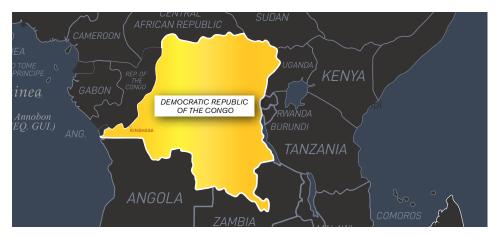
# CULTURAL BACKGROUNDER

# REFUGEES FROM THE DEMOCRATIC REPUBLIC OF THE CONGO





# INTRODUCTION

During the years 2017-2019, 2,355 refugees from the Democratic Republic of the Congo (DRC) were resettled in the EU-27 through the United Nations High Commissioner for Refugees (UNHCR) resettlement programme, with most people resettling in Sweden, Finland and the Netherlands.<sup>1</sup> Between the second quarter of 2019 and the second quarter of 2020 (inclusive), 11,115 refugees from the DRC sought asylum for the first time in EU-27 countries.<sup>2</sup>

## **Need for Resettlement**

In 1960, the Congo achieved independence from Belgium, following nearly one hundred years of brutal exploitation which was marked by violence and cruelty from the colonial power.<sup>3</sup> Since then, the country has experienced ongoing fighting related to internal ethnic tensions and two regional wars, conflicts which caused an estimated 5.4 million deaths.<sup>4</sup>

In 1960, Patrice Lumumba became the first Prime Minister of the independent Republic of the Congo. He was assassinated in early 1961, having faced opposition from President Kasavubu, amidst mounting tensions arising because of the involvement of the Belgian government in the state of Katanga and the desire for some parts of the country to secede under different political leaders. Joseph Mobutu Sese Seko, the army Chief of Staff, undertook two coups d'état in 1960 and

1965, the second of which allowed him to assume the Presidency.<sup>5</sup>

In 1971, Mobutu renamed the country Zaire, which he continued to rule until 1997. His party, the Popular Movement of the Revolution, was Zaire's only legal political party until 1990.6 Throughout his rule, he faced internal opposition from university students, ethnic groups who had played important roles in previous governments, Congolese exiles, and farmers who did not do well under his plans for economic revival. The early years of his rule were marked by support from the United States, France and Belgium, who regarded him as an anti-communist ally; however, with the end of the Cold War in the 1990s, Mobutu lost much of this support.6





Following the genocide of Tutsis and moderate Hutus in Rwanda in 1994, millions of refugees from Rwanda fled to Zaire, Burundi and Tanzania, seeking safety in UNHCR-supervised refugee camps. Some of these refugees were perpetrators of the genocide, who, fleeing the new Tutsi-led government, rapidly established a main base for themselves in the refugee camps in eastern Zaire. Their presence, and the support they received from President Mobutu, led both to uprisings from groups in eastern Zaire and to an invasion in 1996 by Rwanda and Uganda, which started what has been called the First Congo War. Marked by ethnic violence, the war ended with President Kabila taking over in 1997. Zaire was renamed the Democratic Republic of the Congo (DRC).

The so-called Second Congo War, which began in 1998 and lasted for five years, occurred as President Kabila allowed Hutu armies to come together in eastern Congo. In response, Rwanda and Uganda invaded the DRC, prompting support for Congolese government forces from Angola, Namibia, and Zimbabwe. The war is considered to be the deadliest global conflict since the Second World War. President Kabila was murdered in 2001 and succeeded by his son, Joseph Kabila, who negotiated both Rwanda's and Uganda's withdrawal from the DRC and a peace deal with rebel groups within the DRC. Although the war ended in 2003, violence endures throughout the country, particularly in the Kivu region, continuing to force millions to flee from their homes.

