

HPG Working Paper

Local humanitarian action in the Democratic Republic of Congo

Capacity and complementarity

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Contents

Acronyms	v
Executive summary	vii
1 Introduction	1
1.1 Objectives of the study and rationale	1
1.2 Methodology	1
1.3 The context	5
1.4 Outline of the report	7
2 Capacity in South Kivu and Kasai Central: understandings and perceptions	8
2.1 Affected populations' perceptions of mapping and capacity of actors	8
2.2 Capacity definitions, understandings, measurements and assessments of local and international actors	12
2.3 Perceptions of capacity in South Kivu and Kasai Central	14
2.4 How gaps in capacity are addressed	16
2.5 Conclusion: capacity in DRC and its implications	17
3 Complementarity	18
3.1 Mapping of coordination, collaboration, partnerships	18
3.2 Perceptions of complementarity	21
3.3 Factors facilitating or undermining complementarity: opportunities for more complementarity	28
3.4 Conclusion: complementarity in DRC and its implications	32
4 Conclusion: capacity and complementarity in DRC and implications for local humanitarian action	33
References	36

Boxes, tables and figures

Boxes

Box 1: Terms used in local Congolese humanitarian action	11
Box 2: Differences between high-, medium- and low-density areas and between South Kivu and Kasai Central	12
Box 3: Coordination structures	22
Box 4: More local coordination	23
Box 5: The concept of complementarity in local languages in South Kivu	24
Box 6: DRC's ninth Ebola outbreak: when existing capacities were harnessed and complementarity achieved	26
Box 7: The Congolese government: an undermining force for local humanitarian action in DRC	30

Tables

Table 1: Locations of FGDs by density and region	3
Table 2: Actors cited as sources of assistance by affected people during FGDs	9
Table 3: Evolution of country-based pooled fund allocations by type of actors	28

Figures

Figure 1: Map of DRC with estimated population in need of humanitarian aid	2
Figure 2: FGD participants by type	4
Figure 3: Percentage of interview respondents by type of organisation	5
Figure 4: Interview respondents by location	5

Acronyms

3W	Who What Where
ACAPS	Assessment Capacities Projects
AFDL	Alliance des Forces Démocratiques pour la Libération du Congo
CAFOD	Catholic Agency for Overseas Development
CCONAT	Cadre de Concertation des ONG Nationales
CICR	Comité International de la Croix Rouge
CODEVAH	Comité pour le Développement et Assistance Humanitaire
CPIA	Comité Provincial Inter-Agences
CRIO	Comité Provincial Inter-Organisations
DFID	UK Department for International Development
DRC	Democratic Republic of Congo
FDLR	Democratic Forces for the Liberation of Rwanda
FEC	Fédération des Entreprises du Congo
FGD	Focus group discussions
FONAHD	Forum des Organisations Nationales Humanitaires et de Développement
HPG	Humanitarian Policy Group
ICRC	International Committee of the Red Cross
IDP	Internally displaced persons
INGO	International non-governmental organisation
LNGO	Local non-governmental organisation
NGO	Non-governmental organisation
NNGO	National non-governmental organisation
OCHA	Office for the Coordination of Humanitarian Affairs
ODI	Overseas Development Institute
PAM	Programme Alimentaire Mondial

RISD	Research Initiatives for Social Development
RONHD	Reseau des Ongs Nationales Humanitaires et de Développement
UN	United Nations
UNDP	United Nations Development Programme
UNHAS	United Nations Humanitarian Air Service
WASH	Water sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
WHS	World Humanitarian Summit

Executive summary

This study aims to critically research how capacity to respond to humanitarian crises in Democratic Republic of Congo (DRC) is understood and assessed, how levels of capacity of different actors are perceived, and how gaps in capacity are addressed. Complementarity between local and international actors in DRC is also examined, with the aim of identifying factors that support or undermine complementarity and humanitarian action that is as local as possible, as international as necessary. Focusing on South Kivu and Kasai Central, the study interrogates issues of capacity and complementarity in conflict settings.

This paper forms part of a two-year HPG research project looking at capacity and complementarity between local and international actors. The project aims to examine the following questions: how can capacity be better understood and applied to support more complementary and collaborative humanitarian response? And what are the opportunities for and obstacles to harnessing the capacity of and forging more effective complementarity among local, national, regional and international actors responding to humanitarian crises? This research is being conducted as part of ongoing discussion on the localisation of humanitarian aid, to critically examine some of the assumptions and discourse driving the debate, with a focus on capacity (see Barbelet, 2018). Fieldwork for this paper took place in early 2018 and included 12 focus group discussions (FGDs) with 115 participants and 62 interviews with a range of local and international actors in DRC.

The focus on organisational capacity by international and local actors in DRC reflects the many years international actors have channelled their attention on this element of capacity. It also highlights the power that lies with them (and donors) to frame capacity within their own needs and requirements. International actors have maintained this focus to inform and manage their fiduciary risks, which has led to a narrow definition of capacity in the humanitarian sector in DRC. There is evidence that different elements of capacity are prioritised by different actors. While all actors tend to prioritise factors that are in line with what they have, locals are more critical of their own capacity than their international

counterparts. In other words, capacity is understood and defined in terms of what organisations can offer rather than terms of what affected populations need. More generally, we found that in South Kivu and Kasai Central there was a lack of context-wide assessment of capacities and a lack of adapting capacity assessment to the context.

While affected populations did not perceive capacity to exist more with local or international organisations, they systematically called for hiring community-level staff and working with and through local institutions and civil society. Affected populations' perceptions should inform which elements of capacity to prioritise or at least include in a local definition of capacity. According to our research, affected populations feel unable to influence who implements humanitarian interventions, the way aid is delivered, or effectively feed back on interventions.

The insistence from affected populations to work through existing local institutions, structures and actors is reflected by the local actors we interviewed. For them, capacity should be examined alongside the roles and functions of local civil society even if that civil society has no capacity. In some respects, capacity is less important for international actors, who focus more on fiduciary risk; this is reflected by their assessments of local actors, which do little to assess capacity to alleviate suffering and instead assess risks. This risk-focused approach tends to colour perceptions of capacity and the lack of trust between actors becomes a more important factor of collaboration than capacity. By uncovering underlying attitudes on how capacity is perceived by international actors, we can start to understand why local capacity is not seen to be as high as one could expect given the protracted nature of the conflict in South Kivu. The lack of trust and focus on risk has contributed to low levels of partnership between international and local actors in South Kivu and little systematic capacity strengthening. The World Humanitarian Summit (WHS) and Grand Bargain commitments to humanitarian action that is as local as possible, as international as necessary have not yet shifted this situation on the ground in DRC. Perceptions of capacity – or rather risk management – continue to make complementarity between international and local actors challenging.

Indeed, many international actors in DRC sought complementarity with their international peers, failing to understand the value of complementarity between local and international actors. The mindset of most international actors in DRC remains one where humanitarian action is as international as possible and where local capacity is only considered when internationals' limits are reached.

As a result, levels of complementarity between local and international actors in South Kivu and Kasai Central remains low according to our findings. Changing this will require addressing the factors of exclusion found in this research, as well as addressing elements that undermine complementarity, particularly issues of trust and lack of inclusive coordination. This will help identify some of the underlying issues that challenge a more local humanitarian action, but more needs to be done to consider what could address them. Our research in DRC indicates that this may be possible through investing in resources to support the sector in better understanding and mapping capacity; investing in changing policies and the attitudes of international actors, including donors, to recognise and harness capacities and support

more complementary ways of working with existing local capacities; localising coordination and using coordination structures to shift power in support of a more local humanitarian action; and localising risk-mitigating mechanisms to manage fiduciary risks in ways that support a more local humanitarian action as well as considering local social accountability as a new approach to fiduciary risk management.

The burden of evidence is on local actors to prove they are more effective, more efficient and cheaper at doing humanitarian work. But without large-scale humanitarian responses that are led, managed and implemented by local actors with the support of international actors, only anecdotal examples support the claim that local humanitarian action is better. There is enough evidence to demonstrate that not engaging local civil society, undermining local capacities, and not having a more local humanitarian action has negative consequences for medium- to long-term peace and development and, ultimately, humanitarian outcomes. It is time for a truly large-scale investment in local humanitarian response that is sustainable in places like DRC, where humanitarian situations will likely continue through the next decade.

1 Introduction

The Democratic Republic of Congo (DRC) has experienced numerous crises resulting from conflicts within its borders and in neighbouring countries, natural shock-induced disasters and pandemics. As a result, it is estimated that 12.8 million people out of a total population of 94 million are in need of humanitarian assistance in 2019 (OCHA, 2018a) and that \$1.65 billion is required to address these needs (ibid.). In 2017, the situation in DRC deteriorated with an increase in violence and conflict in the east of the country and a new emerging crisis in the Kasai region. By October of that year, a system-wide level 3 emergency was declared by the United Nations (UN)¹ and only 33% of those in need were reached with assistance (mostly due to underfunding (OCHA, 2017a)). In 2018, as tension rose due to planned elections in December, conflicts and displacement continued to increase, compounded by an Ebola outbreak in Ituri and South Kivu in August 2018. Coverage of needs remained low at 44% (OCHA, 2018a). It is within this context that the Humanitarian Policy Group (HPG) at the Overseas Development Institute (ODI) conducted a study in DRC as part of its research on capacity and complementarity between local, national and international actors in humanitarian action (HPG, 2017; Barbelet, 2018).

1.1 Objectives of the study and rationale

This paper forms part of a two-year HPG research project looking at capacity and complementarity between local and international actors. The project aims to examine the following questions: How can capacity be better understood and applied to support more complementary and collaborative humanitarian response? And what are the opportunities for and obstacles to harnessing the capacity of and forging more effective complementarity among local, national, regional and international actors responding to humanitarian crises?

This research is being conducted as part of ongoing discussion on the localisation of humanitarian aid, to critically examine some of the assumptions and discourse driving the debate, with a focus on capacity (see Barbelet, 2018). The statement that capacity often lacks at the local level and thus prevents the localisation of aid is of particular interest. In a paper published as part of this project, we argue that ‘capacity needs to be examined within the wider web of interactions and relationships including dynamics of trust and power’ (Barbelet, 2018). In that sense, the project is also concerned with understanding how complementarity between local, national, international actors can be achieved.

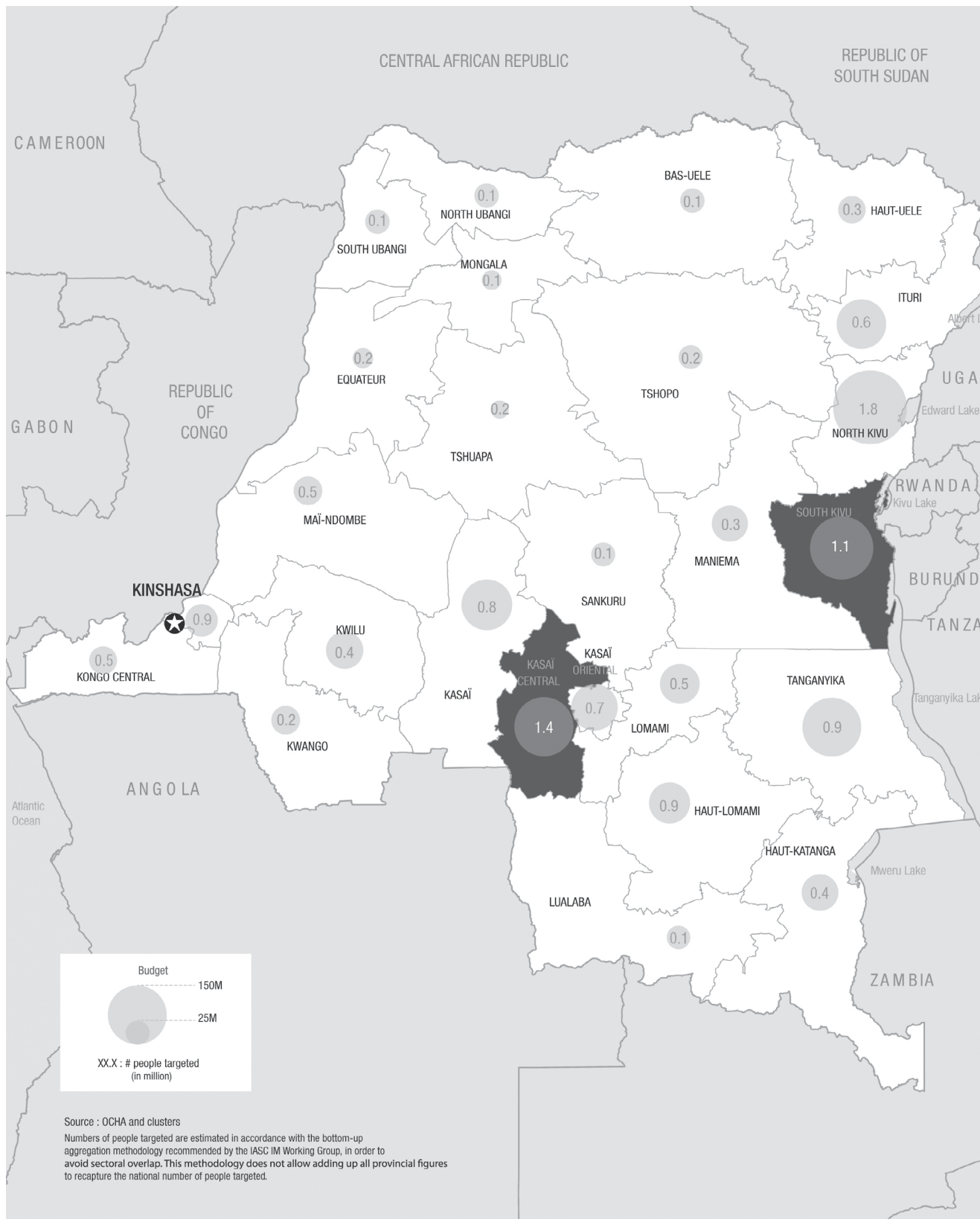
Every province of DRC has some level of humanitarian needs, and the country was selected as a case study because it offered the possibility of examining both a protracted conflict situation (in South Kivu) and an emerging conflict situation (Kasai Central) within the same country, thus allowing us to test the impact of a long-lasting crisis on issues of capacity and complementarity. The research enables us to: look at issues of humanitarian principles; compare protracted and new crises and the potential implications for levels of capacity and complementarity that exist between different actors; examine the capacity and role local civil society has in a conflict situation and its relationship with the government; and examine the role of the government.

1.2 Methodology

Fieldwork for this report was conducted between February and April 2018. The research team comprised six researchers representing three organisations: Research Initiatives for Social Development (RISD), the Comité pour le Développement et Assistance Humanitaire (CODEVAH), and HPG. An initial research workshop helped contextualise the research method that had been developed for the overall research project, which was used for a second case study in Bangladesh (see Wake and Bryant, 2018).

1 ‘A Level 3 emergency response (Level 3/L3) is defined by the Inter-Agency Standing Committee as “major sudden-onset humanitarian crises triggered by natural disasters or conflict which require system-wide mobilization” (IASC, 2012, cited in OCHA, 2017a).

Figure 1: Map of DRC with estimated population in need of humanitarian aid



Source: OCHA, 2017a

1.2.1 Focus group discussions with affected populations

Focus group discussions (FGDs) were conducted by RISD and CODEVAH in French or in the local language (with a translator in Kasai Central) in South Kivu and Kasai Central, and translated into English by the lead author. The locations of FGDs were chosen according to the density of humanitarian actors as recorded by the Office for the Coordination of Humanitarian Affairs' (OCHA) Who What Where (3W) map (OCHA, 2018c; 2018d). Using this map, we identified areas in both South Kivu and Kasai Central that had a high, medium and low densities of actors (see Table 1). Choices were made based on logistical and security considerations: time of travel, terrain and how safe it would be for researchers and participants of the FGDs. Areas with varying densities of humanitarian actors were selected to explore if and how density affected the types of actors involved and whether populations' perceptions of capacity differed depending on where the formal humanitarian system was heavily engaged compared to where they were not. However, we did not find that the density of actors had any impact on the types of actors perceived to be present by affected populations or on how affected people perceived the capacity of those providing aid.

