NGOs also faced funding challenges. As one group among many vulnerable people, mine/ERW survivors and other persons with disabilities received few services throughout 2005-2009, even though the DRC's Poverty Reduction Strategy Paper takes measures for persons with disabilities into account. The government acknowledged that it lacked the means and capacity to make progress on VA. The vast majority of people did not have access to healthcare because of a lack of staff, medication and equipment and because they had to pay for it. Waits, also for emergency procedures, were long (up to two days). Despite significant international investment, the health system was said to be on the verge of collapse in 2009.<sup>12</sup> The physical rehabilitation sector was under-resourced and the few functioning centers entirely dependent on international support which has increased systematically since 1999. In 2005, the government noted that the economic and political situation made it impossible for the government to support the creation of employment for mine/ERW survivors and other persons with disabilities.<sup>13</sup> This situation remained



unchanged in 2009. Opportunities for psychological assistance were limited to *ad hoc* NGO projects for all conflict-traumatized. Within the healthcare system, social workers had received little more than basic training. The implementation of the National Community-Based Rehabilitation Program (PNRBC) was hampered by a lack of funds and access to communities. This program was envisioned as one of the main ways to implement VA. While persons with disabilities were included in the Constitution which entered into force in 2006, no specific disability

legislation existed as of 2009. The UN Mine Action Coordination Centre (UNMACC) is responsible for casualty data collection, but data remained incomplete both due inaccessibility of some areas and a lack of capacity at UNMACC.<sup>14</sup>

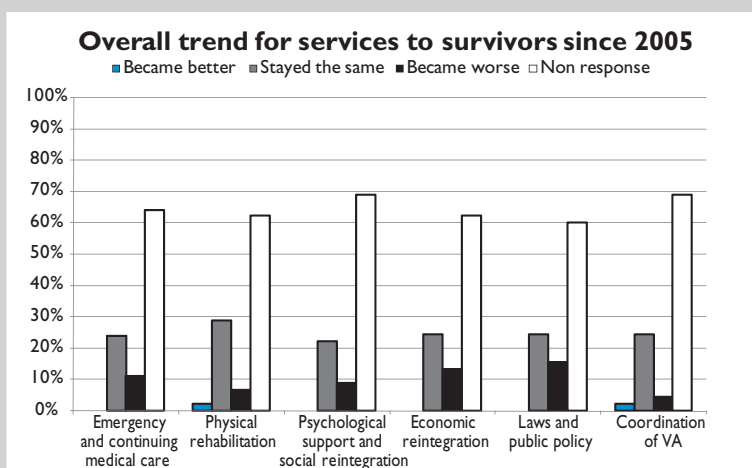
## VA progress on the ground

### Respondent profile<sup>15</sup>

By July 2009, 45 survivors between 12 and 70 years old had responded to a questionnaire on VA progress in the DRC since 2005: 78% were adults and 22% children. Some 87% of respondents were male and 46% of respondents were heads of households. At least 22% had received no education at all. At least 24% of respondents were unemployed before the mine/ERW incident; this increased slightly to 31% after the incident. Of those respondents answering the question, 92% considered their income insufficient. The largest group of respondents (38%) lived in villages with some services; 35% in the capital of the country; 16% in remote areas without services; and the remaining 11% in large cities. Incidents occurred between 1967 and 2009, with most between 1990 and 2000, which corresponds to UNMACC reporting on casualties. UNMACC also indicated that the majority of casualties were men and most casualties were civilian.

### General findings

Overall, respondents saw no progress on VA service provision in the DRC between 2005 and 2009. None of the respondents said that they received more or better services in 2009 than in 2005. There was a high non-response rate to the questions asking about the overall situation of healthcare, physical rehabilitation, psychosocial support, economic reintegration, and laws and public policy, whereas nearly all respondents answered all the other survey questions on services (96% completed all responses for specific progress indicators). This may be statistically significant in itself, likely indicating either that there was no applicable response (the response 'stayed the same' may not adequately describe a continuing absence of services) or possibly indicating a high degree of frustration with the lack of services, and lack of improvement in all areas.



