

HUMANITARIAN IMPLEMENTATION PLAN (HIP) GREAT LAKES REGION

The full implementation of this version of the HIP is subject to the adoption of the decision amending Decision C(2016) 8795 final

AMOUNT: EUR 37 000 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2017/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annex is to serve as a communication tool for ECHO's partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

This HIP may cover interventions in the following countries: Democratic Republic of Congo, Republic of Congo, Rwanda, Burundi, and Tanzania.

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Since the release of this HIP, a complex emergency quickly developed in the five provinces of the Grand Kasai (Kasai, Kasai Central, Kasai Oriental, Lomami and Sankuru) including Kwilu and Haut-Lomami. This crisis has displaced over 1.3 million people and is currently affecting some 2.6 million people now in need of humanitarian assistance to cover their basic needs for the next months. More than 1 million of these new people in need of humanitarian assistance are displaced persons. The conflict has also reached a regional dimension with over 23 500 Congolese refugees who have crossed into neighbouring Angola.

The conflict is taking place in an area in DRC that was not, up-to-now, affected by a humanitarian crisis, meaning that the response had to start from scratch with a lot of security and access constraints. The environment calls therefore for an increased awareness on IHL, coordination, including civ/mil and potential logistics support in addition to the significant humanitarian needs for a multi-sectorial response as well as for protection.

The food security situation is deteriorating drastically in the provinces affected by the conflict. WFP reports that 42% of the population in Kasai are food insecure. Already some dangerous coping mechanisms have been observed to cover basic food needs.

On 25 April, UNOCHA has published a Flash Appeal of USD 64.5 million to cover the needs of 731 000 people over the next 6 months. The current 2017 Humanitarian Response Plan amounting to USD 812.6 million is severely underfunded with only 21.7% received so far.

Given the humanitarian situation described above, the budget of this HIP is increased by **EUR 5 000 000** to scale up the current humanitarian response in the Grand Kasai provinces in DRC. The additional funds will support in priority key partners already present in the area and responding to the basic needs of the population affected with a

focus on protection and life-saving assistance while looking at additional components if needed and relevant such as coordination, security, access and IHL advocacy. The geographical size and the magnitude of the crisis will potentially require the mobilisation of additional partners to cover gaps in the response.

1. CONTEXT

DRC

Despite its abundant natural resources, DRC was ranked 176/188 in the world on the UNDP¹ Human Development Index and its vulnerability and crisis index ratings are ranked very high according to Inform². ECHO's Integrated Analysis Framework for 2016-17 identified high humanitarian needs in DRC. Out of a scale of 10 (maximum risk), Democratic Republic of Congo scores 6.1 on hazard and exposure risk index, 7.4 on vulnerability and 8.1 on lack of coping capacity.

Democratic Republic of Congo (DRC) has been facing for more than 20 years an on-going, complex and multifactor humanitarian crisis characterized by violent armed conflicts in numerous regions, a very high number of displaced persons and refugees, numerous epidemics and epizooties, natural disasters, a general context of poverty and precariousness, and local conflicts sometimes tainted with an ethnic/clan dimension, over the control of access to natural resources and over political or traditional power, which lead to political instability at a local level. There is no reason to believe that the overall situation will improve in 2017. On the contrary, the Presidential elections planned in November 2016 will not take place, and the ensuing political instability is expected to prolong the lack of investment from the national authorities and a lack of progress in any transition from emergency to early recovery. In case of deterioration of the security situation, neighbouring countries (such as Republic of Congo, Angola, Uganda, Rwanda, Burundi, Zambia and Tanzania) may witness influxes of refugees.

The vulnerability of the population affected by the crisis is assessed to be very high. DRC also ranks very high (eight) on the Fragile States Index of the Fund for Peace.

MONUSCO³ is the biggest DPKO⁴ mission in the world, with a reinforced chapter VII mandate and engaging in direct military interventions against armed groups in close collaboration with the FARDC⁵. In parallel, they have a mandate to facilitate the elections. MONUSCO-DRC relations remain tense, resulting in a sub-optimal impact in terms of the protection of civilians.