A total of 12 FGDs were conducted (six in South Kivu and six in Kasai Central), representing 115 participants (see Table 1 and Figure 4). Half of the FGDs were conducted with women only (49% of total participants) and half with men only (51% of total participants). When comparing the answers from the men and women's FGDs, we did not find any trend suggesting a difference between male and

female perceptions on the questions asked. As a result, findings from the FGDs are presented without distinctions between men and women. Among participants in the FGDs, 34% were internally displaced persons (IDPs), 32% were returnees, 17% were hosting IDPs as host families, and 17% were otherwise affected by the conflict (including people who stayed in their communities throughout the conflict but never hosted IDPs).

The aim of the FGDs was to ground our analysis in the perspective of affected populations. We aimed to identify, through indirect questions, the type of actors that had the capacity to deliver aid effectively and what mattered to affected populations in terms of the type of aid and how this was delivered. Based on this, we can infer how capacity is perceived, the gaps that exist and the capacity needed according to affected populations. Key themes emanating from the FGDs were:

- The type of assistance received and from which organisations.
- Preferences for sources of assistance and reasons for this.
- Assistance needed.
- Gaps, challenges and other lack of capacity.
- Self-support and community-based strategies.
- Preference on who could deliver future aid and recipients' level of influence over this.

1.2.2 Interviews

A total of 62 qualitative interviews were conducted in South Kivu (Bukavu, Mwenga, Uvira and Kalehe) and Kasai Central (Kananga). The mapping and selection of interviewees was determined based on the results of the FGDs, consultation with local authorities, traditional

Table 1: Locations of FGDs by density and region

FGDs	Region	Location	Density
FGD 1	South Kivu	Uvira	Medium
FGD 2	South Kivu	Sange	Medium
FGD 3	South Kivu	Mwenga	Low
FGD 4	South Kivu	Kalehe	High
FGD 5	South Kivu	Mwenga	Low
FGD 6	South Kivu	Kalehe	High
FGD 7	Kasai Central	Matamba	Medium
FGD 8	Kasai Central	Nganza	High
FGD 9	Kasai Central	Benamukangala	Low
FGD 10	Kasai Central	Matamba	Medium
FGD 11	Kasai Central	Benamukangala	Low
FGD 12	Kasai Central	Nganza	High

authorities and local civil society bureaux, as well as OCHA's 3W. Most interviews were conducted face-to-face, with a small number carried out via telephone or Skype. Figure 3 displays interview respondents by type. Interviews were held with women in leadership positions, as well with staff (both men and women) from organisations that were female-led or focused on women's issues. As the research was not specifically focused on these types of organisations, the questions asked and analysis conducted was not geared towards understanding the impact of a more local humanitarian action on gender (neither was it raised spontaneously by interview respondents) or on understanding whether women's organisations faced challenges in terms of partnerships, participation, or capacity.²

Difficulties in getting interviews meant that some views are lacking, particularly those of people working for United Nations (UN) agencies, international donors and the local private sector. This was mainly due to a lack of availability and interest. It was also difficult to identify and reach out to relevant actors in the local private sector.

Fieldwork in Kasai Central (20 interviews) was more challenging than in South Kivu (41 interviews) due to cancellations of flights, lack of telecommunication infrastructure and the security situation limiting travel to communities for FGDs. As a result, findings mainly concentrate on South Kivu using Kasai Central as a comparative example.

Interviews focused on the following themes:

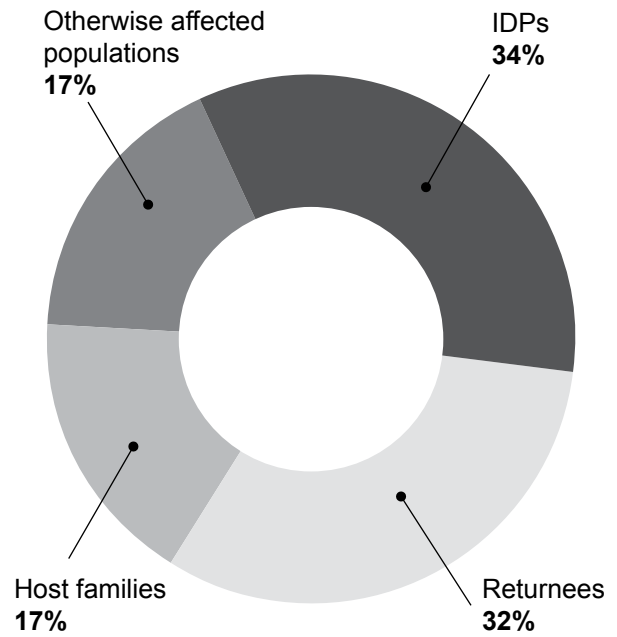
Capacity:

- Profile of organisation.
- Perceptions of own capacity.
- Definition and understanding of capacity.
- Capacity needed in the context.
- Challenges to capacity.
- Elements that facilitate and support capacity.
- Local capacity in the context.
- Perceptions of others' capacity.
- Ways to address capacity gaps.

Complementarity:

- Current partnership including challenges and opportunities.
- Understanding and definition of complementarity.
- Level of complementarity.
- Exclusion and inclusion of different actors.
- Factors that support complementarity.
- Factors that undermine complementarity.
- Opportunities for more complementarity.

Figure 2: FGD participants by type



A final internal analysis workshop (among researchers involved in the project) was organised. In support of this analysis, an internal paper on the context and the political economy of the crises in Kasai Central and South Kivu was produced by one of the researchers. Parts of this were used to draft the context section of this report.

1.2.3 Definitions and terms

This report examines the diversity of understandings and definitions of capacity and complementarity. To frame this research project, the research team proposes the following definitions for capacity and complementarity (see Barbelet (2018) for a discussion of these concepts).

Capacity is broadly understood by the researchers as the potential or actual contribution of an actor or an organisation to alleviating the suffering of affected populations including organisational capacity (funding, policies, infrastructures), operational capacity (capacity to manage access, security, to analyse needs), technical capacity (capacity to construct borehole, construct shelter) and the capacity to uphold standards (such as humanitarian principles) (Barbelet, 2018).

Complementarity is defined by the researchers as an outcome where all capacities at all levels – local,

² For more on this topic, see Care International (2018).

national, regional, international – are harnessed and combined in such a way to support the best humanitarian outcomes for affected communities (Barbelet, 2018).

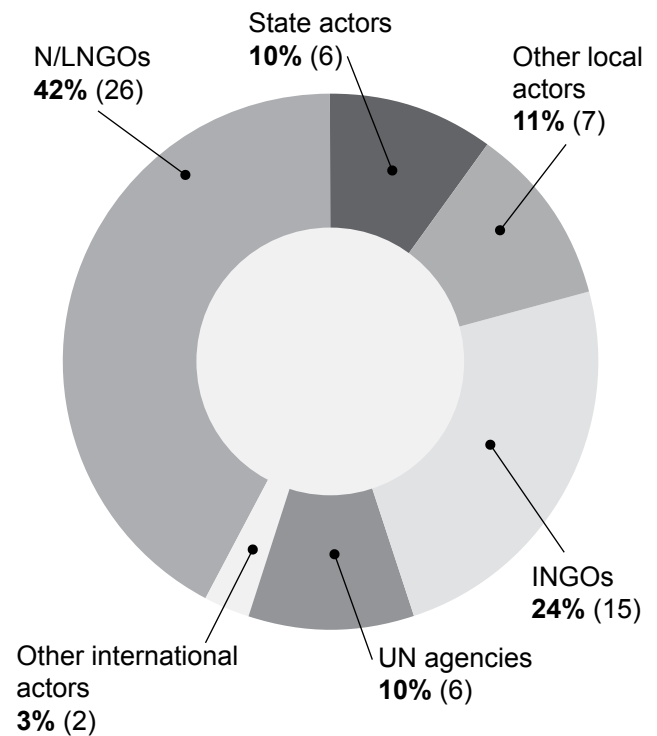
The terms *local organisation* or *local actor* (actor referring to both individuals, groups of individuals or formal organisations) are used broadly in this report to refer to organisations and actors that are only based and intervening at the national level and at the sub-national level, whether at the provincial (Bukavu, Kananga), *territoire* (sub-regional) or community level. Where distinctions are needed, specific terms such as community-based organisations or national organisations are used.

1.3 The context

The second largest country in Africa, with a population of more than 80 million people, DRC ranks 176 out of 189 countries in the 2018 Human Development Report (United Nations Development Programme (UNDP), 2018). Yet, according to the World Bank, DRC has the potential to be a rich country, with 80 million hectares of arable land and over 1,100 minerals and precious metals (World Bank, 2018). Since independence from Belgium in 1960, DRC has known multiple conflicts and crises caused by a complex web of events and interdependent factors including: a colonial legacy that has destabilised local cultures and structures; ethnic rivalries exacerbated by widespread poverty and an authoritarian regime unable to provide basic services or security for its citizens; large-scale displacements; conflict over the control of natural resources; demographic pressure on land in some areas; and agro-pastoral conflicts (see Verhaegen, 1966; Mathieu and Willame, 1999; Hugo, 2006; Mughendi, 2010).

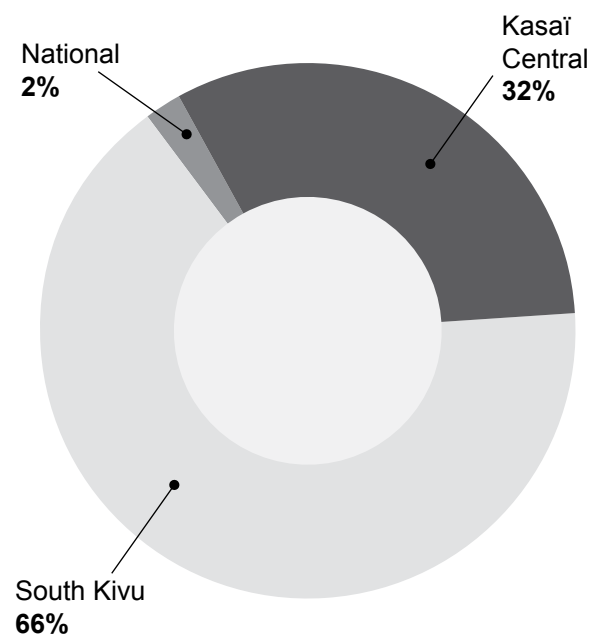
Between 1960 and 1965, the fight for power led to more than two million deaths and ended in a military coup, which saw the authoritarian Mobutu regime come to power. Mobutu’s rule ended in 1997 following the so-called war of liberation in South Kivu in 1996, which saw Laurent Kabila’s and its Alliance des Forces Démocratiques pour la Libération du Congo (AFDL) take power. The end of the 1990s and early 2000s saw a multiplication of internal conflicts against the AFDL by rebel forces supported by neighbouring countries (see Ayoub, 2011). Despite multiple peace accords and reconciliation attempts (Accords de Sun City, 2002; Accords de paix de Goma, 2009), insecurity, conflict and displacement have continued to ravage DRC, expanding to

Figure 3: Percentage of interview respondents by type of organisation



Note: 'Other international actors' includes a donor and a respondent from an international organisation that was neither an international non-governmental organisation (INGO) nor a UN agency, and 'other local actors' included a local private sector actor, a traditional leader, a local consultant no longer working with an organisation, a local academic, and someone working for a parastatal organisation.

Figure 4: Interview respondents by location



previously non-affected regions in the country (Kasaï) and seeing new rebel movement (such as the M23 in 2012) emerge in the Kivus in the east of the country (see Shutsha, 2012). In 2018, DRC faced an additional crisis with two Ebola outbreaks (see Box 4) and tensions around the December elections.

An estimated 12.8 million people in DRC need humanitarian assistance in 2019 (OCHA, 2018a). In December 2017, 4.48 million people were considered to be internally displaced (IDMC, 2018). To address the needs of nine million of the most vulnerable people, \$1.65 billion is required, but in 2018, just 44% of estimated needs were covered (OCHA, 2018a). Access, funding constraints and operational capacities continue to undermine the ability of humanitarian organisations to reach affected populations (OCHA, 2018a). Needs are driven by continued socioeconomic challenges and conflict, and compounded by declining agricultural activity resulting in an estimated 12.8 million people being food insecure and 8.5 million at risk of epidemics, particularly cholera and Ebola (OCHA, 2018a).

In South Kivu, there are an estimated 647,000 IDPs (Assessment Capacity Projects (ACAPS), 2018a) and 1.1 million in need of humanitarian assistance (OCHA, 2017a). South Kivu faced its first humanitarian crisis in 1994 with the arrival of hundreds of thousands of Rwandan refugees, which has since become protracted. Eastern Congo continues to be affected by the presence of more than 70 armed groups (ACAPS, 2018b). Localised conflicts between traditional authorities further deteriorate the security situation for the population of South Kivu.

Although the conflict in Kasaï began relatively recently (in October 2016), it has been equally disastrous for civilians – an estimated 1.8 million people were in need of humanitarian assistance in late 2018 despite an improvement in the conflict situation (OCHA, 2018b). The Congo Research Group (2018: 6) termed the Kasaï crisis as ‘one of the most dramatic escalations of violence in Congolese history’ with 1.4 million people internally displaced within a year and 3,383 deaths reported between October 2016 and June 2017. The conflict was initially between customary authorities but quickly expanded to an inter-communal conflict fuelled by years of political and economic marginalisation. Indeed, while Kasaï had not previously known overt conflict and only experienced

a humanitarian situation due to the arrival of Angolan refugees, the region has faced high levels of chronic poverty and little political participation in national affairs for decades. While these grievances did not trigger the conflict, they certainly contributed to its escalation and expansion. The conflict came as a result of controversy over the appointment of a customary chief, Jean-Prince Pandi, also known by his chiefly title Kamuina Nsapu Pandi, who never received the official decree from the government when he was named chief in 2013, because of his sympathy towards the opposition (Congo Research Group, 2018). In August 2016, Pandi was killed by the Congolese army. This marked the escalation of violence and, with time, the conflict moved from Kasaï Central to Kasaï Province, becoming much more ethnic in nature and seeing the rise of the Bana Mura militia with alleged support from Kinshasa-based politicians with links to the region (Congo Research Group, 2018). While displacement has decreased, pockets of violence remain and the Kasaï crisis shows signs of becoming protracted.

The presence of international and local non-governmental organisations (NGOs) in DRC dates back to colonial times when a strong presence of Catholic and Protestant missions supported the development of the population (e.g. with the creation of schools and hospitals). Some NGOs were present in the 1930s, but the 1980s saw rapid development and expansion of NGOs in DRC, with a number of high-level meetings resulting in the creation of the National Council of Development NGOs (see Mbelu, 2010). The number of NGOs in DRC increased from 450 in 1990 to 1,322 in 1996 to reach more than 5,000 today.

Civil society in DRC could be described as dynamic, and is structured through national, provincial and sub-provincial Bureaux of Civil Society. Within the realm of charities, civil society is mainly organised around development and human rights issues, leaving a minority of local organisations defining themselves as primarily humanitarian. Churches also have a significant role in society, specifically in managing conflicts. While there is a recognition that civil society in DRC has been increasingly co-opted by the government to try to undermine its power, local civil society is powerful and recognised among local humanitarian, development and human rights organisations (although often not recognised by international actors, as will be discussed).

