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**REPORT OF SUB-COMMITTEE ON REFUGEES, RETURNEES
AND INTERNALLY DISPLACED PERSONS**

REPORT OF SUB-COMMITTEE ON REFUGEES, RETURNEES AND INTERNALLY DISPLACED PERSONS

INTRODUCTION

1. The Permanent Representative Committee (PRC) Sub-Committee on Refugees, Returnees and Displaced Persons carried out a number of activities during the second half of 2017. These activities include conducting assessment missions in Member States affected by recent natural and/ or human induced disasters. Assessment missions were undertaken in the following countries:

- The Federal Republic of Nigeria, 7-13 October 2017, led by H.E. Mr Edward Chirua Chimango, PRC member and representative of the Republic of Malawi to the African Union;
- The Republic of Sierra Leone, 31 Oct – 3 Nov 2017, led by H.E. Amb. Monica Nashandi, PRC member and representative of the Republic of Namibia to the African Union;
- The Republic of Guinea, 6 -10 Nov 2017, led by H. E. Amb Dieudonne Ndabarushimana, PRC member and representative of the Republic of Burundi to the African Union;
- The Democratic Republic of Congo, 7 Nov – 14 Nov 2017, led by H.E. Amb. Fafre Camara, PRC member and representative of the Republic of Mali to the African Union;
- The Republic of Libya, on 17 November 2017, led by The Commissioner for Social affairs, Mrs Amira El Fadil to Libya as special envoy of the Chairperson of the Commission in Libya. This mission was organised urgency against the backdrop of the alleged slave trade and auctioning of migrants in Libya.

2. Moreover the PRC Sub-Committee on refugees participated to the 68th Session of the Executive Committee of the high Commissioner's Programme (EXCOM) organised by the United Nations high Commission for refugees (UNHCR) to sensitize Member States and the entire international community on the problems of refugees, displaced persons and returnees with a view to enlisting their assistance to these people and their effective contribution to a lasting solution of the issues. The subcommittee also participated in a meeting involving the International Committee of Red Cross (ICRC) and UNHCR to strengthen the partnership and enhance deliberate on the humanitarian issues in the continent with a view to enlisting effective assistance and solutions.

3. The following Section provides a summary of the missions conducted and highlights some of the key findings and recommendations.

HUMANITARIAN ASSESSMENT MISSIONS

THE FEDERAL REPUBLIC OF NIGERIA

4. The North East of Nigeria still remains an area of serious concern. About 8.5 million persons are in need of humanitarian assistance and nearly 1.7 million persons are still internally displaced despite the gains made by military authorities in recent times, as Boko Haram still creates a volatile situation in the Lake Chad Basin area including in North East Nigeria.¹ The food security situation has been further compounded by the ongoing conflict. More than 4.8 million people are now in urgent need of food assistance while 5.1 million are predicted to be food insecure if not supported by the humanitarian community in 2017. It is estimated that about 30% of the children under five years of age are suffering from acute malnutrition in North East Nigeria and up to 15% of children suffer from severe acute malnutrition which is well above emergency levels.

Internal displacement

5. It is estimated that over 2.6 million people have been forced to flee their homes. In the most affected areas, the level of displacement has tripled in the last two years. About 1.7 million Nigerians are internally displaced and they form the seventh largest displaced population in the world. Cameroon, Chad and Niger host over 155,000 Nigerian refugees.

6. The conflict has also resulted in a severe protection crisis with serious implications both for Nigeria and the region at large. This is also coupled with other structural drivers of the conflict evidenced by lack of development, the impact of climate change, human rights and governance deficits which expressed itself prior to the conflict in the form of the north east region being one of Nigeria's most depressed regions. The effect of the above is that the crisis has impacted negatively on the most vulnerable civilians who are refugees, internally displaced persons and host communities alike. Indeed, women, girls and children, who constitute a majority among the IDP communities are daily exposed to grave multiple risks of violations. This finds expression in violence against women, girls and children including sexual violence and exposure to trafficking.