Currently, from Bas-Uele, through Haut-Uele, Ituri and the Kivus, to ex-Katanga⁶, four armed groups of foreign origin (FDLR⁷, LRA⁸, ADF⁹, FNL¹⁰) and about forty local

¹ United Nations Development Programme (UNDP).

² Index for risk management.

³ Mission de l'Organisation des Nations Unies pour la Stabilisation en République Démocratique du Congo.

⁴ Department for Peacekeeping Operations

⁵ FARDC : Forces Armées de la République Démocratique du Congo

⁶ Ex-Katanga includes Tanganyika, Haut-Lomani, Haut-Katanga and Lualaba

⁷ Forces Démocratiques de Libération du Rwanda.

⁸ Lord's Resistance Army

⁹ Allied Democratic Forces

armed groups, are active and maintain the Eastern part of DRC in a protracted conflict situation, leading to recurrent and significant population movements and human rights abuses. This state of affairs is not conducive for development actors to bring any sustainable results.

The window of opportunity for stabilisation in North Kivu (NK) following the removal of the M23 armed group in October 2013 did not materialize. The ongoing operations against the FDLR have created more instability and population movement, and it is too early to tell whether they will bring a comprehensive solution to the FDLR issue in DRC. There is not a single territory in North Kivu sheltered from violent conflicts and insecurity, and even areas in Rutshuru that were relatively quiet in 2015 have witnessed an increase in violence in 2016, including criminal incidents against aid workers, impacting the ability of humanitarian actors to provide assistance and ensure access to basic services to the population in need. The number of displaced people in NK is estimated at 678,000.

In South Kivu (SK), several armed groups remain active, with frequent fighting either between armed groups (Raia Mutomboki, Mai-Mai Yakutumba, etc.) and FARDC, or among armed groups themselves. High levels of violence still affect individuals and infrastructures in two thirds of the province. Even if displacements happened to be less important in numerical terms in the last two years (the number of displaced people is estimated at 375,000), or their duration was shorter, their repetitive nature is seriously increasing the vulnerability of affected families. The territory of Shabunda is today one of the clearest example, even if not the only one, of this cycle of violence.

The situation in the ex-Katanga province remains critical both in terms of security and humanitarian needs. In addition to displacement and conflict due to Mai-Mai activism, the ethnic conflict between Luba and Pygmie people has persisted and moved to new locations in 2016. The number of displaced people is estimated at 291,000. Population movements continue with new displacements with a low level of response in terms of assistance (basic services). The nature of the violence makes the return of the populations to their home villages difficult without the support of humanitarian organizations.

The situation in Ituri, especially in Irumu, remains tense. FRPI¹¹, the main armed group, remains engaged in active fighting with the FARDC¹². The conflict has a direct impact on the population in terms of human rights abuses, displacement and an overall increase in humanitarian needs, particularly food security.

As a result, internal displacements of Congolese civilian populations are on-going and have reached an estimated 1.7 million people¹³. Internally Displaced Persons (IDPs) and host populations often have to endure abuses committed by armed groups and forces operating in their areas of refuge (forced labour, thefts, looting, forced recruitment, violence, including sexual). Access to water, health care, land (their main livelihood) and education for their children is extremely difficult and challenging.

¹⁰ National Forces of Liberation

¹¹ Force de résistance patriotique e l'Ituri.

¹² Forces Armées de la République Démocratique du Congo.

¹³ United Nations Office for the Coordination of Humanitarian Affairs (OCHA) 30 June 2016. The total population of DRC is estimated at 75 million inhabitants

Epidemics (e.g. measles, malaria, cholera, yellow fever, even ebola as in 2014) are a recurring phenomenon across the country which constitutes another major area of concern and would require a long term effort from the authorities to significantly improve existing health structures and vaccination coverage. In the absence of effective national policies in place, life-saving interventions to address outbreaks remain crucial. With seven Ebola outbreaks, one of the largest measles epidemic in 2015 with over 50 000 reported cases, twice as many cholera cases compared to last year in the same period, and over 10 million¹⁴ confirmed malaria cases per year, DRC is the most affected African country in terms of absolute numbers of outbreaks and epidemic events¹⁵. The most recent example is the ongoing yellow fever epidemic in DRC, where over 13,500,000 people will get vaccinated in Kinshasa and in the areas near the Angolan border, hoping to stop the disease from spreading in the rest of the country and even further in the region.

