

DELEGATES, DIALOGUE AND DESPERADOES

The ICD and the DRC peace process

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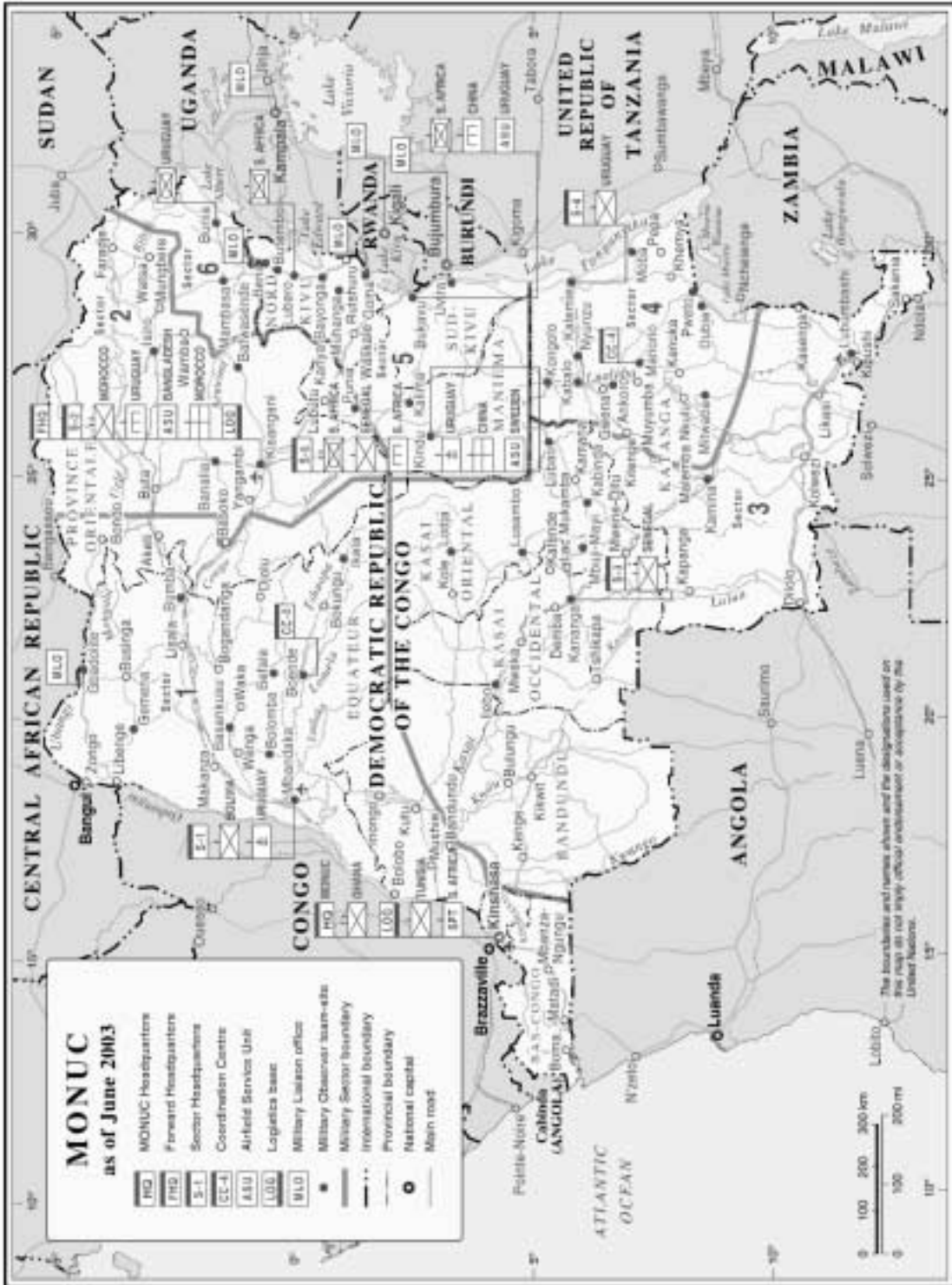
Progress in the DRC peace process has continually originated from sources outside of the existing agreements, treaties and protocols. This has been the case since the signing of the Lusaka Ceasefire Agreement. Of great concern is the increase in armed groups who shoot their way to the negotiating table and then assert themselves within the ICD. The implication is that military action, not popular support for a manifesto, has propelled individuals and groups into positions of power. Many of these groups seek to pre-empt the democratic process of the elections to be held two years from now. Against this background, ordinary citizens in the DRC have faced terrible living conditions. Forced to flee from the marauding groups (especially in the east), hundreds of thousands of Congolese have sought refuge in neighbouring states. Furthermore, in the two Kivu provinces and the Ituri region, intense fighting has erupted between the signatories of the Lusaka Ceasefire Agreement and amongst former allies: Rwanda and Uganda. The ICD, though expected to provide a new political order, has not achieved that goal. The ICD did not reach agreement on a constitution, a balanced transitional authority, or the formation of a new national army. Agreement has only been secured through discussion outside the framework of the ICD process.