Return of refugees and IDPs

7. According to UNHCR over 1 million displaced persons have returned to their usual places of habitual residences. However, the return of these refugees and displaced persons is often fraught with serious risks resulting in continued and multiple displacement. This situation is also coupled with questionable forms of chartered voluntary returns from neighbouring countries while there are also cases of suspected forms of *refoulement* from across the Nigerian border. It is however, refreshing to note that the Nigerian government has just concluded a tripartite agreement with the Republic of Cameroon and the UNHCR to facilitate the safe and dignified return of Nigerian refugees.

¹ IOM May 2016, Regional response situation Report

Federal Government Initiative

8. The Federal Government of Nigeria has put in place a plan to deal with the huge complex humanitarian crisis in the North East of Nigeria. The plan is christened the Buhari Plan and it was developed by the Presidential Committee for the North East Initiative (PCNI). The Plan is a comprehensive and inclusive programmatic framework with the following objectives:

- Restoring peace, stability, and civil authority in the North East region;
- Coordinating the mobilization of targeted resources to respond to the humanitarian crisis and jump-start the region's economies while strategically repositioning the region for long term prosperity;
- Providing equal access to basic services and infrastructure;
- Promoting a civic culture that integrates zero tolerance to sexual and gender based violence with a peaceful co-existence as the success indicator;
- Accelerating equal access to quality education for girls and boys as well as building social cohesion;
- Targeting social and economic development and capacity building that reduces the inequalities affecting the poor, particularly women and youth; and
- Addressing environmental degradation through sustainable measures to halt the desertification of the region including the protection of the Lake Chad resources.

Conclusion and Recommendation

9. Both the Nigerian government and the international community have responsibilities and obligations to accomplish for a sustained and effective response to the situation in the North East of Nigeria. The international community should urgently increase political and financial support to save lives. There is a need to scale up emergency food assistance, nutrition and livelihood support to forestall potential famine. The international community should also support the governments in providing access to food and basic services including in Water and Sanitation and access to health care.

10. Host communities and IDPs should equally enjoy assistance. International actors are encouraged to support the rehabilitation of damaged infrastructure as well as develop new ones to serve areas of returns in order to increase access to quality services and for returnees to have access financial and material aid.

11. The Government of Nigeria is commended for its efforts and the international community, particularly, the United Nations through its Country Team under the able leadership of Mr Edward Kallon for the attention drawn to the situation in the North East of Nigeria as well as for the effective response to the dire humanitarian situation in North East Nigeria. The mission thanks UNHCR and other partners for facilitating the conduct of the assessment. The mission calls for greater coordination between the national government, the humanitarian actors and the development partners.

12. A donation of the sum of US \$100,000:00 (One hundred Thousand Us Dollars) was made to the Federal government of Nigeria in support of the Humanitarian situation in the country and the efforts of the government of the Federal Republic of Nigeria.

THE REPUBLIC OF SIERRA LEONE

13. The main objective of the mission was to reaffirm the solidarity of the African Union with Sierra Leone. It also aimed to look at the post Ebola situation in the country and examine the national recovery and resilience building efforts following the mudslide disaster in August 2017.

14. The delegation was cordially received by the Hon. Saidu Conton Sesay, Chief of Staff, Office of the President as well as Director General and Ambassador at Large, Amb. Mme. Khadijatu Bassir, Ministry of Foreign Affairs. They expressed their deep appreciation for the solidarity showed by the African Union and fellow Member states in the aftermath of both the Ebola outbreak as well as in response to the appeal of the Sierra Leone following the recent flooding and related mud slide disaster in August 2017. Series of meetings were held with government officials such as the Minister of Health and Sanitation Hon. Dr. Abu Bakarr Fofanah, Minister of Local Government and Rural Development Hon. Maya Moiwo Kaikai, Director of the Disaster Management Department, Permanent Secretary Mrs. Rakie Macelth and Acting Director Mr. Dehenge Shalle at Ministry of Social Welfare, Gender and Children's Affairs. Further to the above meetings and courtesy calls, the delegation held a meeting with the Acting UN Resident Coordinator, the UN Country Team, WFP Country Director and Country representative of IFRC. The mission also included visit of the recent mudslide site in Regent district, in the outskirts of Freetown and IDP camp in Old Skool area at hill station in Freetown.