Finally, high levels of acute malnutrition persist in some districts. According to UNICEF¹⁶, around 2 million children under the age of five suffer from severe acute malnutrition in DRC.

Refugees in the Great Lakes Region

From a regional perspective, the last decades have seen major population movements as a result of the Rwandan genocide, the conflict in Burundi, the continued instability in DRC, and the recent conflicts in CAR (Central African Republic) and South Sudan.

The political tensions in Burundi related to the July 2015 presidential elections provoked a massive flow of refugees towards neighbouring countries. More than 303,000¹⁷ refugees from Burundi have sought asylum in Tanzania, Rwanda, DRC and Uganda, the majority being hosted in camps managed by UNHCR, depending exclusively on humanitarian aid for the provision of basic services and protection. There are no positive signs in the Burundian political landscape that would indicate a significant return movement in 2017; on the contrary, the refugee outflow has been constant with a few thousand new arrivals every month in neighbouring countries.

The 2013 crisis in CAR resulted in a wave of refugee arrivals in the northern part of DRC (mainly South and North Ubangi provinces) and the Republic of Congo. To date, 96,079 and 29,304 refugees respectively have been registered by UNHCR. They are hosted in poor rural areas that are fragile, where refugees compete for limited resources and exacerbate tensions among communities.

The most recent influx of refugees in DRC comes from South Sudan, with around 60,000 refugees registered by UNHCR in Haut-Uélé as of September 2016.

¹⁴ World Malaria Report 2016

¹⁵ WHO - Mapping the Risk and Distribution of Epidemics in the WHO African Region, A Technical Report, May 2016

¹⁶ United Nations Children's Fund (UNICEF).

¹⁷ Source: <http://data.unhcr.org/burundi/regional.php>. Out of a total population of 6 million inhabitants in Burundi

473,569 refugees from DRC¹⁸ are registered in neighbouring countries, including 222,650 in Uganda, 73,207 in Rwanda, 61,643 in Tanzania, 54,932 in Burundi, 12,223 in Republic of Congo, and others in Kenya, South Sudan, CAR, Ethiopia and Sudan, some dating from 1997, the majority living in refugee camps depending on humanitarian aid for their survival.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries:

DRC

The humanitarian consequences of the continued volatile security situation in the east of the country and ex-Katanga are acute, and include major populations movements.

According to OCHA estimations, the total number of IDPs in the country was 1.7 million in October 2016, although the humanitarian response focuses mostly on those recently displaced and on IDPs sites. The total number of affected people is, however, much higher including all those unable to flee as well as the local host populations throughout Eastern DRC. Given their chronic vulnerability, local host populations can also be indirectly affected by the conflict. It is essential to ensure that needs are assessed (and assistance provided) according to the vulnerability of the people concerned rather than their status as displaced, refugees, returnees, etc. An estimated 5.9 million Congolese people are currently facing an acute food insecurity crisis and are in urgent need of food assistance, according to the latest IPC analysis¹⁹.

Moreover, in a context marked by serious human rights violations, the vulnerability of children remains a major concern. UNICEF estimates that at least 3,700 children associated with armed forces and groups are currently in DRC.

The nutrition situation among young children remains critical despite the improvement of the average prevalence of acute malnutrition rates. The most-affected provinces are Maniema, ex-Katanga, Bandundu, Kasai Oriental and Kasai Occidental. Overall, there are an estimated 2,000,000 children with severe acute malnutrition in the country.