Introduction

Just a few weeks after the end of the 52-day Inter-Congolese Dialogue (ICD) it was clear that the second phase of the Lusaka Ceasefire Agreement of July 1999 did not fully deliver on its mandate.¹ Held at Sun City, at a cost of R54 million,² the ICD was supposed to have addressed at least three important elements. First, the ICD was expected to agree on a transitional government to oversee national elections. The transitional authority would include Congo's unarmed political actors. Second, the ICD was expected to develop a draft constitution to guide the country as it

prepares for free and fair elections.³ Finally, it was also hoped that the dialogue would agree on the modalities for establishing a new national defence force.

The high expectations have been dashed. The result of the dialogue, that really only began in Addis Ababa in October 2001, has been confusion, recrimination among key actors and recently, more talks in Kinshasa to address the inadequacies. For a while, progress in Kinshasa was stymied by increasing differences and demands on the political and military questions and structures expected to be in place during the 24-month transitional period.



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Intervention by the UN and other international players has recently resulted in some 'catching up' on the establishment of structures for the transition. But how does one explain the monumental failure of the ICD?

Certainly, there are political actors inside and outside the DRC, who do not wish to see peace come to that ravaged country. What is needed is an intervention; sustained by the international community and designed to tip the scales in favour of peace and stability. There needs to be a commitment to bring relief to ordinary Congolese who have not enjoyed personal human security for the last 40 years. Without external intervention that is both international and robust, the peace process will stagnate and regress, culminating in cycles of violence and perhaps genocide in the Great Lakes region.

This article has three sections. The first covers the motivations for the ICD, its expectations and the reasons for its failure. The second section explains the evolution of the military dimension, tracing its implications for demilitarization, demobilization and the civil reintegration expected to occur during the transitional period and immediately after the election. Finally, this article points out some lessons that might benefit future peace processes in the DRC.

Explaining the ICD failure: October 2001 to April 2003

Before addressing the failure of the ICD, some of its achievements need to be acknowledged. The first achievement is the Global and Inclusive Agreement on Transition in the Democratic Republic of Congo. All parties signed it on 17 December 2002 following intense international pressure. This provided a transitional political arrangement that acknowledged the existing presidency, while allocating four vice-presidential posts to the three major armed groups and the unarmed political opposition. According to this arrangement, the government, RCD-Goma and the MLC would each appoint a representative vice-president. Beyond this, the parties would also contribute ministers and other functionaries.

The second achievement was on the question of an integrated national defence force. This was secured in April 2003 but only signed by the MLC and the government. Again, as in the case of the political arrangements, this was only achieved after intervention by the United States and the United Nations.⁴

Any agreement reached was a result of intervention by the international community. At each step, the office of the UN secretary-general has had to despatch his special envoy in order to facilitate agreement among the parties. This began on 12 June 2002 when former Senegalese prime minister, Moustapha Niasse was appointed UN Special Envoy to the Congo crisis. Consequently, it is safe to argue that the ICD—from the preliminary meeting of August 2001 in Gaborone to Addis Ababa in October of the same year, from Abuja to Sun City and then to Pretoria via Cape Town—had become redundant needed the international community to rescue the obviously failing process.⁵ At the final plenary session in Sun City, it was evident that even Sir Ketumile Masire, the frustrated facilitator and a former president of Botswana, was anxious to leave the ICD 'circus'.⁶ Sir Masire had been severely criticized for being weak and for lacking the enthusiasm and neutrality demanded by the complex Congolese conflict.⁷