1.4 Outline of the report

Chapter 2 begins with a brief overview of the context and actors that are contributing to humanitarian response. The FGD results are then discussed and analysed. The chapter goes on to discuss how capacity was defined, measured and assessed by actors on the ground, how actors perceived their own capacity and that of others, as well as the overall level of capacity. It examines how gaps in capacity were addressed. Chapter 3 provides an overview of how partnerships

and coordination are practised in South Kivu and Kasai Central, followed by analysis of definitions, understandings and perceptions of complementarity. The chapter provides an examination of the factors of inclusion and exclusion of different actors before looking at what supports and hinders complementarity. It concludes by reflecting on how the findings in Kasai Central and South Kivu inform what would be needed for humanitarian action to be as local as possible and as international as necessary in a complementary manner.

2 Capacity in South Kivu and Kasai Central: understandings and perceptions

The lack of consensus on how capacity is defined and understood in the humanitarian sector makes capacity difficult to measure or assess objectively (Barbelet, 2018). A central focus of this case study is how capacity is understood, defined and assessed by different local and international humanitarian actors as well as affected populations. The below sections will discuss perceptions of capacity to reflect the diversity of understandings in DRC. The focus on perceptions of capacity – the perceived level and nature of an actor’s capacity – is partly based on the recognition that there is little consensus on what capacity means and how it should be assessed objectively, as well as examining actors’ knowledge of each other’s capacities (see Barbelet, 2018). Additionally, the paper recognises that individuals act on what they perceive to be true rather than on facts.

The section below refers to different types of capacity, such as:

- *Organisational capacity*, which refers to the more formal, institutional aspect of an organisation, its policies and processes, particularly with regards to financial management, human resources, and procurement, as well as the means available to an organisation, whether financial (level of funding), logistical (number of cars, motorbikes), assets (offices, computers), or human resources (number of full-time employees).
- *Operational capacity*, which refers to the ability to access affected populations to deliver good quality programmes, to analyse and understand the needs of affected populations, etc.
- *Technical capacity*, which refers to the technical expertise to carry out interventions such as installing boreholes or constructing shelter.
- *The capacity to uphold sector standards* such as humanitarian principles, including do no harm, etc.

First, the findings of FGDs are used to understand and map capacity from the perspective of affected people. Second, the paper focuses on how capacity is understood, defined and perceived by different actors (whether humanitarian, development, human rights, private sector or state actor) in South Kivu and Kasai Central.

2.1 Affected populations’ perceptions of mapping and capacity of actors

As previously highlighted, capacity has not been systematically defined either in practice or in existing literature. This has resulted in a lack of consensus on not only the definition of capacity in the humanitarian context but also on how to measure capacity objectively. To move forward on this issue, the research aimed to ground the analysis of capacity in how affected populations perceived current capacity to respond to their needs. Through FGDs, affected populations reflected on the assistance they had received, their preferences, current gaps and challenges, self-support strategies, and who they would they like to see assisting them more and why. From their responses we can highlight several gaps and challenges in current capacities, attempt to identify where these gaps lie, and determine what matters to affected populations in terms of who delivers aid and how. This section reflects the views of affected people and not those of local humanitarian or development actors.

2.1.1 A diversity of actors responding to affected people’s needs

The diversity of actors responding to humanitarian needs (emergency, live saving as well as others such as support to livelihoods, rehabilitation etc.)

was highlighted in FGDs. Among the most cited sources of assistance and the most important and reliable source of help were host families who provided shelter, food and clothes to IDPs. A range of community-based structures were mentioned, particularly women's groups who support vulnerable women mainly through micro-credits and revolving funds. Churches were also widely cited as important sources of assistance and seen as distinct actors from NGOs affiliated with churches, such as Caritas. Table 2 presents the organisations mentioned by affected people during the FGDs.

While the table may not represent all those involved in supporting affected people (particularly less visible actors such as donors or OCHA), or provide a sense of the quantity and quality of aid received, it does highlight the high number of individuals, community-based structures and local, national and international NGOs contributing to supporting affected populations. What may be more relevant is how this mapping is reflected (or not) in funding flows, participation and influence in formal humanitarian coordination and in partnerships with international actors. From this research we know that

a high number of the individuals, community-based structures and local and national NGOs listed above do not feel their participation in formal humanitarian coordination is effective and that they face barriers to accessing international funds and forming partnerships with international actors.

2.1.2 For affected populations, local means community-level

An interesting insight from the FGDs was how affected populations categorised the organisations intervening in their communities. Indeed, for affected populations a local organisation, and those they would like to see more involved in addressing their needs, is one based in their community rather than in the provincial capital. Affected populations considered both international actors and provincial actors (those based in Bukavu, the capital of the South Kivu province) to be outsiders and thus not fully understanding of the local population's needs, as well as not having incentives to be accountable to the local populations, particularly in terms of participation. Whether these local organisations had offices in other places did not matter as much as being staffed by members of the community and being accountable

Table 2: Actors cited as sources of assistance by affected people during FGDs

Individuals in local communities	Community-based structures	Local and national actors	INGOs	UN agencies	Other international organisations
<ul style="list-style-type: none"> • Host families • Local politicians • Faith actors (priests, pastors) 	<ul style="list-style-type: none"> • Community-based women's groups (<i>groupes des mamans</i>) • AFEVIS • Local churches • Local association of drinking water consumers 	<ul style="list-style-type: none"> • Caritas Uvira, Caritas Bukavu, Caritas Kananga • Government structures and funds • ECC MERU • AFEDEM • Fondation Panzi • APIDE • VOVOLIB • AVUDES • UPCO • Rio ECC • CADIM • APC • UPDI • Union Paysanne pour le Développement Rural • ADPAE • CAPSM • AFEVIS 	<ul style="list-style-type: none"> • ACTED • NRC • Save the Children • Zoa • Women for Women • IRC • OXFAM • WWF • World Vision • War Child • CRS • MSF • AVSI • Handicap International • ACF 	<ul style="list-style-type: none"> • UNHCR • WFP • UNICEF 	<ul style="list-style-type: none"> • ICRC • USAID

locally (as opposed to being accountable to an office somewhere else).³ One example given was traders being brought in from Bukavu to participate in a fair (where cash and/or vouchers are exchanged for goods) as opposed to local community traders (to be understood as those who work and live in that community). Affected populations felt that fraud happened during this fair because Bukavu traders had no incentive to deliver; local traders could not have done this or they would have lost future business in the community. Local actors, for affected populations, also included local committees of host families and local committees of IDPs whom they felt had very little influence on the type of aid and how it was provided, partly due to the lack of a localised coordination structure that could make decisions.

2.1.3 Challenges and gaps

We did not directly ask affected people about the challenges and the gaps in capacity. However, through asking what aid was most and least useful to them and how aid met or did not meet their needs, affected people highlighted challenges and gaps. The most cited issue was the lack of engagement, communication and accountability to affected populations, particularly regarding the type of aid received and the way it is distributed. As a result, according to respondents, aid was not always deemed appropriate and in line with the priority needs of affected people; aid was not timely and targeting practices led to conflict within the community; the scale of aid was never appropriate (in terms of not covering needs); and the scope of aid – too often short-term emergency aid – was seen as unhelpful when support to local peace and security and tackling development issues were more important to people.

Affected populations reported two types of aid diversion. First, affected people reported local leaders manipulating beneficiary lists so that aid could be diverted to individuals close to local leaders (as opposed to those most in need). This was an interesting point coming from people who simultaneously want more locally-led humanitarian action and believe those who work and stay in the community have more incentives to be accountable. Importantly, this also highlights humanitarian organisations' lack of capacity to understand community dynamics to prevent political manipulation. It is hard to reconcile the call from affected people to work through community-based structures with hearing from them that there is manipulation and diversion of aid at the community level.

Aid was also diverted through what is called in DRC '*operations retour*' or return operations (see Box 1). *Operations retour* is a term used to describe situations when an organisation brings trucks full of aid and returns with half of the aid to sell on for their own gain. While this also occurs in other contexts, *operations retour* was referred to repeatedly by affected populations as a trend they had observed. Instances of aid diversion reported by affected populations included national staff of an international organisation as well as a local organisation partnering with UN agencies. In some cases, affected people reported that these actions were identified and addressed by the government and international organisations. One focus group felt that the main motivation behind not involving the community in delivering assistance was to prevent having too many witnesses of these return operations. Another focus group reported being threatened by the national staff of an INGO during a monitoring mission for an expatriate staff member as aid diversion had been witnessed by the communities. Another group voiced their concerns that criticising aid workers and aid organisations could lead to police retribution and arrest. As will be discussed below, aid diversion, corruption, fraud and mismanagement of humanitarian funds are significant issues in both Kasai Central and South Kivu and have greatly affected relations between actors. Fiduciary risk, while also existing within international organisations, is a significant part of why international organisations do not trust local organisations and restrict access to funding as well as partnerships.

Affected populations reflected that the scale of aid was never enough. Aid interventions reached very limited numbers of people in the communities we visited, leading to tensions and conflicts over targeting. IDPs highlighted instances where aid was delivered to them and not their host families or other members of host communities, leading to conflicts between IDPs and host families.

The scope or type of aid was seen as inappropriate by affected populations. Participants in FGDs in South Kivu felt that years of humanitarian interventions had left very little visible impact on their communities and other interventions were needed. Beyond life-saving humanitarian aid, FGDs highlighted examples where resilience approaches were implemented. In recent years, there appears to have been more support to community-based peacebuilding, resilience to conflict

3 Similar findings were identified in a study on the response to floods in Sindh Province in Pakistan in 2011 where local people considered any organisation from another province that did not speak their language as a foreigner and did not trust them (Zicherman, 2011).

Box 1: Terms used in local Congolese humanitarian action

The terms below are terms we heard repeatedly during interviews with local actors in South Kivu and Kasai Central. The research team, which included local humanitarian actors, proposes the following definitions based on their understandings of these terms. While they refer to questionable practices, their repeated use during this research does not attribute a negative view of local humanitarian action, nor do they assume that these practices are only present in DRC as they refer to behaviours and attitudes also observable in other contexts.

Operations retour (return operations): This term describes relief operations where trucks travel full of aid into a community and return half full of aid back to the city to be sold off and cashed in by aid actors. In other words, the term described fraud and mismanagement of aid resources for monetary gains.

Club des amis (friends' club): This term describes the practice of national staff contracting implementing partners they have personal relations with and thus favouring personal relationships over capacity. It also refers to close relationships within international organisations and the more informal coordination that happens between them, which is often perceived as exclusive and giving certain advantages in terms of access to funding and partnerships.

Organisation valise/organisation poche (briefcase organisation): This term describes local organisations that are set up for monetary gains, have little grounding in local communities or civil society and little organisational structure. This term is used to denounce organisations that have no accountability to either affected populations or donors and tend to be part of a 'club des amis' involved in 'operations retour'.

through training on local mediation and engagement with armed groups and the army. Affected populations said that they would like to see more interventions like this because of the longer-term impact they had on the community and people's security. The need for such interventions in a situation of protracted crisis such as in South Kivu is unsurprising. However, we found a similar need in Kasai Central, highlighting that needs fluctuate rapidly – and even intersect – between emergency, recovery, resilience and development. As is well known in the literature on the humanitarian–development nexus (Buchanan-Smith and Maxwell, 1994; Harmer and Macrae, 2004; Buchanan-Smith and Fabbri, 2005; Steets, 2011; Otto and Weingärtner, 2013; Mosel and Levine, 2014), linking relief, rehabilitation and development continues to be a challenge for humanitarian and development organisations.

We analysed the challenges and gaps and who they related to and found no confirmation that certain capacities were better among one group or type of organisations compared to another.

2.1.4 What matters to affected populations

FGDs with affected populations showed no preferences for receiving aid from international, regional, national, provincial or community-based organisations. While people called for organisations to hire more staff at the local community level and work with and through local infrastructures and organisations, when asked what aid they preferred,

what organisations they preferred and where they would like to get more aid from, they talked about ways of working and types of aid rather than a specific type of organisation. This resonates with past findings (in Ukraine for instance, see Barbelet (2017) and in Syria, see Svoboda and Haddad (2017)). In DRC, the quality of aid – how it is distributed, perceptions of fairness in targeting, how adequate it is – drives affected people to prefer one organisation over another. FGD participants gave examples from UN agencies, international, national and local NGOs, community-based organisations and host communities.

When asked what organisation they would like to receive more help from, affected populations highlighted very specific attributes:

- Organisations that can deliver and shift from emergency response to recovery to resilience to development (terms that were used by some of the FGD participants). People were in favour of longer-term impact interventions.
- Organisations that build the resilience of communities, either through building infrastructures or community capacity to manage conflicts.
- Organisations that are present and grounded at the community level, that maintain a presence over time, not just in times of crisis.
- Organisations that target aid in a fair manner, with no discrimination and in ways that support peaceful community relations – again terms used by the participants themselves.

- Organisations that understand and address the needs of the populations in ways that meet their priority needs and have long-lasting impact on the community.
- Organisations that integrate community feedback and adapt their interventions according to this feedback.
- Organisations that ensure effective community participation.

Many requested targeting to cover all populations in a community, but this was not feasible given the funding level and scale of needs in South Kivu. However, this demonstrates humanitarian organisations' lack of capacity to communicate effectively with affected populations to explain targeting decisions and engage them in managing restrictions on the ability to deliver aid at scale.

These attributes could be thought of as elements of capacity prioritised by affected populations. Ideally, capacity assessments should incorporate these to understand how an actor contributes to better humanitarian outcomes. However, in answering this question on preference, affected populations noted that they are never involved in informing the choice of organisations that intervene in their communities and do not feel that they have the power to influence that choice.

While other elements of capacity may be important and relevant, grounding definitions and assessments of capacity in the perceptions of affected populations is not only in the spirit of a more local humanitarian action but also in line with international standards on accountability. More grounded capacity elements could be combined with other aspects of capacity that are either necessary in terms of transparency and accountability to donors (for example, around financial management, procurement, etc.) or that are derived from experience (international standards, humanitarian principles, etc.).

2.2 Capacity definitions, understandings, measurements and assessments of local and international actors

Interviews for this research gathered perceptions from different actors on the elements of capacity that are most important to them. As stated above, for the purpose of this research, capacity is broadly understood as the potential or actual contribution of an actor or an organisation to alleviate the suffering of affected populations. One hypothesis we tested was whether international and local actors

Box 2: Differences between high-, medium- and low-density areas and between South Kivu and Kasai Central

Focus groups were organised according to the density of actors present in a context. The density of actors was categorised as high, medium and low and based on OCHA's 3W. The hypothesis behind this was that we may discover more grassroots and local capacity where international and larger national actors are not as present and active. However, there was no evidence to support this hypothesis. Affected populations did not report widely different perceptions of humanitarian aid in areas with differing densities.

Between the protracted crisis setting in South Kivu and the more recent conflict in Kasai Central, there was very little difference in how respondents perceived humanitarian aid. In Kasai Central, there was, however, less knowledge of the humanitarian system and less criticism regarding what works and what does not regarding aid. In South Kivu, affected populations could name organisations, mentioned the cluster system and understood the role of OCHA as a coordinating organisation.

Focus group respondents in South Kivu made strong calls for local humanitarian action and repeatedly raised the importance of working through community-based structures such as neighbourhood chiefs, heads of IDP committees or heads of host family committees. In Kasai Central, affected people noted a lack of local and contextual knowledge by international actors, but then cited instances of local leaders taking advantage of local populations. Such examples were also highlighted in South Kivu with actors that were local to the province but not to the community. These differences may be due to the protracted nature of the crises in South Kivu and because populations may have learnt to address manipulation by local leaders. At the very least, these differences draw attention to the necessity of understanding local contexts, instead of claiming that working through local leaders and structures is what populations want or see as best for themselves.

have different definitions of capacity or prioritised different elements of it. This section reflects the views of those local and international actors (whether government institutions, networks of individuals or formal organisations) that are active in the humanitarian sector in the study areas.