Ebola Virus Disease (EVD)

15. The first EVD case in Sierra Leone was identified on 25 May 2014 in area bordering Liberia and Guinea. The government declared state of emergency in June 2014 and set up Emergency Operations Centre (EOC) under the Ministry of Health and Sanitation and eventually the National Ebola Response Centre (NERC) in an effort to coordinate and escalate the national response efforts. In the height of the outbreak in November 2014, around 500 new cases per week were reported. The EVD is said to have caused more than 3,500 death and more than 8,000 infection cases. The disease affected 13 out of the 14 districts in the country. Medical personnel are among the victims, with at least 295 healthcare workers infected and 221 dead, including 11 highly specialized physicians. A total of 3,500 people including orphans, survived the disease after contracting Ebola.

16. In Sierra Leone, the last Ebola virus outbreak was also contained in November 2015. Since then the country has maintained heightened surveillance with testing of all reported deaths and prompt investigation and testing of all suspected cases. The outbreak almost collapsed the entire sector but mostly affecting the health, education and economic sectors. The socio-economic impact of the disease have been devastating. Though it has been almost 2 years the outbreak came under control, the impact of EVD resonates in the country to date as the economy is still in the state of austerity. EVD is beyond a public health emergency, it is socioeconomic and cultural challenge with cross cutting implications. This is therefore why the country eventually embarked on multi-sectoral response and recovery plan. Through concerted efforts Sierra Leone controlled the disease and embarked on recovery program.

The Post Ebola Recovery Program

17. Most of the areas which were severely affected were marginalized areas. The poor and less educated segments of the population were heavily impacted by the disease. Thus, the recovery program it focused maintaining a zero prevalence rate of EVD and enhancing investment in the health sector to improve the provision of basic services such as health education including training health professionals and other related services. For instance at the time of the breakout, the country did not have community based EVD surveillance laboratories, it had 2 surveillance experts in the county, as well as few health centres and ambulances. But by the end of November 2015 it established 13 EVD diagnostic laboratories with treatment centres.

18. The country currently has close to 200 ambulances almost each district has access to ambulances services. There is also at least 1 surveillance worker in each districts and community based health workers at least in each district. Focus is also given to increasing the number and quality of boarder medical observation posts and monitoring systems. The country also established Emergency Operation Centres in each districts that can be triggered at any time as well as Rapid Response Teams (RRTs). The development of Emergency Preparedness Plan which really was fundamental in preventing cholera outbreak during the August 2017 flooding and mudslide disaster.

19. The economy was also one priority area as the country highly depends on the mining industry, hence, large number of people were unemployed and following the closure of foreign mining companies in the aftermath of the EVD outbreak. The national economy suffered as the GDP slumped and impacted the livelihood of people as the level of poverty intensified. Thus reducing the over dependence on one sector and diversification of the livelihood of people and the economy by developing the agriculture and the informal sector is the key focus in addressing the economic challenges.

20. One of the impact of EVD was on the agriculture sector affecting food production, food security and livelihoods. Though there has been underlying malnutrition prior to the outbreak, it was however aggravated due to the EVD. In this regard, programs which focus on enhancing agricultural productivity, food production and comprehensive approach on malnutrition such as school meals and family

focused interventions are undertaken by relevant government, and non-governmental organizations.

21. Further to rebuilding and recovery the country is keen to mainstream disaster risk reduction in order to prevent similar disasters from occurring. The establishment of an independent disaster management Agency is one the major steps it has embarked on. This arrangement will upgrade the Disaster Management Department under the Office of National Security to an Agency.

Flooding and land slide disaster in august 2017

22. On 14 August 2017, Freetown the capital of Sierra Leone and its surrounding areas were hit by floods resulting in massive landslides and destruction. The most severe disaster occurred in Regent and Lumley districts with a massive 6 kilometres mudslide submerging and wiping out over 300 houses. The capital also experienced another incident of flooding during the weekend of 26-27 August.

23. The total number of confirmed deaths is 502 and around 800 people are still not accounted for. Over 5,000 people have been affected by the mudslide and floods, of which 969 are children under the age of five and 393 are pregnant and nursing women. Close to 1,900 households were affected by the disaster.