The real costs of the ICD failure

As differences around the negotiating table continue, the DRC has experienced the highest war-related casualties of any region since 1945. This, despite attempts to buttress the ceasefire by other treaties such as the 2002 Pretoria Agreement—between Kinshasa and Kigali—which provided the basis of the Ituri Pacification agreement⁸ and the September 2002 Luanda Agreement between Kinshasa and Kampala. The ceasefire was, and has since, been observed in the western part of the country but the east remains ravaged by intense fighting.⁹

Curiously, the intense fighting included pitched battles between former allies—Rwanda and Uganda—creating a conflict within the existing crisis. The Lusaka Ceasefire Agreement

of July 1999 did not foresee this sort of event.¹⁰ According to reports, during 2003 alone, over 50,000 people have been killed in Bunia and the Ituri region, bringing the death toll since July 1999, to over 3.3 million.¹¹ It has to be acknowledged, however, that the majority have not been killed by violence but by indirect results of the conflict: disease and starvation. The war has also disrupted internal human security. It is estimated that 4 million people are internally displaced (IDP). Most of these are concentrated almost exclusively in the volatile Kivus and Ituri provinces. As of November 2002, the UN believed that 16 million Congolese (a third of the population) showed signs of malnutrition as a consequence of the displacement. Hundreds of thousands of Congolese have sought refuge in neighbouring states.¹² Amid the misery, business continues. The UN has reported that local actors, with the active support of neighbouring states, are exploiting the DRC's wealth of diamonds, coltan,¹³ gold and forestry products.¹⁴

These human costs make international humanitarian intervention in the Congo an urgent matter. But treating the symptoms alone is not enough. Understanding the factors behind the failure of the Lusaka Ceasefire Agreement and the ICD may suggest how future efforts can treat the cause of the symptoms.

Inner workings of the ICD

The ICD resulted from the Lusaka Ceasefire Agreement signed by belligerent governments in July 1999, and by rebel groups in August 1999.¹⁵ The ICD was expected to begin only after the ceasefire had become effective. However, in practice, the ICD has been conducted against the background of continued war in the Congo, particularly in the Eastern provinces North and South Kivu and the Ituri province.

The ICD was also the entry point for civil society and unarmed political groups in the Congo to become part of the peace process. Their inclusion in the ICD was in recognition of the formidable role that they played in the struggle against the Mobutu regime during the early 1990s. Using unrelenting pressure, these

grassroots movements introduced a new constitution that stripped then-President Mobutu, and by extension, the future office of the presidency, of executive power over Parliament and the constitution. Composed of largely uncoordinated but desperate forces within the DRC, these groups gradually coalesced and became so effective that by November 1992 they had produced a draft constitution and established a parallel representative alternative to Mobutu's appointed National Assembly.

Once assembled, this new group influenced the widespread rejection of Mr Mobutu's inflationary currency. This created a crisis which forced Mr Mobutu to send his son to "arrest the independent Constituent Assembly 800 members in parliament from February 24 until the 26th, 1993" until they agreed to the use of the new currency.¹⁶ But the potential for the independent group's influence had been recognised. Even after armed groups gathered in Lusaka, negotiators were mindful of harnessing this nascent democratic initiative.

The main purpose of the ICD was to serve as a mechanism that would establish a widely consulted Transitional Authority. The lifespan of the Authority was to be limited to the time needed to supervise elections. After that period, a democratically elected government would take over.

The first serious working session of the ICD was a preparatory meeting held in Gaborone in 2001 to which all parties to the conflict sent 350 delegates. Here, Congolese from all sides appeared to rediscover each other, embrace one another and settle down for serious business. However, this development was a cause for alarm amongst some of the backers of the armed groups.

