



## General country data

### a. Figures

	DRC
Total population (millions)	77.31
Total population under UNHCR mandate	52,400
IHDI	0.28
Gender development index	0.83
Maternal mortality per 100,000 births	730
GINI Index	42.1
Social Support	0.68
INFORM RISK	7
Fragile State Index	110
Number of reported mine victims in 2017	16
Amount of aid received for mine action	8.06
Development aid funding (millions)	2599

### b. Humanitarian law instruments ratified by the country

- |  |            |            |
|--|------------|------------|
| → Ban Treaty Mine / Status:  | Ratified   | on         |
| 02/05/2002   |            |            |
| → Convention on Cluster Munitions / Status:                          | Signed on  | 18/03/2009 |
| → UN Convention on the Rights of Persons with Disabilities / Status: | Non-member |            |

### c. Geopolitical analysis

Most people have difficulty accessing quality health care in the Democratic Republic of Congo (DRC). The second largest nation in Africa, DRC ranks 176 out of 188 countries on the human development index. The dilapidated state of the roads and health infrastructure and the extreme poverty that affects most people have a serious impact on health across the whole of this vast country.

In addition, for more than fifteen years, the DRC has suffered a major humanitarian crisis, which affected more than 7.3 million people in 2016, of whom 6.9 million need emergency assistance,

including more than 4.2 million children. This crisis is the result of decades of local and regional instability, particularly in the country’s eastern provinces. Over the years, multiple armed conflicts and inter-community violence have made the population highly vulnerable. New conflicts broke out in 2017 affecting previously touched provinces, such as the Kasai region and Tanganyika. Transport of humanitarian aid is severely disrupted by security concerns due to violence perpetrated by armed groups, and to inter-community and inter-ethnic conflicts, set against a background of heightened political instability.

## HI’s work in DRC

HI has worked in DRC since 1995, and in the east of the country since 2001 (weapons clearance in Kisangani, Tshopo Province), and in Goma since 2007 (rehabilitation and logistics). Since 2007, HI has implemented several projects in the fields of physical rehabilitation, victim assistance and care for vulnerable people in North Kivu, including injured and/or disabled people.

## Projects

Areas of intervention	Projects	Funding bodies	Start/finish date
Health: Mother and child health and Road safety	<p><b>Maternal health</b> (disability prevention, access to care for women with disabilities, community work and capacity building)</p> <p><b>Road safety</b> (Public and user awareness, police training and road signs)</p>	DGD	1/01/2017 to 31/12/2021  1/01/2017 to 31/12/2019
Physical and functional rehabilitation	<p><b>Functional rehabilitation</b></p> <p><b>Victim Assistance</b> - Overarching sectors (REHAB capacity building, training of ORTHO technicians, mobility aids, economic inclusion/micro-credit and gender advocacy)</p>	DGD ECHO DGD Humanitaire  USAID / JSI	1/01/2017 to 31/12/2021 1/09/2017 to 30/04/2018 1/01/2017 to 31/12/2017  1/07/2014 to 31/12/2017
Education, inclusion (Inclusive education)	Improve access to <b>inclusive education</b> for children with disabilities, especially girls in Kinshasa	AC5 MAE Lux	01/01/2018 to 31/12/2021
Prevention and Reduction of Armed Violence	<b>Demining</b> project: province by province demining to promote safe and sustainable development for mine/explosive remnants of war-affected communities in DRC	German MoFA	01/01/2017 to 31/12/2017
Logistics platform	<p><b>Rapid Mobile Response Team</b></p> <p>ARNA: Airstrip <b>rehabilitation</b> needs assessment / Improve <b>humanitarian access</b> to conflict-affected people in DRC</p> <p><b>Logistics platform</b></p>	Humanitarian Fund DDC  DCC  OFDA Humanitarian Fund	01/01/2017 to 31/12/2017 01/12/2017 to 30/10/2018  01/01/2017 to 31/11/2017 01/03/2018 to 30/09/2018  01/06/2016 to 31/04/2017 01/06/2017 to 31/05/2018
Essential needs	<b>Food security</b>	USAID FFP	27/09/2017 to 30/09/2018