All actors interviewed put a great emphasis on organisational capacity: the need to have a strong institutional foundation, strong financial management processes, and the ability to meet donor and partnership requirements. A more detailed analysis of interviewee responses uncovered that this is motivated by different factors. For international organisations and donors, the focus on organisational capacity is linked to managing risk when partnering or funding local organisations, while for local organisations, this came as a result of their interactions with the formal international humanitarian systems and an understanding that without organisational capacity, access to funding is not possible. In other words, while organisational capacity is seen as a risk management tool by international actors, it is seen as a necessity for accessing resources by local organisations. For the same reasons, local organisations emphasise the capacity to uphold sectoral standards and principles, having understood that knowledge of these standards and principles are critical to engaging with international actors. This does not mean that local actors do not value these principles, but demonstrates that they refer to their formal international form for the sake of their international counterpart. Local actors value the principles of providing aid in an impartial manner and recognise why this is important in a conflict setting. They therefore claim adherence to humanitarian principles to mirror the language used by international counterparts.

The prioritisation of both organisational capacity and the capacity to uphold standards by local and international actors could be seen as a consensus on how capacity is defined in DRC by different actors. However, differing motivations remain a challenge because they reflect the power dynamics between who defines the necessary capacities for humanitarian action in a given context. Indeed, it is because of the power to give or retract funding from local actors that these elements are prioritised by local actors, rather than a belief that they are what matter most. For instance, the ability to act quickly or access remote populations were often mentioned as critical elements of capacity by local actors, but their recognition that funding cannot be granted without a policy on procurement meant that organisational capacity was felt to be more important.

Through further analysis of local actor interviews, regarding how capacity is used, we see that they put greater emphasis on the capacity to analyse and understand contexts, community dynamics, local conflicts and politics, as well as having the capacity to engage with affected people to understand their needs and negotiate, manage and maintain access. Unsurprisingly, these elements of capacity are recognised by both locals and internationals as mainly existing within local staff, actors and organisations.

All actors tended to view capacity from where they were standing – in terms of the capacity they had or that related mostly to their roles and functions – as opposed to identifying the capacity needed in the context. UN agencies emphasised capacity as global experience, both in terms of developing expertise and know-how from working in other humanitarian settings, as well as the length in years of having accumulated that experience (as did INGOs). They also tended to define capacity as the means to deliver aid including funding, human resources and logistical assets as well as knowing the sector's standards. In general, international actors described capacity as elements detached from the context and the specific capacities required by the context and crisis at hand. This differed from local actors' emphasis on more contextual elements and capacity in relation to communities' specific circumstances, sub-region, or province in DRC.

International actors recognised the diversity of capacity needed in each context. However, when judging the capacity of local actors, the ability to manage finances remains the priority, and must be fulfilled before other capacities are even explored. This was very clear when looking at how capacity is assessed and by whom in both South Kivu and Kasai Central.

Many respondents felt the government (only local actors) and affected populations (both local and some international actors) should be assessing capacity and making decisions about who has capacity and who does not. However, all agreed that in reality this is decided by 'those with the money', which sometimes referred to donors and at other times to international actors more generally. International organisations referred to the capacity assessments they conduct when choosing local actors to partner with, which focused almost solely on organisational capacity, in particular ensuring that local actors have sound processes, policies and systems for procurement, human resources and financial management.

The most cited process for assessing capacity was the capacity assessment conducted as part of the pooled fund process (known as the humanitarian fund in DRC), which identifies who is eligible to access the fund. Once again, this focuses on assessing the capacity of organisations to manage funding and comply to donor requirements. As a result of this capacity assessment, organisations are categorised by their eligibility status as well as the level of fiduciary risk from low to medium to high. In addition, recommendations from an international organisation facilitate local actors' eligibility to access pooled funds. These processes of assessing capacity in Kasai Central and South Kivu (and probably in other humanitarian settings given they are standard sectoral practices) mean that understandings and perceptions of local actors' capacity is driven by the fiduciary appetite of international actors and their perceptions of who has capacity. Holding this element of capacity as a gatekeeper leads to other capacity elements not being recognised or utilised. Local organisations that are not deemed eligible are not further considered as potential partners – even if no money is exchanged.

In brief, the main indicator used by international actors to decide who has capacity in South Kivu and Kasai Central is funding: whoever has funding has capacity; whoever has no funding has no capacity. This was either because funding enabled potential capacity to be actualised or that organisations lacking funding had been deemed not to have capacity by donors.

Using funding as an indicator of capacity led many respondents to consider OCHA's 3W as a capacity mapping. Some international respondents reflected on their limited understanding of who had capacity among local actors. This was partly due to the large number of local organisations. Interviewees also reflected that it was difficult, despite the presence of local actors in clusters, to know how to assess the capacity of those local organisations that claimed to be able to deliver programmes but had yet to demonstrate this through accessing funding and implementing humanitarian interventions. Mapping and assessing potential capacity and contributions to humanitarian outcomes beyond a technocratic assessment such as the pooled fund process remains challenging and yet necessary to inform understanding of existing capacity. The absence of such a mapping and of a process to assess capacity beyond organisational capacity did not prevent actors from having strong perceptions of who had capacity in South Kivu and Kasai Central.

2.3 Perceptions of capacity in South Kivu and Kasai Central

2.3.1 Capacity needed in context and challenges to capacity

Very few interviewees made the connection between definitions or perceptions of capacity and the capacity needed in the context. It is only when asked about challenges to capacity that respondents highlighted four elements that constrained or informed what was needed. These were: challenges of access linked to insecurity; challenges of access linked with terrain and acute lack of infrastructures; the lack of funding overall for responding to a humanitarian situation with the scale of needs in South Kivu and Kasai Central; and (mainly from local actors) the scope of needs spanning humanitarian, peacebuilding, development, resilience, and disaster management interventions.

While links were not made directly by respondents, we can infer from interviews that actors considered the capacities needed in South Kivu and Kasai Central to include:

- the capacity to negotiate access, to manage and mitigate the security situation;
- the capacity to maintain logistical assets and to work at scale across a wide range of needs;
- the capacity to build infrastructures, especially roads, the means to communicate, particularly through satellite communication; and
- the capacity to attract funding.

These elements were mentioned by most actors across all types of organisations, but their prioritisation of them differed.

2.3.2 Perceptions of own capacity

In general (some exceptions occurred), international actors tended to have a positive perception of their own capacities. Drawing on their experience globally as well as the level of resources they had, international actors were rarely critical or self-reflective on their own capacities. While admitting difficulties in the context, they considered these to be overall challenges rather than a sign of gaps in their capacity to respond to the crises. This lack of critical reflection by international actors is a clear consequence of rarely having their capacity questioned. And yet, from the findings of FGDs we know that both international and local actors were perceived as lacking the capacity to adequately respond to needs, engage with communities, prevent fraud, etc.

Conversely, local actors provided more critical assessments of their own capacity and existing gaps. Many emphasised the expertise and knowledge of their human resources and viewed these as critical elements of their capacity. They saw deficits in resources as gaps in capacity, and highlighted difficulties in maintaining human resources, attracting funding and partnerships from international actors. Most local actors also adopted the view that capacities can always be strengthened further and can never be enough. While there was a sense that repeated assessments had made local actors more critical of their own capacities, local actors were also convinced of what they could contribute due to their presence in a high number of communities, their contextual knowledge, and their ability to manage both security and physical access challenges. In Kasai Central, local actors recognised their lack of experience in responding to humanitarian situations but felt their prior work with communities could translate and contribute to alleviating suffering.

2.3.3 Where capacity is: levels of capacity in context and perceptions of others' capacity

Perceptions of capacity levels, others' capacity and where capacity lies varied among actors, although some broad consensus existed. International actors tended to agree that in general terms the capacity of international actors was high, and this was where capacity in South Kivu and Kasai Central existed. They judged the overall level of capacity by the presence of international actors, but pointed out that it took some time for capacity to be established – in the sense of importing capacity and setting up offices.

In South Kivu, international actors perceived local capacity as facing challenges, while recognising specific elements of local capacity existed. These elements of local capacity were mainly focused on the ability of local actors to maintain a widespread presence in South Kivu, meaning that local actors could gather information quickly when violence and resulting displacement occurred. Indeed, local actors were considered central to the humanitarian information system by providing fast needs assessments to the South Kivu humanitarian community (partly through the cluster system). International actors noted the ability of local actors to manage both physical and security challenges to access information and make assessments. It was widely recognised that local actors had a higher capacity to manage, negotiate and maintain access, especially in remote and insecure areas.

However, while noting the capacity of local actors to deliver fast and up-to-date information, international actors also cautioned that these reports should not be trusted. Local actors were perceived as lacking impartiality and having a vested interest in increasing the level of needs for the communities they came from. Rather than seeing these as fraudulent, international actors felt that local actors were unable to manage pressure from their own communities, leading to false reporting on humanitarian needs or aid diversion more generally. Some interviewees argued that such pressure on local actors means that international actors were necessary to avoid putting local staff and organisations in difficult positions vis-à-vis their communities. This mistrust reflects a similar issue at the international level with donors being suspicious of UN agencies and INGOs inflating needs in order to increase funds (see Darcy and Hofmann, 2003). This has led to the creation of more independent assessment, such as ACAPS, as well as a workstream on joint assessment as part of the Grand Bargain.

Mistrust of needs assessments was further compounded by a general perception that working with local actors involved high fiduciary risks. Local actors were considered to lack the organisational capacity to manage funds. There was also a general perception that they were often involved in fraud through '*operations retour*' (see Box 1, above) and local actors and affected people also felt that some local organisations were only set up to make a business out of aid. However, cases of misconduct and fraud within international organisations through their local staff were also highlighted. These instances of fraud were not used to discredit the overall capacity of international organisations in the same way that they would for local organisations, pointing to issues of double standards.

International actors' perceptions of local capacity were consistently linked to issues of trust and fiduciary risks. As highlighted above, the issue of fraud was stated by all actors involved in this research; international actors have objectively good reasons to lack trust in local actors in DRC and judge fiduciary risk to be high. Nevertheless, it means that capacity is always perceived through the lens of risk and mistrust. This puts a high burden on local actors to prove that they do not carry risk, can be trusted and that they have capacity to contribute to alleviating the suffering of affected people.

Local actors, similarly to judging their own capacity at the organisational level, highlighted that local capacity in both South Kivu and Kasai Central generally existed and had gaps. They felt that local

capacity mainly derived from local actors' capacity to understand the context and manage community dynamics and access.

Local actors also raised the importance of understanding the roles and functions of local actors as well as their capacity: local civil society or local authorities may not have capacity, but their role is vital and should not be undermined. In this sense, local actors claimed that whether a local committee of IDPs, or a local civil society bureau, had capacity or not did not matter as much as recognising the function and role that this entity played. They felt international actors tended to undermine the roles of local institutions that could have long-lasting impacts on community resilience and development. Therefore, they argued, capacity cannot be the only reason for engaging with local civil society and understanding the role and functions of local institutions was critical for international actors to do no harm. This was especially true in Kasai Central, where local actors recognised their lack of experience in humanitarian settings but argued they could not be side-lined from the humanitarian response given their past, current and future roles in community development and resilience.

Local actors perceived international actors to have generally high capacity, especially given their preferential access to funding and ability to retain staff. They particularly valued the experience international actors brought from other crises (including the knowledge of sector-wide standards such as the humanitarian principles) and wanted this expertise to be transferred to local actors.

However, local actors were also critical of international actors. Most cited was their lack of capacity to access remote communities living in insecure areas, meaning that the most vulnerable and affected people were not reached by the large majority of humanitarian aid. Second, they felt that international actors focused on short-term emergency aid that had very little long-lasting impact on affected people.

In South Kivu, and the three sub-provincial areas we focused on (Kalehe, Mwenga and Uvira), we found a high number of national organisations, but most were unable to access funding or partner with international organisations due to a lack of capacity to manage finances and a lack of technical capacity/expertise. However, from FGDs and interviews with local organisations, we heard that international organisations implementing alone lack capacity to engage affected populations with dignity and respect, listen to them, and do not have the capacity to

correctly identify those that are internally displaced and families that have hosted displaced people. This lack of targeting capacity based on individuals' realities and an understanding of the context and community has impacted communities' psychosocial wellbeing and social cohesion.

2.3.4 What facilitates capacity

Funding was the most cited challenge and the element most referred to when asking what facilitates capacity. As well as enabling capacity to be actualised, funding allows long-term organisational capacity, particularly through increasing the capacity to retain staff, manage funds by having the right tools in place (such as computer software for managing funds), and allowing organisations to retain assets such as computers, offices, cars, etc.

Local actors said that sector-wide services, such as OCHA's coordination or the United Nations Humanitarian Air Service (UNHAS) flights managed by the World Food Programme (WFP), enabled capacities to be deployed. This highlights the importance of actors that can work at scale in environments where there is a chronic lack of infrastructure.

Capacity was believed to be higher in South Kivu compared to Kasai Central due to the higher levels of education and the presence of many universities (having a large presence of educated people is assumed to contribute to local capacity). Local capacity was also facilitated by the long history of local civil society in South Kivu, considered to be the birth place of civil society in DRC.

2.4 How gaps in capacity are addressed

We found little evidence on how capacity gaps are addressed in the study areas. This reflects the low level of capacity strengthening that occurs and the limited number of partnerships between international and local organisations. Many international actors partner with each other or implement directly, with UN agencies having the most diverse partners and a broader partnership base (although other UN agencies and INGOs remained their primary partners). Several INGOs continue to adopt a direct implementation approach, arguing this is a donor requirement. Despite a global discourse on localisation, in both South Kivu and Kasai Central we found many examples where organisations' policies and standard operating procedures mean they do not invest in or value

partnerships with local actors or their capacity. This partly explains why in South Kivu, despite of years of humanitarian crises, local organisations still lacked strong organisational capacity or the capacity to attract funding.

For international actors, gaps in capacity, which were only referred to as gaps in local capacity, were mainly addressed through international organisations taking over the implementation of humanitarian assistance. Local actors, however, thought capacity gaps should be addressed through capacity strengthening, that is, access to funding or the means to buy assets and hire the right human resources, as well as transferring knowledge and expertise, particularly relating to humanitarian principles. Local actors actively requested more capacity strengthening, although researchers felt this was more as a step for accessing funds rather than admitting lacking capacity to deliver good assistance.

The main way capacity was transferred from international to local organisations was through local staff. Indeed, it became apparent early on during interviews with local organisations that most staff had long careers with international organisations prior to setting up or joining local organisations. Some had left international organisations out of frustrations with expatriate staff that had little experience or expertise of humanitarian assistance. These individuals felt more able to drive the strategic directions of aid programming than their expatriate managers yet were unable to do so within an organisation that valued international staff opinions more than those of local staff. Others had left international organisations when they ran out of funding, downsized or left DRC. This movement of local staff between local and international institutions allowed individual capacity to exist in South Kivu in particular, but did not tackle the issue of organisational capacity for local organisations, which continues to be hampered by lack of access to funding.

2.5 Conclusion: capacity in DRC and its implications

The focus on organisational capacity by both international and local actors in DRC reflects the many years international actors have focused on this element of capacity as well as the power that lies with them (and donors) to frame capacity within their own needs and requirements. International actors have

maintained this focus to inform and manage their fiduciary risks. This has led to a narrow definition of capacity in the humanitarian sector in DRC. However, there is evidence that different elements of capacity are prioritised by different actors. All actors tend to prioritise elements of capacity that are in line with what they have, but locals are more critical of their own capacity than their international counterparts. In other words, capacity is understood and defined less in terms of what affected populations need and much more in terms of what can organisations offer. More generally, we found that in South Kivu and Kasai Central there was a lack of context-wide assessment of capacities and contextualisation.