24. The response to the disaster was led by the Office of National Security. The government in collaboration with partners provided temporary shelter, food, medical assistance protection and psycho social support in the after math of the disaster. The registration of affected people and verification of beneficiaries has been one of the challenging experience. The National Emergency Center (NEC) and partners conducted a repetitive biometric verification exercises. Medium and long term plans to and Action Plans are under development to ensure risk mitigation and protect the people of Sierra Leone from future tragedy.

25. Two IDP camps were established in Juba barracks and Old Skool. There were 132 households residing in camps, including 500 individuals in Old Skool and 486 in Juba barracks. The delegation visited The Old Skool camp which sheltered to over 500 people and provides food (3 meals a day), health care, and psycho social support. It has 24 hours emergency respondents, security, police services as well as primary school. In addition to those IDPs in the camps some opted to stay outside the camps with relatives whilst some (though the numbers are not confirmed) were sheltering in unfinished buildings around the city.

Conclusions and Recommendations

26. Sierra Leone experienced major challenges during the outbreak Ebola Virus Disease, flooding and mudslide in the past few years. Despite these unfortunate disasters, which tried the stamina of its people and the government, the leadership of the government through the support of internal and external assistance responded effectively. Though the effects of these disaster, particularly of the EVD are bound to have long term effects, the country through its recovery programmes is targeting development and resilience building initiatives which are yielding encouraging results.

27. In this regard, the country's focus in establishing the disaster management agency and disaster fund is commendable. However, aside from the institutional arrangements, it is vital that the agency is given clear mandate, authority, resources and technical backings which will allow it to effectively execute its central role in disaster management in the country.

28. It is also important to streamline and simplify disaster and emergency response structures/pillars which facilitate prompt access to government resources in the face of sudden onset disasters also need to be explored. Nurturing prompt reflection on the lesson learnt is vital to inform and reform practice and ensure the effectiveness of similar future disaster preparedness and response interventions.

29. Effective community engagement or prompt and proactive community engagement contributed to the down turn of the EVD. Effective communication and community engagement strategies facilitated trust based relationship with leaders' and citizens, bridged the information gap and enhanced the role of community leaders and local citizens in fight against the disease. Community engagement should hence be strengthened and applied not only in emergency response programmes but integrated in recovery programmes through clear strategies.

30. One of the commendable developments is the culture of voluntarism particularly of youth volunteers was one other important development which was observed during the Ebola outbreak. This spirit of voluntarism needs to be strengthened and encouraged through various targeted interventions. Moreover, the government and others should however nationally acknowledge and recognize the efforts of the volunteers through an appropriate forum or event.

31. Regarding the recovery of the mudslide social cash transfer/assistance programmes have been keenly upheld through various development intervention around the world, however in the context of seeking durable solutions for the mudslide affected people in Freetown, the short and long term implications and effectiveness of such interventions need to be examined to understand its and relevance as plausible recovery and resilience building intervention.

32. Disasters are often forgotten some of the positive lessons and practices which were instituted during the EVD and resulted in positive behavioral changes need to be sustained such as the practice washing hands should be inculcated in the society. Moreover, the intention of the government to build memorial park in remembrance for the victims of EVD and mudslide disasters is important so as to teach and remind future generations of the extent of the devastation and instills the importance of sustainable investment to mainstream disaster prevention and adequate preparedness to avert from catastrophes from occurring again in the country and beyond.

33. The African Union Commission in this regard through can support the capacity of the various government initiatives particularly in the health, education, disaster risk management. The establishment of the Disaster Management Agency in this regard deems special support from the relevant AUC departments through long term targeted technical support to build the capacity of the institutions and its

experts. Similarly, the health sector particularly in the training of health professionals, in building national/local health institutions and personnel and developing boarder medical observation posts and disease monitoring systems.

THE REPUBLIC OF GUINEA

34. The African Union Commission conducted a humanitarian assessment mission between 6 and 10 November 2017. The assessment mission was led by the Permanent Representative of Burundi to the African Union H.E. Amb Dieudonne Ndabarushimana accompanied by a humanitarian officer from the Department of Political Affairs of the African Union Commission.. The Terms of Reference of the mission covered the following areas: (a) identifying lessons-learnt in the government response to Ebola crisis in Guinea, (b) reviewing the level of international solidarity and cooperation including the role and contribution played by the African Union, ECOWAS, other Member States of the African Union and international community at large, and (3) identifying actions taken by the authorities and international partners building preparedness and resilience capacity.