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Protection against abuse and violence	<b>Protection / Psychosocial support</b>	Humanitarian Fund ECHO / CDCS	01/06/2017 to 30/02/2018 1/09/2017 to 31/05/2018
Justice, community and political involvement	<b>Inclusion Technical Unit (ITU)</b>  <b>Disability Data</b> <b>DPO support</b> (advocacy and capacity-building of DPOs)	Humanitarian Fund  DFID DGD	01/01/2017 to 31/12/2017  01/02/2017 to 31/05/2018 1/01/2017 to 31/12/2021

<p style="text-align: center;"><b>DGD</b></p>  <p><b>Belgique</b> partenaire du développement</p>	<p style="text-align: center;"><b>MAE Luxembourg</b></p>  <p>THE GOVERNMENT OF THE GRAND DUCHY OF LUXEMBOURG Ministry of Foreign and European Affairs</p> <p>Directorate for Development Cooperation and Humanitarian Affairs</p>	<p style="text-align: center;"><b>USAID</b></p>  <p><b>USAID</b> FROM THE AMERICAN PEOPLE</p>
<p style="text-align: center;"><b>DDC</b></p>  <p>Schweizerische Eidgenossenschaft Confédération suisse Confederazione Svizzera Confederaziun svizra</p> <p><b>Direction du développement et de la coopération DDC</b></p>	<p style="text-align: center;"><b>DFID</b></p>   <p>Department for International Development</p>	<p style="text-align: center;"><b>German MoFA</b></p>  <p>german humanitarian assistance DEUTSCHE HUMANITÄRE HILFE</p>
<p style="text-align: center;"><b>ECHO</b></p>  <p>Humanitarian Aid and Civil Protection</p>	<p style="text-align: center;"><b>Humanitarian Fund</b></p>   <p>Fonds Humanitaire RDC</p>	


HI Staff in DRC

Democratic Republic of Congo





The DRC programme has a team of more than 120 people.

Ongoing projects: service sectors where HI leads projects and focuses on operational partnerships

Service sectors	Goals	Types of response by actor	Beneficiaries	Partners	Location
<p><b>Justice, community and political involvement</b></p> 	<p>Strengthen the participation of people with disabilities, their families and representative organisations (DPOs) in society and promote their involvement in advancing their rights</p> <p>Enhance inclusion of the most vulnerable people in humanitarian assistance in eastern DRC and Grand Kasai.</p>	<ul style="list-style-type: none"> <li>- Support self-assessment participatory process preliminary to developing a training plan</li> <li>- Organise inclusive training courses on managing organisations and organisational capacities, disability issues, sign language, awareness-raising, advocacy and coaching information</li> <li>-Regular exchanges of experience (information and good practices) between DPOs</li> <li>-Close support for DPOs</li> <li>- Participatory situational analysis and support to identify disabled people in areas where the project works</li> <li>- Information access support: mapping of available community services, workshop to implement an information-sharing strategy, training of community leaders on information sharing and community awareness of disability and CBR</li> <li>- Support to train self-help groups and training on "peer-to-peer support"</li> <li>- Support to implement innovative community-based projects</li> <li>- Support to define and implement a common advocacy strategy</li> <li>- Support DPOs to share CRPD and make it accessible to the authorities</li> <li>- Support to implement a common advocacy strategy and to set up mechanisms enabling DPOs to use CRPD and other legal instruments</li> <li>- Support provincial advocacy initiatives in synergy with MCH and REHAB projects</li> </ul> <p>Support humanitarian actors and affected communities to promote the inclusion and access of the most vulnerable people to humanitarian response through the <b>Technical Inclusion Unit (TIS)</b></p>	<p><b><u>Direct beneficiaries:</u></b></p> <p>3,140 people (1576W/1564M)</p> <p><b><u>Indirect beneficiaries:</u></b></p> <p>All disabled people living in the area where the project is implemented and DRC more generally</p> <p><b><u>Direct beneficiaries:</u></b></p>	<p>ANAPEHMC0 ASSOUKIN PADPHAC UNAC</p>	<p>Kinshasa</p>