While affected populations did not perceive capacity to exist more with local or international organisations, they systematically called for hiring community-level staff, and working with and through local institutions and civil society. Affected populations' perceptions should inform which elements of capacity to prioritise or at least include in a local definition of capacity. According to our research, affected populations feel unable to influence who implements humanitarian interventions, the way aid is implemented, or even effectively feed back on interventions.

The insistence from affected populations to work through existing local institutions, structures and actors is also reflected by local actors we interviewed. For them, capacity should be examined alongside the roles and functions of local civil society even if that civil society has no capacity. In some respects, capacity is less important for international actors, who focus more on fiduciary risk as reflected by assessments that do little to assess capacity to alleviate suffering but instead assess risks. This risk-focused approach tends to colour perceptions of capacity and the lack of trust between actors becomes a more important factor of collaboration than capacity. By uncovering underlying attitudes to how capacity is understood and perceived by international actors, we are able to start understanding why local capacity was not perceived to be as high as one could expect given the protracted nature of the conflict. The lack of trust and focus on risk has contributed to low levels of partnership between international and local actors in South Kivu and little systematic capacity strengthening. The World Humanitarian Summit (WHS) and Grand Bargain commitments have not yet shifted this situation on the ground in DRC. Perceptions of capacity – or rather risk management – continue to make complementarity between international and local actors challenging, as will be explored in the next section.

3 Complementarity

There have been calls for rethinking the way local and international actors interact with each other to enable humanitarian action that is as local as possible, as international as necessary in a complementary manner (Grand Bargain, 2016; Charter for change, 2016). As defined in the introduction, we understand complementarity to mean: an outcome where all capacities at all levels – local, national, regional, international – are harnessed and combined in such a way to support the best humanitarian outcomes for affected communities (Barbelet, 2018). Complementarity in this sense is both about the ability to understand and identify existing capacities as well as interactions that enable capacity to be combined in the most effective manner. This includes mitigating and recognising the gaps in capacities that all organisations, local or international, have. It also means addressing attitudes and beliefs on local capacity and local actors.

A review of the literature highlights that there is little written on complementarity between international and local actors (Barbelet, 2018). Most literature focuses on improving partnerships and coordination, which are the most common ways international and local actors interact and collaborate with each other, but do not automatically lead to more recognition of existing local capacity, local humanitarian action or complementarity between local and international actors. The lack of research on complementarity between local and international actors means there is little evidence of the factors that facilitate or undermine it.

The section below will focus on describing existing partnerships, coordination and other forms of collaboration between local and international actors in South Kivu and Kasai Central. It will outline how local and international actors understand and define complementarity, how far it exists and identify those factors that support or undermine it. In general, complementarity is perceived to be low in South Kivu and Kasai Central. Rather than having humanitarian action that is as local as possible, we conclude that the situation is better described as humanitarian action that is as international as possible, as local as necessary – the reverse of the WHS and Grand Bargain commitments.

3.1 Mapping of coordination, collaboration, partnerships

3.1.1 Partnerships

Formal partnerships are one way that international and local actors interact in South Kivu and Kasai Central. We examined the attitudes and practices of different organisations towards partnerships. Among INGOs we found a diversity of attitudes ranging from those that exclusively use direct implementation to those that only work through partnerships. Even when partnership was a preferred approach, some INGOs had a restrictive view of who could be a partner. As one INGO respondent argued, ‘a key characteristic is that the partner is to be a humanitarian actor, not a political actor, because our mission and our vision would not align. It has to be a local humanitarian NGO’ (INGO interview). Most local organisations we interviewed were not primarily humanitarian in nature and were either focused on civil society, development or rights (especially women’s rights). Other INGOs, however, had a much wider vision of who could be a local partner including local authorities, line ministries and departments, civil society organisations and communities themselves.

Similarly, we found INGOs who do not have an operational partnership model. Many INGOs in South Kivu and Kasai Central stated that it was not part of their operational procedures to partner with local actors or anybody other than donors, and that their donors supported them because they were directly implementing programmes themselves. As one INGO respondent stated: ‘when it comes to partnerships, we have a number of donors, but no, no local partners. We very rarely work through partnerships. We do direct implementation. We execute our projects directly’ (INGO interview).⁴

Other INGOs had a mixed approach, including both direct implementation and working through local organisations and government ministries such as the Department of Health. A number of INGOs were focusing on working with local organisations with

4 ‘Au niveau partenariat, on a plusieurs bailleurs. Ah non, pas de partenaires locaux. Nous passons très rarement par le partenariat. Nous faisons de l’implémentation direct. Nous exécutons nos projets directement’ (17/SouthKivu/Bukavu/NGO).

the purpose of ‘mentoring these organisations to strengthen their capacity’ (INGO interview).⁵

Finally, some INGOs believed partnerships with local organisations were important and necessary, choosing to operate mainly through partnerships with civil society organisations, national non-governmental organisations (NNGOs), community-based organisations and government, among others. For those organisations, harnessing local expertise and knowledge as well as utilising existing structures was the best way to address needs, as the example below exemplifies:

Through better harnessing local knowledge and local expertise; better acceptance by communities and interventions that are better adapted to local needs; the long-term local and national institutions; all of that can improve the sustainability and impact of [our] programmes. [...] Solutions that are designed locally have better chances to resolve local problems. [Our NGO] must build on existing capacities and encourage investing in local actors (INGO interview).⁶

Attitudes towards partnerships (whether or not they are valued or believed to be important) differ greatly between INGOs. In South Kivu, where INGOs have been present for some time, we thought we would find more complementary partnerships: over time, actors could know each other better and thus develop closer relationships and more complementary partnerships. Instead, we found little difference between South Kivu and Kasai Central, with just a minority of INGOs having committed to partnering with local actors and valuing their partnerships and contributions. Instead, we found that the diversity of attitudes towards partnerships with local organisations is the main factor impacting complementarity and determining how much is invested in capacity strengthening.

Respondents from UN agencies tended to have a wider vision (compared to INGOs) of who can be a local partner, with interviewees mentioning NNGOs, civil society and government counterparts. There were

fewer differences in attitudes and beliefs among UN agency participants compared to INGO participants. However, despite tending to have a positive attitude towards partnerships with local actors, UN agencies favoured partnerships with other UN agencies, INGOs and local organisations that are internationally affiliated. They partnered with local organisations in South Kivu but only very few in Kasai Central.

Although the crisis in Kasai started after the WHS committed to a more local humanitarian action, we did not find this to be the case in the way international and local actors worked together. Evidence from South Kivu found organisation and donor policies and standard operating procedures that continue to run counter to these commitments, indicating that either it will take a long time for these policies and procedures to change or that international actors have signed a commitment they do not intend to implement.

Local actors had the most open attitude towards partnerships, mentioning international actors such as UN agencies, INGOs and donors, while also highlighting other partners such as the UN peacekeeping mission, human rights actors, and NNGOs in other countries in the region. Local actors also referred to the many local partners they work with, particularly government ministries and departments in the social protection, justice, planning divisions, local civil society (including human rights actors) and official civil society bureaux, local churches, local communities, community-based organisations, and platforms of local organisations. Local actors made little distinction between development, human rights and humanitarian actors.

Pre-existing relationships at headquarter level facilitated partnership and engagement between international organisations at the field level. As one respondent stated, ‘there are collaborations that are institutional, operational partnerships that happen without the need to do a memorandum of understanding’ (UN agency interview).⁷ Existing partnerships in another country or another part of DRC made partnerships between international actors much easier:

5 ‘Mentoring avec ces organisations pour renforcer les capacités’ (41/SouthKivu/Bukavu/INGO).

6 ‘Au travers d’une meilleure utilisation des connaissances et des expertises locales; d’une meilleure acceptation dans les communautés; d’une réponse plus adaptée aux besoins locaux; [au travers de] la longévité relative des structures locales et nationales, on peut améliorer la durabilité de [nos] programmes et leur impact. [...] Les solutions définies localement ont plus de chances de résoudre les problèmes locaux. [Notre ONG] doit construire sur les capacités déjà existantes et encourager l’investissement d’acteurs locaux dans ses actions’ (37/Kasai Central/Kananga/INGO).

7 ‘Il y a des collaborations qui sont institutionnelles, des collaborations opérationnelles qui se créent, pas besoin de faire un MoU’ (UN agency).

It is easy between international organisations. [...] We have the capacity and we know each other. [...] This ease can be summed up as the relationship between actors. If we already work with [the World Food Programme (WFP)] in the Kasai Central, if there is another major crisis, we can duplicate the same approach [...]. It helps us create synergies (INGO interview).⁸

Local actors' lack of access to higher-level partnerships was perceived by them as a practice that excluded them from further opportunities. In general, they perceived partnerships to be the result of pre-existing relationships rather than based on objectively assessed capacity. Indeed, local and international organisations relied on existing networks such as Caritas or Act Alliance or the relationship between the International Committee of the Red Cross (ICRC) and the local Red Cross society. Some local and international actors said that it was easier to work with those already part of existing partnerships (either local organisations already funded by international actors or through the country-based common humanitarian fund). In addition, the term '*club des amis*' was used often during interviews to refer to instances where a local staff member in an international organisation grants partnership contracts to local organisations run by friends or family members (see Box 1). In addition, UN agency representatives tended to have strong informal coordination and collaboration mostly through social interactions where work was discussed. These were not perceived by other actors as necessarily exclusive in terms of missing opportunities for partnerships but highlighted the natural coming together of actors that resembled each other.

In that sense, even when partnerships involved international and local actors, it was deemed to be because of existing connections rather than objective assessments. Many local actors felt that their lack of access to partnerships, and thus funding, was due to lack of networks or well-placed friends within international organisations rather than a lack of capacity.

INGO respondents who partnered with local organisations felt that partnerships were based on mutual respect and a recognition of local actors' own strength and capacity. However, local actors felt they held the status of implementing partner rather than being part of an empowered partnership. For instance, some local organisations felt unable to give interviews

and take part in this research without the permission of their UN donors, reflecting their sense of belonging to the international organisation rather than being an independent actor.

A few examples of consortium existed. However, most only involved INGOs coming together under one international donor, a cluster leadership or a UN agency. One example of a mixed consortium – one that involved both local and international actors – demonstrated that local and international actors were not treated equally. To be part of this consortium, the donor required the local organisation to go through a thorough capacity assessment to prove it could contribute, but did not require international organisations to go through the same process. When setting up the consortium, the donor requested one of the international organisations to lead it and asked the local organisation to follow the INGO's instructions, in effect enabling a common sub-grantee relationship between the local and international organisation. Early in the consortium, the local organisation decided that the international organisation did not have the expertise and experience required to lead the project and made the decision to leave the consortium.

Another example of a mixed consortium demonstrated how international and local organisations were treated differently, as the INGOs in the consortium benefitted from a 10% overhead contribution as opposed to 7% for the local organisations. As will be discussed below, consortiums can potentially support more complementarity, address the perceptions and attitudes of donors in terms of the fiduciary risks of local organisations, and change the relationships between INGOs and local organisations who do not then have to be linked by funding from one to the other. However, the mixed consortiums we identified showed a lack of trust towards local actors, which introduced negative consortium dynamics, eventually leading to the failure of the consortiums. The set up failed to ensure equal distribution of power by putting international actors in the lead, therefore re-creating power dynamics similar to those experienced in bilateral formal sub-grantee partnerships. These examples in DRC highlight that the complementarity of these mixed consortiums depends on their implementation.

Respondents were asked who they would like to partner with more. A small number of INGOs stated

8 'C'est facile entre les organisations internationales. Ça se passe comme sur des roulettes. On a la capacité et on se connaît [...]. Cette facilitation se résume dans le sens de la connaissance entre les acteurs. Si nous travaillons déjà avec le PAM dans le Kasai facilement je peux voir s'il y a une crise majeure nous pouvons dupliquer la même approche. Ça nous aide à faire une synergie' (30/ SouthKivu/Bukavu/INGO).

they would like to work more with local partners but felt unable to do so because of their lack of understanding and knowledge of these partners' organisations, expertise, and overall capacity. UN agency respondents said that they wanted to work more with the local private sector, particularly through the *Federation des Entreprises du Congo* (FEC), a parastatal institution bringing together private sector actors. Another group that UN agency respondents felt would be important to engage more with are communities and affected populations. Local actors were open to more partnerships with all types of actors but mainly highlighted the need to change the nature of partnerships. One respondent wanted partnerships to be based on the principle of subsidiarity and transfer of skills. Another felt that partnerships with international actors should better respect the role of local civil society and, at the very least, should always engage with local civil society even if only informally.

3.1.2 Coordination

In South Kivu, formal coordination was deemed essential to working in complementarity by most interviewees, but many felt that it was not effective. First, the clusters were not seen as providing strategic direction and coordination, but instead were viewed as an extension of the work and partnership set up of the UN leads. This meant there was little space to influence the strategic direction of work and fund allocations or create better synergies and partnerships.

Second, the provincial level inter-agency committee (CPIA, recently renamed *Comité Provincial Inter-Organisations* (CRIO)) was perceived by local actors to favour an international humanitarian response given the automatic membership of all the UN agencies and a large representation from INGOs (five seats). This committee is important, as it makes decisions on allocation of funds and overall humanitarian plans for the province. In South Kivu, it was only following strong advocacy by local networks of local organisations at the national level that this committee allocated two seats to local organisations.⁹ While this was a step forward, it remains a small representation given the large number of local organisations contributing to the humanitarian effort in South Kivu. The lack of representation through the limited number of seats means that, while local organisations are encouraged to participate in the formal coordination system, they are yet to have real influence over where the funding goes and how it should be used.

Third, local organisations we interviewed highlighted a lack of local sub-provincial formal coordination, leading to some communities receiving the same aid twice and other communities receiving no assistance. These organisations also felt that a more local-level, formal coordination with decision-making power would help inform OCHA's coordination work at other levels and better take into account the role and views of local institutions in the way they operate. Some argued that a local coordination forum should build on existing infrastructures, particularly local authorities that oversee development plans and local civil society bureaux. Generally, although they recognised that these institutions did not always function well, local actors felt that the roles of local institutions were not harnessed and were often undermined by humanitarian coordination structures. They wanted international organisations to respect the legal entities and legal mandates in place and support them. In South Kivu, OCHA did not have a permanent presence at sub-provincial administrative level, which for local organisations prevented this local coordination to take place. Actors at the territory and community level coordinated with local institutions but felt ignored by those from outside the territories – including UN agencies, INGOs and local organisations based in Bukavu – who often did not engage with these more local institutions.

3.2 Perceptions of complementarity

3.2.1 Definitions and understandings of complementarity

Interviews examined how complementarity was defined and understood by actors in South Kivu and Kasai Central. While we did not find variance between the two regions, we found that different actors understood complementarity in various ways.

Complementarity was widely understood as: ensuring information is shared and duplication of interventions is avoided. Many interviewees, across UN agencies, INGOs and local actors, also understood complementarity as a process of seeking to complement each other's capacities. However, for international actors, complementarity was mainly understood as cross-sectoral complementarity as opposed to across the types of actors: the need to complement food security interventions with water sanitation and

⁹ Local organisations decide who represents them at the inter-agency committee through consultations organised by the provincial-level platform of local organisations, the *Cadre de Concertation des ONG Nationales* (CCONAT), the South Kivu platform of a NNGO.

Box 3: Coordination structures

Forums for INGOs, the UN and government

Formal coordination led by the UN was set up in South Kivu and Kasai Central and was the main coordination structure there as well as at the national level. However, government and local coordination were more advanced and developed in South Kivu given the protracted nature of the humanitarian situation. These included the NGO forum, provincial-level NGO networks, civil society bureaux, and government coordination and all were interconnected via the central UN-led coordination process. The NGO forum is a gathering of INGO representatives and in South Kivu this was only open to INGOs. The forum was set up in recognition that INGOs may have operational challenges that differed from UN agencies, which required another forum. By coming together, INGOs felt their voice could be increased in the inter-agency committee as well as within cluster coordination. However, one may also see this forum as reinforcing an international position as opposed to creating a bridge with local organisations.