Background and Context

35. The Ebola virus Disease (EVD) was reported for the first time in West Africa in 2014 and has affected Guinea, Sierrea Leone and Liberia. EVA was first detected in March, 2014 in 3 southeastern regions in Guinea. This marked the beginning of the quick outbreak of the disease in West Africa. Some 1355 EVD cases representing 40% of all cases announced in Guinea were from Conakry and 4 neighboring prefectures (Coyah, Dubreka, Forecariah, and Kindia). EVD caused death to around 40% of infected cases in Conakry and 60% of cases in Kindia, by the end of 2014.²

36. By all accounts, the Ebola crisis is one of the major crises the country has ever faced. The country experienced 3814 confirmed and probable cases. Some 2544 individuals died whereas 1270 survived the Ebola disease. The lethality rate of Ebola was 62 percent among the affected population. The initial regional impact of the outbreak was significant as some Member States closed borders, halting movement of persons and trade. All the affected countries including Guinea were already burdened with economic challenges, poverty and weak health infrastructure. According to the World Bank, the economic impact of the outbreak was significant.

Response by Government, Regional and international partners

37. The Government of Guinea has collaborated with regional states, the AU particularly the Department of Social Affairs, ECOWAS and other international partners to respond to the Ebola outbreak. Its **national overall strategy and approach** was anchored in developing a resilience and recovery plan, development and implementation of operational plans at the district-level, improving disease surveillance, training and capacity building targeting not only health officers but also

² Rico, A., Brody, D., Coronado, F., Rondy, M., Fiebig, L., Carcelen, A....Dahl, B. A. (2016). Epidemiology of Epidemic Ebola Virus Disease in Conakry and Surrounding Prefectures, Guinea, 2014–2015. *Emerging Infectious Diseases*, 22(2), 178-183. <https://dx.doi.org/10.3201/eid2202.151304>

other actors; and deployment of tools and logistical capabilities necessary to support effective response and revive and build community based activities.

38. The role played by the African Union including through CDC and ECOWAS in mobilization of its Members in support of the affected countries in the region was significant. It also coordinated with the international community, deployed health officers and emergency responders. Government officials expressed appreciation to the solidarity shown by these regional institutions.

End of Ebola Virus in Guinea, Challenges and Lessons-Learned

39. On the 1st of June 2016 the WHO declared the Republic of Guinea Ebola-free³, it was declared on 29th of December 2015⁴ but new cases were confirmed on the 18th of March 2016 as Ebola virus may stay in some body compartments of EVD survivors, most remarkably in the semen of males, which make the reappearance of the virus in the previously infected places possible.⁵

40. Since the declaration of end of the Ebola epidemic the Government of Guinea has collaborated with international partners to put in place a strategy to prevent a relapse or prevent future epidemic. Government officials and WHO representatives highlighted that this system aims to strengthen health surveillance; improve application of international health regulations; build capacity to detect the risks reported by health information system; and further strengthen the implementation of community based approach through the deployment of 4 thousand agents in regions and prefectures in the country to provide us with information of detected risks. Health facilities established to respond to Ebola are now being used to address other maladies. There is evidence suggesting positive health outcomes from this investment.

41. Government counterparts and partners with whom the assessment team interacted highlighted that the Ebola outbreak and the response have revealed the following **gaps and challenges**: (a) dysfunction of the early warning system; (b) low capacity for clinical and biological diagnosis; (c) inadequate health personnel at the health district level; (d) weak data management capacity; (e) inadequate preparation and poor response capabilities; and (f) and the low level of implementation of community-based epidemiological surveillance. The country also faced low capacity of the data management. Lack of road infrastructure meant that it took extraordinarily long time to reach some areas affected by the outbreak. Government authorities also highlighted late disbursement of donations and funds as a major challenge.