Immediately after the Gaborone meeting but before the next working session scheduled for October in Addis Ababa, the two secretary-generals of the rebel movements met. Azarias Ruberwa (RCD-Goma), and Olivier Kamitatu (MLC) were called to a meeting in Goma, "attended by officials from Rwanda and Uganda" whose main agenda was co-ordinating the parties' positions. Following the meeting, an announcement was made, calling for the vacation of all political seats, including the presidency of the DRC before the dialogue was

resumed. Kinshasa immediately rebuffed this suggestion through a public address to the nation. President Joseph Kabila announced this rejection of the rebels' call while announcing limits to which the ICD process would confine itself. In Mr Kabila's view, the ICD would be limited to suggestions for the form of a new state, and economic and national reconstruction questions. The ICD could also facilitate the holding of national elections as soon as possible. In other words, the government in Kinshasa was not about to give up control and subject itself to an unknown political negotiating process. Given the public regional co-ordination of the RCD-Goma and MLC position, it is also safe to presume that the Kinshasa government also consulted with its backers within SADC. This pre-conference public posturing directly undermined the upcoming conference in Addis Ababa. As a result, during the evolution of the ICD, separate treaties between the major parties, secured outside of the dialogue process, became a major feature.¹⁷

The next stage, held in Addis Ababa, began with a seriously curtailed agenda and publicly stated limitations thanks to the megaphone diplomacy carried out in Goma and Kinshasa. In Addis Ababa, another major failing of the ICD became obvious: a lack of dedicated resources to support the process. Each meeting—first Gaborone, then Addis Ababa—had to have a separate fund-raising initiative while the war continued to rage. As Masire points out, when booking hotel rooms in Addis Ababa, there was only enough money to host a quarter of the number of delegates hosted in Gaborone. Sir Masire was then forced to suddenly inform all the parties to reduce their delegations from 62 to only 15 each. In Sir Masire's opinion, only about two to five people could effectively undertake serious negotiations. The rest were "their audience" who wanted to be present in order to ensure that the chosen negotiators stuck to their mandate.¹⁸

Most leaders in the DRC are suspected, by their followers, of representing proxy interests. Once the group negotiating team sits down at the negotiating table, those speaking tend to 'play to the gallery' (of their followers) rather than address the fundamental issues. This

remains a phenomenon of the Congolese political context and is a major indictment of the Congolese leaders who do not enjoy the confidence of their followers. As a result, the inherent mistrust in the negotiation process, and the inadequate budget, became major impediments to any significant contribution by the ICD to the peace process.

Reacting to the budgetary constraints that restricted the delegation size, the DRC government argued that the Addis Ababa meeting did not constitute a quorum and should therefore be regarded as a technical consultative meeting. Other groups did not seriously dispute this view, given their penchant for large delegations acting as "personal audiences". The facilitator was frustrated by this torpedoing of his careful preparations and ended up having a public tiff with government officials in Kinshasa. This did not help already strained relations between the two. But effectively, the Addis Ababa ICD meeting had failed to restart the negotiations begun in Gaborone.

The lack of progress associated with work of the ICD, especially at the Addis Ababa meeting, and the possibility that it could collapse, worried African leaders. The Nigerian President Olusegun Obasanjo called for an urgent meeting with the leaders: President Joseph Kabila, Adolphe Onusumba (RCD-Goma) and Jeane-Pierre Bemba (MLC). Held in Abuja, and scheduled for 6-8 December, the meeting was designed to emphasise the urgency of the peace process. Six issues were on the agenda:

- how to include missing participants;
- reaffirming the sovereignty and territorial integrity of the DRC;
- the withdrawal of foreign forces;
- addressing the continuing war in the east;
- elections; and
- a new political order.

Notwithstanding the valiant intervention by the Nigerian government, the meeting failed to take place and the process moved to South Africa. Acting unilaterally, the SA government stepped into the breach when it was clear that the ICD might falter after the Addis Ababa meeting. SA announced that it was prepared to host the next session of the ICD and committed itself to paying 50% of the envisaged

costs while inviting the international community to pay the rest. But why did South Africa adopt this position?