In 2016, the DRC faced an electoral and political crisis as President Kabila, who was due to step down after his two-term limit, attempted to delay elections and suppress voters, 12 which led to security forces clashing with protestors. 12 The civil unrest following the government's attempts to repress dissent was accompanied by ethnic tensions and armed groups in some areas of the country becoming emboldened. Security in the DRC has severely deteriorated since; in areas where the government attempted to repress dissent, women and girls frequently face violence and people are extorted, forced to fight or work, and are kidnapped.4

In January 2019, Felix Tshisekedi was sworn in as President. Over a million Congolese people were unable to vote in the presidential election because voting was postponed to March 2019, officially because of an Ebola outbreak in the east of the DRC. <sup>12</sup> Supporters of the opposition candidate protested Tshisekedi's swearing in and were met with excessive force. Some peaceful demonstrators continue to be arbitrarily detained or arbitrarily beaten by security forces, although Tshisekedi's administration has released most activists and political prisoners detained during previous crises, and has allowed people living in exile to return home.

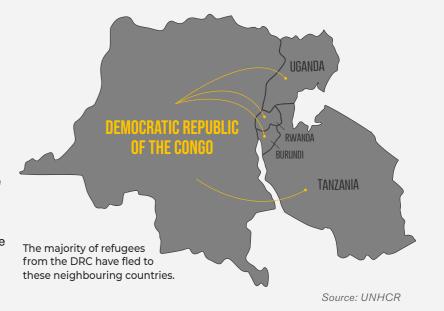
In 2019, more than 130 armed groups were active in North and South Kivu provinces. Commanders of many of these groups have been implicated in war crimes, including pillage, recruitment of children, ethnic massacres and rape.<sup>12</sup>

Since 2018, two Ebola outbreaks have killed more than 2,250 people in North Kivu and Ituri provinces, and over 5 million people have been displaced in the DRC because of violent conflicts since 2017.<sup>4</sup> As of 2020, the IRC estimates that almost 20% of the population continues to struggle with recurrent crises. Additionally, UNHCR estimates that the DRC is hosting over 500,000 refugees from Burundi, the Central African Republic, Rwanda and South Sudan, <sup>13</sup> over 50% of whom are women and children. <sup>11</sup>



# **Asylum Country Conditions**

In May 2020, UNHCR estimated the number of refugees from the DRC in countries in Africa to be 914,077,<sup>14</sup> with the largest number being in Uganda (409,882 refugees), followed by Burundi (79,754 refugees), Rwanda (76,608 refugees), and Tanzania (76,558 refugees). Moreover, 114,644 refugees from the DRC are in nine countries in Southern Africa (Namibia, Botswana, Lesotho, Malawi, Zimbabwe, Mozambique, Madagascar, South Africa and the Kingdom of Eswatini).



#### Uganda

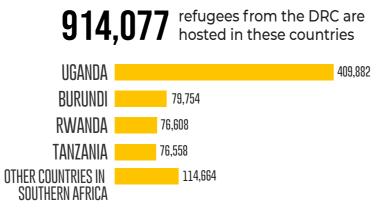
Uganda's refugee hosting model was noted by Amnesty International as being one of the most progressive models in the world, since refugees are given equal access to primary education, healthcare and other basic social services, have the right to work and own a business and are given relative freedom of movement.<sup>15</sup> Refugees are hosted in 'settlements', where they are allocated pieces of land which they can use to make shelters, grow food and start their own businesses. The Ugandan government hopes that this model will enable refugees to become self-reliant in five years.

However, as noted by the International Refugee Rights Initiative, in practice, the settlements both legally and practically restrict freedom of movement, meaning that access to markets is limited, reducing the ability of refugees to achieve self-reliance. Individuals who do move to other parts of the country without permission are at a greater risk of labour exploitation. Moreover, as noted in a report about the conditions that refugees from Sudan were living in, the land provided for refugees in settlements is not adequate for producing crops which are sufficient to meet their needs, and refugees have limited and insecure access to income for basic needs; furthermore, although health care is available, follow-up prescription medication is often unavailable or unaffordable. There is no discussion about local integration in Uganda and there are few opportunities for third country resettlement. Because of this, voluntary repatriation has been increasingly featured as a central part of refugee protection policies, even though safe return is, in most cases, unrealistic. This means that refugees remain in Uganda with no viable solution, or are pressured into returning to their homes either against their will or prematurely. In the settlement is a settlement in the settlement

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#### Burundi

According to the UNHCR, in 2018, approximately 41% of refugees from the DRC were living in urban areas of Burundi, with the remaining 59% living in four refugee camps; 56% of refugees in Burundi were children.<sup>17</sup> The general protection environment in Burundi presents challenges for asylum seekers and refugees from the DRC, especially with regards to access to basic services such as education, health, security, and freedom of movement. Asylum seekers and refugees also face challenges with regards to local integration, achieving self-reliance, and citizenship.