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			Direct beneficiaries of this project are humanitarian organisations in the targeted area.		Goma and Grand Kasai
<p><b>Prevention and reduction of armed violence</b></p> 	Prevent and reduce armed violence	Humanitarian demining	<p><b>Direct beneficiaries:</b></p> <ul style="list-style-type: none"> <li>- 7,000 people directly affected by mines/ERW in the three CHAs around Kisangani: Bangboka, Batiakanga, Batiabombe (AFRILAM estimate 2015). Depending on CCLAM/UNMAS task orders, areas to be cleared and number of associated beneficiaries may vary. Communities directly affected by mines/ERWs in CHAs located in the intervention area (depending on CCLAM/UNMAS task orders). 22 AFRILAM employees will directly benefit from the capacity-building actions planned as part of the project.</li> </ul> <p><b>Indirect beneficiaries:</b></p> <p>Total population of mine/ERW-affected areas in the intervention area, approximately: 3,620,000 people</p>	AFRILAM	Tshopo, Haut-Uélé and Bas-Uélé, Ituri
<p><b>Physical and functional rehabilitation service</b></p> 	Building on synergies developed between projects (MCH, REHAB and support to DPOs), enable people with disabilities to benefit from care services and increase their involvement and self-reliance in daily life.	<ul style="list-style-type: none"> <li>- Supervise orthopaedic workshops managed by a senior HI orthopaedic technician</li> <li>- Support orthopaedic training for grant-holding students</li> <li>- Train rehabilitation professionals</li> <li>- Train disability and rehabilitation community workers</li> <li>- Equip physiotherapy services in Makala general referral hospital (GRH), and health centres working with the two GRHs.</li> <li>- Support rehabilitation case-management and then case-management model development</li> <li>- Advanced case-management strategy in Kinshasa via mobile clinics during first year (2017)</li> <li>- Visits and exchange of practices with other CBR programmes</li> <li>- Support community awareness-raising activities implemented by peer groups</li> <li>- Train and support self-help groups</li> <li>- Support DPOs to implement participation activities and community mobilisation to facilitate service access (e.g. rehabilitation care, education</li> </ul>	<p><b>Direct beneficiaries (ECHO+CDCS):</b></p> <p>1000 beneficiaries, as follows:</p> <ul style="list-style-type: none"> <li>- 650 people in need of physical and functional rehabilitation care in identified health facilities. Of whom 550 conflict victims will benefit from psychosocial care;</li> <li>- additional 250 crisis-affected people in communities will also benefit from psychosocial care;</li> <li>- 50 health workers will benefit from capacity-building training: 30 medical and paramedical staff working in the physiotherapy field will benefit from physical and functional rehabilitation training; 20 medical and paramedical staff working in the psychosocial support field will benefit from psychosocial support training;</li> </ul>	MSF Belgium / ICRC MSF Belgium Provincial Ministry of Health Provincial Directorate of Health (DPS) Kinshasa, Central Kasai and Kasai Tshikaji Hospital	North Kivu Kasai Central Kasai Kinshasa