The provincial government has a coordination structure in place that links with the formal UN-led coordination mechanism. The government's division for humanitarian affairs is responsible for managing the interaction between the government and international humanitarian actors in DRC, including at the provincial level. However, government coordination was widely seen as lacking the capacity to uphold its function. Local actors particularly felt that there was a lack of leadership from government on humanitarian affairs at all levels.

Forums for local organisations

A separate forum for local organisations was created in 2014, named the *Cadre de Concertation des ONG Nationales au Sud Kivu*, which translates as the consultation framework (although meaning network) of NNGOs in South Kivu (CCONAT in South Kivu). The CCONAT was formed due to frustrations with the current humanitarian system in South Kivu by former national staff of international organisations who set up local organisations. Its aim was to support locally-led humanitarian advocacy within the formal humanitarian system and address local organisations' lack of representation within that system, particularly regarding decision-making structures. With a membership of 62 organisations and several focus areas including a humanitarian committee, one of CCONAT's activities is to monitor and respond to allegations of fraud by local organisations through a mediation committee. The CCONAT's leadership changes every two years and

evolves in coordination with the local civil society structure, particularly the philanthropic section of the civil society bureau. The national organisation leading this section within the civil society bureau is also a member of the CCONAT in South Kivu. The CCONAT has been active and vocal as part of the global WHS localisation commitment both locally and internationally and was instrumental in advocating for local organisation representation at the inter-agency committee. A project entitled Shifting the Power supported CCONAT and a few other provincial level platforms in this endeavour.*

Civil society

Civil society bureaux are present in both Kasai Central and South Kivu at the provincial and territories level. These bureaux cover different sectors, including humanitarian work, through the philanthropic section. While the local civil society structure is recognised and influential among local actors, this is not the case for international humanitarian actors. Local actors perceive OCHA's coordination as happening without engagement with this structure and local civil society bureaux feel frustrated by their lack of influence. Some international actors highlighted felt that civil society in DRC was fragmented and politicised or too close to the government. Indeed, some local actors reflected on the difficulties associated with civil society in DRC, including co-optation (appointing civil society leaders to ministerial positions for instance) by the government to control civil society voices, which has led to 'new' civil societies being created as an opportunistic endeavour to gain political power. They also discussed the trend for new civil society organisations to be motivated by money rather than by the right values to support and help their communities. However, local actors felt that everybody knew who the 'real' civil society was and felt that the fragmentation of Congolese civil society was used as an excuse by international humanitarian actors not to engage further. Some argued that international organisations were weary of local civil society's scrutiny as they often raised cases of aid diversion and fraud committed by staff members of international organisations.

* Shifting the Power is a three-year project managed by a consortium led by ActionAid and the Catholic Agency for Overseas Development (CAFOD), and including Christian Aid, Tearfund, Oxfam and Concern. The project takes place in Bangladesh, Pakistan, DRC, Ethiopia and Kenya and is funded by the UK Department for International Development (DFID) as part of the Disaster and Emergencies Preparedness Programme. It aims for 'strengthened national capacity for decision-making and leadership' (Start Network, n.d.).

hygiene (WASH) interventions for instance. This was particularly true for UN agencies that talked of complementarity between UN agencies and argued that the UN system ensured complementarity.

International actors tended to view the ‘complement’ as coming from others: they started with their mandate, expertise and capacities, then saying how others could complement them. One UN agency respondent stated that complementarity was ‘where we have limitations, we make sure we are complemented by others’ (UN agency interview).¹⁰ Another respondent from an INGO argued that complementarity is needed ‘if in our intervention, there is a gap and if there is another actor to fill this particular gap’ (INGO interview).¹¹ A donor reflected that complementarity ‘is a solution in regards to the lack of international NGOs’.¹² Underlying this understanding of complementarity was the perception of international organisations’ own capacity as being high, and that of local actors as being low. Complementarity was only sought when they found a gap and this was not necessarily filled by local actors.

Some international actors sought complementarity with local organisations, seeing collaboration with a variety of actors as critical for tackling root causes. For some, working with local actors was also based on arguments around sustainability (local actors will stay but international actors will leave), as well as recognising that local actors are more present and can access communities in remote and insecure areas. As one INGO respondent stated, ‘if our organisation wants to find sustainable solutions, [...] it must build solid and constructive relations with a diversity of partners at local, national and international levels’ (INGO interview).¹³

Local actors also highlighted the value of working in collaboration. Although this is motivated by a recognition of internationals’ capacity and expertise,

Box 4: More local coordination

Inter-agency coordination clusters occur at the national level in Kinshasa with an overall national leadership from the Humanitarian Coordinator. An inter-agency coordination committee as well as clusters were active at the provincial level. OCHA, which had an office in both Bukavu and Kananga, facilitated this formal coordination at the provincial level as well as organising weekly NGO meetings.

At the time of our visit, interviewees referred to a reform of the humanitarian system in DRC to facilitate decisions being made closer to where interventions were implemented. This was seen as a response to criticisms that decisions on allocations of funds were made in Kinshasa and should instead be made in provincial capitals where actors were more aware of the specific needs and context.

this is also likely due to local organisations needing the funding coming from international actors and donors. However, there was a sense that local actors’ understanding of complementarity was more inclusive. As one local non-governmental organisation (LNGO) respondent argued, complementarity is ‘each organisation bringing its experience starting with beneficiaries themselves who are stakeholders, national NGOs, international NGOs and donors; that each brings their capacities to contribute to the response’ (Local NGO interview).¹⁴ Another LNGO respondent defined complementarity as ‘the way actors act together for a noble cause or the same objective; working in symbiosis and balancing out the contribution of each actor’ (Local NGO interview).¹⁵ Both definitions are not only inclusive of various actors, but are also asking to respect and harness existing capacities. The concept of complementarity resonated with a number of local actors who used their local languages to express their values regarding complementarity (see Box 5). Local actors’ definitions

10 ‘La où on a des limites, on se fait compléter par d’autres’ (8/SouthKivu/Uvira/UNAgency).

11 ‘Si dans ce que nous apportons, il y a un gap, et s’il y a un acteur qui peut combler ce gap-là’ (24/SouthKivu/Bukavu/INGO).

12 ‘Une solution par rapport au manque d’ONG internationales’ (42/SouthKivu/Bukavu/Donor).

13 ‘Si [notre]organisation veut trouver des solutions durables [...], elle devra construire des relations solides et constructives avec des partenaires variés à des niveaux locaux, nationaux et internationaux’ (37/Kasaï Central/Kananga/INGO).

14 ‘Chaque organisation apporte son expertise en commençant avec les bénéficiaires mêmes qui sont partis prenantes, les ONG nationales, les ONG internationales et les bailleurs de fonds. Que chacun amène ses capacités pour amener une réponse’ (2/SouthKivu/Bukavu/INGO).

15 ‘C’est la façon dont les acteurs agissent ensembles pour une cause noble ou pour un seul but ; jouer une symbiosité et équilibrer les apports de chaque acteur’ (39/Kasaï Central/Kananga/INGO).

of complementarity resonated with our own more readily than that of some international actors; it reflected that all actors could contribute, that these contributions could come from different levels and types of actors and that capacities needed to come together and be combined. As one local private sector respondent stated, complementarity is ‘an intelligent combination of all existing capacities’ (Interview).¹⁶

Complementarity between international and local actors as defined by this report was not necessarily valued or sought after by international actors, barring a few exceptions. Local actors, on the other hand, repeatedly mentioned the benefits of closer collaboration with international actors, not only for the purpose of accessing resources, but recognising that each type of actors tended to have different elements of capacity to offer. The few exceptions among international actors were organisations that had strong partnerships with local actors, based on the belief that they had the capacity to access affected populations in remote and insecure areas.

3.2.2 Level of complementarity: as international as possible, as local as necessary

Generally, the findings of this research in both South Kivu and Kasai Central highlight that current levels of complementarity between international and local actors are low. As stated above, humanitarian action is as international as possible and as local as necessary rather than the other way around. From interviews with international actors including donors, there is little to suggest that there are either plans to change this situation or a willingness to do so. In both study areas, local organisations are unhappy with the perceived level of complementarity as they feel unduly excluded or unable to set the agenda in either current partnerships or coordination structures. They not only believe that this leads to sub-optimal results for affected populations but that the role of civil society is undermined.

While our analysis and understanding of complementarity lead us to claim that the level of complementarity is low, some respondents felt it was high. For one local organisation respondent, this was because limited resources to respond to the crisis in

Box 5: The concept of complementarity in local languages in South Kivu

A number of local actors referred to local languages to express what they meant by complementarity, suggesting that their understanding of complementarity reflected local values:

- ‘*Mtu ungi benyi w’ibia*’ (Lega): man always needs a complement, nobody can be enough on their own, one always needs others.
- ‘*Kusaidiyana*’ (Swahili): pull together, help each other.
- ‘*Kuongezeyana*’ (Swahili): to mutually add to one another, to reinforce each other.
- ‘*Kuchukuliya shida*’ (Swahili): make somebody else’s problem your own problem, to bear the other person’s problem.

South Kivu had posed a challenge for all actors and led actors to work better together:

Today this complementarity is unavoidable. UN agencies even come to us. OCHA has come to us to ask us to help find funding because they had nothing. The reduction in resources is challenging for [us] like it is for WFP or the ICRC [...]. Today we ask ourselves, what you have, and we come together. This was not the case when big organisations had all the means. Today we share these financial means. And then we complement each other (Local NGO interview).¹⁷

Other respondents highlighted that complementarity was high among national actors and among international actors. As one UN agency respondent said: ‘among international actors, I find that partnership is developed and there is a convergence; they understand their mandates and we know the limitations of each organisation’ (UN agency interview).¹⁸

Finally, a couple of INGO respondents claimed that complementarity was high because they felt current

16 ‘Une combinaison intelligente de toutes les capacités existantes’ (54/Kasai Central/Kananga/OTHER).

17 ‘Aujourd’hui cette complémentarité est incontournable. Même les agences des Nations Unies viennent vers nous. En urgence, OCHA est venu pour nous demander de trouver les financements pour aider parce qu’ils n’avaient rien. Les diminutions des ressources ce sont les mêmes problèmes pour [nous], le [Programme Alimentaire Mondial (PAM)], le [Comité International de la Croix Rouge (CICR)]. [...] Aujourd’hui on se demande qu’est-ce que tu as et on se rassemble. Alors qu’avant, il y a des grandes organisations qui avaient tout. On mutualise les moyens. Et là on se complète’ (3/SouthKivu/NNGO).

18 ‘Entre les acteurs internationaux, je trouve que le partenariat est bien développé. Il y a vraiment un rapprochement. Ils se comprennent par rapport à leurs mandats, on connaît les limites de chaque organisation’ (8/SouthKivu/Uvira/UNagency).

coordination structures were inclusive of local actors. As one argued, complementarity 'is improving; all actors are taking into account whether they are nationals, internationals and locals and that is thanks to the cluster approach' (INGO interview).¹⁹ Another stated that complementarity could be perceived as high given that 'local actors participate in coordination mechanisms' and that 'they are given equal opportunity to speak out' (INGO interview). This last statement was, however, very much disputed by local actors who did not feel they had equal opportunities to be listened to in coordination structures.

Generally local actors viewed complementarity as being low because of a lack of inclusive coordination and their being bypassed by their international counterparts. This was the case in both areas and deemed to be a result of the unwillingness of international organisations to collaborate with or to invest in local organisations' capacity. As one INGO respondent summarised:

Local actors think NGOs do not want their capacity to the extent that they can compete with INGOs. [...] They are very concerned that INGOs will not push the Grand Bargain, partnership and participation of affected communities. [...] INGOs are very good at complaining about the lack of capacity. Local NGOs complain there is no investment in their capacity' (INGO interview).

Local actors felt that international organisations did not collaborate with them, and instead treated them as sub-contractors or implementing partners. They view this lack of inclusion as partly due to policies and programmes being designed by others for them. As one local actor stated, 'no international organisation comes to us to ask, since you are with the community, tell us what to do' (Local NGO interview).²⁰ For some local actors this was a result of the lack of localised formal coordination structures and OCHA's lack of presence at a sub-provincial level. Others argued that perceptions of a lack of local capacity mean local organisations are not

listened to. As one local actor described, 'international NGOs think that they are the only ones who have the means, the expertise to manage, and that local and national NGOs have nothing to say or contribute to them' (Local NGO interview).²¹

International actors that perceived a low level of complementarity also highlighted the lack of collaboration with local actors. According to a UN respondent, 'regarding national actors, the gap remains large as a high number of international organisations do not have the mechanisms to work in partnership or in collaboration with local partners' (UN agency interview).²² For another INGO respondent, the main difficulty with complementarity was that current coordination set ups did not support it. This respondent argued that clusters are not working independently of large UN agencies, meaning that they become a tool for them to expand their programming approaches and access funds with their implementing partners as opposed to strategic platforms to seek more complementarity. Finally, one respondent felt that the continued challenge of competition within the humanitarian sector meant that 'we do not prioritise working in synergy to respond to the needs of the population' (INGO interview).²³

3.2.3 Factors of inclusion and exclusion

To better understand interactions between different types of actors, we sought to find out what led to some actors being included or excluded. Generally, it was felt that power was in the hands of a small number of people who decided which actors were included and excluded from access to resources (funding, information, decision-making power, or partnerships). Current practice was not felt to be a level playing field: local organisations were judged harshly for mistakes compared to international actors who were trusted to redress any negative situations, especially concerning incidents of fraud. Capacity overall had little to do with the inclusion or exclusion of an actor in partnership, coordination or for funding. But perceptions of capacity, specifically the capacity to manage funds appropriately, played

19 'Je peux dire que cette complémentarité est en train de s'améliorer au Sud-Kivu. Tous les acteurs sont en train d'être pris en compte ; les acteurs que ça soit nationaux, internationaux ou locaux. Ceci à cause de l'approche cluster' (24/SouthKivu/Bukavu/INGO).

20 'Aucunes organisations internationales ne vient à nous pour nous demander que comme vous êtes avec le communauté, dites-nous quoi faire' (11/SouthKivu/Uvira/NNGO).

21 'Les ONG internationales pense que ce sont les seules qui disposent des moyens, qui ont l'expertise de gestion et que les ONG locales et nationales n'ont rien à leur dire' (26/SouthKivu/Kalehe/NNGO).

22 'Par contre, par rapport aux acteurs nationaux, le fosse reste encore grand car nombreuses organisations internationales n'ont pas prévu les mécanismes de travail en partenariat ou en collaboration avec les partenaires locaux' (8/SouthKivu/Uvira/UNagency).

23 'On ne privilégie plus le travail en synergie pour répondre aux besoins de la population' (24/SouthKivu/Bukavu/INGO).

Box 6: DRC's ninth Ebola outbreak: when existing capacities were harnessed and complementarity achieved*

On 24 July 2018 DRC marked the end of its ninth Ebola outbreak, less than four months after it had begun. In an article published the following day, the Minister of Health, Dr. Oly Ilunga Kalenga, wrote that DRC had:

raised the bar on our own ability as a country to detect and respond effectively to outbreaks despite highly challenging circumstances. We must continue to improve our capacity to contain diseases and prepare for Ebola outbreak number 10, which we know will happen' (Kalenga, 2018).

Few expected it to happen so soon: DRC's tenth Ebola outbreak was declared a week later, this time in North Kivu. In a country at risk of Ebola and other outbreaks, it is important to reflect on what enabled the swift containment of the ninth outbreak, and what differentiates it from the subsequent one that national and international actors responded to in the North.