In DRC, the burden of infectious diseases is high and the health system is ill equipped to even respond to the basic health needs of the population, facing greater vulnerabilities to the consequences of epidemics. The cholera outbreak shows no signs of decline and an estimated 660,000 people (mostly adults) are at risk. Yellow fever has become a protracted epidemic that could potentially affect new provinces and affect a majority of male adults. Malaria is the biggest cause of morbidity and mortality, and accounts for 19 per cent of childhood deaths. The greatest burden of malaria morbidity and mortality falls on pregnant women and children under-five years of age.

¹⁸ Source: <http://data.unhcr.org/drc/regional.php>

¹⁹ Integrated Food Security Phase Classification (IPC) – 14th IPC Cycle in DRC.

Refugees in the Great Lakes region²⁰

In total, the countries covered by this HIP are host to a refugee population of some 881,000²¹ (i.e. DRC: 429,613, Rwanda: 155,513, Burundi: 54,932, Tanzania: 228,845 and RoC: 12,223).

On August 2016, according to the UNHCR²², there were over 202,005²³ refugees from DRC in countries covered by this HIP (Burundi, RoC, Rwanda, Tanzania) and 271,564 in other countries (CAR, Ethiopia, Kenya, South Sudan, Sudan, Uganda).

Since the conflict erupted in CAR, about 96,079 refugees remain in DRC (hosted in 5 official camps and in local communities) and 29,304²⁴ in RoC (hosted in 3 camps), with almost two-thirds below the age of 25 years. They are dependent on humanitarian aid for basic services (food, health, water, education). Humanitarian actors are struggling to maintain services up to SPHERE standards²⁵ due to the remoteness of the location and the logistical constraints.

Since the beginning of the political tensions in Burundi on April 2015, over 303,000 Burundians have sought refuge in neighbouring countries. The situation has not stabilised, with hundreds of new refugees arriving every day. A majority of refugees are children and face specific needs.

2) Description of the most acute humanitarian needs.

DRC

Given the size of the country and the various conflict dynamics, priority needs vary from one area to another. In conflict-affected areas, widespread insecurity resulting in exposure of the population to exactions and the lack of access to basic services (quality health care, education, etc.) remain key problems. Food insecurity, the lack of minimum access to water and sanitation, and the loss of shelters and non-food items caused by displacements frequently give rise to major humanitarian needs. On the other hand, the nutritional situation is more problematic in the neglected central areas of DRC compared to the regions affected by the conflict, which are benefitting from several years of presence and interventions by humanitarian organisations. In particular, the needs to be addressed in priority per sectors of intervention are the following:

Protection and International Humanitarian Law (IHL) compliance in complex emergencies including child protection: The lack of protection for civilian populations is the overarching key problem in all conflict-affected areas of the

²⁰ In DRC, Rwanda, Burundi, Tanzania, RoC.

²¹ Source: UNHCR 11 October 2016 <http://data.unhcr.org/drc/regional.php> and <http://data.unhcr.org/burundi/regional.php>

²² United Nations High Commissioner for Refugees (UNHCR).

²³ Source: <http://data.unhcr.org/drc/regional.php>

²⁴ Source : <http://data.unhcr.org/drc/regional.php>

²⁵ Humanitarian Charter and Minimum Standards in Humanitarian Response (SPHERE) <http://www.sphereproject.org>

DRC²⁶. Both the national armed forces and the armed groups frequently commit abuses against civilians: arbitrary arrests, extortion, looting and forced labour, acts of violence (including sexual and gender-based violence), torture and executions. All humanitarian interventions must mainstream the protection-related issues in all sectors mentioned below, with a particular focus on protection of the most vulnerable, including children.