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	<p>Training, economic empowerment, assistive technology and physical rehabilitation services</p>	<p>etc.)</p> <ul style="list-style-type: none"> <li>-Train rehabilitation service staff (orthopaedic, stroke, mobility aid training etc.)</li> <li>- Provide micro-credits, social and economic support, professional and management training, awareness-raising activities</li> <li>- Mobility aids (deliveries of assistive devices and wheelchairs, equipment donations)</li> <li>- Develop rehabilitation policy</li> <li>- Implement multidisciplinary approach in hospitals and rehabilitation management system</li> </ul>	<p>- 50 key community actors will benefit from initial psychological relief training.</p> <p><b>Direct beneficiaries (DGD):</b></p> <p>2,726 (1,336 male/1,390 female) including 360 children</p> <ul style="list-style-type: none"> <li>• 360 children (166 male/194 female) and 288 adults (130 men/158 women) with disabilities</li> <li>• 432 community focal points (212 men/220 women)</li> <li>• 43 nurses (294 men/22 women)</li> <li>• 16 orthopaedic technicians (7 men/9 women)</li> <li>• 43 physiotherapists working in project partner GRHs (21 men/22 women)</li> <li>• 36 members (18 men/18 women) of the Health Zone Management teams</li> <li>• 1,796 parents of disabled children in both provinces (1225 men/1275 women)</li> </ul> <p><b>Indirect beneficiaries (DGD):</b></p> <p><b>962,379</b> people in the community reached by awareness messages conveyed by community focal points and opinion leaders</p> <p><b>Training beneficiaries:</b></p> <ul style="list-style-type: none"> <li>• Hospital staff: doctors and nurses: 60 (30M/30W)</li> <li>• Physiotherapists 100 (50/50)</li> <li>• P &amp; O students 10 (5/5)</li> <li>• Mobile aid staff 30 (23/7)</li> <li>• DPO staff training 20 (5/15)</li> <li>• Training sessions to advocate for gender equality 200 (80/120)</li> </ul> <p><b>TOTAL 420 (193/227)</b></p> <p><b>Beneficiaries of services/ecological education:</b></p> <ul style="list-style-type: none"> <li>• PT beneficiaries: 1500 (650/850)</li> </ul>	<p>10 local and international partners and stakeholders:</p> <ul style="list-style-type: none"> <li>- Congo organisation of orthoprosthetic technicians (ATOC)</li> </ul>	<p>Kinshasa Kananga</p>
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	<p><b>RS:</b> Reduce the risk of road accidents due to drink driving in synergy with NGOs, the police and the CNPR (national road safety commission) in the district of Limete</p>	<p>-Develop awareness-raising tools                      -Train traffic police on the highway code and how to enforce it                      -Raise awareness of road traffic police on the behaviour to adopt during random drink-driving tests and road regulation checks                      -Support road improvements in Limete district</p>	<p><b>RS direct beneficiaries:</b></p> <p>2663 people (1318M/1345W)</p> <ul style="list-style-type: none"> <li>• 182 members (109M/73W) of local road safety NGOs and the drivers' organisation</li> <li>• 2122 ACCO member drivers (1910M/212W)</li> <li>• 128 officers (90M/38W) of traffic police force (PCR)</li> <li>• 5 members of the steering committee and 126 members of the Ministry of Transport and Communication, the Minister's Office and the CNPR (89M/37W)</li> </ul> <p><b>RS indirect beneficiaries:</b></p> <p>164,917 (80,809M/84,108W) vulnerable users (pedestrians, public transport passengers ("207" and motorcycle taxis) and people with disabilities, children and older people) and people living near streets or roads with particularly heavy traffic</p> <p>1,345,011 children, parents and community members in Kinshasa province</p>	<p>DGEF (Schools and Training General Directorate) and OCLAREF</p>	
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<p><b>Inclusive education</b></p> 	<p>Improve access to inclusive education particularly for girls in Kinshasa</p>	<ul style="list-style-type: none"> <li>-Community awareness-raising</li> <li>-Strengthen teacher skills</li> <li>-Improve physical accessibility of school infrastructure</li> <li>- Improve advocacy on the education of children with disabilities</li> <li>-Create links between rehabilitation and education for child beneficiaries</li> <li>-Develop primary-post-primary educational continuum</li> </ul>	<p><b>Direct beneficiaries</b></p> <ul style="list-style-type: none"> <li>• Children with disabilities in primary schools (249 pupils with disabilities of primary school age, including 103 