Source: UNHCR

## Rwanda

Rwanda has been hosting refugees from the DRC since 1996.<sup>18</sup> Approximately 98.5% of refugees from the DRC live in five refugee camps and include people who fled during the 1990s and people who fled following the renewed hostilities in 2012-13.

Refugees have a right to work, are allowed to cross borders, and have unhindered access to third-country resettlement, local integration in Rwanda or voluntary return. Refugee students are integrated into national primary and secondary schools, alongside local community students, although overcrowded classrooms as well as language and cultural barriers have, in the past, been cited as barriers to their educational integration. However, given their residence in refugee camps and lack of opportunities to make a living, most refugees are dependent upon assistance for shelter, water, sanitation, food, health, education and cooking energy.

#### **Tanzania**

Most refugees in Tanzania live in three refugee camps. Government directives restrict their freedom of movement and refugees have limited access to livelihood opportunities.<sup>20</sup> Due to restrictive policies such as this, and the protracted nature of many people's displacement, refugees in Tanzania are highly dependent on humanitarian assistance. Moreover, there is a lack of educational opportunities and vocational skills, including learning materials and classrooms. Many children who have dropped out of school have cited hunger as one of the main challenges to continuing with their studies.

There is a high rate of rejection of refugee claims by the government, and a lack of documentation makes it difficult for refugees to access basic services. Since 2017, the restrictions on access to the territory and asylum have increased: between March 2017 and July 2018, all border entry and reception points for refugees from the DRC into Tanzania were closed, and as of early 2019, these restrictions were still in place.<sup>20</sup>

#### Culture

It is important to note that refugees from the DRC may never have lived there, or may have left the DRC a long time ago. The information below relates to laws, infrastructure and societal and cultural practices in the DRC.

#### Language

French (an official language of Belgium, which colonised the DRC) is the official language of the country, and is widely used in government and education; it is typically spoken by people who have had access to secondary education. Kikongo (Kituba), Lingala, Swahili and Tshiluba are the four national languages,<sup>21</sup> and many people may speak Kiswahili.<sup>22</sup> A number of other languages are spoken by ethnic groups across the DRC,<sup>22</sup> including Kinyarwanda and Kinyamulenge.

#### Religion

According to estimates from 2014,25 29.9% of the population identifies as Roman Catholic; 26.7% identifies as Protestant; 2.8% identifies as Kimbanguist; 36.5% identifies as Christian (other); 1.3% identifies as Muslim; 1.3% identifies as other (including syncretic sects and indigenous beliefs); and 1.2% does not identify with a religion. The DRC constitution guarantees freedom of religion,23 and according to the law, the government is responsible for recognising, suspending recognition of, and dissolving religious groups, although unregistered religious groups are permitted to operate unhindered.<sup>23</sup> In 2018, there were reports of religious organisations (predominantly Catholic ones) being subjected to intimidation, arbitrary arrest and violence on behalf of the government because of the Catholic Church's support for reliable elections.23

#### **Ethnic Groups**

The DRC is home to over 200 ethnic groups. About 45% of the population come from the four largest ethnic groups: the Mongo, Luba, Kongo, and Mangbetu-Azande.<sup>25</sup> Inter-ethnic violence continues in the DRC and people are often forced to flee their homes. In January 2020, violence against the Hema community in Ituri was thought to have amounted to crimes against humanity, according to a UN report.<sup>26</sup>

According to a report published by UNHCR, in 2014, the majority of refugees from the DRC were of Banyarwanda (Tutsi, Hutu or Banyamulenge) background.<sup>27</sup>



#### Food

Common dishes in the DRC include cassava leaves and beans and starch (such as maize flour or cornmeal porridge) which is often called *ugali* or *fufu*. Other popular dishes also include *moambe*, which consists of chicken or fish with cassava leaves, hot pepper sauce, bananas, rice and peanuts, and *chikwanga*, which consists of cassava cooked and stored in banana leaves.<sup>28</sup> Families who have the financial means to may also eat lamb or beef.<sup>22</sup>

#### **Health Considerations**

According to the U.S. Department of Health and Human Services,<sup>29</sup> important barriers such as the high cost of healthcare or the location of health providers in the DRC often prevent people from accessing quality treatment. This means that people may turn to traditional forms of medicine instead, or complement these with therapies which are more common in the West.