Food assistance and food security: The results of latest IPC²⁷ analysis covering the entire rural areas of the national territory indicate 4 territories in IPC phase 4 (Emergency), requiring urgent actions to save lives and livelihoods, with 2 of the 4 territories being in the Province of North Kivu (Walikale and Beni), and one respectively in the Provinces of Maniema (Punia), and Ituri (Irumu), all in areas affected by active conflict. 49 territories are entirely or partially in IPC phase 3 (Crisis), meaning that food consumption gaps are present with high or above usual acute malnutrition or are marginally able to meet food needs. Other 63 territories are under pressure and stressed (IPC phase 2), where the population is unable to afford some essential non-food expenditures without engaging in irreversible coping strategies. These results translate into a situation where population displacements, widespread insecurity, disrupted agricultural and income generating activities, and livelihood depletion greatly contribute to acute food security and livelihood crises.

Health: The burden of infectious and non-infectious diseases is very high in the country. Epidemics, in particular measles and cholera, plus a yellow fever outbreak in 2016, are becoming increasingly frequent and extending throughout the country while the number of reported malaria cases is also on the rise. The prevalence of mental health problems is high and is a challenging and neglected sector (complexity, lack of expertise, length of required treatments). Underlying structural problems (overall underfinancing, lack of stewardship) compounded by direct and indirect effects of conflict (exodus of human resources, looting of facilities) result in a generally underperforming and weak Congolese health system. Maternal and child morbidity and mortality rates remain high because of poor access to healthcare (vaccination, prenatal care, emergency obstetric care) and other basic services.

Water, hygiene and sanitation: Most of the DRC faces problems of water quality rather than quantity. Access to water supplies, basic sanitation and good personal hygiene knowledge and practices are largely inadequate. This situation can become a risk when combined with a context of population displacements and influxes or epidemics such as for example cholera, which has become endemic in the East nearby the Great Lakes.

Nutrition: UNICEF estimates that 2,000,000 children under five, are severely malnourished during the course of a year. Pockets of much higher acute malnutrition levels depending on contingent factors (such as epidemics, population displacement, etc.) are frequent and need specific surveillance and response systems. Given the

²⁶ Protection is also a major problem in non-conflict areas although it is of a different nature (forced marriage, domestic violence, inheritance rights of women, etc.) compared to the issues faced by those in Eastern DRC.

²⁷ Integrated Food Security Phase Classification (IPC) – 14th IPC Cycle in DRC.

shortcomings of the national healthcare system, the lack of qualified health staff, and insufficient funding of the health and nutrition sectors, it is apparent that the local capacity to respond to such levels of acute malnutrition is extremely poor.

Non-food items/shelter: Most IDPs live with host families, thus putting huge pressure on the available shelters. Many have lost their belongings due to widespread and repeated looting or through being displaced.

Education: There is a need to tackle the most acute areas of Education in Emergencies, in particular primary education for children displaced by armed conflict. Particular attention will be paid to displaced/refugees children, and those of host communities, in close connection with child protection activities and any other relevant sectors of intervention. ECHO will favour education in emergency projects in areas where the percentage of out-of-school children is particularly high, there are grave child protection concerns, and where other sources of funding available are limited. Complementarity and synergies with other EU services and funding instruments will be sought.

Coordination, advocacy and communication: The complex nature of the conflict in DRC in the context of a United Nation's Stabilisation Operation (MONUSCO) with an offensive mandate (Force Intervention Brigade) requires adequate coordination and clear respect of civil-military coordination guidelines. Concerted efforts to improve coordination and advocacy on principled actions are vital. More than ever, humanitarian actors need to defend their image and core principles of neutrality, impartiality, humanity and independence in order to ensure access to the conflict affected population. The plethora of armed groups with varying interests and strategies, the military operations by FARDC, and MONUSCO's active support to FARDC in military operations, not to mention criminality, are part of a context that remains challenging for humanitarians. Advocacy remains vital to building a positive understanding of humanitarian action and principles.

Disaster Risk Reduction and Resilience: Many areas of DRC frequently experience natural disasters that overwhelm the coping capacities of the communities and the authorities. Few resources are invested in preparedness for emergency response and disaster risk reduction measures from the government side. There is no existing government Disaster Risk Reduction (DRR) Framework/policies and functioning Disaster Management body, budget and capacity, and no civil protection mechanism. Given the volatility of the security situation, there are limited opportunities for resilience initiatives.