Enter SA foreign policy and the DRC conflict

South Africa's timely entry into the DRC conflict in 2001 reflected a major paradigm- and foreign policy-shift in Pretoria. It was linked to the New Partnership for Africa's Development (NEPAD), an initiative of the African Union in which President Mbeki remains one of the major players. Within the NEPAD framework, conflict resolution is an important prerequisite for democratisation and bringing about sustainable economic growth.

However, as SA stepped in to keep the process alive, the facilitator, Sir Ketumile Masire, appointed five eminent non-Congolese to chair the five ICD committees. The five appointees were:

- Moustapha Niasse, the UN secretary-general's special envoy to the DRC;
- General Abdusalaam Abubakar (former Nigerian President), military committee;
- Ahmed Ould Abdallah (former Mauritanian foreign minister), electoral Committee;
- Ms Helen Johnson (Liberia), humanitarian and development committee; and finally,
- Albert Tevoedjea (former planning minister in Benin), reconciliation committee.

A majority of Congolese perceived the appointments of non-Congolese as an expression of the facilitator's lack of trust in the Congolese. Each of the committee chairs immediately received a grant of US\$60,000 (a total of \$300,000) from the facilitator. The appointment of non-Congolese chairs and the allocation of money to them, against the background of the constraints in Addis Ababa, did not go down well with the Congolese. They expressed dissatisfaction with the lack of consultation; the absence of eminent Congolese from the Diaspora as committee chairs; and the level and speed of resource allocation that had been already been effected. As delegates gathered at the Sun City resort in South Africa for the final act, this dissatisfaction created further tension between the Congolese and the facilitator. The result was that the strained rela-

tions between the late Laurent Kabila and Sir Masire before January 2001, also spread to the Congolese delegates.

In South Africa, the organisers faced problems similar to those alluded to above. They were:

- non-attendance by factional leaders until forced to appear by forces other than the ICD organisers;
- confusion over representation, with 60-odd delegates each trying to pursue a differing point of view;
- the limited time available in relation to resources, initially 45 days but eventually 52;
- the absence of a clear agenda;
- the continuing war and the plundering of resources to finance the war; and
- the absence of political will amongst the key actors.

Given the urgency of establishing a transitional government of national unity before June 2003, civil society and unarmed opposition changed their behaviour and began seeking alliances with the armed groups. By doing this, these groups abandoned not only the special provisions accorded them in the Lusaka Ceasefire Agreement but, much more importantly, their historical contribution towards the peace process since 1991.

One such example amongst many was the case of the *Union pour la Democratie et le Progress Social* (UDPS), traditionally based in Kinshasa and led by Etienne Tshisekedi, that now found itself seeking an alliance with RCD-Goma. Almost as if in retaliation, the MLC also found common cause with the Kinshasa government. Clearly, the resilience and patience of civil-society organizations was wearing thin. Many delegates shared the view that they had to catch up to the train and jump on as it pulled out of the station or be permanently left behind.

However, this has played into the hands of the armed combatants who were shaping the agenda to their best advantage. This development, of fighting one's way into future government posts during the transitional period—outside the framework of the ICD—has continued in the east. The recent eruption of conflict between the hitherto traditional adversaries, the Lendu and Hema, is evidence

of this. Many such parties are not confident of securing positions and influence through the fair democratic elections scheduled for the next two years, and have begun to use the threat of violent conflict instead. However, if this positional entrenchment is allowed to continue, the elections will become irrelevant before they are even held.

Stalemate over the composition of the military

The Global and Inclusive Agreement on Transition in the Democratic Republic of Congo, refers to the resolution adopted on 10 April 2002 on recommendations of the Commission for Defence and Security. According to the resolution, the chief of staff of the Defence Force and the two deputies cannot come from the same political faction. Similarly, the chief of staff of the ground forces, air force and navy cannot come from the same political faction. These posts will be distributed between the groups and factions with combat forces who are signatories to the Lusaka Accord. Representatives of the different groups met on the weekend of 27 March 2003 in Pretoria to discuss the allocation of posts in the DRC's new defence force. An agreement was prepared by the mediation team but was rejected by the DRC government and MLC. Parties decided to postpone the formation of the military until after the signing of the Final Act on Inter Congolese Dialogue (ICD) on 2 April 2002. This could unfortunately not be resolved and put the implementation of the ICD in danger. The UN asked Mr Niassa and a retired Canadian general, General Baril, to help the South African mediation team resolve the issue. On 6 July 2003, the issue was resolved and the following allocations were made:

<i>Position</i>	<i>Force</i>	<i>Deputy</i>
CGS	FAC	
CoS Admin	MLC	RCD - N
CoS Log	RCD - G	Mai Mai
C Army	RCD - G	MLC
C Air Force	FAC	MLC
C Navy	MLC	RCD - G
CoS Ops	MLC	FAC
CoS Int	FAC	RCD - K/ML

This is, however, only the beginning of the process of integration. The UN mission in the DRC, MONUC is prepared to assist the DRC to restructure the national armed forces by providing political and military advice. MONUC will not take on the responsibility of training or re-equipping the armed forces. MONUC's intention is for one or two countries to be responsible for the restructuring and retraining of the national armed forces. Belgium has already indicated that it would be willing to be the lead nation. The United Nations Development Program (UNDP) has already started a program for the generation of a national defence force. Through the different steps enumerated here below, they will give assistance to the complex process of creating a national defence force (DF). The steps are:

- identifying the total capacity of the different components and entities;
- determining the overall structure of the future DRC DF based on a threat analysis;
- elaborating a detail structure for the DRC DF;
- preparing the selection and integration of military personnel in the new structure;
- instructing and training of the unit commanding personnel; and
- incorporating military personnel and the launch of the structures.

It is foreseen that a special body within the general staff will be created, with working groups for each step of the process.

Conclusion and future prospects

The ICD faced many hurdles: personalities, process flaws and unfortunate trends. While many of the hurdles were eventually overcome, this did not happen as part of the ICD process.

Personalities

The ICD was initially stymied by the rejection of the provisions of the Lusaka Ceasefire Agreement by then-president, Laurent Kabila. The late Laurent Kabila viewed the Agreement as tilted in favour of his adversaries. In his view, the Agreement had not assigned blame to those that had invaded the Congo. Secondly, he perceived as misplaced the man-

ner in which the agreement had reduced the Kinshasa government to one of the factions in the conflict. However, despite holding these reservations, he could not publicly repudiate the Agreement because of pressure from the regional and international community. Laurent Kabila's uneasy relationship with the facilitator, Sir Masire, appointed in December 1999, partly reflected his way of rejecting the ceasefire. As a result, it was only after his assassination and the rise to office of his son, Joseph Kabila, in January 2001 that the peace process and the ICD started to make any serious progress. However, even in the new era the relationship was not even cordial and remained strained, but at least progress was made.

Process flaws

Comments by Sir Ketumile Masire reveal the flawed method of selection of civil society and unarmed representatives by the ICD teams. He argued that, given the resources, time and security constraints, he and his team were only able to 'visit [only selected areas of the] 11 provinces and 19 cities and [make] a moral appeal to the local governor for the provision of security and access to the people under his/her charge without interference.' Once in place, they would then try and engage with groups before leaving shortly afterwards. As the war in the Congo continued, each of the provincial governors also represented, and remains hostage to, one of the political factions.¹⁹ This made Masire's desire for non-interference superfluous.

Unfortunate trends

As was to be clear during the meeting in Sun City, even the civil society groups ended up aligning themselves with particular armed groups. This development reflected the fact that the ICD suffered from both internal and external process dysfunction as it tried to achieve its aims. For the ICD to be effective, these cleavages had to be addressed and yet, they were largely left unchanged, and allowed to play themselves out in the 15 months that followed the meeting. While continuing to operate under all these constraints, as well the time pressures, efforts by the ICD teams visit-

ing the DRC were only transitory. Masire's attempts to invite broad-based representation were further complicated by the mushrooming of new groups not present at the initial Gaborone meeting. One of these was the Mai-Mai or tribal warriors, supported by the government in Kinshasa. One leader of the various groups making up the Mai-Mai, Joseph Padiri had been appointed a brigadier-general and invited, with his troops, to serve alongside the regular army.²⁰