Recommendations

³ "Forty-two days have passed since the last person confirmed to have [Ebola virus](#) disease tested negative for the second time," WHO said in a statement. "Guinea now enters a 90-day period of heightened surveillance to ensure that any new cases are identified quickly before they can spread to other people." <http://abcnews.go.com/International/world-health-organization-declares-end-ebola-virus-guinea/story?id=39520887>

⁴ <http://abcnews.go.com/International/world-health-organization-declares-end-ebola-virus-guinea/story?id=35987997>

⁵ <http://www.who.int/csr/disease/ebola/new-ebola-cases-confirmed-guinea/en/>

42. The Government and people of Guinea have shown impressive resilience in responding and recovering from the outbreak of Ebola. Based on its consultations with key government officials, survivors and regional and international partners, the mission highlights the following recommendations which will help all relevant actors prepare better for future risks.

- Building on the positive and laudable actions implemented by the government in establishing health facilities in affected areas, the Ministry of Health and other relevant government institutions should expand **community-based surveillance** in areas that are not covered by existing facilities;
- Implement an **inter-agency and multi-stakeholder evaluation** involving government, affected population representatives, Non-governmental organizations, regional actors and international partners to identify ways and means of improving detection, response and building resilience when similar outbreaks occur in the future;
- The Government and its partners need to continue to implement robust **capacity building programs** which extends beyond health officers;
- All relevant actors must double their efforts to continue to implement targeted programs which aim to support the **full recovery and integration of Ebola survivors and their families**. These activities need to include psychosocial outreach activities. In the long-term the Government and its partners must invest building local capacity particularly in the area of psychosocial services;
- Establish a platform for **collaboration between the AU and RECs** which will facilitate exchange of information and coordination when intervening in the context of similar outbreaks.

THE DEMOCRATIC REPUBLIC OF CONGO

43. His Excellency Mr. Fafre CAMARA, Ambassador of the Republic of Mali to Ethiopia and Permanent Representative to the African Union, led the African Union's humanitarian assessment mission in the Democratic Republic of Congo (DRC) from 7 to 14 November 2017. The mission's mandate was to assess the humanitarian situation in the country with a particular focus on the situation in Eastern Congo and in Kasai region. The mission met with the Government authorities in the DRC particularly the Ministry of Human Rights and Humanitarian Action, the provincial authorities of Kasai-Central and North Kivu provinces. The mission also met with the United Nations Organization Stabilization Mission in the DR Congo (MONUSCO), the International Committee of the Red Cross (ICRC), the International Federation of the Cross, the Congolese Red Cross and the civil society of the two provinces visited

namely the province of North Kivu in the Eastern Congo and the Province of Kasai-Central in the Centre of the Country.

The Humanitarian Situation in RDC

44. The humanitarian situation in the Democratic Republic of the Congo (DRC) has deteriorated dramatically over the past year. The crisis has deepened and spread, affecting people in areas previously considered stable and stretching the coping mechanisms of people in areas already impacted. This is also coupled with other structural drivers of the conflict evidenced by lack of development. A surge in violent conflict and intercommunity tensions has forced more than 1.7 million people to flee their homes in 2017 – which is an average of more than 5,500 people per day. Today, the total number of internally displaced people in the DRC has reached more than 4 million, which is the highest number of any country on the African continent. Insecurity has had a devastating impact on people's ability to access food, and 7.7 million people across the DRC are facing severe food insecurity. The situation is further complicated by political uncertainty and economic downturn.

45. This deterioration, observed mainly in the Kasai, Tanganyika, North Kivu and South Kivu regions, is taking place against the backdrop of one of the world's largest and most complex humanitarian crises. Across the DRC, at least 8.5 million people need humanitarian assistance and protection, close to 2 million children are affected by severe acute malnutrition and outbreaks of diseases, including cholera, affect tens of thousands of people every year. At the same time, DRC also hosts more than half of a million refugees, including from Burundi, Central African Republic (CAR), Rwanda and South Sudan.

Displacement and Humanitarian Need in Kasai Region

46. A violent uprising of a local militia spread rapidly across the dramatic proportions in geographic coverage and brutality in Kasai region. At the peak of the crisis, around 1.4 million people were displaced across the Kasais and grave human rights abuses, including sexual and gender based violence, have been inflicted on the population. While a relative improvement in the security situation has allowed for some 631,000 people to return home, 762,000 people remain internally displaced and 34,000 people have fled to Angola as refugees. Needs remain great among both the displaced and returnee populations, as many people fled with nothing and are returning to villages, livelihoods and homes that have been destroyed. Violence has resulted in acute food insecurity across the Kasais, and loss of two agricultural seasons, further jeopardizing the food security outlook in 2018.