Displacements in the Great Lakes region

In the countries covered in this HIP, the priority needs are mainly related to the movement of populations fleeing violence, either as refugees in the region or as internally displaced people. The refugees in camps run by UNHCR are dependent almost exclusively on humanitarian aid for a protection environment up to international standards and their daily survival due to limited livelihood opportunities.

Past experience demonstrates that refugee movements in the region are protracted while return movements are slow and relatively limited in numbers due to the lack of

improvement on the root causes that triggered the exodus. They rarely translate into closing camps. Whilst the internally displaced people concern mostly DRC at the moment of drafting this HIP, the tensions in Burundi could also result in significant internal population displacement if the situation deteriorates. While displaced, these populations also need support to cover basic humanitarian needs as described above.

Access to basic services such as food, health, WASH and education are the most needed. Protection needs are extremely high in refugee and returnee transit sites and camps in the region taking into account the extreme vulnerability of these populations. Since April 2015, more than 3,000 unaccompanied and separated children fled to Tanzania alone²⁸. Family tracing (intra-camp and cross-border) and other specialized protection services, such as individual case management and psychological support for Burundian children is a major challenge to address. Opportunities for self-reliance and local integration vary depending on various factors such as host Government policy towards refugees and local conditions. When opportunities occur, ECHO will try to encourage them. Other durable solutions such as voluntary return or resettlement to third countries exist but remain limited in view of the overall caseload of refugees.

Within **Burundi**, the worst case scenario of widespread conflict did not materialise in 2016. However, human rights abuses and targeted violence were widespread and no significant progress on the political dialogue has taken place. The economic situation is deteriorating and is having an impact on the population that was already fragile before the unrest. There are 4.6 million food insecure people (chronic and severe), more than 61,000 internally displaced people due to natural disasters and violence; and malaria has reached the highest levels in the last five years with 4.6 million cases in the first six months of 2016. The humanitarian space has been reduced due to new measures targeting the independence of NGOs. The authorities are in denial about the general deteriorating situation in the country and do not allow aid agencies to conduct independent assessments of needs that may be linked to the political instability and violence. Development donors continue to support actions in essential sectors such as health, food security, nutrition directly benefiting populations in need.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

The government of DRC currently lacks the capacity and/or willingness to address the humanitarian consequences of the fighting in the Eastern part of the country, the basic needs in the rest of the country or the nutritional crises in many of the central provinces. Expenditure on social services and physical infrastructure remains very low compared with the huge scale of the needs and the size of the country.

In the Great Lakes region, despite the lack of resources, all the countries are hosting refugees fleeing from internal violence/fighting and have granted them the appropriate status but sometimes with reservations on the conventions (freedom, movement and right to employment, etc.). Rwanda and Tanzania governments have

²⁸ Source : UNHCR- Interagency Operational Update 4 August 2016.

granted *prima facie* refugee status to Burundians. Rwanda government has been particularly involved in ensuring registration, providing security, and MIDIMAR (Minister for Disaster Management) is an active site manager of all transit and refugee sites. The Tanzanian government has provided support to transportation of the refugees, provision of temporary shelter and basic services.

2) International Humanitarian Response

DRC

The 2016 DRC Humanitarian Action Plan (HAP) has a funding requirement of USD 690,000,000, with 53% of it being covered by October 2016²⁹. This underfunding does not allow agencies to cover the needs identified and may even force humanitarian agencies to downsize foreseen operations.

Great lakes region

The Regional Burundi Refugee Response Plan of approximately USD 313,900,000 is covered at 36.9%.

The Burundi Humanitarian Response Plan (HRP) of USD 62,300,000 is covered at 39%³⁰.