Conflicts in the DRC have been marked by human rights abuses, including brutal sexual and gender-based violence such as sexual slavery, trafficking, forced or early marriage, intimate partner violence, rape, and sexual exploitation and abuse.<sup>30</sup> Rape is stigmatised, particularly in the east of the DRC, and can lead to abandonment from a spouse or the local community.<sup>29</sup>

Female Genital Mutilation (FGM) is considered to be a form of sexual violence in the DRC, and can lead to the person carrying it out receiving a fine or prison sentence.<sup>31</sup> It is not commonly practiced in the DRC, although it may still be practiced on young girls in isolated parts of the country.<sup>32</sup>

#### Gender

A report published by the OECD in 2017 stated that the DRC is amongst the lowest-scoring countries globally in terms of gender equality: women's participation in political and economic realms is limited, maternal mortality rates are high, and sexual and gender-based violence is widespread.<sup>31</sup> According to the World Economic Forum, the DRC ranked 144 (out of 149 countries) in terms of its global gender gap score, and 107th in terms of economic participation and opportunity for women in 2018.<sup>33</sup> In 2017, UNICEF estimated that 10% of girls in the DRC are married before the age of 15, and 37% of girls are married before the age of 15. Child marriage is driven by gender inequalities, poverty, armed conflict and adolescent pregnancy.<sup>34</sup>

#### Same-Sex Relations

Homosexuality is legal in the DRC, although same-sex marriage is not. Individuals have a right to change their legal gender. However, the law does not offer protection for LGBTQIA+ individuals with regards to the harassment or discrimination they face regarding their gender identity or sexuality, housing, or employment rights.<sup>35</sup>





# **Resettlement Considerations**

#### Casework

Resettlement practitioners in the U.S. have recommended that a trauma-informed approach is used with refugees from the DRC, who may often refuse offers of support because of their past experiences. Practitioners in the U.S. have also noted that storytelling is part of the DRC's cultural tradition and is seen as an important communication method. As with all refugees, practitioners should demonstrate active listening in order to build trust with their clients.

# **Average Case Size**

As of September 2020, according to the UNHCR, the majority of refugees and asylum seekers from the DRC were girls and boys under the age of 17 (27.5% and 28.2% respectively), followed by women aged between 18-58 years old (21.6%), men aged between 18-56 years old (20.1%) and women and men over the age of 60 (1.4% and 1.2% respectively). In 2013, according to the European Resettlement Network, the average household size was 5.5 individuals. 36

A considerable proportion of refugee households are Women At Risk (WAR)<sup>1</sup>, people with medical needs and unaccompanied or separated children. Moreover, practitioners from the U.S. have noted that about 20% of all refugees resettled in the U.S. from the DRC are single mothers. Practitioners can support single parents by helping them to access or arrange local childcare, and connecting them to local social networks.

# Work Experience and Vocational Training

Almost 70% of the population in the DRC is engaged in subsistence farming.<sup>4</sup> Aside from the agricultural sector, the main economic industries in the DRC are mining, fishing and manufacturing.<sup>42</sup> Some refugees gain further skills in their countries of asylum, when it is available, through vocational skills training.<sup>43</sup>

#### **Families and Households**

According to the Family Code, a legal instrument governing the organisation of the family in the DRC, a man is the head of the household and their wife must obey them and obtain their permission to work and engage in legal transactions.<sup>44</sup> Practitioners recommend discussing the fact that employment for all adults in a family is commonplace and preferable (where possible) to ensure that the family has a sufficient income.

Households in the DRC may include both immediate and extended family members, and sometimes includes individuals who are not related by blood. Responsibility for children is often considered to be the shared responsibilities of the whole community.<sup>29</sup> Given that many refugee households are headed by single parents (see above), U.S. practitioners have noted that parenting skills sessions can be helpful for single parents to take part in, to ensure they are well supported.