Displacement and humanitarian need in North Kivu and South Kivu regions

47. North Kivu and South Kivu have seen an increase in humanitarian needs over the last year due to violent clashes between armed groups and counter efforts to neutralize them, resulting in multiple waves of displacement. More than 1 million people are estimated to be displaced in North Kivu alone, including more than 500,000 who have fled from their homes this year. The situation has notably deteriorated in South Kivu, where an upsurge in violence and insecurity has resulted in the displacement of at least 130,000 people since the August 2017, with tens of

thousands more people yet to be verified pending resources and capacity. This brings the total number of displaced people in South Kivu to 600,000

Humanitarian Access

48. Insecurity is a major humanitarian constraint in the east, and accessibility varies according to conflict dynamics. In recent months, the majority of security incidents have occurred in Nord-Kivu, Sud-Kivu, and Tanganyika, due to armed group activity and inter-communal violence. Over 250 security incidents (conflicts, land disputes and exactions against civilians) were reported between August and November 2017. They resulted in 900 casualties in total and in 800,000 people with limited access to aid as on-going projects had to be closed-down or delayed. Targeted violence against aid workers is common and appears to be increasing in the eastern part of the country since October.

Recommendations

49. In view of the concerned humanitarian situation in DRC, it is recommended that the Commission liaise with the United Nations Office for the Coordination of Humanitarian Affairs to organize, during the year 2018, a joint high-level partnership mission in the country to raise attention for humanitarian need and calling for more engagement of the international community in the country.

50. As the humanitarian crisis is linked with the ongoing electoral process and the apparent crisis of legitimacy in DRC, it is recommended that the Commission in partnership with other stakeholders strengthen their efforts to lead the country in a peaceful election.

51. It is important that there be a mechanism for a regular submission of reports on the humanitarian situation in the country, by the African Union Liaison Office in Kinshasa. It is therefore recommended that this mechanism be put in place for the DRC and for all other offices and AU missions.

52. As the Government of DRC informed the AU mission on the adoption of the Kampala Convention by the national parliament and on the willingness to set up a national law in the area of internally displaced persons, it is therefore recommended that the Commission and the African Union Commission on International Law (AUCIL) work together to support the Government of the Democratic Republic of Congo in drafting a national law in accordance with the AU Modal Law for the implementation of the African Union Convention for the Protection of and Assistance to Internally Displaced Persons in Africa.

Conclusion

53. In solidarity with the affected population, the African Union donated, at the end of the assessment mission in RDC, a sum of One Hundred Thousand USD (100,000) to the Congolese Red Cross to respond to the humanitarian need both in Kasai and Kivu regions. The Commission thanks all stakeholders involved in the success of the PRC assessment mission to RDC, in particular the Government of the

Democratic Republic of Congo, the AU liaison office in RDC and MONUSCO for their assistance and guidance during the mission.

THE REPUBLIC OF LIBYA

54. Against the backdrop of the alleged slave trade and auctioning of migrants in Libya, the Chairperson of the African Union Commission, prior to the planned PRC subcommittee assessment mission, urgently dispatched the Commissioner for Social Affairs, Mrs Amira El Fadil to Libya to consult and investigate the alleged slavery and the conditions of stranded African migrants in Libya. The African Union delegation met with several Libyan Officials including the President of Libya, the Minister of Justice and The Attorney General. The Commissioner visited one of the government-controlled Migrants Detention Centres – Tariq Al Matar that hosts about 3820 Migrants. She also met with the representatives of the African Community in Libya at the Libyan Ministry of Foreign Affairs.

55. The Libyan authorities indicated that they have 42 detention centres spread across the country. However, IOM only has access to 22 of those mentioned by the President. There are reports of other detention centres controlled by different militias. The Commissioner visited only one of the government controlled detention centres and it was clear that the centre was cleaned up just before her arrival. The migrants were just been given blankets, many of the blankets still wrapped in plastics. The centre has three warehouses with about 3820 detainees. One of the warehouses contained more than 2500 migrants with only three toilets with curtain doors and no windows, but ventilation holes. Moreover, in spite of efforts of separation, minors as young as thirteen and fourteen years old are put together with adults in the same warehouse. But the females were kept in a different Centre. The Libyan authorities appeared to be willing to cooperate with the AUC to lead the process of repatriation and resolution of migrants' crisis.