girls)</li> <li>• Teachers and other education personnel (196 teachers and directors in 10 schools; 40 SERNAFOR inspectors from the four district involved in the project)</li> <li>• Representatives of various MEPSP (Ministry of Primary, Secondary and Vocational Education) departments and services</li> <li>• Parents of children with disabilities</li> <li>• The 7 community rehabilitation committees (CRCs)</li> <li>• Parent committees. An annual meeting will bring together members of 10 parent committees to exchange best practices and make recommendations to the steering and monitoring committees. Twice a year, members of parent committees from the same educational province will meet to share and discuss problems and good practices in order to assess their skills and capacities to advocate for inclusion to a wider audience.</li> </ul> <p><b>Indirect beneficiaries:</b></p> <ul style="list-style-type: none"> <li>• Children without disabilities (6,352 students from the 10 partner schools, including 3260 girls)</li> <li>• Children, parents (13,178 parents of students from the 10 partner schools) and community members in Kinshasa province: improved knowledge and awareness of the importance of educating children with disabilities.</li> <li>• All teachers, school heads and inspectors in Kinshasa province.</li> <li>• All MEPSP staff.</li> </ul>	<p>MINESP EPSP RCRC Comcon The Education Cluster Consultation framework for Belgian-Congolese aid actors Coalition Nationale Education pour Tous/RDC (CONEPT/RDC)</p>	<p>Kinshasa</p>
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			<ul style="list-style-type: none"> <li>All NGOs members of the Education cluster: The education cluster will provide them with information on the needs of children with disabilities.</li> </ul>		
<b>Logistics platform</b>	Improve humanitarian access	<ul style="list-style-type: none"> <li>-Rehabilitate road danger zones,</li> <li>-Rehabilitate minor road infrastructure,</li> <li>-Assess airstrips,</li> <li>-Rehabilitate an airstrip,</li> <li>-Road transport,</li> <li>-Warehousing</li> </ul>	Humanitarian actors (INGOs, local NGOs, UN agencies, international organisations)	Humanitarian actors and Logistics Cluster FONER Civil aviation actors	North Kivu Kasai Central Kasai
<b>Essential needs</b> 	Reduce food insecurity	Food distribution: improve short-term food security for conflict-affected populations in Kasai.	<b>Direct beneficiaries:</b> 8,500 families or 51,000 people (50% men and 50% women)		Central Kasai
<b>Protection against abuse and violence</b>	Protect against abuse and violence	<p>Protection/PSS in Kasai: Armed conflict-affected people benefit from quality rehabilitation care and psychosocial support adapted to their needs:</p> <ul style="list-style-type: none"> <li>- Organise rehabilitation sessions for people with functional limitations in three health structures supported during the project</li> <li>- Physical and functional rehabilitation care of injured people</li> <li>- Psychosocial support</li> <li>- Training of HI staff in early rehabilitation</li> <li>- Training of HI staff in psychosocial support</li> <li>- Care or referral of people in need of psychosocial support</li> <li>- Improve the psychological well-being of conflict victims</li> </ul>	<p><b>Direct beneficiaries:</b></p> <ul style="list-style-type: none"> <li>- 900 individuals</li> <li>- 3 organisations</li> </ul> <p><b>Direct beneficiaries (CDCS):</b></p> <ul style="list-style-type: none"> <li>- 1000 people (650 rehabilitation, 250 PSS, 50 health staff, 20 medical and paramedical staff, 50 key community members)</li> </ul> <p><b>Direct beneficiaries (DGD Humanitaire):</b> 3540 individuals</p> <ul style="list-style-type: none"> <li>- 1800 community awareness-raising beneficiaries</li> <li>- 1620 beneficiaries of psychosocial or physical rehabilitation care</li> <li>- 120 capacity-building beneficiaries (HGR and CSR)</li> <li>- 90 staff in healthcare facilities trained in physical rehabilitation</li> </ul> <p><b>Direct beneficiaries (Humanitarian Fund):</b></p>	ACF (consortium)	Central Kasai Kasai

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			<p>2785 individuals</p> <ul style="list-style-type: none"><li>- 1000 direct beneficiaries of initial psychological relief, including 400 referrals</li><li>- 1600 participants in community awareness-raising activities</li><li>- 150 community focal points supported and trained</li><li>- 35 staff members in psychosocial support roles</li></ul>		
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