Most respondents (67%) thought that services for child survivors were "never" adapted to their needs

and 69% reported that compared to male survivors, services for female survivors were “absent”; with just 11% reporting services were “equal”.

None of the respondents had been surveyed by NGOs or government in the past five years. This finding might confirm the lack of systematic data collection due to the inaccessible terrain, a lack of infrastructure, and security reasons. UNMACC reported that casualties were under-reported and the two organizations supporting survey efforts indicated repeatedly that it was very difficult to locate mine/ERW survivors as many live in very remote areas or move because of conflict and because it might take days to reach a person due to the size of the country and the bad roads. Additionally, many survivors had their incidents well before 2005, and might have been surveyed at the time.

### Emergency and continuing medical care

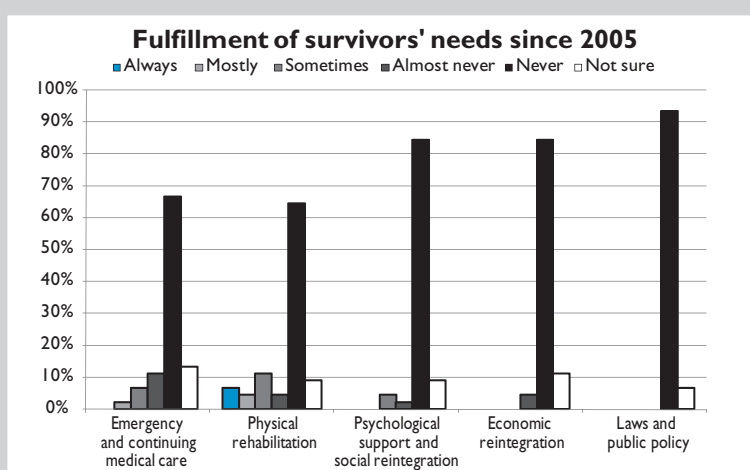
Of those responding to the question whether, overall, healthcare services had improved, stayed the same or become worse since 2005, 24% said the situation had stayed the same and 11% that it had become worse (64% did not answer). Most respondents (67%) said that, in the last five years, mine/ERW survivors “never” received the medical care they needed and another 11% found this “almost never” to have been the case. The most progress (but just 9%) was seen in an increase in available first aid workers. Another two respondents (4%) believed that health centers had teams which were more complete than before.

These bleak responses fit with the known healthcare situation in the DRC. According to the 2005 Zagreb Progress Report, the DRC had some 400 hospitals.<sup>16</sup> In 2006, the World Health Organization (WHO) described the state of 200, or half, of those hospitals as “catastrophic.”<sup>17</sup> The same year, the UNMACC reported that the majority of survivors “are left to themselves, exasperated by the fact that the national health system does not have the capacity to provide assistance.”<sup>18</sup> From 2006 to 2009 it was regularly reported that emergency healthcare in the DRC remained severely inadequate despite continuous international investment. Overall, the sector could not cope with the ongoing crisis and lacked supplies, equipment and staff. It was said there were only 10 trauma surgeons in the whole country in 2006. Instability resulted in the looting of medical equipment. In the many places where public health services had collapsed ongoing conflict hampered international relief efforts and at the same time increased the number of people in need of health services.<sup>19</sup>

### Physical rehabilitation

The most progress was reported in the area of physical rehabilitation and prosthetics. Nonetheless, the majority of respondents (64%) reported that survivors “never” received the physical rehabilitation they needed in the last five years. Improvement in services

because of better-trained staff and better quality prosthetics was noted by 22% of respondents. Some 20% thought rehabilitation centers had more complete teams. Also, 16% found it easier to obtain replacement devices and said that rehabilitation services were more affordable. Just 13% noted increased free-of-charge repairs. No respondent believed that the government had provided more support to physical rehabilitation.