56. The operationalization of the Task Force on the Stranded Migrants situation in Libya as recommended by the mission permitted to reveal that there are more than 50 detention centres in Libya including those under the control of militias. As of 19 December 2017, 4,612 migrants have been evacuated from Libya and 3,700 were in the return pipeline⁶.

Recommendations

57. It is recommended that the African Union immediately put in place, together with IOM and UNHCR, a Voluntary Humanitarian Evacuation of Migrants (VHEML) from Libya to :

- Implement a scaled up evacuation plan that will repatriate additional 15,000 migrants currently in government-controlled detention centres before the end of the year. There are currently at least 20,000 migrants in government-controlled detention centres;

1. ⁶ This number constitutes migrants who have expressed their willingness to take part in the Voluntary Humanitarian Return (VHR) assistance and have been processed for travel.

- Engage Member States whose nationals are in Libya to be evacuated to facilitate identification of their nationals, issuance of emergency travel documents, overflight and landing clearance and sustainable reintegration in their home countries;
- Immediate closure of all detention centres and de-criminalisation of irregular migrants. The risk is that if these centres are not closed down, they will once again be filled with new groups of irregular migrants. Moreover, detention centres are breeding grounds for organised criminal groups, extremism, terrorism, violation of human rights, and possible crimes against humanity.

Conclusion and Recommendations

58. The PRC Subcommittee on refugees to assess frequently the humanitarian situation in countries and Regions affected by grave humanitarian situation in Africa and strengthen the partnership between the Humanitarian Affairs Division of DPA and the Social Affairs department for the prompt response to the current migrant crisis in Libya.

59. The PRC Subcommittee should continue to support the return program in Libya in 2018.

MEETING OF THE EXECUTIVE COUNCIL (EXCOM), UN HIGH COMMISSION FOR REFUGEES (UNHCR)

60. A delegation led by the Commissioner for Political Affairs, H.E. Minata Samate Cesouma, participated in the 68th Session of the Executive Council Meeting (EXCOM) from 2 to 6 October 2017. The delegation comprised of H.E Simeon Oyono Esseno, Ambassador of the Republic of Equatorial Guinea to the African Union and Chairperson of the PRC-Sub Committee on Refugees, Returnees and IDPs supported by the Department of Political Affairs.

61. During the 68th Session of the EXCOM the AUC through, H.E Samate, seize the opportunity to highlight challenges that face Africa in some part of the continent in terms of political crises, climate change and terrorism that are forcing thousands of people, including women and children, into the path of exile in host countries where they are not always welcome and are often subject to violence and trafficking of all kinds. The Commission further underscored its efforts in dealing with the displacement within the Continent by highlighting its policies and activities in the humanitarian sector. The Commission finally recalls the consensual nature of the conclusions of the World Humanitarian Summit and the New York Summit on Mass displacement of Refugees and Migrants and hopes that the discussions underway for the elaboration of the two Global Compacts will provide a global response based on solutions to root causes of forced displacement of populations.

62. In the margin of the Session, the two representatives of the African Union met with representatives of ICRC and UNHCR to discuss matter of common interest relating to humanitarian action in Africa. The discussions were particularly focused

on the strengthening of partnerships on the formulation of the continental instrument on statelessness, and the consideration of IDPs in the on-going process of the drafting of the two global compacts.

CHALLENGES

63. The Sub-committee was not able to execute some of its planned activities for 2017 due to funding gaps of the Commission for the case of Mozambique and due to uncertainty in election schedule in Liberia.

CONCLUSION

64. The PRC Sub Committee delegations would like to sincerely thank the warm hospitality of the Government and People of all Member States in which the humanitarian assessment missions were conducted, namely, the Republics of Guinea, Sierra Leone, Libya, RDC and Nigeria and all Humanitarians and UN partners for their strong support and facilitation of the mission which highly contributed to its successful accomplishments. It encourages member states and AU organs to implement activities.

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