3) Constraints and ECHO response capacity

DRC

The country is vast and tremendously complicated logistically as well as administratively and politically. Regarding transport, there are very few paved roads or cleared waterways, aircraft and airport infrastructures are in appalling conditions, and logistics for delivering humanitarian aid is very costly all over DRC. Military operations, repeated attacks on the local population and humanitarian workers, and the shifting of fighting to the most remote areas increase the difficulties in maintaining an appropriate response capacity. Insecurity due to banditry has increased in the Kivus, and aid workers are victims of attacks and kidnaping for ransom. In this context, it is difficult to engage new actors in case of new crises or in order to increase the response capacities. Capacities of local stakeholders are also limited.

Great Lakes refugees

Despite an open door policy and an overall favorable protection environment for refugees in the region, the absorption capacity of host countries is limited and dependent almost fully on external financial aid. Refugees tend to stay over prolonged periods of time in host countries due to the protracted nature of the conflicts that pushed the population into exile. There are very limited durable solutions such as local integration or resettlement. The US resettlement program intends to cover 83,000 Congolese refugees for the period 2015-2020. It would certainly contribute to reduce the overall caseload of old refugees but given the

²⁹ <https://fts.unocha.org/pageloader.aspx?page=emerg-AlternativeCost1EmergencyDetails&appealid=1130&emergID=16611>

³⁰ https://fts.unocha.org/pageloader.aspx?page=special-RRP_Burundi

population growth and the constant new arrivals it will not solve the protracted refugee crisis. Therefore, the majority of the refugees in the region will continue to depend on external assistance in the foreseeable future.

In Burundi, the humanitarian space has been reduced following tensions between the government and parts of the international community. Aid agencies are not allowed to do any assessments or work on issues that are perceived by the government as linked to the political instability, violence, and/or the government's failure to cover the basic services for its population. The government only allows assessments and interventions that are related to natural disasters, and assistance has to be controlled or channeled through government structures. A new law that governs the registration of INGOs³¹ is expected to reduce the operating space even more.

- 4) Envisaged ECHO response and expected results of humanitarian aid interventions.

During the implementation of this HIP, special attention will be given to relevant aspects related to migration and displacement, advocacy, international humanitarian law, humanitarian access and humanitarian principles.

Based on IHL, human rights and refugee law, further advocacy and humanitarian diplomacy interventions are needed to secure effective access to the most vulnerable populations affected by the conflicts and ensure the delivery of sustainable, coordinated and principled humanitarian assistance, while ensuring centrality of protection.

ECHO intends to address urgent needs arising from population movements in conflict zones and life-threatening situations in non-conflict areas using the most appropriate response mechanisms. At the moment of drafting the HIP, the priority is to respond to the need of people recently affected by displacement inside DRC (IDPs but also returnees and host communities) and in the neighbouring countries affected by presence of refugees. Due to budget constraints and the nature of ECHO's mandate, the priority focus of assistance within this HIP will be on the recently displaced refugees and on the setting up/management of new camps.

Depending on the evolution of the situation inside Burundi, an increased humanitarian response inside the country may have to be considered. It should be noted that this would require additional funding and a modification of the HIP. For the time being, a significant number of development donors continue to provide support to essential development programmes and should continue to do so in order to avoid losing progresses achieved over the last decades. EU Humanitarian aid will only step in in close coordination with development activities and to complement in areas where acute needs could not be covered otherwise. Given the volatility of the situation, regular re-assessments of the situation will need to be carried out.

ECHO's humanitarian strategy in the region is based on a differentiated approach between the regions affected by armed conflicts and those suffering from chronic or

³¹ International Non-Governmental Organisations

sudden onset disasters. With a field presence in Kinshasa, Goma, and Bukavu and frequent missions in ex-Katanga and ex-Equateur provinces, in Burundi, Tanzania, Rwanda, ECHO is able to closely monitor each humanitarian situation and play an active role in coordination and information-sharing.