<sup>1</sup> UNHCR defines a woman or girl at risk if she faces protection problems which are related to her gender and does not enjoy the same effective protection that is normally provided by male family members. Source: UNHCR, Resettlement and Women-at-Risk: Can the Risk be Reduced?

#### **Education and Literacy**

In 2016, 77% of the population could read and write, with the literacy rate being lower for women (66.5%) than for men (88.5%).<sup>25</sup> Research undertaken by the U.S. Resettlement Support Center in Africa notes that most refugee adults from the DRC have not had access to secondary education, with 70% of refugees over the age of 18 reporting not having a high school diploma or higher level of education.<sup>37</sup>

Primary education in the DRC is neither free nor compulsory,38 and many families can't afford to send their children to school. Factors including violence on local roads, the damage caused to many schools during ongoing conflict, child marriage, and cultural attitudes regarding girls also act as barriers to education. Furthermore, interrupted schooling may act as a barrier to integration into school. According to data from 2011, 75% of primary school children were enrolled in education across the country, with the lowest rate of enrolment being in Katanga Province (66%) and the highest in South Kivu (73%).39 In 2019, 3.5 million children of primary school age were estimated not to be attending school, with 44% of those who were attending it starting their schooling late (after the age of six).40 Moreover, only 67% of children who enter first grade go on to complete sixth grade. Of those, 75% pass the exit examination.40

Given the literacy rate in the DRC, adults may need to be supported to take language and literacy classes to enable them to access employment and job promotions in their resettlement countries.

Practitioners from the U.S. have found that financial literacy training may be of interest to refugees from the DRC given people's sometimes limited familiarity with formal financial institutions.<sup>41</sup>

#### **Physical and Mental Health**

The priority conditions that healthcare providers should consider when caring for or assisting refugees from the DRC are parasitic infections, malaria, mental health conditions, and sexual and gender-based violence.<sup>29</sup> Refugees from the DRC have also been reported to suffer from unprecedented rates of trauma, physical injury, and sexually transmitted diseases.<sup>30</sup>

Health providers should take care to establish trusting relationships with their patients before discussing what are often considered to be very sensitive issues such as sexual and gender-based violence29 and should consider gender when seeking to provide comfortable environments for their patients. Additionally, mental health conditions are not openly discussed in the DRC, and mental health practitioners may have to destigmatize therapy and counselling services by building trusted relationships with their clients.21 Appropriate support for individuals who suffer physical injuries should also be taken into account, and practitioners may consider supporting newcomers to understand the laws surrounding sexual and gender-based violence in their receiving communities.

#### **Other Considerations**

U.S. practitioners have noted that connecting newly arrived refugees with religious communities in resettlement countries can be a good way of helping people to settle into their new homes, as is supporting newcomers to find local places to buy familiar ingredients and food.

Many households in the DRC use cooking stoves and charcoal as an energy source.<sup>45</sup> Practitioners may want to support newcomers by providing additional guidance on common household appliances to which they will likely have access in their new homes. A lack of access to clean water and basic sanitation facilities in the DRC and first asylum countries may mean some people are unfamiliar with some home cleaning products, hygiene products, and bathroom facilities which are common in Western countries. U.S. practitioners also recommend discussing preventative healthcare and how to access to medical care for the management of chronic illnesses with newcomers.

# **Resources**

Practitioners should ensure that interpreters are properly trained. EURITA has developed a number of resources to support you in this training, including a *Trainer's Manual* and *Participant Workbook* which you can find at <a href="https://www.ritaresources.org/resources/library/interpretation-language-access">https://www.ritaresources.org/resources/library/interpretation-language-access</a>.

To support U.S. practitioners in working with those affected by conflict, IRC developed the *IRC Mental Health and Wellness: U.S. Programs.* You can also access this through the RITA website at <a href="https://www.ritaresources.org/resources/library/case-management-strategies">https://www.ritaresources.org/resources/library/case-management-strategies</a>.

## NOTE:

This backgrounder contains historical, political, and cultural information, as well as resettlement considerations, intended to support practitioners in facilitating the resettlement of refugees from the DRC in Europe. While generalisations regarding the populations may be reported by practitioners, it is important to remember that every individual is unique and should be treated as such.





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