Critical features for stopping an epidemic are speed and the capacity of national and international stakeholders. DRC has a history of containing Ebola, in part because of capacity developed during previous outbreaks: 'Having experienced so many Ebola incidents, Congo has established tried-and-tested response systems, which have contained outbreaks relatively quickly and kept death tolls relatively low' (Sengeny, 2018).

National capacity was evident in the efficient response to the ninth outbreak, and according to Dr. Kalenga, 'Local ownership remains the cornerstone of a successful response. The Ministry of Health stepped up to lead the efforts on the ground. By the time international support arrived in DRC, the major elements of a full-blown response were already in place and functioning' (Kalenga, 2018). The government launched a \$56.8 million action plan to tackle the epidemic, contributing \$4 million themselves with the rest fully financed by international partners within 48 hours (ibid). In addition to financial support, international actors provided swift technical, logistic and

biomedical support, partnering with local actors to plan and execute the response, and providing a new tool in the fight against Ebola outbreaks: vaccines. The role of regional actors has been identified as particularly important, with more than 75% of those deployed coming from the region; experts from Guinea led vaccination efforts and transferred expertise to responders in DRC (World Health Organization (WHO), 2018). The way in which national, regional and international actors worked together – each contributing diverse expertise and resources to forge an effective response – exemplifies complementarity in emergency response.

Whether the response to the tenth Ebola outbreak, currently unfolding in North Kivu province, can be as effective remains to be seen. In this region responders must overcome challenges such as poor health system capacity, proximity to commercial centres with large urban populations, traditional burial rituals that facilitate the spread of the disease, and limited access due to poor roads and infrastructure. These are difficulties that, while formidable, are not new in Ebola response. The key distinguishing factor is that this is occurring in a province with longstanding, active armed conflict between the Congolese military and armed militias, which has restricted access and resulted in forced displacement (internal and cross-border into Uganda) (ACAPS, 2018c). Thus, the response to Ebola in North Kivu will face additional challenges – more common in humanitarian than in public health crises – including: pre-existing humanitarian needs (31% of the 8.3 million population of North Kivu are in need of humanitarian assistance) (OCHA, cited in ACAPS, 2018c); access (prior to the outbreak, conflict limited humanitarian actors' access to affected populations); security, with violence targeting humanitarian responders and impeding local people's access to healthcare (ACAPS, 2018c); and displacement (making it necessary to monitor people on the move to limit geographic, potentially cross-border spread).

* This box was researched and written by Caitlin Wake.

a significant role in how trust and legitimacy were granted by international actors to local actors.

Respondents felt that those who had money held a lot of power and could influence which actors were included or excluded. There was an underlying perception that international organisations often lacked transparency on how they choose partners. As one local organisation interviewee stated: ‘we do not know who is out, because of what, or what criteria, and often international partners are the one who win most of the contract’ (Local NGO interview).²⁴ As power holders, international organisations can refuse to engage with local civil society. One local actor argued: ‘there are those who are dominating and those who are dominated’ and ‘international actors dictate because they have access to resources’ (Local NGO interview).²⁵ Another reflected that when they ask to meet with international actors they are often refused, highlighting the power at play. This is compounded by the perception that local actors continue to be under-represented in decision-making processes in formal coordination structures:

Today at the level of the Provincial Inter-Agency Committee, we have had to fight hard like we used to during apartheid or colonisation. You have to have a certificate of a civilised person. We are only two. But we represent 80% of all organisations here but only two people at the Provincial Inter-Agency Committee. This lacks balance. We do not have the voices to decide (Local NGO interview).²⁶

Local actors felt excluded in a number of ways. First, this was because international actors controlled the humanitarian agenda. In particular, many of the local actors we interviewed felt that there should be a departure from a pure emergency focus, and instead it is more important to invest in prevention, resilience, peacebuilding. For instance, one local actor working on prevention stated that OCHA did not want to

put this issue on the agenda. Frustrated by the lack of dialogue and the imposition of a closed agenda on protection, this actor made the decision to no longer participate in the cluster and the UN-led coordination.

Second, local actors felt excluded by the practice of international actors intervening without consulting or engaging with them. This was about respecting local institutions such as the traditional chief or the local administrative authorities. Bypassing them meant international actors were de facto excluding them from the humanitarian response.

Third, if local organisations did not have certain expertise or knowledge, they felt that they were automatically excluded. This was particularly the case in Kasai Central, where local organisations wanted to contribute to the humanitarian effort despite not having a knowledge of humanitarian principles. By imposing expertise or standards, certain jobs in international organisations were closed to national staff. As one local actor explained, ‘one of the main issues in South Kivu, and one that kills complementarity, is the myth of mandates; [...] there are actors who are experts in everything that Congolese cannot be experts at’ (Local NGO interview).²⁷

Finally, local actors (and some international actors) felt excluded because their contributions tended to be minimised and undervalued by some international actors and by the UN-led coordination system. Local actors did not feel that OCHA, for instance, reported their activities on the ground fairly or in the same way as for international organisations. As one local actor reflected:

When I was coordinator in [an international NGO], I could talk. I was co-lead of the logistics clusters. Now as the coordinator for [a national NGO], I cannot talk anymore. The fact of going from an INGO to a national NGO, do I lose my capacities? (Local NGO interview).²⁸

24 ‘On ne sait pas qui est éliminé en fonction de quoi et quels critères et c’est souvent les partenaires internationaux qui gagnent le gros du marché’ (12/SouthKivu/Uvira/NNGO).

25 ‘Il y a des dominés et des dominants’ et ‘les acteurs internationaux viennent s’imposer parce qu’ils ont accès aux ressources et ils s’imposent’ (2/SouthKivu/Bukavu/NNGO).

26 ‘Aujourd’hui au niveau de la CPIA [Comité Provincial Inter-Agence], on a dû batailler comme à l’époque de l’apartheid ou de la colonisation. Il faut avoir le certificat de civilisé. Nous sommes seulement deux. Nous sommes 80% des organisations ici mais seulement deux au CPIA. Ça manque de balance, on n’a pas toute la voie pour décider ça’ (4/SouthKivu/Bukavu/NNGO).

27 ‘Un des grands problèmes au Sud Kivu, ce qui tu la complémentarité, c’est le mythe des mandats ; [...] il y a des acteurs qui sont experts en tout ce que les Congolais n’ont pas l’expérience ou l’expertise’ (4/SouthKivu/Bukavu/NNGO).

28 ‘En tant que coordinateur de [ONG internationale], je pouvais parler. En tant que co-lead du cluster logistique. Et maintenant en tant que coordinateur de [ONG nationale], je ne peux plus parler. Le fait de venir d’une ONG internationale pour ONG nationales, est ce que je perds mes facultés ?’ (SouthKivu/Bukavu/NNGO).

In South Kivu, local actors effectively support humanitarian coordination and action through providing up-to-date information to the cluster system and OCHA. As one UN respondent noted, this was only possible for local actors who have the capacity to access remote areas affected by humanitarian crises. However, there was general frustration from local actors that international organisations were using this information to fundraise, while excluding local actors in their interventions.

We also found that for local actors to be included effectively in humanitarian coordination and action, they needed to be perceived as legitimate by international organisations. This legitimacy could be accessed in several ways. Through becoming a formal partner of an international organisation, local organisations gain recognition and social capital. For instance, an INGO respondent argued that the local organisation they had partnered with for years was able to become eligible for the pooled fund and co-lead a sub-cluster thanks to their partnership, which led another INGO to partner and support the same local organisation. More generally, any local organisation that successfully joined the pooled fund eligibility list became a legitimate partner and interlocutor for international organisations. Unfortunately, not many local organisations are able to do so. Pooled funds still go mainly to international organisations (see Table 3) but the funds going to local actors are increasing. Finally, legitimacy could be extended from an international actor vouching for or brokering on behalf of a local organisation. One local organisation was able to become a partner of a UN entity only thanks to the intervention of an international champion from a donor embassy who met with the office chief to broker the deal on behalf of the local organisation.

International actors argue that legitimacy is not the issue here, but who has capacity. However, between preconceived ideas about local organisations' capacity, risk-based understanding of capacity (the focus of international actors on fiduciary risk as opposed to the capacity to alleviate suffering),

and a general lack of trust, there is little objective assessment of capacity among local organisations in South Kivu and Kasai Central.

3.3 Factors facilitating or undermining complementarity: opportunities for more complementarity

The below were either named as facilitating or undermining complementarity or seen as opportunities for complementarity.

3.3.1 Contextual factors

A number of factors that were deemed to facilitate or undermine complementarity related to context, including the nature of the crisis. While we did not find significant differences in the level of complementarity in Kasai Central and in South Kivu, the lack of experience with conflict-related humanitarian crisis as well as with the formal international humanitarian system in Kasai Central meant that it was harder for local actors to influence, be empowered and contribute to the humanitarian response. Local actors also felt that international actors had to demonstrate to donors that they could establish themselves in Kasai Central. It therefore seems harder to find complementarity in newer crises. As argued below, the issue remains finding a better way to define and recognise different types of capacities. In Kasai Central for instance, there is little recognition of the role local actors have played in engaging with armed groups to protect communities, demobilising children associated with armed groups and allowing populations to access aid.

The second element was the nature of civil society in DRC and more specifically in South Kivu. As discussed above, international actors were concerned about local civil society because of its fragmented nature, due to a level of co-optation by the government and politicisation of these organisations. However,

Table 3: Evolution of country-based pooled fund allocations by type of actors

	2015		2016		2017	
	Number	Percentage	Number	Percentage	Number	Percentage
NNGOs	24	22%	24	21.4%	13	39%
INGOs	42	40.2%	34	56.1%	20	46%
UN agencies	18	37.8%	8	22.5%	3	15%

Sources: OCHA (2016; 2017c; 2018e)

many local actors we interviewed were frustrated by international actors' attitude regarding civil society, feeling that they were avoiding engaging rather than harnessing what it could contribute.

The third element was the role, or rather the lack of one, that the government plays regarding complementarity and humanitarian action. This was not raised by international actors but most local actors stated in one way or another that the government lacked leadership. Although recognising the complexity of national and local governance in DRC, respondents highlighted the government's lack of involvement in humanitarian action as well as the confusing local-level governance between traditional chiefs (Mwami) and administrative authorities, where they sometimes co-opted each other or worked at cross-purposes. Local actors also highlighted the issue of corruption within government administration and how this hindered humanitarian action and the work of local civil society. In spite of all this, local actors felt that a government with a stronger role in humanitarian action would support more complementarity.

Some local actors felt that if the government were to contribute to pooled funds at the country level it would then have more of a say in how money should be distributed, and therefore be able to support a shift to more funding going to local organisations. For others, stronger government involvement would mean that international actors would have to be accountable to the government and would have to work more with local actors. Several respondents felt that international actors were acting like the 'mafia', making unilateral decisions without accountability.

In recent years, there has been a trend in a number of countries of more assertive governments managing humanitarian crisis. Some governments have taken a strong stance on the role of international and local organisations. This was seen, for instance, in Nepal where the government demanded that all international organisations work with and through local organisations. More recently, in the response to the Sulawesi tsunami, the government of Indonesia requested internationals to leave the country and let the local response take centre stage. In South Sudan, the government has become more assertive through passing a new NGO law and has talked of replacing international humanitarian workers with national workers or limiting the number of international humanitarian workers in the country.

However, in South Sudan, this assertiveness was mirrored by similar control of national civil society, a worrying sign for democracy and freedom as well as the independence of humanitarian action. One can only wonder what a more assertive Congolese government in humanitarian affairs would be like and whether this would lead to less freedom, support and independence for all actors. While there is no doubt that affected governments can decide to support a more complementary humanitarian action that is as local as possible and as international as necessary, there are concerns for what this means in reality.

3.3.2 The link between understandings of capacity and complementarity

Complementarity is affected by issues around capacity in several ways. When local capacity is perceived to be, or is, lacking, international actors do not seek to work in complementarity with local actors as they do not see the value of doing so. In both South Kivu and Kasai Central, this was an important factor affecting the level of complementarity. While it is difficult from the evidence we gathered to decide to what extent this was a matter of perceptions, there was a sense that there was a lack of organisational capacity among local organisations, particularly related to fiduciary management, procurement processes, human resources management and the ability to sustain funding flows. Some international actors recognised what local organisations could contribute but were finding it challenging to overcome these organisational limitations. As this INGO respondent said:

The challenge is always the organisational development. The [local organisation] is very limited in its capacity and without wanting to be paternalistic, if we are not here, they do not take the initiatives. However, in operational terms, they are fantastic (INGO interview).²⁹

At the same time, some international actors recognised that they had very little understanding of existing local capacities. Instead, they found themselves overwhelmed by the number of local actors present in coordination meetings but did not feel they had the tools and information to make informed decisions about who had capacity. Some respondents said that while the 3W was a starting point, it did not provide a mapping of existing local capacities nor were they able to get that mapping for local administrative or traditional authorities. One respondent argued that OCHA has a role to play in developing better ways to assess

29 'Le challenge c'est toujours le développement organisationnel : une [organisation locale] très limitée en leur capacité. Sans vouloir être paternaliste, si on n'est pas là ils ne vont pas avoir les initiatives. Mais en terme opérationnel, c'est fantastique' (43/SouthKivu/Bukavu/INGO).

Box 7: The Congolese government: an undermining force for local humanitarian action in DRC

The Congolese government refused to take part in the international donor conference held in Geneva on 13 April 2018. The Level 3 emergency declaration (see Footnote 1) for parts of the country made by the UN in October 2017 angered the government, who feared it was giving the country a negative image and discouraging investors from supporting the economy. At the heart of the dispute was a disagreement between the humanitarian community, who claimed more than four million people were internally displaced in the country as opposed to the mere 230,000 estimated by the government. Shortly after the government announced it was not joining the donor conference, the UN deactivated the Level 3 emergency in a public statement (Reuters, 2018). The conference only raised \$530 million of the \$1.7 billion required to address the humanitarian consequences of years of conflicts in the DRC (Guardian, 2018).

The prime minister was asked by NNGOs to reconsider the government's position and take part in the conference (Caritas, 2018). This was done through three platforms of NNGOs: the Réseau des Ongs Nationales Humanitaires et de Développement (RONHD) de Kinshasa, the Forum des Organisations Nationales Humanitaires et de Développement (FONAHD) based in North Kivu and the CCONAT based in South Kivu. These platforms argued that the government should accept existing statistics on

the humanitarian situation in DRC and vouched for the credibility of these figures, stating that national organisations are the ones monitoring and reporting on internal displacement to the United Nations cluster system. NNGOs also reiterated that they lived side by side as civil society organisations with these affected populations and saw in the conference an opportunity to better support them. In their letter to the government, NNGOs argued that their voices could not do much without the government's voice joining them.

The government's attitude around this donor conference echoed what local actors reiterated again and again during interviews: the government's lack of engagement with the humanitarian situation and its lack of support for local humanitarian organisations. They felt that local humanitarian action cannot happen without the leadership of the national government, and this lack of engagement undermines the legitimacy of local actors and the support, financial and otherwise, they should receive from international actors. The government's attitude regarding humanitarian action also leads us to question what kind of complementarity can occur between the government, as a national actor that could contribute to addressing humanitarian needs, and the local and international humanitarian community in DRC.

capacities (other than current practices in the pooled funds). As this respondent from a UN agency argues: 'we have a tendency to put aside the credibility of local actors on the basis of the results from the humanitarian fund evaluation rather than on the expertise of these organisations' (UN agency interview).³⁰

Collaboration among international actors in DRC was supported by their knowledge and understanding of their organisations' mandates and capacities, while collaboration between international and local actors was due to a lack of knowledge. Local actors also felt that moving away from assessment to understanding the roles of local institutions and structures, including local civil society bureaux, was critical to support more complementarity as well as to do no harm.