The progress registered by some respondents can likely be seen as the effects of ongoing ICRC support to

orthopedic centers. Since 2005, the ICRC has increased its support from three to five centers, covered patients' costs, supplied imported materials, and provided training.<sup>20</sup> While the MoH is responsible for the rehabilitation sector it did not manage any physical rehabilitation centers in 2005-2009. The PNRBC of the MoH did not have sufficient resources to operate effectively since its establishment in 2002. The centers were instead run by NGOs, religious organizations, or private companies, which did not have the financial means to provide free-of-charge services. Many centers were also not functioning, could not produce mobility devices or needed staff training.<sup>21</sup>

### **Psychological support and social reintegration**

Most respondents (84%) reported that survivors "never" received the psychological support and social reintegration they needed in the last five years; 4% said "sometimes"; 2% said "almost never"; and 9% were not sure. No respondents reported an increase in the number of services, the number of social workers, or the availability of peer support in the five-year period. The response with the most agreement from respondents (16%) was regarding feeling more empowered as an individual. Another 9% reported becoming involved in psychosocial support for others. Just 4% felt more involved in community activities in general or believed that there was less stigma attached to seeking psychological counseling. No respondents believed that survivors were considered to be "charity cases" less often or that the government had provided more support to psychosocial activities.

Survivor responses match other reporting regarding the persistent lack of services. In 2005, the DRC noted a lack of institutional responsibility and standards for providing psychosocial support to mine/ERW survivors.<sup>22</sup> Psychosocial care for persons with disabilities or war traumatized people was almost non-existent. There were no known psychological support programs for survivors, although some health and rehabilitation staff had a limited basic knowledge of psychosocial care.<sup>23</sup> In 2007, the DRC acknowledged the challenge of establishing a framework for psychological support and integrating it in the CBR strategy.<sup>24</sup> Limited psychological support services from NGOs dealt with war trauma in general and started to focus increasingly on the extensive problem of sexual violence and rape as a weapon of war.<sup>25</sup> In November 2008, the DRC reported that it would aim to support the creation of a survivor organization, but no further developments have been identified.<sup>26</sup>

### **Economic reintegration**

No respondents saw an overall improvement in economic reintegration opportunities since 2005. Most respondents (84%) believed that survivors "never" received the economic reintegration they needed and another 4% said "almost never" (the remainder was not sure). Other than four respondents (9%) who believed that discrimination in employment had decreased, absolutely no progress was reported in any area of economic reintegration.

These responses are disappointing, but not surprising given the deplorable economic situation and extremely high levels of unemployment (up to 80%). In 2005, the DRC noted that the situation in the country prevented it from supporting economic reintegration opportunities for survivors, and continued to acknowledge this throughout the period under review. In 2009, economic reintegration activities continued to be almost non-existent in the DRC. No micro-credit or small business opportunities for persons with disabilities were known to exist. Limited public and private funding was given to training centers for persons with disabilities which existed in some urban centers. These had very limited capacity<sup>27</sup> and mine/ERW survivors were not reported to have accessed any particular vocational or economic services.<sup>28</sup>

### **Laws and public policy**

The vast majority of respondents (93%) reported that in the last five years survivors had never had their rights enforced through the implementation of laws and public policies (7%

were not sure). Just 9% of respondents thought that new legislation and policies relevant to survivors had been developed, but none reported progress on the enforcement of legislation. Few respondents (7%) reported that discrimination against survivors had decreased and some 11% reported that there was less use of negative terms about persons with disabilities. However, no increase in public awareness about the rights of survivors or persons with disabilities was observed and no respondents reported that they had more access to information about services or their rights.

The respondents' negative assessment of progress in ensuring the rights of survivors corresponds with the need for existing laws to be implemented and specific disability legislation to be introduced. Disability was included in the Constitution of 2006, and since 2003, the DRC has frequently stated that it is planning to draft, or in the process of drafting disability legislation that would respond to the needs of mine/ERW survivors. In 2008 it reported that the lack of disability legislation was an obstacle and that some awareness-raising efforts had been undertaken.<sup>29</sup> However, no legislation was presented and in 2008, local associations for and of persons with disabilities in Kinshasa started to work on draft disability legislation based on the provisions of the Constitution.<sup>30</sup> Throughout 2005-2009, reports of discrimination and the government not effectively enforcing existing legal provisions were common. The DRC has also since 2007 reported that it was in the process of acceding to the UNCRPD, without result as of 1 August 2009.<sup>31</sup>

No government representatives were able to provide comments on the above findings.

