



KATANGA

More efforts are necessary

A report on humanitarian response and the remaining challenges in DRC's Katanga Province

KEY FIGURES

Population : **12,289,792**
(health statistics breakdown0)

IDPs: **582,747** (Source : CMP Katanga)

Returnees (last 18 months):
303,000 (Source : CMP Katanga)

Maternal death rate: **165** for
100,000 live births (Source :
DPS Lubumbashi)

Taux de mortalité infantile :
111 (Source : MICS 2010)

Global acute malnutrition
rate : **8%** (Source : MICS 2010)

Severe acute malnutrition
rate: **5%** (Source : MICS 2010)

HIV/AIDS rate : **6%** (Source :
données PNLS)

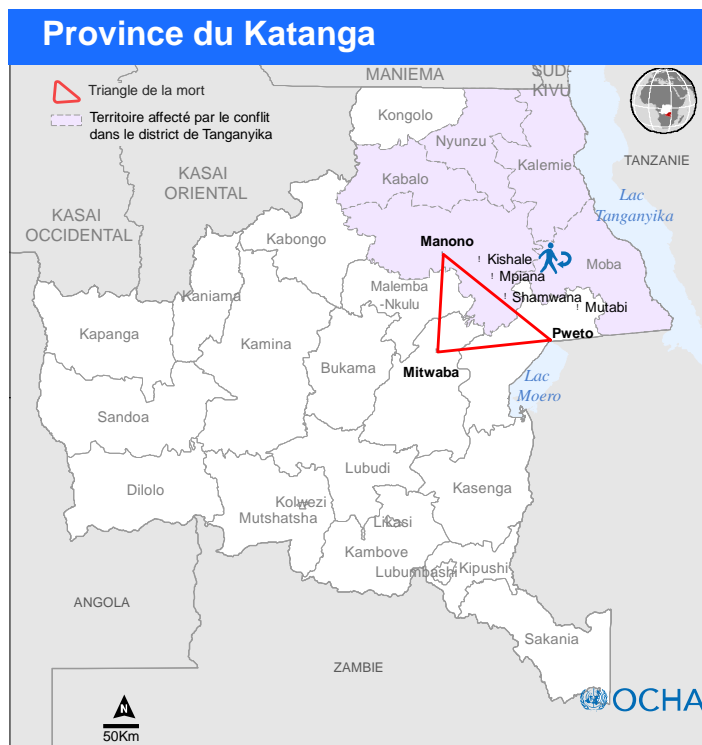
Vaccination coverage rate :
91% pour l'antigène (Source :
CCIA PEV 2014)

Number of active
humanitarian organisations :
50

People in food crisis :
1,214,276 (source : 11^{ème}
cycle IPC)

BETWEEN INSTABILITY AND A PRECARIOUS LULL

After years of calm, Katanga has become a powderkeg, like other provinces in the eastern part of the DRC. With some 580,000 internally displaced people and about 300,000 returnees since March 2013, Katanga is, after the two Kivus, the third most affected province by displacements.



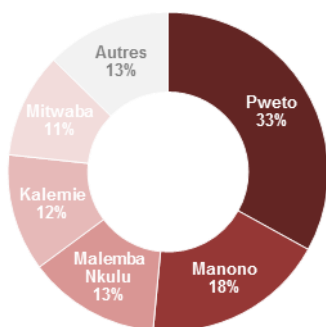
After months – January to May – of rampant violence through a « scorched earth » campaign, the *Mayi-Mayi* armed movement who has been causing havoc Katanga since 2010, « has offered » since June a semblance of respite to the populations of the territories of Malemba Nkulu, Manono, Moba, Mitwaba and Pweto situated in the southern and centre parts of the copper-producing province.

This lull is linked to attacks by the Armed Forces of the DRC (FARDC) since July against the *Mayi - Mayi Batakatanga* in the Manono, Moba and Pweto territories, also known as « the Death Triangle ». The FARDC presence in the towns, as the harvest seasons gets under way and schools are back in session, encouraged a timid movement of returning displaced populations.

For example, in south east of Manono, area the most affected by the torching of houses, killings and other atrocities in the Death Triangle, out of 11,000 displaced persons on 31 August who had fled the exactions, it is estimated that several thousand have returned to their original villages. In Mutabi, a village situated 75 km south-east of Pweto, there are only 15 000 internal displaced people left out of a total of over 46 000 persons who had been displaced there since January. Although this relative stability is precarious, it seems sufficient for some people to return home.

In Tanganyika, the conflict between the Pygmy and Luba communities has been raging since July. Finding a solution has been slow owing to the lack of a sustainable conflict resolution mechanism. The implementation of a conflict resolution process and accompanying measures are vital. However, the multiple attempts at reconciliation have been unsuccessful so far.