This article and other research have shown that the ICD emerged from an agreement that was itself not conceptually sound or operationally feasible. An important component missing from the Lusaka Agreement was the existence of someone able to dish out carrots and sticks to ceasefire observers and violators. In the absence of this overarching authority on the framework, when it came to one of its dimensions, the ICD, the process was at best tolerated, but largely ignored with impunity by the key actors. As the ICD evolved under these difficult conditions, it appeared to be unfocused, as having a vague methodology, and unable to establish a successful track record with which to secure serious funding. As a result, substantive deliberations occurred outside the framework of the ICD.²¹

Notes

1. International Crisis Group, *The Inter-Congolese Dialogue: Political negotiation or Game of Bluff? Report 488*, pp 1–2.
2. R Calland, Setting Nepad's compass in *The Mail & Guardian*, June 27 to July 3, 2003, p 26.
3. For the Congolese, an option already on the table is 'reviving the August 1964 Constitution or embracing the November 1992 National Sovereign Conference product?'
4. See *EU Press Statement On the Formation of the Transitional Government in the DRC*, 11072/03 of 2 July 2003.
5. A view also shared by the Inter-Church Coalition on Africa as expressed in their Info Congo-Kinshasa, Oct/Nov/Dec 2001 Issue Nos. 172–173, 1, accessed on 1 June 2003 at <<http://www.web.net/~iccaf/humanrights/congoinfo/oct-dec01.htm>>.
6. Press release by the Office of the Facilitator for the Inter-Congolese Dialogue, 9 April 2003 accessed on 5 June 2003 at <<http://www.drcpeace.org/News/viewNew.cfm?ItemID=286>>; See also R Kramer, *The Failure of the Inter-Congolese*

- Dialogue Through the Eyes of Ketumile Masire, accessed on 10 June 2003, 30 October 2001 at <<http://www.allafrica.com/stories/200110300638.html>>.
7. This was after January 2001 following the untimely death of President Laurent Desire Kabila with whom Sir Masire had a particularly strained relationship conducted in public view.
 8. This agreement required the withdrawal of Rwanda and Kinshasa to dismantle ex-Forces Armees de Rwanda under the supervision of South Africa and MONUC.
 9. Kendal Nezan, Power Struggle in Kivu–Congolese flashpoint, in *Le Monde Diplomatique*, July 1998, pp 1–5; Colette Braeckman, Foreign Troops pull out, Congo: A War without victors, in *Le Monde Diplomatique*, April 2001, pp 2–7.
 10. See UN International Regional Information News (IRIN), *Chronology of Key Events 2 August 1998–14 December 2002*, pp 1–4.
 11. Colette Braeckman, op cit, p 6.
 12. Ibid.
 13. This is ore containing columbium and tantalum essential for the manufacture of alloys required in aircraft, mobile phones and microprocessors.
 14. See *Report of the Panel of Experts on the Illegal Exploitation of Natural Resources and Other Forms of Wealth of the Democratic Republic of the Congo* (S/2001/357), UN Secretary-General's letter to the Security Council, 12 April 2001. Of the world's known coltan reserves, 80% are found in the Eastern Congo; Celine Moyroud and John Katunga, Coltan Exploration in Eastern Democratic Republic of the Congo (DRC) in J Lind & K Sturman (Eds) *Scarcity and Surfeit: The Ecology of Africa's Conflicts*, ACTS and ISS, 2002, pp 159, 171–181.
 15. Among the signatories, a curious omission from the governments who had deployed troops in the Congo was Burundi.
 16. Zaire: Premier Seeks Foreign Intervention in *World News Digest*, accessed on 30 May 2003 at <<http://www.facts.com/wnd/premier.htm>>.
 17. Examples include the treaties entered into in Luanda, Pretoria and Dar es Salaam.
 18. A pre-booking fee of \$1 million was required up front. Only \$250,000 was available to the ICD. See R Kramer, op cit.
 19. Such as RCD-Goma, MLC, RCD-KN, or the government.
 20. DR Congo peace talks run into last-minute obstacles, *The Herald* (Zimbabwean daily), 29 September 2001.
 21. See Congo's riches bring only misery in *International News, Opinion*, 5 June 2003, <<http://jang.com.pk/thenews/htm>>.