## VA process achievements

Year	Form J with VA	ISC VA statement	MSP VA statement	VA expert	Survivor on delegation
2005	YES	NO	YES	NO	NO
2006	YES	YES	YES	YES	NO
2007	YES	YES	YES	YES	NO
2008	YES	NO	YES	YES	NO
2009	YES	NO	N/A	NO	NO

As a country with sparse health and social resources, a devastated economy and ongoing conflict, it is not surprising that few gains were made in VA in the DRC between 2005 and 2009. While the DRC acknowledged the importance of VA and its integration into the broader disability sector, it stated that progress could not be made due to the absence of funds and technical assistance and due to a weak legal framework.<sup>32</sup> A 2008 independent evaluation of the mine action center UNMACC very briefly noted the severe lack of available VA services.<sup>33</sup>

As one of the 26 States Parties with significant numbers of mine survivors, and with “the greatest responsibility to act, but also the greatest needs and expectations for assistance,” the DRC presented its 2005-2009 objectives in 2005 and revised them in 2006. The objectives that were given timeframes were all to be achieved in 2009; several other objectives remained unspecific. No plan has been presented even though it has been reported since 2007 that a draft plan had been prepared. In 2008, it was said that a further needs assessment was needed to complete the plan – completion was ongoing as of 2009.<sup>34</sup> By 2009, the DRC reported that victim assistance had stalled entirely due to the adverse conditions in the country.<sup>35</sup>

Already in 2005, a UN Mine Action Service (UNMAS) assessment mission to the DRC recommended that the UNMACC and the government work together in drafting a national VA strategy and designating a VA focal point. UNMAS noted that this preferably should be within the Ministry of Social Affairs and Family,<sup>36</sup> which is in charge of disability issues in general. But there is no evidence of this ministry taking on VA and responsibilities remained unclear until, in late 2007, the director of the Ministry of Health's PNRBC was

delegated to be the focal point. However, the absence of institutional support for the focal point hampered progress and the program had insufficient resources to fulfill its role effectively.

Despite initial UNMAS engagement, UNMACC's role in VA was limited to data collection throughout 2005-2009, and the 2008 evaluation of UNMACC recommended that it develop a "meaningful victim assistance policy."<sup>37</sup> In 2009 UNMACC took steps to hire a VA coordinator to facilitate casualty data management, VA planning and coordination, and liaison with the ministries of health and of social affairs and family on VA issues. As of mid-June 2009 the position had not yet been filled,<sup>38</sup> but the position may be seen as an attempt to help advance planning and inter-ministerial coordination. The UNMACC evaluation also recommended that mine action operators do more to assist mine/ERW survivors through appropriate existing programs in the health, social and economic sectors rather than setting up separate projects.<sup>39</sup>

The Poverty Reduction Strategy Paper of the DRC makes reference to persons with disabilities and possible activities include: the establishment of a national program for persons with disabilities; improvement of economic and social conditions by promoting education and training, and health and mobility improvements.<sup>40</sup>

No survivor respondents reported that there was more government involvement in VA in 2009 than in 2005 or that information was provided about VA achievements. No respondents thought that the needs of survivors were taken into account when setting VA priorities. A small percentage of respondents (9%) agreed that inclusion of survivors and their organizations in disability and VA monitoring increased. Yet there was no reported progress in the inclusion of survivors or their representative organizations in implementing VA services or developing policies.