IDP population per territory



The north-east of Kalemie has also « plunged » into this vicious circle due to recurrent armed attacks by the *Mayi Mayi-Yakutumba* from South Kivu. Since August the FARDC have regained control of all the villages situated along Lake Tanganyika. Yet, many villages are still exposed to these militias' attacks, because of the FARDC's very limited logistical means. The populations can neither move around nor carry out freely rural activities for fear of being accused by one of the belligerents of conniving with the other.

A CONTINUING COCKTAIL OF DISEASES

The terror of Cholera



Lake Tanganyika is one of the main sources of cholera in Katanga. Each day, hundreds of people use this water for various needs.
Crédit : OCHA/ G. Cortes

In the 10 months of a cholera epidemic (from January to the beginning of October), Katanga has registered over 7,000 cholera cases, and almost 300 people have died. This year, many cases have been registered in Fungurume, Kolwezi, Likasi and Lubumbashi that were not considered as sources in 2013.

According to the Provincial Health Department of Katanga, the Upper Lomami District alone registered more than 45% of the cases of the province. However, since June, there has been a reduction of cases that coincides not only with the dry season, but also with the increase in the management of diseases and prevention interventions in the areas where cholera is the most prevalent.

From January to June, over USD 2,6 million were mobilised in the fight against cholera in Katanga via [the Pooled Fund](#) of the DRC, [UNICEF](#) and other donors. With this financing, the actors have implemented, among other things, emergency projects in the Upper Lomami District and in the Moba and Pweto territories. Likasi, Lubumbashi and Kolwezi also benefited from this financing due to the high number of cases.

These activities include setting up water chlorination facilities, restoring water points, disinfecting homes, medical care of patients in treatment facilities, strengthening the resilience of people vulnerable to water-borne diseases, building family toilets, organising awareness sessions on good hygiene and sanitation practices, etc.

Faced with some aggravating factors – the withdrawal of some partners for lack of funding, cultural practices and beliefs-specialists fear a continuation of the disease. The other significant obstacle remains the low coverage in water, hygiene and sanitation. In Katanga, less than 35% of homes have access to drinking water and an extremely low small number of people- 5%- use improved toilets. Most of the water facilities and infrastructures go back to the colonial era.

Among possible solutions, the humanitarian community thinks of community resilience activities such as promoting the use of local chlorine. In Katanga, only two out of twenty organisations use locally manufacture chlorine.

Increase in measles cases

From 01 January to the beginning of October over 11 000 cases of measles, including 90 deaths, have been registered. This figure is double the number of cases registered for the same

1 230

Monthly average of measles cases
registered each month

period in 2013. . The situation in two health areas – Kilwa and Bukama – remains a matter of concern, since these areas were not accessible for many months due to security reasons. WHO, UNICEF and Congolese authorities have established strategies to determine how to reach those children. The health area of Kilwa reflects the sad reality of several conflict areas in Katanga where

many children have not yet been reached by vaccination programmes or by other humanitarian interventions due to perpetual violence.

Over one million malaria cases in eight months

In Katanga, over 1 million people affected with malaria, including almost 2,000 deaths, were registered during the first eight months. 40% of them had acute malaria and about 60% suffered from complications due to anaemia.

In some areas, mosquito nets are used for fishing in Lake Tanganyika.

All the partners strive to step up information and awareness campaigns among the people to change their attitude towards the use of impregnated mosquito nets. In some areas, the people use the mosquito nets for fishing. Within the framework of the universal campaign of distribution of mosquito nets, UNICEF in collaboration

with the American Agency for International Development ([USAID](#)), [the World Bank](#) and the Congolese Government, has distributed 5.3 million mosquito nets in 67 of the 68 health areas of Katanga in 2012. Only the health area of Kilwa was not included in this distribution. In 2014, these partners distributed 50 000 other mosquito nets in Kilwa. The next mosquito nets distribution campaign is planned for 2015.

WHEN DONORS STEP UP TO THE PLATE



During the 17 months from March 2013 to June 2014, Katanga attracted donor attention.

[The Common Humanitarian Fund \(CHF\)](#) of the DRC allocated nearly \$15 million in response to emergencies in the province, to rapidly respond to the urgent needs of vulnerable people in five priority sectors: education, protection, nutrition, water, hygiene, sanitation and health.

This financing will, among other things, provide assistance to children coming from armed forces and groups, prevent community conflicts, give access free primary health care, as well as fight against cholera and malnutrition.

[The European Commission Humanitarian Aid Office \(ECHO\)](#) allocated nearly \$10 million (7,5 million Euros) for an emergency multisectorial aid to enable humanitarian actors to respond to the needs arising from the renewed armed conflict prevailing since the end of November 2013 and to fill the gap of neglected humanitarian needs.