The humanitarian strategic objective of ECHO in the Great Lakes region is to continue responding to the various emergencies in a fast and effective manner, with a "do no harm" principle through integrated multi-sector approaches when relevant and feasible, in order to:

- Reduce the mortality and morbidity within communities affected by the various crises (conflict, epidemics, acute malnutrition) or those at risk in areas where emergency thresholds have been reached;
- Improve living conditions through access to minimum basic services, reduce vulnerability and preserve dignity for internally displaced populations/refugees affected by conflict;
- Reinforce the protection of civilian populations in conflict-affected regions where partners are faced with difficult access and the complex nature of displacement (short, pendulum, part of the family only);
- Provide support to durable solutions and camp management of the Great Lakes refugees. Whenever possible and when adequate conditions are met, facilitate return movements and self-reliance initiatives;
- Support the humanitarian community's capacity to deliver assistance to the most remote areas through air transport,³² coordination and security support.

The targeting of beneficiaries and prioritisation of actions should be based on the real needs and vulnerabilities within the first months of displacement.

Partners will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements.

4. LRRD, COORDINATION AND TRANSITION

1) Other ECHO interventions

ECHO Flight 2016 HIP to secure safe air transport to humanitarian actors amounted to EUR 13,935,000 of which about 50% is spent in DRC.

The present intervention strategy will be reinforced, wherever possible, and where appropriate through the utilisation of the Epidemics HIP as it has been done in 2016 to support the preparation of a cholera vaccination campaign in DRC with a

³² ECHO's support to air transport, mainly through the ECHO Flight operation, funded under a separate HIP, will be maintained throughout 2017, and extended if necessary.

EUR 150,000 grant and to break the chain of transmission of a cholera outbreak in Tanzania with a EUR 400,000 grant.

In 2016, one project was implemented in South Kivu from the Children of Peace initiative for a total budget of EUR 600,000.

2) Other concomitant EU interventions

In DRC, the 11th EDF National Indicative Programme (NIP) amounts to EUR 620,000,000 for the period 2014-2020 and focuses EU support on four main areas: health, environment and sustainable agriculture, roads, as well as governance and the rule of law (with special attention to police, justice and defence). Public finance management will also be prioritised as a cross-cutting issue.

DRC benefits from a number of thematic budget lines, including: (i) the European Initiative for Democracy and Human Rights, (ii) Food Security, (iii) the Environment and Tropical Forests, and (iv) Mine Clearance. There is also a budget line for co-financing local NGOs.

The EU is also involved in the missions in the field of security sector reform.

The EU is providing support to vulnerable women and girls in the east of the DRC with access to holistic quality health services as well as judicial and reintegration with a total amount of EUR 3,000,000. This complements efforts against gender-based violence supported by Humanitarian interventions for over a decade in South Kivu.

In Burundi, despite the application of Article 96 of the Cotonou Agreement – (suspension of cooperation), the EU has continued to provide support directly to the Burundi population through initiatives to ensure access to basic services (health support with a total amount of EUR 40,000,000), agriculture and nutrition assistance (EUR 15,000,000). These actions in favour of the Burundi population are closely coordinated with ongoing humanitarian actions.

In Tanzania, the EU is currently analysing options of support for the Burundian refugee crisis, possibly with the EU Trust Fund, in order to complement humanitarian interventions and offer longer term responses to current needs.

3) Other donors availability

ECHO encourages humanitarian actors to explore from the beginning (when designing an intervention) possible synergies and complementarities with development and national actors in order to increase effectiveness and sustainability. The volatile humanitarian situation in the DRC demands a flexible response as areas which have supposedly been stabilised can quickly plunge back into a state of emergency, for example due to an increase in insecurity and the possible suspension of development cooperation. Close collaboration should continue with development actors and local organizations. This involves engaging in national and local level co-ordination mechanisms.

4) Exit scenario

In DRC, the coordination between humanitarian and development actors is gradually being established and includes not only donors but also implementing organisations and authorities. However, real progress can only be envisaged where sufficient stability and security exist and if sufficient resources are made available.

The real options for exiting completely, from entire regions in particular, are currently very limited. New crisis situations are arising on a regular basis and at this stage there are no signs of an end to the conflict or of lasting stability.

In Burundi, the situation will continue to be monitored and any exit strategy will be closely linked to the evolution of the political and economic situation in the country as well as development donors' strategies.