# Conclusions

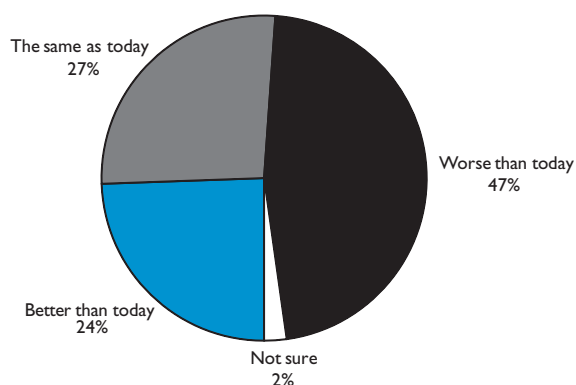
- Due to the dire situation in the DRC, VA/disability was understandably not a priority.
- The devastation of the health system was such that it needed much more effort than ever could be achieved by VA measures.
- Thanks to the non-governmental operators there was some improvement in physical rehabilitation but, overall, services were insufficient.
- Institutional or international support for VA was lacking and coordination on VA or disabilities between relevant ministries was insufficient.
- The lack of a focal point with a clear mandate hampered planning, as did the absence of reliable data. However, the latter does not constitute sufficient reason for a lack of progress.
- Financial and technical support to implement the PNRBC was absent.
- NGOs and international organizations focused mainly on the emergency situation and did not systematically integrate the needs of mine/ERW survivors or other persons with disabilities in their programs.

## Suggestions for the way forward

When asked about their expectations, nearly half of respondents (47%) thought that their situation in five years would be worse than it is now; 24% believed that it would be better; and 27% said that it would stay the same. To assist in a better future ahead, the following suggestions may be taken into account:

- Provide support to the government VA focal point, for example through UNMACC support, to create a broad coordination mechanism with sufficient capacity to act.
- Implement a comprehensive needs assessment, as the situation allows, but do not let planning progress depend only on this.
- Develop a disability plan, or set of plans for each service sector formulated by the appropriate ministries in consultation with international organizations, local NGOs and survivors.
- Increase coordination between ministries, UNMACC and NGOs to improve implementation and reporting, and to support the implementation of the PNRBC.
- Prepare coordinated proposals for VA/disability project funding.
- Empower local services, encourage grassroots projects which require minimal start-up funding.

### What do you think your situation will be like in five years?



- Introduce pilot projects for economic reintegration, such as training and micro-credit, mindful of the weak economic situation and adapted to local conditions.
- Establish survivor organizations and peer support groups as a cost-effective alternative to establishing formal psychological counseling mechanisms.



*Théthé Solo Lembenda at her house*  
© Arne Hodalics, for Handicap International

## In her own words: the life experience of Théthé Solo Lembenda

During the 6-day war between Rwandan and Ugandan forces in 2001 in Kisangani, Théthé was just 11 years old when she stepped on a mine. She was treated by the ICRC at the General Hospital of Kisangani and her first prosthetic device was supported by an international NGO. Through this NGO she also received intensive psychosocial support to help her accept her disability.

As a result, she was not rejected by her family or by her community and is now studying commerce in high school. After her high school studies she would like to receive support so that she can go to university and then start an economic reintegration project to assist other persons with disabilities.

### In their own words...

If countries really cared about survivors they would:

- Provide housing for survivors.
- Offer financial support.
- Build housing.
- Provide a sewing machine.
- Improve coordination of victim assistance implementation.
- Provide aid to get prostheses.
- Build victim assistance centers.
- Take responsibility for the psychosocial and economic needs of survivors.

### In their own words...

The main priority for VA for the next five years is:

- Improve rehabilitation services.
- Make peace.
- Include economic reintegration in national plans.
- Include survivors in activities.
- Create reintegration centers.
- Include reintegration activities in the national budget.

### In their own words...

Survivors described themselves as: boy, widower, student, having to rely on parents, woman, amputee, believer, disabled, father, unsupported, child, single, survivor, and married young.

### In their own words...

A diverse range of opinions were expressed in survey responses and some respondents chose to include comments about services, such as:

- "Just after my incident, everything went well and I was treated well. But once I healed that was no longer the case. When I have a health problem now everything is difficult: no money, no access to services. Moving around is a problem too; it used to be a right [for disabled persons] to take a taxi for free, but this no longer happens in Kinshasa as the drivers refuse to take us. We are powerless because there is nobody to speak for us."
- "They should take care of all the victims. I am disabled today because I fought for this country. The government should be grateful and help us not dump us."
- "The government should do something for me, because I am getting closer to death... it should take care of me and buy a house and then I could die in peace."