These funds contribute to providing aid in all sectors from 2013 to June 2014: over 28,000 tons of food distributed to 1,2 million vulnerable people in the province; 20,000 displaced people of Kalemie and Manono have been helped with shelters and 180,000 others received basic household goods; about 1,300 children came out of the armed forces and groups of whom 906 were reunited with their families; over 1,200 women victims of sexual violence were treated and 100 others had fistula repair; over 7 million children were vaccinated against measles and poliomyelitis in Katanga.

Other donors such as [OFDA](#), [DFID](#) and [USAID](#) also contributed to the humanitarian response.

The Office for the Coordination of Humanitarian Affairs- DR Congo, October 2014

Needs that require financing

In spite of this financial effort, humanitarian actors want to mobilise even more resources, as thousands of other vulnerable persons have not yet received badly needed aid.

In the shelter sector, for instance, the UN High Commissioner for Refugees (UNHCR) has, since January, built 1,500 emergency shelters for vulnerable IDPs in Kalemie and Manono. This action is a « drop in the ocean » in terms of shelter needs for the thousands of IDPs and returnees.

In the food security sector, the aid to displaced and returned households is poor in the Malemba Nkulu, Manono, Mitwaba and Pweto territories. In the education sector, nearly 70% of the displaced children do not go to school for various reasons, including the lack of financial means of the parents and the persistent insecurity. As for protection, the means put at the disposal of humanitarian actors to support rape survivors are grossly inadequate due mainly to a lack of financial means.

In terms of protection, the means available to provide assistance to women who have been sexually assaulted is insignificant; the same goes for the reintegration into society of children who were former members of armed groups.

48,000 people, who had fled their villages in July and August and sought refuge in Tanganyika district, were in need to aid, however only 26% of them have received aid.

While much attention is given to displaced people, returned persons are somewhat neglected. The province has about 300,000 persons who also need help to rebuild their lives

NOT ENOUGH ACTORS, A WEAK LINK

In view of the current situation, Katanga needs more humanitarian actors. Katanga has only 50 humanitarian organisations that are really active. Some territories like Mitwaba have no humanitarian presence: Mitwaba, considered as Gédéon Mutanga's stronghold, remains the area with some 43% of the returnees.

In the north of Katanga, apart from the Manono territory that has several partners, the other territories such as Nyunzu, Moba, Kabalo and Kongolo have few or no actors capable of providing an efficient response to the multiple needs. In Upper Lomami, only four organisations are active in the fight against cholera and malnutrition. The eastern part of the province, affected by malnutrition, has no partners.

A LIGHT OF HOPE IN THE FACE OF CHALLENGES ?

With the precarious lull prevailing in the centre and south of the province and the increasing violence in the north, Katanga remains on an uncertain path. Many issues are pending, such the disarmament and demobilisation process, a more robust presence of the State. The path to stability remains dangerous and uncertain; the only certitude being that people want to see an end to the violence and the province embarks on the road to peace and socio-economic development.

To do so, Katanga needs a robust and sustained effort from national and international stakeholders to respond to, not only humanitarian needs, but also development and security objectives.

However, the humanitarian needs of Katanga have been « competing » with those of the Kivu provinces which for years have been attracting media projectors, positioned themselves at the top of political agendas and attracted more financing. Katanga does not want to become a « second North Kivu », but its population is pleading for more international attention to break the cycle of violence.



Thousands of Katangese only want one thing: peace so that they can return to their economic activities. Credit: OCHA/ G. Cortes

The humanitarian community of Katanga is pleading for increased attention by showing, not only the needs, but also the « success stories » it managed to obtain with the financing it received until now. In the present financial context, donors want to « trace » their financing, make sure that the aid reaches the beneficiaries, otherwise more financing will be difficult to attract.

This humanitarian community should also plead with itself – other humanitarian actors – that they come and join the response effort. The actors' presence is partially linked to financing, taking us back to the need to demonstrate the « added value » of humanitarian aid in Katanga.

In the implementation of its protection mandate, MONUSCO could spend more to protect the thousands of people in the second largest province of the country.

All the actions undertaken by the humanitarian community will only succeed if the Congolese authorities, first responsible for the protection of people and property, get more involved than they have done so far. The Orientale Province and both Kivus have been for a long time a tremendous challenge, and with Katanga joining the not-so-enviuous “bandwagon”, it is the whole eastern part of the DRC has become unstable.

Without the aid from humanitarian actors, humanitarian requirements will persist. Humanitarian action is far from being a panacea. However, humanitarian response has helped vulnerable people to live with dignity in an unsafe environment. Humanitarian action in Katanga – like in the rest of the country- is a link that will have meaning only if all the other links in the chain work as one.

La seule certitude reste que les Katangais veulent non seulement voir la fin de ce conflit armé destructeur mais aussi et surtout, ils veulent revoir leur province en paix et sur la voie du développement socio-économique.

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