A number of actors, local and international, said that local actors' current contributions, particularly in South Kivu, went unrecognised. The information gathering function played by local actors was raised a number of times as an example of this, and was seen as increasing the gap between internationals and local actors.

3.3.3 No choice

As argued above, humanitarian action in the study areas has not followed the commitments of the Grand Bargain and international actors have preferred to work with other internationals. However, when internationals had no choice but to work with local actors in DRC we saw more recognition and harnessing of local actors' capacities. In both South Kivu and Kasai Central, this particularly related to access challenges, whether linked to terrain or insecurity.

30 'On a tendance à mettre de cote la crédibilité des acteurs locaux fondés sur les résultats des évaluations du fond humanitaire que l'expertise de ces organisations' (40/SouthKivu/Bukavu/UN).

The take away for how to better support complementarity is to consider how to extend this recognition and harnessing of local capacities in situations where international actors have a choice to operate directly but decide not to. There are few incentives to do so and this is where policy commitments, attitudes and values can make a difference – although commitment to a more local humanitarian actions made through the Grand Bargain has been slow to materialise on the ground.

3.3.4 The role of international organisations' policies, attitudes and values

Evidence that humanitarian action that is as local as possible is better for humanitarian outcomes for affected people is hard to gather in DRC. The approach is not yet there in practice or at scale and thus evidence cannot be gathered. This puts a high burden on local actors to prove themselves to be more effective and cheaper so that international actors give them the necessary space. Because evidence is lacking in DRC, we found that international organisations' commitments, policies, attitudes and values affect complementarity most.

In DRC we found a number of policies and practices that continue to hinder working in complementarity. Several INGOs continue to adopt policies of direct implementation and many do so because this is donor policy. Donor policies and practices that we observed in DRC do indeed seem to run counter to Grand Bargain commitments to a more local humanitarian action. Some donors in DRC are asked by their governments to give larger sums to a smaller number of organisations, which runs counter to allowing a more local humanitarian action to happen (as this will necessarily mean a higher number of smaller organisations that each absorb smaller amounts of funding). Conversely, some international actors highlighted that other donors have made their funding conditional on closer partnerships with local actors.

3.3.5 Level of funding

The decreasing level of funding in South Kivu was a factor that supported and hindered complementarity. For some respondents, low levels of funding in South Kivu meant that many international organisations were leaving for North Kivu and Kasai Central, thus allowing more space for local organisations. Reduced funding also meant that working in complementarity became a necessity. However, low levels of funding also increased competition between different actors and the rationalisation of funds in the hands of a few.

3.3.6 Role of LNGO platforms

In South Kivu, the role of the CCONAT clearly supported more complementarity. By coming together under one umbrella, the CCONAT was seen to reduce competition between LNGOs, giving them one voice, and therefore had more leverage to shift power and decision-making in the hands of local organisations. Finally, the CCONAT contributes to better understanding of who has capacity and who does not.

The limitation of the CCONAT was that not all of its members were able to financially support its work through an annual membership fee (\$50 per organisation). The Shifting the Power project was instrumental in providing the funding necessary for the advocacy that the CCONAT conducted to have representation at the provincial inter-agency committee in South Kivu.

3.3.7 How coordination mechanisms impact complementarity

Respondents in DRC agreed that the UN-led formal coordination structure and the role of OCHA were critical to support complementarity. However, in South Kivu, coordination was not always deemed to be as supportive of complementarity as it should be. One of the main issues was the centralised nature of coordination. Recent reforms mean that the country is moving towards a more decentralised system where decisions should be made closer to affected populations (see Box 3). While a step forward, local organisations were calling for even more localised coordination in two ways: one where local actors, particularly local civil society bureaux and local authorities, should be strategic partners of OCHA; and for coordination to be decentralised at the level of the territories. Finally, there was a call for a more representative leadership in the clusters to move away from UN agencies driving the agenda and towards strategic discussions to inform working in synergy.³¹

3.3.8 Trust and power dynamics

In South Kivu and Kasai Central, we found evidence that there was a lack of trust between actors on all sides. In Kasai Central, we observed that humanitarians benefit from local private sector capacity, particularly in terms of logistics (trucks, storage, etc.). But private sector economic actors do not trust humanitarians and are concerned about being paid, and this impacts on how they work together. Similarly, local actors did not trust that international actors wanted to recognise or strengthen their capacity. They felt that international actors were exploiting the weakness of the government

³¹ A recent article on the child protection sub-clusters found that there is no reason why clusters and sub-clusters should not be co-led by local actors and yet this is seldomly practised (Maina et al., 2018).

and using beneficiaries and local organisations for their own benefit. And international actors did not trust local actors to be neutral and impartial. Information gathered by local actors was questioned and seen as a way for local civil society to benefit their communities of origin by reporting high levels of needs rather than objective assessments.

In this environment of mistrust, local actors felt they were missing out on opportunities due to the imbalance of power relations in interactions. Addressing this problem in South Kivu and Kasai Central seems to be central to allowing more complementarity and yet there was no example in DRC of how this could be done. A closer collaboration between structures that already unify groups of organisations – such as between OCHA, the NGO forum, the CCONAT, the provincial ministry of planning – could potentially support a different coordination around identifying and combining capacities. With a recognition that power also comes with money, donors could potentially play a greater role in bringing actors together. This would change the way humanitarian donors work and requires further investment on their parts as well as a stronger commitment to humanitarian action that is as local as possible, as international as necessary. This would also require a different approach to risk and investment in local risk mitigation mechanisms.

3.4 Conclusion: complementarity in DRC and its implications

Many international actors in DRC sought complementarity first and foremost with their international peers, failing to understand the value of complementarity between local and international

actors. Indeed, the mindset of most international actors in DRC remains one where humanitarian action is as international as possible and where local capacity is only considered when internationals' limits are reached. This does not negate our proposed definition of complementarity (see Barbelet, 2018) that focuses on harnessing all capacities with an emphasis on ensuring that capacities at all levels are combined when responding to humanitarian action. It does, however, highlight that it will take a long time to reverse attitudes and improve interactions between local and international actors.

As a result, levels of complementarity between local and international actors in South Kivu and Kasai Central remain low according to our findings. Changing this will require addressing the factors of exclusion highlighted above, as well as addressing those factors that undermine complementarity, particularly issues of trust and inclusive coordination. Understanding these elements helps to identify some of the underlying issues that challenge a more local humanitarian action, but more needs to be done to consider what could address these issues. Our research in DRC indicates that this may be done through investing in resources to support the sector in understanding and mapping capacity better; investing in changing policies and the attitudes of international actors including donors to recognise and harness capacities and support more complementary ways of working with existing local capacities; localising coordination and using coordination structures to shift power in support of a more local humanitarian action; and localising risk-mitigating mechanisms to manage fiduciary risks in ways that support a more local humanitarian action, as well as considering local social accountability as a new approach to fiduciary risk management.

4 Conclusion: capacity and complementarity in DRC and implications for local humanitarian action

This study aimed to critically research how capacity to respond to humanitarian crises in the DRC was understood and assessed, how levels of capacity of different actors were perceived and how gaps were addressed. Complementarity between local and international actors in DRC was also examined, with the aim of identifying factors that support or undermine complementarity and humanitarian action that is as local as possible, as international as necessary. By focusing on South Kivu and Kasai Central, the study interrogated issues of capacity and complementarity in conflict settings.

Our findings suggest that international actors continue to define and prioritise capacity according to their own strengths and risk tolerance. In doing so, different actors' understandings of what capacities were most important in responding to the humanitarian crises in DRC were contradictory and fragmented. The practice of internationals assessing the capacity of locals continues to be the norm in DRC (see Barbelet (2018) for a review of past practices and literature). As a result, a context-wide assessment of capacity is lacking, as are context-wide understandings of existing capacities and gaps; capacity is not contextualised to respond to specific crises in these regions.

The acceptance by most actors of capacity as being mainly organisational in nature reflects the power that lies with donors and international organisations, which enables them to frame capacity within their own needs and requirements. The understanding of capacity as organisational capacity also explains why capacity is rarely understood and defined in relation to the context. While affected populations did not perceive capacity to exist more with local or international organisations, they called for more engagement of local institutions and civil

society. Similarly, local actors felt that capacity should not necessarily be the main lens through which engagement is assessed to be possible and instead reflected that capacity should be examined alongside the roles and functions of local actors in their communities. Capacity is also less important to international actors who focus on understanding risk, particularly fiduciary risk, resulting often in perceptions of local capacity that are coloured by a lack of trust. Because of this, we found low levels of partnership and little investment in strengthening the capacity of local actors. The processes through which capacity is assessed in Kasai Central and South Kivu (and probably in DRC and other humanitarian settings given they are standard sectoral practices) mean that understandings and perceptions of local actors' capacity is driven by the tolerance for fiduciary risk of international actors and their perceptions of who has the capacity to mitigate these risks for them. The narrow way international actors choose to define capacity excludes other attributes of local organisations that may benefit a response. Local organisations that do not pass financial/organisational hurdles are not assessed or further considered as potential partners – even if no money is exchanged.

Complementarity was not necessarily sought after or valued by international actors in DRC; collaboration and partnerships were first and foremost with their international peers. Partly due to the lack of recognition of what local capacity could contribute, international actors worked towards humanitarian action that was as international as possible, as opposed to the WHS call for action that is as local as possible. Low levels of complementarity between local and international actors resulted from contextual factors such as: higher levels of competition among organisations in the new crisis in Kasai Central;

the fragmented nature of local civil society, which increased perceptions of risks relating to partnering with what were seen as politicised local actors – a perception challenged by local actors; and the lack of government involvement and leadership in humanitarian action, which undermined the power and legitimacy of local actors. Other factors that affected levels of complementarity in DRC were the negative perception of local capacity; only valuing local capacity when international actors could not intervene; policies from donors and INGOs that continued to support direct implementation by international actors; the level of funding; the role that LNGO platforms can play in shifting attitudes, practices and power; coordination mechanisms; and the lack of trust and existing power dynamics.

This case study raises several questions that must be addressed in order to support humanitarian action that is as local as possible, as international as necessary in a complementary manner. In particular:

- How can capacity be assessed in a way that informs humanitarian action that is as local as possible?
- How can capacity be harnessed and supported when it exists within organisations that cannot meet partnership and funding requirements?
- What needs to be considered to contextualise complementarity?
- What changes and investments are needed to support complementarity?
- How can we address power dynamics, lack of trust and perceptions of legitimacy to support more complementarity?

Moving away from bilateral assessments of capacity is needed to deprioritise an international understanding of capacity and to start assessing capacity at the context level. This will require additional attention and resources by international actors to understand and map capacity more holistically. OCHA could consider, in the short- to medium-term, what this could mean for its coordination role and invest further in mapping out capacity, in addition to the current practice of mapping out operational activities through their 3W. Assessing capacity at the context level would allow a better understanding of what capacities exist, where they are, how they can be harnessed, where there are capacity gaps and how to address these gaps without undermining or bypassing existing capacities.

However, such mapping will only be useful if it is based on an agreed understanding of capacity, one that integrates the views of what elements of capacity are needed from a wider range of actors

including affected populations, local actors and local government. In this study we were able to pinpoint some of the elements of capacity that were most relevant to affected populations, who at the same time highlighted that they were never involved in selecting organisations that intervene in their communities or felt able to influence that choice. Understanding capacity in a context should be grounded in the perspectives of affected populations and combined with other elements of capacity that are either necessary in terms of transparency and accountability to donors (elements of capacity around financial management, procurement etc.) or those elements of capacity that are derived from learning from experience (international standards, humanitarian principles, etc.). Understanding and defining these elements of capacity will also require being informed by the nature of the crisis and the wider context. While OCHA should consider its role in convening, consulting and facilitating such a process, it needs to elevate the voices of those least powerful in the current humanitarian system, most of all affected populations, as well as monitor how power dynamics might affect their own understanding and mapping of existing capacities.

Barring a few exceptions, international actors do not partner or fund local actors that do not meet their criteria. These are often linked to organisational capacities such as having a certain type of governance structures and procedures, procurement policies in line with international standards and strong financial management in place. While such criteria are important to ensure the right management of funds and will continue to be necessary for donors who are increasingly adopting stringent compliance and risk-averse attitudes, meeting these fiduciary risk management criteria cannot be the first and only door to collaboration, partnership and support. Other capacities, such as the capacity to access remote communities or strong acceptance by local communities, can become underutilised or side-lined when they exist within organisations that cannot meet these criteria. Based on the above-mentioned wider understanding of capacities needed in crisis contexts, international actors should consider how to continue engaging with such actors. Investing in the organisational capacities of these actors would unlock their potential capacities by eventually transitioning these organisations to meet compliance criteria and be less of a fiduciary risk for international organisations.

Non-financial partnerships and collaboration should also be viewed as valuable even when local actors do not meet the above criteria. Ensuring that they

can not only participate in humanitarian coordination but are also supported to have a powerful voice in these forums and take leadership positions in coordination mechanisms will be critical to allow more complementarity. Finally, there is a need to localise the risk-mitigating and risk-management functions that many international organisations' headquarters carry out for their country offices. Local organisations do not have a structure that allows for internal audit and other risk-management functions. Donors should consider investing time and resources to consider how to re-create these headquarters functions to support financial management. Local solutions such as peer-to-peer monitoring and auditing should also be considered as viable options for risk-management processes.

While commitments have been made globally for humanitarian action to be as local as possible, this study found very little evidence of a shift on the ground. International organisations that have a policy of direct implementation continue to avoid partnerships with local organisations and current donor policies are supporting this position. Implementing locally in DRC is an important step that must be taken urgently to start shifting towards a different mode of operations. This would require that international organisations adopt policies and processes (HR, finance, etc.) that support a more local humanitarian action, for example working more systematically with local organisations, and a shift towards a more advisory and capacity-strengthening role for INGOs. It would also require a clear signal from donors that local humanitarian action and complementarity between local and international actors are indicators of success and any efforts supporting these outcomes would be rewarded. As part of their funding requirements, donors should consider how they are supporting these outcomes and the changes in their policies and standard operating procedures that need to be made to support these objectives, including through their leverage in country-based pooled funds. Moving towards more local humanitarian action will cost money and require the right investment by donors, and potentially by local government, including, as outlined above, in supporting better mapping of existing capacities at the context level.

Localising the current humanitarian coordination system is also critical to support a more local

humanitarian action. Today's humanitarian coordination structures greatly influence the way humanitarian action is implemented in a country like DRC. Decentralising OCHA and the UN humanitarian system, as is currently being done in DRC through shifting decision-making from the national level to the provincial level, could help better assess, harness and combine existing capacities. However, further localisation of coordination is required. One way could be through creating community-level cluster structures. Local clusters with the right resources and the power to make decisions could allow more rapid responses in large-scale crises such as the ones experienced in South Kivu, which in turn could facilitate a faster return to normality and the return of displaced populations to their place of origin. This could also lead to more engagement from local authorities and local representatives of the state. Localising formal coordination structures also means having local actors leading clusters. Localising coordination also means considering existing coordination structures and working with and complementing them rather than imposing new structures. By supporting those with less power and resources to be in leadership positions, formal coordination mechanisms could help shift the power to enable more local leadership. This would require more leadership from OCHA and the global cluster leads to shift the way they operate and enable local actors to take these leadership roles.

At present, the burden of evidence is on local actors to prove they are more effective, more efficient, better and cheaper at doing humanitarian work. But without having large-scale humanitarian responses that are led, managed and implemented by local actors with the support of international actors, only anecdotal evidence can be found to support the claim that local humanitarian action is better. There is enough evidence to demonstrate that not engaging local civil society, undermining local capacities, and not having a more local response has negative consequences for medium- to long-term peace and development and so ultimately for humanitarian outcomes. In places like the DRC, where humanitarian situations will likely continue through the next decade, it is time for a truly large-scale investment in local humanitarian response with the potential to enable a more sustainable humanitarian response.

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